

FDA Encourages Training for Health Care Professionals Prescribing Opioids

The U.S. Food and Drug Administration (FDA) has issued an open letter to health care professionals who prescribe extended-release or long-acting opioid analgesics, encouraging them to participate in training activities. These continuing medical education (CME) activities are funded by the opioid manufacturers as part of the risk evaluation and mitigation strategy approved by the FDA in July 2012. Although manufacturers are required to provide this training, the FDA cannot mandate that physicians complete a CME activity. The goal is that voluntary participation in the training will help address prescription drug abuse and misuse problems, and improve safe use of these opioids. For more information, go to <http://www.aafp.org/news-now/education-professional-development/20130305fda-opioids-letter.html>.

AAFP Provides Tools for Clarifying Transitional Care Management CPT Codes

The American Academy of Family Physicians (AAFP) has created two free tools to help physicians assimilate new *Current Procedural Terminology* (CPT) codes for transitional care management services into their billing processes. The codes cover services provided as a patient moves from inpatient hospital care to the home or another community setting. A frequently asked questions document provides answers to 21 questions about the new codes (99495 and 99496), including when to use them, expected payment for each code, and circumstances limiting the use of the codes. The transitional care management 30-day worksheet provides a log for a care summary; important dates; and discussion notes on physician visits, medication information, subspecialty consultations, and patient education. More information is available at <http://www.aafp.org/news-now/practice-professional-issues/20130305tcmttools.html>.

CPT Code Edits Could Affect Patient Access to Recommended Adult Immunizations

As of January 1, 2013, the National Correct Coding Initiative introduced edits to CPT coding that allow insurers to deny payment for evaluation and management services when those services are billed on the same day to the same patient as a vaccine administration code, unless a modifier 25 is appended to the evaluation and management code. The concern is that this could further decrease adult vaccine coverage, because these vaccines

are most often administered during preventive care visits. As of February 1, the Centers for Medicare and Medicaid Services allows Medicaid agencies to choose to inactivate the edit for the first quarter of 2013. The AAFP has urged all states to follow up with the deactivation and to go on to revoke the edit. For more information, go to <http://www.aafp.org/news-now/practice-professional-issues/20130225nccicodedits.html>.

HHS to Require Catastrophic Plans to Cover Annual Primary Care Visits

According to a final rule from the U.S. Department of Health and Human Services (HHS), catastrophic health plans will be required to cover at least three primary care visits per year as outlined in the health insurance standards for essential health benefits covered under the Patient Protection and Affordable Care Act. These plans are meant to cover serious medical conditions or emergencies, protecting patients from financial disaster resulting from a medical emergency. They are available only through the individual insurance market and are limited to patients younger than 30 years and those who receive a hardship exemption or are unable to purchase insurance. More information is available at <http://www.aafp.org/news-now/news-in-brief/20130227wklynewsbrfs.html#NewsArticleParsys29392>.

Despite Increasing Role in Medical Student Education, Barriers to EHR Use Remain

As more medical students gain access to electronic health records (EHRs) during clinical clerkships, educators are becoming aware of more benefits, and challenges, of using this technology. Students are using EHRs to do a number of tasks, including reviewing patient information before rounds, checking on laboratory results, and entering pending orders. Educators are working toward including EHR training, particularly documentation skills and learning to write complete notes, early on. Without access, students cannot participate as fully in the learning process or patient care. The AAFP has published a policy encouraging student access to EHRs. For more information, go to <http://www.aafp.org/news-now/education-professional-development/20130306med-students-ehrs.html>.

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