FROM THE CHAIR

Happy New Year and Happy Mardi Gras! I love how New Orleans adds reasons to celebrate. As your Department Head, I can tell you that we have much to celebrate from 2016 and much to look forward to in 2017. Your energy, innovation, focus on quality and excellence, and academic accomplishments are outstanding. In 2016 and early 2017 we have celebrated or said goodbye to fifteen colleagues via retirement or transition. We have simultaneously welcomed ten new faculty. We remain busy at work recruiting to more than fifteen open positions.

With your help, Children’s Hospital has accomplished amazing outcomes in Quality and Safety. Over three of the prior four months, the hospital preventable harm index was zero! Very well done. Kudos to Robin English for promotion to Assistant Dean for Undergraduate Medical Education and Kudos to Jay Hescock for election to the role of President of the Children’s Hospital Medical Staff. Congratulations to our faculty and trainees who have celebrated the publication of over fifty new manuscripts or book chapters in 2016.

You have answered my call and challenge to participate and offer your

DR. SETH PINCUS RETIRES

Seth Pincus, MD will retire today, February 2, 2017 after more than 15 years of service to the Department of Pediatrics and LSU School of Medicine. He has held a faculty position at LSUHSC since 2001, holding the titles of Nelson Ordway Professor and Vice Chair for Research in the Department of Pediatrics and Professor, Department of Microbiology. Dr. Pincus was recruited to lead research efforts in the department and serve as the Director of the Research Institute for Children at Children’s Hospital of New Orleans. He worked tirelessly to build a research foundation at Children’s Hospital and at the same time champion the cause of research within the department. He impacted innumerable trainees via his oversight and guidance of the Department of Pediatrics Research Day and mentored clinician-scientists over many years. In addition, he served as an active faculty member in the Department of Microbiology over the same time period, including as a major professor or dissertation committee member for several graduate students and as a classroom teacher for both graduate and L1/L2 medical students.

In honor and recognition of his service to the department and school of medicine, Chairman Raymond Watts, MD and Alistair Ramsay, PhD, Chairman of Microbiology, Immunology and Parasitology nominated Dr. Pincus for Emeritus Faculty status. His new title will coincide with his retirement.

ROBIN ENGLISH, MD PROMOTED

Associate Dean Janis Letourneau, MD announced back in December that Robin English, MD has been promoted to Assistant Dean for Undergraduate Medical Education from her current role as Director of Clinical Science Curriculum. Dr. English graduated from the School of Medicine in 1995, completed her Pediatrics Residency in 1998. She joined our department as faculty in 1999 after her chief residency. She served as Chief of the Hospitalist Division from 2004 till 2008 when she was appointed as Director of Clinical Science Curriculum.
Chairman Raymond Watts, MD spoke for the department when congratulating Dr. English on her new position at the School of Medicine. He said, “We will miss her daily presence as a force for excellence in the Department of Pediatrics, but to her credit, she was sure the Division of Hospital Pediatrics, led by Jay Hescok, MD was in excellent hands before she began her intensive focus on the Medical School Curriculum in recent years. We will all make sure that she remains an integral part of our Department.”

FELLOWSHIP MATCHES

The fellowship programs filled positions for the 2017-2018 academic year during last fall’s match. Program Director Ken Paris, MD, MPH and the Allergy/Immunology team will welcome Gordon Myers, MD who is completing his pediatrics residency at University of Tennessee at Chattanooga and Alissa Welsh, MD from Western Michigan University School of Medicine’s Pediatric Residency Program. Program Director Dana Rivera, MD and the Neonatal-Perinatal Fellowship Program matched Nicole Dinh, DO from Our Lady of the Lake Regional Medical Center’s Pediatrics Residency Program. And Program Director Brent Keith, MD and the Gastroenterology Fellowship Program matched Ivonne Iglesias, MD who is currently completing her Pediatrics Residency at San Juan Hospital in Puerto Rico.

Each fellowship program along with our Categorical Residency Program received good news from the ACGME recently. All were granted Continued Accreditation status for the next academic year. Congratulations to all!

NEW HIRES

A familiar face is now officially a part of the department. Isa Ashoor, MD became Assistant Professor of Pediatrics in the Nephrology Division on February 1st. He has served as a Pediatric Nephrologist at Children’s Hospital since 2013. Dr. Ashoor received his medical degree from Arabian Gulf University in Bahrain in 2005. He completed his Pediatrics Residency at the University of Florida in Gainesville in 2010 and his Pediatric Nephrology fellowship at Children’s Hospital Boston and Harvard Medical School in 2013.

The Cardiology Division welcomed Associate Professor Michael Brummund, MD to the team last month. Dr. Brummund moved from Baton Rouge where he spent 12 years in the Department of Pediatrics at Earl K. Long Hospital. He received his medical degree from the Medical College of Georgia in 1995. He completed his Pediatrics Residency in 1998 and his Pediatric Cardiology Fellowship in 2001. He is board certified in Pediatrics, Pediatric Cardiology and Internal Medicine- Adult Congenital Heart Disease.
Kim Geller joined the administrative staff last November as an additional residency program coordinator in our department. She will serve in two roles, working with Susan Wack and the Pediatrics Residency Program and as the Coordinator for the Pediatrics Emergency Medicine Residency Program under Program Director Anna McFarlin, MD. Kim’s previous roles include administration of educational programs at Le Cordon Bleu Institute and the Gemological Institute of America.

The Adolescent Medicine Division welcomed a new nurse practitioner last year. Brooke Naranjo, MN, FNP-C will be providing care in our adolescent clinics at CHNOLA, Tiger Care, School-Based and other Community Health Clinics. She will be working to expand out adolescent reproductive and sexual health services. Welcome aboard, Brooke!

RECENT DEPARTMENTAL EVENTS

Several members of the department took part in a recent symposium titled “Improving Asthma Outcomes Through School-Based Health Centers” organized by Ryan Pasternak, MD, MPH. The event was sponsored by the Department of Pediatrics and the Reproductive Education + Advocacy Louisiana Program (REAL: http://www.medschool.lsuhs.edu/pediatrics/section_ambulatory.aspx) and funded by the David and Lucile Packard Foundation. Dr. Pasternak and his team also hosted an event the same night at the Renaissance New Orleans Arts Hotel called “Power to the Provider” which brought providers and health care advocates together to discuss collaborative efforts to engage around shared interests and support reproductive health care services. Dr. Pasternak recognized the hard work his team put forth while organizing the event, “These events could not have succeeded without the incredible hard work of our Division of Ambulatory Pediatrics and Adolescent Medicine along with our adolescent health program staff Ivy Terrell and Madeline Dang, Physicians for Reproductive Health, and the generous support of the David Lucile Packard Foundation. Ivy and Maddy really went above and beyond to make this happen. We had an excellent turnout on a very short timeline. It's amazing how much can be done when you care about your work and are motivated to make things better!” The division looks forward to sponsoring similar events in the future that stimulate collaborative efforts and improve the reproductive health care landscape throughout Louisiana.

DEPARTMENT WELLNESS PROGRAM

Chief Wellness Officer Jerussa Aita-Levy, MD, MPH is excited to announce the first annual Department of Pediatrics Wellness Week. Activities will take place April 17 – April 21, 2017 and include Grand Rounds by Stuart Slavin, MD, MEd of St. Louis University and a “Heal the Healer” event in that will include massages, aroma therapy and more! The wellness team invites all members of the Department of Pediatrics to attend. More information to come!

The monthly Mindfulness Training Seminar will also be incorporated into Wellness Week, however this is one activity that is offered every month to all members of the department. The next session is on Monday, February 20 at 2:30 and all sessions after will be held on the fourth Monday of every month at 2:30. All sessions are in 2Center. The goal of mindfulness training is to calm and focus the mind on your natural breathing to relax your mind and eventually relax your body. You will become aware of intrusive thoughts, allow them to come and go, and ultimately restructure those thought patterns in a positive way.
Mark your calendars for the Department of Pediatrics’ annual Research Day on Friday, May 19, 2017 in the Children’s Hospital Auditorium. The department will dedicate this year’s event to Yves Lacassie, MD who will be retiring in May after over 30 years of service to the Department of Pediatrics. All faculty, fellows, research professionals, residents and students (LSU undergraduate, graduate and medical students working with LSU Pediatrics faculty mentors) of the Department of Pediatrics and Research Institute for Children are invited to submit abstracts. An official announcement regarding abstract submission will be sent out soon.

Faculty are asked to set aside time away from clinic to attend the following faculty meetings. All will be held on Friday at noon in the Children’s Hospital Auditorium.

- March 17th
- May 19th (before Research Day)
- July 21st
- September 15th
- November 17th

A link to past faculty meeting presentations can be found on the department website. The website link requires an email and password to enter. The data stored on that site is for our use only and not for general distribution.

**PUBLICATIONS AND PRESENTATIONS**


Chauhan A, Arcement C, Gajewski KK, Lilje C. Delayed congenital diaphragmatic hernia with complex cardiac and gastrointestinal defects. *Consultant for Pediatricians* 2016;15(12):583-


Lilje C, Paredes Mendoza A. Abnormal origin of one pulmonary artery from the ascending aorta – embryologic considerations. *Fetal and Pediatric Pathology* 2016;35(3):209-12


Third-year GI fellow Neha Santucci, MD was invited to present a talk on her research titled "Self-efficacy in children with functional constipation is associated with treatment success" at the third-year Pediatric Gastroenterology Fellows Conference, sponsored by the North American Society of Pediatric Gastroenterology, Hepatology and Nutrition in Scottsdale, Arizona on November 4, 2016. Only 5 out of 100 abstracts were selected for oral presentations and her topic was very well received. She also presented a poster for the same research at the annual meeting for the American College of Gastroenterology on October 16, 2016 and a poster for “Biliary Dyskinesia in Children: A Systematic Review” at the annual meeting for the North American Society of Pediatric Gastroenterology, Hepatology and Nutrition in October.

In other news from our fellows, third-year Endocrinology fellow Mahmoud Hamdan, MD was recently appointed to be on the Education Committee of the National Lipid Association.

Christian Lilje, MD gave several presentations at the American Academy of Pediatrics National Conference & Exhibition in San Francisco last October:


Lilje C, Owens EM, Schwartzenburg EJ, Cronan JC, Cardinale JP, Clesi P, Gomez R, Stender S, Vargas A, Chalew S. Aortic Intima-Media Thickness Normalized to Lumen Diameter is more abnormal in Children with Repaired Congenital Heart Disease than in Children with Type 1 Diabetes or in Young Adults

Back in June 2016, Dr. Lilje presented “Aortic Intima-Media Thickness is feasible and more sensitive than protocols targeting other vessels for detecting early macro-vascular changes in children with type 1 diabetes at risk for micro-vascular complications” at the American Society of Echocardiography 27th Annual Scientific Session in Seattle. And in April 2016 he presented “Intima-Media Thickness is abnormal in children with non-complex Congenital Heart Disease despite successful repair” at the American College of Cardiology 65th Annual Scientific Session & Expo in Chicago.

CODING CORNER with Sheri Russell-Cromwell, CPC

Bill the Correct Level of Care

Three components determine the appropriate billing level for an Evaluation/Management (E/M) visit: history, examination, and medical decision-making. The correct code for an E/M visit is largely tied to the complexity of the visit which is determined by the number of problems and the scope to which they are addressed.

Adequately documenting the complexity of your patient’s presenting problem is key to your code selection. The Medical Decision Making (MDM) is the complexity level; if under documented it can pull the visit level down. The provider should include all thoughts and actions in the Assessment and Plan such as old records reviewed, medication management, and any test or labs ordered.

I cannot stress enough how important thorough documentation is to supporting your code selection. Refrain from using such words as “probable”, “suspected”, “questionable”, “rule out”, “working diagnosis” or other similar terms indicating uncertainty. As you know uncertain diagnoses cannot be reported on the Professional Claim.

See the next page for a convenient “Evaluation and Management Table” I found in the AMA Current Procedural Terminology Manual to use as a quick reference.

SAVE THE DATE

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>February 28</td>
<td>Mardi Gras</td>
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<tr>
<td>March 17</td>
<td>Residency Match Day</td>
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<tr>
<td>April 14</td>
<td>Easter (Good Friday)</td>
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<td>April 17-21</td>
<td>Pediatrics Wellness Week</td>
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<tr>
<td>May 19</td>
<td>Research Day</td>
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<tr>
<td>May 24</td>
<td>Spring Fellowship Match Day</td>
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<tr>
<td>June 16</td>
<td>Hello/Good-Bye</td>
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## Evaluation and Management Tables

### Office or Other Outpatient Services

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<th>Required Components: 3/3</th>
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<tbody>
<tr>
<td>Code</td>
<td>10266 20266 30266 40266 50266</td>
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</table>

#### Required Key Components

- **History and Exam (#1 and #2)**
  - Problem-Focused
  - Expanded Problem-Focused
  - Detailed
  - Comprehensive

- **Medical Decision Making (Complexity) (#3)**
  - Straightforward
  - Moderate
  - High

#### Contributory Factors

- **Presenting Problem (Severity) (#1)**
  - Low
  - Moderate
  - High

- **Counseling (#2)** See E/M Guidelines

#### Typical Face-to-Face Time (#4)

| Minutes | 10 | 20 | 30 | 40 | 60 |

### Initial Observation Care

<table>
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</table>

#### Required Key Components

- **History and Exam (#1 and #2)**
  - Detailed or Comprehensive
    - Comprehensive

- **Medical Decision Making (Complexity) (#3)**
  - Straightforward or Low
  - Moderate or High

#### Contributory Factors

- **Presenting Problem (Severity) (#1)**
  - Low
    - Moderate
    - High

- **Counseling (#2)** See E/M Guidelines

#### Bedside/Unit/Floor Time (#4)

| Minutes | 30 | 50 | 70 |

### Subsequent Observation Care

<table>
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#### Required Key Components

- **History and Exam (#1 and #2)**
  - Problem-Focused
  - Expanded Problem-Focused
  - Detailed
  - Comprehensive

- **Medical Decision Making (Complexity) (#3)**
  - Straightforward or Low
  - Moderate or High

#### Contributory Factors

- **Presenting Problem (Severity) (#1)**
  - Low
    - Moderate
    - High

- **Counseling (#2)** See E/M Guidelines

#### Bedside/Unit/Floor Time (#4)

| Minutes | 15 | 25 | 35 |

### Office or Other Outpatient Services

<table>
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</table>

#### Required Key Components

- **History and Exam (#1 and #2)**
  - Problem-Focused
  - Expanded Problem-Focused
  - Detailed
  - Comprehensive

#### Contributory Factors

- **Presenting Problem (Severity) (#1)**
  - Minimal
  - Self-Limited or Minor
  - Low to Moderate
  - Moderate to High

- **Counseling (#2)** See E/M Guidelines

#### Typical Face-to-Face Time (#4)

| Minutes | 5 | 10 | 15 | 25 | 40 |

### Initial Hospital Care

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</table>

#### Required Key Components

- **History and Exam (#1 and #2)**
  - Detailed or Comprehensive
    - Comprehensive

- **Medical Decision Making (Complexity) (#3)**
  - Straightforward or Low
  - Moderate or High

#### Contributory Factors

- **Presenting Problem (Severity) (#1)**
  - Low
    - Moderate
    - High

- **Counseling (#2)** See E/M Guidelines

#### Bedside/Unit/Floor Time (#4)

| Minutes | 30 | 50 | 70 |

### Subsequent Hospital Care

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#### Required Key Components

- **History and Exam (#1 and #2)**
  - Problem-Focused
  - Expanded Problem-Focused
  - Detailed
  - Comprehensive

- **Medical Decision Making (Complexity) (#3)**
  - Straightforward or Low
  - Moderate or High

#### Contributory Factors

- **Presenting Problem (Severity) (#1)**
  - Low
    - Moderate
    - High

- **Counseling (#2)** See E/M Guidelines

#### Bedside/Unit/Floor Time (#4)

| Minutes | 15 | 25 | 35 |