

POLICY & PRACTICE

Immigrants Must Get HPV Vaccine

Young women seeking to immigrate to the United States currently are required to be vaccinated against the human papillomavirus, under an amendment to the Immigration and Nationality Act. Under the 1996 amendment, individuals seeking immigrant visas must provide proof of vaccination for all vaccines recommended by the U.S. Advisory Committee for Immunization Practices. This list, which is updated periodically, now includes HPV vaccination for females aged 11-12 years, with catch-up vaccination among those aged 13-26 years. The addition of the HPV vaccine to the list of required vaccines for immigrants was automatic and required by statute, according to Centers for Disease Control and Prevention spokesman Curtis Allen, and was not part of ACIP deliberations when the committee originally recommended use of the HPV vaccine. According to a spokeswoman for Merck, the HPV vaccine Gardasil costs approximately \$290-\$375 for the three-dose series. The company was not aware of the immigration policy and did not lobby for that provision, she added.

FDA Backs Calcium/Vitamin D Claim

Food and beverage manufacturers soon will be able to assert a link between the consumption of products containing the combination of calcium and vitamin D and a reduced risk for osteoporosis, under a new Food and Drug Administration rule. The final rule, which was issued last month, goes into effect on Jan. 1, 2010. The health claim does not need to include information on the sex, race, and age of those at risk for osteoporosis or identify the mechanism by which calcium reduces the risk of osteoporosis. Previously, manufacturers could make health claims linking only calcium intake with a reduced risk of osteoporosis. The labeling change is based in part on a health claim petition from the Beverage Institute for Health and Wellness LLC, part of the Coca-Cola Co.

NIH Targets Menopause Symptoms

Officials at the National Institutes of Health have formed a multisite research network to perform randomized clinical trials of treatments for common menopause symptoms. The MsFLASH network (Menopause Strategies: Finding Lasting Answers for Symptoms and Health) includes a data-coordinating center and five clinical research centers, which will be funded at about \$4.4 million a year for 5 years. "Studies such as the Women's Health Initiative, which raised concerns about the safety of using menopausal hormone therapy, underscore the urgent need for treatments that have been proven safe and effective for alleviating menopausal symptoms," Dr. Richard J. Hodes, director of the NIH's National Institute on Aging, said in a statement. "MsFLASH will speed the evaluation of treatments deemed promising by an independent panel at the recent NIH State-of-the-Science

Conference on the Management of Menopause-Related Symptoms." Some of the treatments and interventions being considered for study include antidepressants, paced respiration, yoga, low-dose estradiol patches and gels, and exercise. The effort is being led by officials at the National Institute on Aging, along with the National Institute of Child Health and Human Development, the National Center for Complementary and Alternative Medicine, and the Office of Research on Women's Health.

Calif. Insurers to Cover HIV Tests

Next year, health plans operating in California will be required to pay for routine HIV testing regardless of whether the test is related to the primary diagnosis, under a new law signed by Gov. Arnold Schwarzenegger (R) late last month. Recent data from the federal Centers for Disease Control and Prevention show that "the HIV epidemic is worse than previously known. The alarming new number of infections [underscores] the need to take all possible steps to prevent the spread of this disease," Gov. Schwarzenegger said in a signing statement. "By preventing the spread of infection, the population [not only is] healthier, but avoids the costly medical interventions required for people living with HIV and AIDS."

HPV Toolkit Coming in January

To bring clinicians up to speed on the human papillomavirus (HPV) and the vaccine, a new "toolkit" for health care professionals, community educators, and practice managers will be available early next year. The Association of Reproductive Health Professionals, the American Society for Colposcopy and Cervical Pathology, and the Planned Parenthood Federation of America designed and developed the toolkit. Qia-gen Inc., Merck & Co., GlaxoSmith-Kline, Graceway Pharmaceuticals LLC, Roche, and Hologic Inc. provided the funding, according to Sandy Worthington, director of continuing medical education at PPFA, who spoke at the annual ARHP meeting in Washington. The toolkit will contain laminated algorithms, FAQs on laminated cards in lay language to be shared with patients, a manual for community educators, and a manual for medical office managers that contains instructions on billing codes, securing reimbursement, and storage and shipping.

NIH Director Zerhouni Steps Down

Dr. Elias Zerhouni, director of the National Institutes of Health since May 2002, announced that he will step down at the end of October to pursue writing projects and explore other professional opportunities. During his tenure, he worked to lower barriers between disciplines of science and to encourage trans-NIH collaborations, such as the NIH Roadmap for Medical Research, which brought together all 27 NIH institutes and centers to fund research initiatives.

—Mary Ellen Schneider

\$260M Medicaid Substance Abuse Funds Go Unused

BY ALICIA AULT
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WASHINGTON — More than \$260 million in Medicaid funds set aside to pay physicians to conduct brief screening and interventions for substance abuse are practically untouched, according to federal experts in the White House Office of National Drug Control Policy.

In January, the Centers for Medicare and Medicaid Services designated the matching funds for states that adopt Medicaid codes for substance abuse Screening and Brief Intervention (SBI). But so far, only nine states (Iowa, Indiana, Maine, Maryland, Minnesota, Montana, Oklahoma, Oregon, and Virginia) have begun using the codes, Bertha Madras, Ph.D., deputy director for demand reduction at the White House Office of National Drug Control Policy (ONDCP) said at a meeting to discuss the program. Wisconsin and Washington are reimbursing for SBI in limited circumstances.

The CMS established G codes for SBI in 2006 and followed with H codes. Last year, the American Medical Association established current procedural terminology codes for SBI; they were published for the first time in the 2008 CPT manual.

For CPT 99408, which involves screening and a brief intervention of 15-30 minutes, the reimbursement is \$33.41. For SBI longer than 30 minutes (CPT 99409), the rate is \$65.51. (See box below.)

Dr. Madras did not say how much money has been reimbursed by Medicaid and Medicare, but indicated that the codes are vastly underused.

The ONDCP has been seeking ways to encourage more physicians to conduct SBIs. At the meeting, Dr. Madras cited recently released figures from the Substance Abuse and Mental Health Services Administration showing that 19.9 million people abuse drugs in the United States, but that 93% of those who are addicted are not aware that they have a problem and do not seek treatment.

Dr. Madras said that so far, about 700,000 people have been screened. Almost a quar-

ter were positive for alcohol or drug use; 70% needed a brief intervention and about 16% were referred to treatment, she said. According to self-reports 6 months later, at least a third of those who received treatment said their health status improved.

Citing several recent developments, she said that screening is gaining currency.

At the beginning of 2008, the Federal Employees Health Benefits Plan, which covers 8 million employees and dependents, notified its carriers that the CPT codes for screening and intervention were added and available for use. In June, the Department of Veterans Affairs directed all VA medical centers to routinely screen for alcohol use and provide brief interventions.

Screening for alcohol intoxication is required at level I and II trauma centers; patients with positive screens should be offered interventions, according to criteria adopted by the American College of Surgeons' Committee on Trauma. The committee decided to institute SBI because alcohol use is the single most important risk factor associated with serious injury, said Dr. John Fildes, who represented the ACS committee at the meeting.

Screening and brief intervention protocols are also incorporated into the latest edition of the Advanced Trauma Life Support manual, which was released in October, said Dr. Fildes, professor of surgery at the University of Nevada, Las Vegas.

The ACS Committee on Trauma hopes to expand SBI to all level II and III trauma centers and have drug and alcohol intoxication data included in the National Trauma Data Bank, Dr. Fildes said.

The National Institute on Drug Abuse is developing a resource guide for primary care physicians that will eventually be posted on the agency's Web site, said Dr. Wilson Compton of the NIDA. Some online training is already available at www.mdalcoholtraining.org.

The curriculum is sponsored by the National Institute on Alcohol Abuse and Alcoholism and Boston University. Physicians can also find more information about screening and brief intervention at www.sbirt.samhsa.gov.

Coding for SBI Reimbursement

Payer	Code	Description	Fee Schedule
Commercial insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15-30 minutes	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; > 30 minutes	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15-30 minutes	\$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; > 30 minutes	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes	\$48.00

Source: Substance Abuse and Mental Health Services Administration