

CMS Reverses Decision on CPT Code Edit

The Centers for Medicare and Medicaid Services (CMS) has reversed a modification of a claims-processing edit for two *Current Procedural Terminology* (CPT) codes used by family physicians in the provision of care to newborns. Previously, physicians could bill two separate services on the same day—code 99468 for initial inpatient neonatal critical care, and code 99460 for initial hospital or birthing center care for evaluation of a normal newborn—by adding a modifier 25 to the normal newborn code. Last spring, CMS proposed negating the application of the modifier, and ruled that the agency would not pay both codes on the same day. The proposal took effect July 1, 2013. On July 11, however, the agency reversed its decision, once again allowing the use of modifiers with this edit. Confirmation of the agency's reversal will be published on October 1, and will be retroactive to July 1. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20130726newborncodes.html>.

Troubling News on HPV Vaccination Rates

Rates of vaccination against human papillomavirus (HPV) are virtually the same as last year, but fewer girls are receiving the entire three-dose series, according to data from the National Immunization Survey. In 2011, 53% of girls had received the vaccine, compared with 53.8% in 2012. The percentage of girls who completed the vaccine series declined from 34.8% in 2011 to 33.4% in 2012. Centers for Disease Control and Prevention (CDC) Director Tom Frieden, MD, said the U.S. medical profession is missing chances to give the HPV vaccine, and called on physicians to recommend it at every opportunity. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20130802hpv-vaccine-rates.html>.

Study Links Improved Chronic Disease Management with Preventive Care Services

New research debunks the perception that primary care physicians do not have enough time to provide preventive care services to patients with chronic illnesses. In a study published in the July/August issue of *Annals of Family Medicine*, researchers analyzed the prevalence of 24 chronic conditions and the provision of 10 preventive services recommended by the U.S. Preventive Services Task Force. They found that patients with chronic conditions were more likely to have received preventive

services, and that those with multiple conditions were more likely to be up-to-date with preventive services. The study's authors suggested that use of electronic health records and participation in practice-based research networks could help physicians overcome time constraints and effectively deliver preventive services to patients with multiple chronic illnesses. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20130723annals-chronicprev.html>.

Initiative Recommends That Newborns Receive Birth Dose of Hepatitis B Vaccine

Several health organizations, including the American Academy of Family Physicians (AAFP), have endorsed the Immunization Action Coalition's "birth dose" initiative, which recommends that newborns receive the first dose of hepatitis B vaccine before being discharged from a hospital or birth center. According to the coalition, administering the vaccine to newborns before discharge helps to create a "vaccine safety net" that protects infants from hepatitis B infection. Data from the CDC's 2011 National Immunization Survey indicate that nearly one in three newborns leaves the hospital without receiving the vaccine, despite recommendations to the contrary. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20130723hepbinitiative.html>.

AIM-HI Program Improves Patient Outcomes

An *Annals of Family Medicine* study reported improvements in outcomes among patients participating in the AAFP's Americans in Motion—Healthy Interventions (AIM-HI) program. The study compared results in practices that used the traditional program with those that used an enhanced AIM-HI program, which encouraged physicians and staff members to make personal lifestyle changes and create a healthy environment in their practices. Both programs generated clinically significant changes in body mass index and fitness levels. Eighteen percent of enrollees, and about 29% of those who completed a 10-month visit, lost 5% or more of their body weight and/or increased their fitness level by at least two points. Patients in the enhanced program also had decreases in systolic blood pressure. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20130726aimhistudy.html>.

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