# Reimbursement Cut for Fast In-Office HbA<sub>1c</sub> Test

### BY JANE ANDERSON Contributing Writer

he Centers for Medicare and Medicaid Services will cut reimbursement for physicians who provide their diabetic patients with point-of-care hemoglobin A<sub>1c</sub> testing using a "glycosylated Hb home device" from about \$21 a test to about \$13.50 a test on April 1, a coding expert from the American Academy of Family Physicians said.

The reimbursement cut was mandated by a provision in the Medicare, Medicaid, and SCHIP Extension Act of 2007, enacted at the end of last year. That provision reverses a decision by CMS in late 2006 to increase reimbursement for the HbA1c test, said AAFP coding specialist Cynthia Hughes, who noted that AAFP had lobbied hard for several years for the increase in reimbursement. "It was slipped into SCHIP," Ms. Hughes said. "It would take another act of Congress to reverse it."

The language added to the SCHIP legislation states that point-of-care HbA<sub>1c</sub> testing using the kit and billed under CPT code 83037 should be paid at the same rate as HbA<sub>1c</sub> testing done with an in-office analyzer in a physician's office or laboratory setting and billed with CPT code 83036.

Ms. Hughes said that the average cost to physicians' offices for each test kit is about \$13, but that costs also include shipping and handling of the kits themselves, staff time to administer the test, supplies, and

#### **PROVIGIL®** (modafinil) TABLETS [C-IV]

PROVIDENCE (INCOMPARIANT) (ABLETS (IC-IV) BRIEF SUMMARY: Consult Package insert for Complete Prescribing Information INDICATIONS AND USAGE: PROVIGIL is indicated to improve wakefulness in adult platients with receives elseptines associated with narolengy, obstructive sleva paned, hypopenas ayndrome, and shift work sleve disorder. In OSAHS PROVIGIL is indicated as an adjunct to standard treatment(s) for the underlying obstruction. If continuous positive aimery pressure (CMPR) is the treatment of choice for a padient, a maximal effort to treat with CRPA for an adequate period of time should be made prior to initiating PROVIGIL is of CMPA compliance is necessary. In all cases, careful attention to the diagnosis and of CMPA compliance is necessary, in all cases, careful attention to the diagnosis and that some patients may have more than one sleep disorder contributing to their excessive sleepines. ICATIONS: Known hypersensitivity to modafinil, armodafinil (the R-enantiomer

and LPAY compliance is necessary, in all cases, careful attention to the diagnosis and treatment of the underlying size of disorder(s) is of uturo importance. Proceedings and uturo importance. Proceedings and the second structure of the second

inery until they are reasonably certain that HRVIviti. therary win unc unexcern enco-shifty to engage in such activities. *CPAP* **Use in Parletins with OSANE**: IPROVIGIL diardistributies with CPAP, the encouragement of and periodic assessment of CPAP litence is necessary. *Cardivascature System*: PROVIGIL has not been evaluated in nts with a recent history off myocardial infarction or unstable angina, and such nts should be treated with caution. It is recommended that PROVIGIL tablets not be in patients with a history off etheritical rypertopoly or in patients with nitrol valve pee who have experienced the mitral valve prolapse syndrome when previously ing CNS stimulation. Licenseate monitoring of blood pressure mybe appropriate tients on PROVIGIL. *Patients Using Steroidal Contraceptives*: The effectiveness of dial contraceptives may be reduced when used with PROVIGIL tablets, and for one h after discontinuation of therapy (See **PRECAUTIONS**, **Drug Interactions**). Table or concommant methods of contraception are recommended for patients ed with PROVIGIL tablets, and for one month after discontinuation of PROVIGIL tables.

used with PROVIGIL (See **PRECAUTIONS, Drug Interactions)**. Monitoring of circulating cyclosporine concentrations and appropriate dosage adjustment for cyclosporine should be considered when these drugs are used concomitantly. **Patients with Severe Repatic Impairment**. In patients with severe hepatic impairment, with or without circhosis, PROVIGIL should be administered at a reduced dose. **Patients with Severe Repatic Impairment**. The patients with severe mean patients with severe mean patients with severe mean patients with severe real magniment. **Liferty Patients**: Indelorg batters, elimination of PROVIGIL and its metabolities may be reduced as a consequence of aging. Therefore, consideration should be given to the use of lower doess in this population. **Information for Patients:** Physicians are advised to discuss the following with patients for whom they prescribe PROVIGIL. PROVIGIL in clinicated for patients who have abnormal levels of selepineses. PROVIGIL Revolution to alter their previous behavior with PROVIGIL has been shown to improve, but not eliminate this abnormal tendency to fail adeep. Therefore, patients should not alter their previous behavior with PROVIGIL has been shown to produce levels of wakefulness that permit such activities. Patients should be advised that TROVIGIL is not a replacement for sleep. Patients should be informed that may be critical that they contruct to taking PROVIGIL Planets should be informed that the port to taking Provide patient should be informed the levels of wakefulness that permit such activities. Patients should be informed the information to taking Providence previous prescriber PROVice) prescriber and the solution to taking Provide patient should be informed the level to taking Providence previous prescriber and the treatments. Patients should be informed or the availability of a patient information tealled, and they should be instructed to read the leafer prior to daing PROVICL. Patients should only their physician if they are breast feeding. **Concentrant Medication:** Patients should notify their physician if they are breast feeding. **Concentrant Medication:** Patients should be advised to inform their physician if they are taking or pain to take any prescription or over-the counter drug, because of the potential for drug interactions. **Alcobic:** Patients should be advised that it is punch to avoid alcohol while taking PROVICLL aftergic Reactions: Patients should be advised to stop taking PROVICLL and they provide the simulation, even though the absorbing of PROVICLL and they provide the simulation, even though the absorbing of PROVICLL in the drug interaction study beam of the advised to stop taking PROVICLL on the drug interaction study beams provide the advised to stop and provide of patient stimulation, even though the absorbing of PROVICLL in the drug interaction study beams provide the advised to stop and provide the drug interaction study beams provide the advised to stop and provide advised to not show an effect on the pharmacokinetics of either drug. However, one incident of increased levels of colonizamie and and its active metabolite desemptifycling on the first of the dys of treatment with PROVICLL in the drug interaction study beams PROVICL and ethicity starting with PROVICLL in the drug interaction study beams PROVICL and ethicity starting the start and starting advisition. Advisition and PROVICL Other Drugs: More request hyperson and bases of the plasma sampling for EE, pharmacokinetics, a single dose of transmite on the provide beams provide. A not start and the start advised with advised the provide beams provides and PROVICL Drug Drugs. More request hyperson advises the advised to a PROVICL to the provide and the start down who had bases and start of PROVICL to the pratic advised advised by approximately

when PROVIGIL is administered to a nursing woman. Pediatric Use: Safety and effectiveness in pediatric patients, below age 16, have not been established. Serious skin rashes, including erythena multiforme major (EMM) and Stevens-Johnson Syndrome (SIS) have been associated with PROVIGIL use in pediatric patients (See WARNINGS, Serious Rash, Including Stevens-Johnson Syndrome), In the controlled and open-label clinical studies, treatment mergent adverse events of the psychiatric and nerous system included Tourtet's syndrome, in sonnia, hostility, increased clapaley, increased hypnagefor Allucinations and aslicidal ideation. Transient leukopenia, which resolved without medical intervention, was also observed. In the controlled dinical study, 3 of 38 girls, ages 12 or older, treated with PROVIGIL experienced dysmenorthea compared to 0 of 10 girls who received placebo. **Certaric Use:** Selfy and effectiveness in including above 65 years of age have not been established. Experience in a limited number of patients who were greater than 65 years of age in clinical trials showed an includence of adverse experiences similar to other age groups.

been escalarished. Experience in a immed number of patients who were greater train to other age groups. ADVCRSE FEACTIONS: PROVIGIL has been evaluated for safety in over 3500 patients, of whom more than 2000 patients with excessive skeepiness associated with primary disorders of skeep and wakefulness were given at least one does of PROVIGIL In chinical trials, PROVIGIL has been found to be generally well tolerated and most adverse experiences were mild to moderate. The most commonly observed adverse events (2550) associated with use of PROVIGIL nore frequently than placebo-treated patients in the placebo-controlled clinical studies in primary disorders of sleep and wakefulness were adverse, nervourses, thintis, diarthes, back pain, analyti, insomnia, diziness, and otspepsia. In the placebo-controlled clinical trials, 8% of the 934 patients to need frequency due to an adverse evencience. The most frequent placebo-controlled clinical studies in primary disorders of sleep and wakeluness were headache, massen, nervousnes, himits, diarnes, back pain, anview, insomit, diziness, and dyspepsia. In the placebo-controlled clinical trials, 8% of the 934 patients who received PROVIGI discontinued due to an adverse experience. The most frequent reasons for discontinuation that occurred at a higher rate for PROVIGII. the most placebo treated patients is in the principal check patients who received PROVIGII. there in placebo-treated patients in the principal check patients who received PROVIGII. that on placebo-treated patients in the principal trials are listed below. Consult full prescribing information on adverse events. **Body as a Whole**: Headache (2%), norothpaticn. Store between the placebo treated with PROVIGII. That on placebo treated with PROVIGII. That on placebo treated patients in the principal trials are listed below. Consult full prescribing information on adverse events. **Body as a Whole**: Headache (2%), norothpaticn. Existed with PROVIGII. That on placebo treated patients in the principal scale scale adverse (spereiso), arestefatorses, insominal, aniety, Larinese, Geression, parestefas, sommalerse. Propertonia, dysinesia, paperdisi. Ling disorder, epistasia, sommalerse. Propertonia, dysinesia, hyper-kinesia, agtitation, contusion, tremor, emotional lability, vertigo Respiratory: Rhintis, planerglits. Ling disorder, epistasia, sommalerse. Propertonia, dysinesia, hyper-kinesia, agtitation, contusion, tremor, emotional lability, vertigo Respiratory: Rhintis, planerglits. Ling disorder, epistasia, sommalerse. **Changes:** Eventser: Rents: In the adult placebo-controlled clinical triak which compared tos placebo. **Weight Changes:** There were no clinically significant differences in body weight change in patients to treated with PROVIGIL compared to placebo. **Weight Changes:** There were no clinically significant differences in body weight change in patients treated with PROVIGIL compared to placebo. **Weight Changes:**

Rematologic: agranulogtosis DRUG ABUSE AND DEPENDENCE: Controlled Substance Class: RROVIGIL is listed in Schedue IV of the Controlled Substances Act. Abuse Potential and Dependence: In addition to its waketuness promoting effect and increased locomotor activity in animals, in humans, RROVIGIL produces psychoactive and euphotic effects, alterations in mod, preception, thinking and feelings typical of other ONS simulants. In some studies, RROVIGIL was also partially discriminated as stimulant-like. Physicians should follow

in human, PROVGL produces psychoactive and euphoric effects, alterations in mood, perception, thinking and feelings typical of other CNS stimulant. In some studies, PROVIGIL was also partially discriminated as stimulant-like, Physicians should follow patients closely, especially those with a history of draig and/or stimulant-albaus, for signs of misuse or abuse. *Withdrawak*: Following 9 weeks of PROVIGIL use in one LIS clinical trial, no specific symptoms of withdrawak end baceved during 14 days of observation, abbody sleepiness returned in narcoleptic patients. **OVERDOSAGE: Human Experience:** In clinical trials, a total of 151 protocol-specified doess ranging from 1000 to 1600 mg/ day (5 to 8 times the recommended daily dose of 200 mg] have been administered to 32 subjects, including 13 subjects who neceved doess of 1200 mg/ day for 7 to 21 consecutive days. In addition, several intentional acute overdoses occurred; the two largest being 4500 mg and 4000 mg taken by two subjects addicisation or adjation, insomina, and 36 light or moderate elevations in hemodynamic parameters. Other observed hight-dose effects in clinical studies have included anviet, initiability, aggressiveness, confusion, neoveness, tream, pajotations, sleep distubances, nausea, diarthea, and decreased prothombit me. From post-marketing experience, there have been neopsto fall advoerdoses involving PROVIGIL have resulted in 12 grams). Overdoses involving multiple drugs, including PROVIGIL, have resulted in taki autocomes. Symptoms most othen accompanying PROVIGIL overdose, alone (doces up to 12 grams). Overdoses involving multiple drugs, including PROVIGIL, have resulted in the thrat advoerd by adv ingetsed 800-1000 mg (50-63 mg/kg) of PROVIGIL. The child remained stable. The symptoms associated with overdose inclinence was junitaria to those observed induced samoly intervarial, bradycarial, hypertension, and cheat plan. Cases of HolyOVIGIL overdoses hase end intertiffed. Overdoses shoulde canage should be considered the utility of dialysis or urinary acidification or alkalinization in enhancing drug elimination. The physician should consider contacting a poison-control center on the

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#### additional overhead expenses. AAFP has suggested to CMS that an appropriate payment—one that takes into account all the costs of purchasing and administering the test—would be more than \$34.

Providing the test at the point of care is more convenient for the patient and augments care because the test results are available in just a few minutes, in time for the physician to counsel the patient about those results, Ms. Hughes said.

The decreased reimbursement for the test kits could lead to fewer patients receiving the HbA<sub>1c</sub> test at the point of care, Ms. Hughes said.

## Updated Web Site on **Quality Reporting**

The Centers for Medicare and Medicaid Services has revamped the Web site for the Physician Quality Reporting Initiative.

The revised site provides easier access to 2008 information and resources. The site also includes downloadable documents with quality measurement specifications and information for eligible health care providers. For more information, visit www.cms.hhs.gov/PQRI. 

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68