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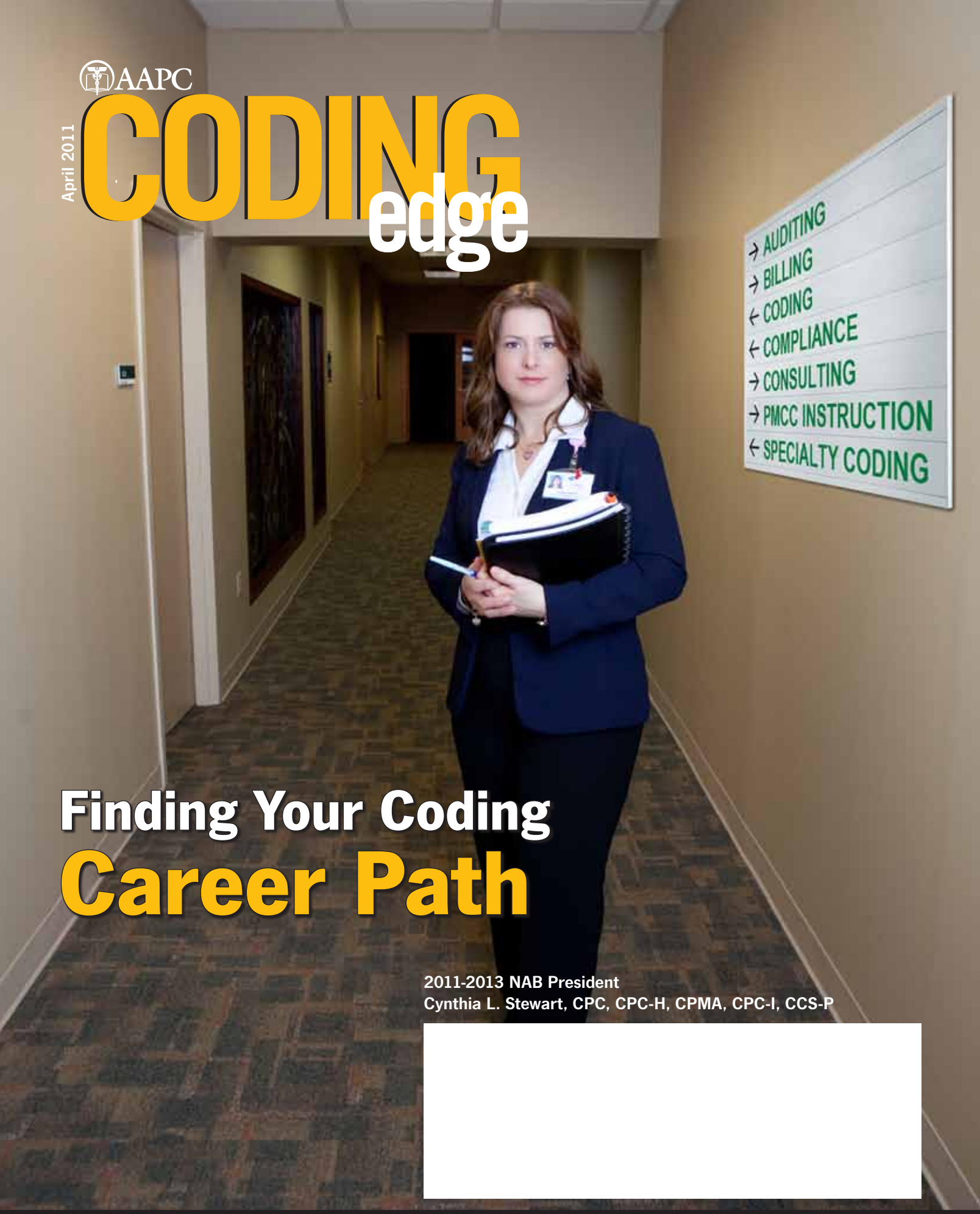

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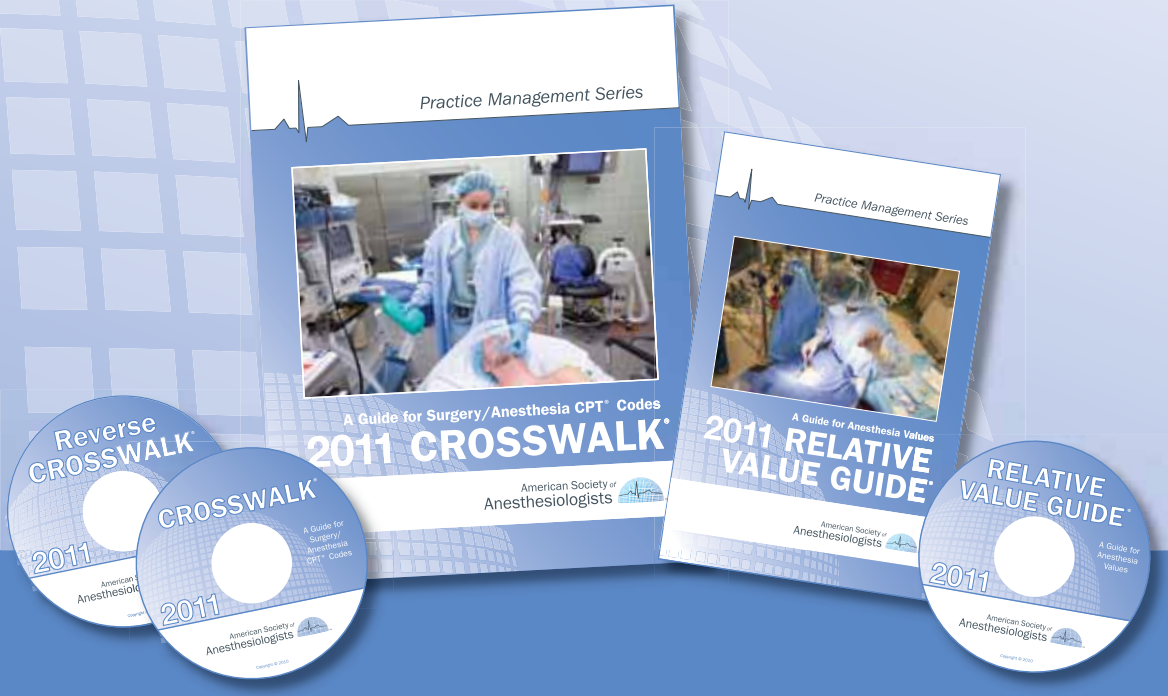

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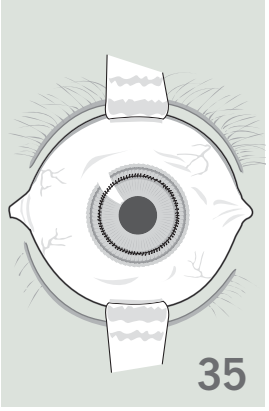

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April 2011

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Features

On the Cover: *As the future of health care unfolds, there are so many coding career options to choose from. New AAPC NAB President Cynthia L. Stewart, CPC, CPC-H, CMPA, CPC-I, CCS-P, is here to help coders find their path. Cover photo taken at St. Vincent Health, Indianapolis, by Jennifer Driscoll Photography (www.photosbyjennifer.com).*

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April 2011

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NAB Grows with Industry Changes

Our National Advisory Board (NAB) includes 16 members appointed by AAPC, representing eight geographical regions of the United States and four officers elected by the NAB including president, president-elect, member relations, and secretary. The role of the NAB is to advise AAPC leadership on coding issues, trends, and member needs, and enthusiastically promote and to support AAPC's mission and the coding profession. Each NAB representative becomes an ambassador for AAPC and its membership. Every two years a new NAB is elected to represent us. Our new board has been appointed for the next two years.

Another NAB Chapter Is Written

It is amazing how fast the years fly by. I remember handing over the gavel to **NAB President Terrance C. Leone, CPC, CPC-P, CPC-I, CIRCC**, just two short years ago. It was a very surreal time for me because I really loved serving the membership of AAPC and I enjoyed all the wonderful people and good works our NAB accomplished. Terry must be feeling much of the same emotion I did when my term ended. He has been a very good colleague and friend of mine for several years. We met serving together as board members and during my term as president. Now it is time to say "goodbye," but I am certain he will remain just as involved and supportive of AAPC when the new NAB steps into office.

Thanks for a Job Well Done

Thanks to the NAB officers who served with Terry, which include, **Cynthia L. Stewart, CPC, CPC-H, CPMA, CPC-I, CCS-P**, president-elect; **Linda Farrington CPC, CPC-I**, secretary and **Julia Croly, CPC, CPC-P, CPC-I**, member relations; and the entire NAB of which there are too many to mention. These wonderful people have been selfless of their time serving the NAB and are commended for their service. Thank you everyone for a job well done.

Welcome Our New Leaders

The entire AAPC welcomes NAB President Stewart and her officers, who include: **David B. Dunn, MD, FACS, CPC-H, CIRCC, CCC, CCS, RCC**, president-elect; **Kerin Draak, MS, RN, WHNP-BC, CPC, CPC-I, CEMC, COBGC**, secretary; and **Melody S. Irvine, CPC, CPMA, CPC-I, CEMC, CCS-P, CMRS**, member relations.

The entire NAB has a tough act to follow, and I know Cyndi and her team are up to the challenge. Because of Cyndi's extensive experience working in the health care industry and as an in-the-trenches coder, she understands our membership, our challenges, and strengths. She will lead our next NAB into a future filled with challenges, such as the electronic health record (EHR) adoption, the 5010 conversion, ICD-10, mandated compliance, and whatever else is next to come. AAPC looks forward to working with Cyndi's NAB in the next two years and will rely on the NAB's voice and guidance as health care brings change. Welcome Cyndi and the entire NAB.

Next month, *Coding Edge* will introduce and feature our 16 new board members. CE

Until next month, my friends,

Deborah Grider,
CPC, CPC-H, CPC-I, CPC-P, CPMA, CEMC, COBGC, CPCD, CCS-P
AAPC President and CEO

Coding News

New Implementation Dates for Telehealth Services

The implementation dates for expanded Medicare telehealth services codes were changed to Jan. 3, 2011 for providers who bill carriers or Parts A and B Medicare administrative contractors (A/B MACs) and April 4, 2011 for providers who bill fiscal intermediaries (FIs) or A/B MACs. Medicare contractors will not reprocess claims submitted prior to these implementation dates. Such claims brought to their attention will be adjusted. The CR release date, transmittal numbers, and the Internet address for accessing the CR have been revised. All other information remains the same.

In case you missed the first release, the Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 7049 to add 14 HCPCS codes to the list of Medicare telehealth services for:

- "Individual and group Kidney Disease Education (KDE) services;
- Individual and group Diabetes Self-Management Training (DSMT) services;
- Group Medical Nutrition Therapy (MNT) services;
- Group Health and Behavior Assessment and Intervention (HBAI) services; and
- Subsequent hospital care and nursing facility care services."

CMS has added the following requested services to the list of Medicare telehealth services for 2011:

- Individual and group KDE services:
  - HCPCS Level II code G0420 *Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour*; and
  - HCPCS Level II code G0421 *Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour.*
- Individual and group DSMT services (with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training):
  - HCPCS Level II code G0108 *Diabetes outpatient self-management training services, individual, per 30 minutes*; and
  - HCPCS Level II code G0109 *Diabetes outpatient self-management training services, group session (2 or more) per 30 minutes.*
- Group MNT and HBAI services, CPT® codes: 97804 *Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes*, 96153 *Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)*, and 96154 *Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)*;
- Subsequent hospital care services, with the limitation of one telehealth visit every three days; CPT® codes 99231-99233.
- Subsequent nursing facility care services, with the limitation of one telehealth visit every 30 days, CPT® codes 99307-99310.

Make billing staff aware of these changes.

"Frequency limitations on subsequent hospital care and subsequent nursing facility care delivered through telehealth do not apply to inpatient telehealth consultations," CMS says in the revised CR. "Consulting practitioners should continue to use the inpatient telehealth consultation HCPCS codes (G0406, G0407, G0408, G0425, G0426, or G0427) when reporting consultations furnished via telehealth."

See *MLN Matters* article **www.cms.gov/MLNMattersArticles/downloads/MM7049.pdf** or CR 7155 **www.cms.gov/transmittals/downloads/R2169CP.pdf** for modifier usage and other pertinent information.

CMS Changes MRI Coverage

The Centers for Medicare & Medicaid Services (CMS) released new coverage guidance for magnetic resonance imaging (MRI) in Medicare beneficiaries with implanted permanent pacemakers (PMs) or implantable cardioverter defibrillators (ICDs), effective Feb. 24, 2011. The Implementation date is April 4, 2011.

For MRI services, CR 7296 says Medicare will continue to retain current section 220.2.C.1 contraindications of the *NCD Manual*. "However, CMS believes the evidence is promising, although not yet convincing, that MRI will improve health outcomes in patients with PMs and ICDs if certain safeguards are in place, and therefore will allow for coverage of MRI for Medicare beneficiaries with implanted PMs or ICDs when those beneficiaries are enrolled in a clinical studies that are approved by CMS for the purpose of gaining further evidence about the utility and safety of MRI exposure."

See CR 7296 **(www.cms.gov/transmittals/downloads/R132NCD.pdf)** for details, including the list of safety criteria and scientific integrity standards that providers must meet.

CAHs Have New Incentives for Primary Care Services

Payment to critical access hospital (CAHs) paid under the optional method has changed.

According to *MLN Matters* 7115, section 5501(a) of the Affordable Care Act revises section 1833 of the Social Security Act by adding a new paragraph, Incentive Payments for Primary Care Services (PCIP). The new paragraph states that when primary care services are furnished on or after Jan. 1, 2011 and before Jan. 1, 2016 by a primary care practitioner, 10 percent of the payment amount for such services under the Medicare Physician Fee Schedule (MPFS) (on a monthly or quarterly basis) will be paid.

Eligible primary care physicians and non-physician practitioners furnishing a primary care service in a health professional shortage area (HPSA) may receive both a HPSA physician bonus payment under the established program and a PCIP payment under the new program, beginning in 2011.

PCIP Payments to Critical Access Hospitals

"Physicians and non-physician practitioners billing on Type of Bill (TOB) 85X for professional services rendered in a CAH paid under the optional method have the option of reassigning their billing rights to the CAH. When the billing rights are reassigned to the CAH, payment is made to the CAH for professional services (Revenue Codes (RC) 96X, 97X or 98X)."

See the table in *MLN Matters* article 7115 **(www.cms.gov/MLNMattersArticles/downloads/MM7115.pdf)** for codes that remain active for primary care incentive payments in 2011.

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As I write my first message, spring is in the air bringing a welcome change from the long, cold winter. Like the transition that arrives with spring, I find myself again at the crossroads of change during the end of a National Advisory Board (NAB) term and the transition into the new board's term. I'm excited and a bit nervous to begin my role as NAB president, and I'm also melancholy as I recall the past four years and my time with two exceptional NABs and the outstanding individual members of each.

2007-2009

From the moment the 2007-2009 NAB was introduced to AAPC membership, it bonded under the challenge of advising and assisting the national office during its recreation of AAPC for its members. Many positive changes came about through the hard work and dedication of this board and its leaders. From the fun and amusingly embarrassing moments of AAPC National Conference skits, to the detailed labors required to advance AAPC to its current level of professionalism, board members dedicated themselves to moving AAPC towards its future. This bond, which remains with many of us today, has provided irreplaceable support to AAPC and myself. I hope it will continue to do so in the future.

2009-2011

The 2009-2011 NAB has been no less exceptional in its dedication and contributions to our membership. During the past two years, the board has worked, both seen and unseen, to continue:

- keeping the momentum going to grow AAPC membership;
- broadening the scope and depth of our profession; and
- keeping pace with advancements in the business side of medicine.

A complete list of the tasks assigned to the 2009-2011 NAB would exhaust the limits of this letter; however, several major board assignments come to mind. The first was the creation of the 100K task force. It was the responsibility of this committee to amplify membership's national voice by adding volume to our organization. The next task involved forming committees to identify additional credentials needed to enlarge and encompass the scope of an AAPC coder's work. And most recently, the NAB's ethics committee was asked to clarify the ethics violation process and revise the AAPC Code of Ethics to reflect more closely the mission and ethics of the current AAPC and its membership.

Our achievements brought positive benefits to our members:

- Membership reached well over 100,000 members, making us the largest medical coding organization and ensuring our voice in the profession.
- Two new credentials were added: the Certified Professional Medical Auditor (CPMA®) and the Certified Professional Compliance Officer (CPCO™).
- The first AAPC Mission Statement was created.

It has been a great honor and privilege to serve with both NAB presidents, **Deborah Grider, CPC, CPC-H, CPC-I, CPC-P, CEMC, CPMA, COBGC, CPCD, CCS-P,** and **Terrance C. Leone, CPC, CPC-P, CPC-I, CIRCC.** I have learned a great deal from both as mentors and hope to lead the next NAB in a manner which continues to elevate our profession and bring pride to members of AAPC.

2011-2013

So what's in store for the 2011–2013 NAB? With the pace at which our health care industry is evolving, it's a tough prediction to make. One thing is certain, though: We will stay our current course of helping members grow within their careers by encompassing their educational needs, providing an environment for a positive exchange of ideas and information, and elevating AAPC as a leader in the health care industry.

Best Wishes,

Cynthia Stewart,
CPC, CPC-H, CPMA, CPC-I, CCS-P
President, National Advisory Board

Letters to the Editor

Please send your letters to the editor to:
letterstotheeditor@aapc.com

Vascular Coding Orders Need Clarification

I was just reading the article, "Keep Vascular Coding in the Family," by Kimberly Engel, CPC, in the February 2011 *Coding Edge* and I believe there is an error on page 20.

In the first column, almost two-thirds of the way down, she states, "The brachiocephalic has two children, the right axillary and right common carotid." According to my illustrations, the right axillary is a third order following the right subclavian, which would be the correct "first child" from the brachiocephalic.

Diane Cooper, CPC

Technically we are both correct. It is the same vessel and the same order, both second off the brachiocephalic. However, the axillary is also a second order of the subclavian, not a third order.

Kimberly Engel, CPC

Get Chapter Sequencing Priorities Straight

In the March 2011 issue, I noticed a slight error (perhaps a typo) in "Simplify HIV and AIDS Coding" [page 23]. In point 6, "Pregnancy Takes Sequencing Priority," the article states, "Codes from chapter 15 always take sequencing priority." This should say that codes from chapter 11 take sequencing priority. Chapter 15 codes deal with conditions originating in the perinatal period and don't appear on the mother's record.

Ken Camilleis, CPC, CPC-I, CMRS

As you note, the article should have advised that codes from ICD-9-CM chapter 11—not chapter 15—take sequencing priority. To quote the *ICD-9-CM Official Guidelines for Coding and Reporting*, "Chapter 11 codes have sequencing priority over codes from other chapters. Additional codes from other chapters may be used in conjunction with chapter 11 codes to further specify conditions."

The *Official Guidelines* further specify that chapter 15 codes "are never for use on the maternal record."

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By Cynthia L. Stewart, CPC, CPC-H, CPMA, CPC-I, CCS-P

Understand How ICD-10 Expands Sepsis Coding

Accurately capture the increased complexity of treating severe sepsis.

Beginning Oct. 1, 2013, diagnosis coding of sepsis, severe sepsis, and septic shock will involve a few changes. For one, you will have many more ICD-10-CM codes from which to choose to fully describe sepsis verses severe sepsis, compared to what ICD-9-CM offers. But not everything will change. The code sequencing rules for fully describing the condition of severe sepsis, for example, will remain unchanged with ICD-10-CM. Understanding what will change and what will remain the same will ease the impending transition between code sets.

Get Familiar with Combination Code Usage

Because ICD-10-CM uses combination coding, sepsis without acute organ failure will require only one code: the code for the underlying systemic infection (A40.0-A41.9). Complete and accurate severe sepsis coding will continue to require a minimum of two codes. The first code sequenced in this combination identifies the underlying organism (Sepsis, A40.0 -A41.9) or cause of the sepsis (postprocedural infection, trauma, or burn), followed by a code indicating the extent to which the septic condition has progressed: severe sepsis with or without septic shock.

ICD-10-CM splits the condition of severe sepsis with combination codes R65.21 *Severe sepsis with septic shock* and R65.20 *Severe sepsis without septic shock*. As with other combination codes, assigning a separate code for septic shock in addition to the combination code is unnecessary. When documented, any associated organ dysfunction should be assigned following the code for severe sepsis. Although the condition of sepsis and its associated code may not be the first listed for the principle diagnosis, the sequencing of these codes remains the same.

Urosepsis Is No Longer Coded

Another change is the deletion of the urosepsis condition and code. Considered in ICD-10-CM as a nonspecific term and not associated with sepsis, the default code for this condition in ICD-9-CM (599.0 *Urinary tract infection, site not specified*) is not carried forward in ICD-10-CM. If the provider documents this condition, further clarification should be sought prior to coding.

See How Sepsis Translates

To see how sepsis translates, compare the associated ICD-9-CM and ICD-10-CM codes in **Table A**.

Newborn Sepsis Codes Get Specific

ICD-10-CM also will bring changes to newborn sepsis coding, as shown in **Table B**. ICD-9-CM requires a secondary code in addition to the newborn sepsis code (771.81 *Septicemia [sepsis] of newborn*) to identify the bacterial infection as the underlying organism. As with non-newborn sepsis codes, ICD-10-CM provides combination codes to identify both the condition of sepsis and the underlying organism (P36 *Sepsis of newborn due to streptococcus, group B*). If a combination code is not available, assign an additional code to identify the underlying organism (B96). When documented, also assign a code for severe sepsis followed by any associated acute organ dysfunction.

Here's How Puerperal Sepsis Translates

As shown in **Table C**, the coding of puerperal sepsis will involve only a change in codes because combination codes for puerperal sepsis and the underlying bacterial cause were not created for ICD-10-CM. Coding for this condition using ICD-10-CM codes will continue to require both the code for puerperal sepsis (O85 *Puerperal sepsis*) and the code for the underlying infection (B95-B96 Bacterial infections in conditions classified elsewhere). As with ICD-9-CM, do not assign a code for sepsis (A40-A41) because the code for puerperal sepsis (O85) identifies this condition. If documented, an additional code for severe sepsis (R65.2x) should be assigned, followed by documented associated organ dysfunction.

Let's put it all together and compare use of the two code sets by coding these diagnostic statements:

Sepsis due to methicillin susceptible Staphylococcus aureus (MSSA)

ICD-9-CM: 038.11, 995.91
ICD-10-CM: A41.0

Septic shock and respiratory failure due to methicillin resistant Staphylococcus aureus

ICD-9-CM: 038.12, 995.92, 785.52 *Septic shock*, 518.81 *Acute respiratory failure*
ICD-10-CM: A41.0, Z16, R65.21, J96.0 *Acute respiratory failure*

As you can see, the changes in ICD-10-CM coding eliminate ICD-9-CM's current code redundancy of coding sepsis due to infectious conditions.

The ICD-10-CM coding system more accurately reflects the clinical significance and increased complexity of treating severe sepsis when presenting with septic shock by identifying the presence of this condition. As before, however, the sepsis rules are lengthy and documentation will continue to play a key role in the proper assignment of the new code set. For a successful ICD-10-CM transition, educate your providers early on about these and other documentation and coding changes.

Cynthia L. Stewart, CPC, CPC-H, CPMA, CPC-I, CCS-P, is revenue cycle systems manager for St. Vincent Health. She is 2011-2012 president of AAPC's National Advisory Board (NAB) and has been a NAB member since 2007.

Table A: Sepsis, Severe Sepsis, and Septic Shock Due to Infectious or Non-infectious Process

ICD-9 Code	Nomenclature	ICD-10 Code	Nomenclature
038.0	Streptococcal septicemia	A40.0	Sepsis due to streptococcus, group A
		A40.1	Sepsis due to streptococcus, group B
	No code	A40.8	Other streptococcal sepsis
	No code	A40.9	Streptococcal sepsis, unspecified
038.10	Staphylococcal septicemia, unspecified	A41.2	Sepsis due to unspecified staphylococcus
038.11	Methicillin susceptible Staphylococcus aureus septicemia (includes staphylococcus aureus septicemia NOS)	A41.0	Sepsis due to Staphylococcus aureus
038.12	Methicillin resistant Staphylococcus aureus septicemia	A41.0 Z16	Sepsis due to Staphylococcus aureus Infection with drug resistant microorganisms
038.19	Other staphylococcal septicemia	A41.1	Sepsis due to other specified staphylococcus
038.2	Pneumococcal septicemia [Streptococcus pneumoniae septicemia]	A40.3	Sepsis due to Streptococcus pneumoniae
038.3	Septicemia due to anaerobes	A41.4	Sepsis due to anaerobes
038.40	Septicemia due to gram-negative organism, unspecified (includes gram-negative septicemia NOS)	A41.50	Gram-negative sepsis, unspecified
038.41	Septicemia due to Hemophilus influenza [H. influenza]	A41.3	Sepsis due to Hemophilus influenza
038.42	Septicemia due to Escherichia coli [E. coli]	A41.51	Sepsis due to Escherichia coli
038.43	Septicemia due to pseudomonas	A41.52	Sepsis due to pseudomonas
038.44	Septicemia due to serratia	A41.53	Sepsis due to serratia
038.49	Septicemia due to other gram-negative organisms	A41.59	Other gram-negative sepsis
	No code	A41.81	Sepsis due to Enterococcus
038.8	Other specified septicemias	A41.89	Other specified sepsis
038.9	Unspecified septicemia	A41.9	Sepsis, unspecified
995.90	Systemic inflammatory response syndrome, unspecified		No code
995.91	Sepsis (systemic inflammatory response syndrome (SIRS) due to infectious process without acute organ dysfunction)		No code
995.92	Severe sepsis (SIRS due to infectious process with acute organ dysfunction)	R65.20	Severe sepsis without septic shock
995.92	Severe sepsis (SIRS due to infectious process with acute organ dysfunction)	R65.21	Severe sepsis with septic shock
995.93	Systemic inflammatory response syndrome due to noninfectious process without acute organ dysfunction	R65.10	SIRS of non-infectious origin without acute organ dysfunction
995.94	Systemic inflammatory response syndrome due to noninfectious process with acute organ dysfunction	R65.11	SIRS of non-infectious origin with acute organ dysfunction

Table B: Newborn Sepsis Coding Comparison

ICD-9 Code	Nomenclature	ICD-10 Code	Nomenclature
771.81	Septicemia of newborn	P36.0	Sepsis of newborn due to streptococcus, group B
		P36.10	Sepsis of newborn due to unspecified streptococci
		P36.19	Sepsis of newborn due to other streptococci
		P36.2	Sepsis of newborn due to staphylococcus aureus
		P36.30	Sepsis of newborn due to unspecified staphylococci
		P36.39	Sepsis of newborn due to other staphylococci
		P36.4	Sepsis of newborn due to Escherichia coli
		P36.5	Sepsis of newborn due to anaerobes
		P36.8	Other bacterial sepsis of newborn
		P36.9	Bacterial sepsis of newborn, unspecified

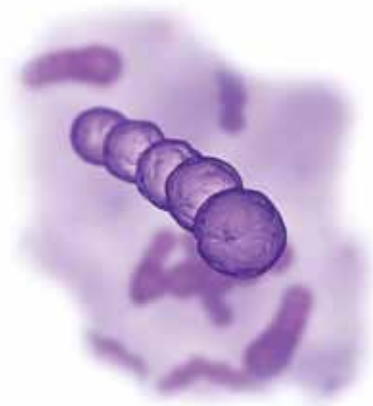

Table C: Puerperal Sepsis Coding Comparison

ICD-9 Code	Nomenclature	ICD-10 Code	Nomenclature
670.2x	Puerperal sepsis	O85	Puerperal sepsis

By Jenifer Cooper, CPC, RCC

Remote Coders:
Keep the Lines of Communication Open

Use these tips to prevent distant work interactions from becoming misconstrued.

More than ever, coders work at locations remote from the physician or practice for which they code. Some coders work from home, while others work for a billing service that provides coding services in one location for many physicians. If you are a remote coder, you know there are unique challenges to working for someone you may not have met. The interactions you have with the provider and his or her office staff sets the tone for keeping a beneficial working arrangement.

Consider ways to strengthen this relationship. The key is good communication—and when the only correspondence you have with your employer is via e-mail and phone, this is even more important.

Examine E-mail Etiquette

First, consider how you communicate with the physician or his office staff. If you use e-mail, make sure it paints a favorable portrait of your work ethic. There is never a good time to use SMS language (textese) in a business situation. "Wd U like us 2 do this now or L8R? THX!" doesn't let the recipient know that you are a competent coder. Try to use the best grammar and punctuation you can, and use the spelling and grammar checking features in your e-mail program.

Speak clearly and keep messages short and to the point. A rambling message might cause the recipient to set e-mail aside to deal with later, "when there's more time." For a busy office staff or practitioner, that time may never come.

Consider that the person with whom you are corresponding may not have your knowledge of coding or billing. Some physicians keep up to date with the coding world, while others prefer to focus entirely on caring for their patients. Know your clients, so you know how much explanation to provide.

WARNING: Always keep Health Insurance Portability and Accountability Act (HIPAA) regulations in mind, and be careful of how much personal information about a patient you include in an e-mail. Ask if the practice has a policy regarding protected health information in e-mails, and consider checking with the "IT guy" to verify the security of the e-mail client you use. A fax or a phone call may be considered more secure. Or, you may choose to use a non-personal identifier, such as medical record number or account number when referring to a specific patient.

Phone Manners Matter

If you make phone calls to the provider, be polite and courteous to the person with whom you are speaking. Remember: You are part of the team. If you leave voicemail, give your name and phone number at the beginning and end of the message so the recipient is able to write down the information without replaying the message multiple times. A busy practice may get a lot of voicemail, and not a lot of time to spend on each one.

Be patient if you don't receive a call back right away. You never know what emergencies the practice may be attending to, or

if they are shorthanded. Don't call repeatedly if you don't get a response as quickly as you'd like. Be prepared with anything you might need when you call, so you can avoid putting the practice on hold. Attempt to return their calls promptly—never make your employer feel put off.

WARNING: A phone call leaves no record of what is discussed. If you call the office to get a diagnosis or clarify a performed procedure, get this information in writing. It protects the practice in case an external auditor comes knocking, and it protects you when your employer audits your work.

Follow Your Provider's Lead

Lastly, always respect the provider's preference. One doctor may not have a computer in his office and prefer you call with questions. Another may hate answering the phone, or just not have time during hospital rounds, and would rather receive e-mail. One practitioner may be irritated by text messages, while another may do everything from his phone except make actual phone calls. Communicating in the manner your physician prefers will help ensure you receive a response.

Sticking to good business practices—as well as using common courtesy—will go a long way towards proving to your employer you're a professional coder.

Jenifer Cooper, BA, CPC, RCC, is the coding supervisor for Professional Billing, Inc. She has seven years of experience in billing and coding. She most recently earned her Radiology Certified Coder designation and is studying towards the CIRCC certification.

A phone call leaves no record of what is discussed. If you call the office to get a diagnosis or clarify a performed procedure, get this information in writing.

By Joyce Will, CPC

Code Medicare's Preventive Visits from Head to Toe

Know what these services really entail.

There are two types of annual wellness visits (AWVs): an initial visit (G0438 *Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit*) and a subsequent visit (G0439 *Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit*). These visits do not replace the "welcome to Medicare" visit (initial preventive physical exam (IPPE)) that has been covered since 2005. Rather, they are in addition to the IPPE. The requirements for each of these services are very similar:

IPPE and AWV services require very little physical examination, other than routine measurements. In contrast, if patients and physicians were asked to describe a "physical," it likely would involve a head-to-toe examination and discussion of age-appropriate risk factors. Routine physicals, as described by CPT® 99381-99397, have never been covered under the Medicare program. Whether commercial payers cover preventive services depends entirely upon the individual patient's plan coverage.

Service Name	HCPCS	Coverage Limits	Required Elements
Welcome to Medicare Visit, IPPE	G0402	Once in a lifetime · within the first 12 months of Medicare eligibility	1. Review and documentation of the patient's medical and social history 2. Review and documentation of patient's potential risk factors for depression and/or other mood disorders 3. Review and documentation of patient's functional ability and level of safety 4. Physical examination, including height, weight, BP, visual acuity, and BMI 5. End-of-life planning 6. Education, counseling, and referral (if necessary) based on the five items above 7. Education, counseling, and referral (brief written plan) for other preventive services
Screening EKG	G0403 (global) G0404 (tracing only) G0405 (interp/report only)	One time only (covered only in conjunction with IPPE)	
Ultrasound screening for AAA	G0389	One time only · referral must come as a result of IPPE	
AWV, including PPPS, Initial	G0438	Once in a lifetime · not within 12 months of Medicare enrollment (IPPE during this time) or within 12 months of IPPE	1. Establishment or update of the patient's medical and family history 2. Review of individual's potential risk factors for depression and/or other mood disorders based on appropriate screening instrument 3. Review and documentation of patient's functional ability and level of safety based on direct observation or use of appropriate screening questions 4. Physical examination, including height, weight, BP, BMI (or waist circumference), and other routine measurements appropriate based on history 5. Establishment of a list of current providers and suppliers involved in providing medical care to individual 6. Detection of any cognitive impairment 7. Establishment of a written screening schedule for the next 5-10 years, as appropriate, based on USPSTF and ACIP recommendations, health status, screening history, and age-appropriate preventive services covered by Medicare 8. Establishment of a list of risk factors and conditions of which interventions are recommended or underway for the individual, including those identified through an IPPE and a list of treatment options and associated risks and benefits 9. Provision of personalized health advice to the individual and referral, as appropriate, to programs aimed at reducing identified risk factors including weight loss, physical activity, smoking cessation, fall prevention, and nutrition

IPPE and AWV services require very little physical examination, other than routine measurements.

Service Name	HCPCS	Coverage Limits	Required Elements
AWV, including PPPS, subsequent	G0439	Annually, but not within 12 months of initial visit (G0438)	1. Update of the patient's medical and family history 2. Update list of current providers and suppliers involved in providing medical care to individual 3. Physical examination, including weight, BP, and other routine measurements appropriate based on history 4. Detection of any cognitive impairment 5. Update written screening schedule for the next 5-10 years, as appropriate, based on USPSTF and ACIP recommendations, health status, screening history, and age-appropriate preventive services covered by Medicare, established at initial visit 6. Update list of risk factors and conditions of which interventions are recommended or underway for the individual, including those identified through an IPPE and a list of treatment options and associated risks and benefits 7. Provision of personalized health advice to the individual and referral, as appropriate, to programs aimed at reducing identified risk factors including weight loss, physical activity, smoking cessation, fall prevention, and nutrition

When the physician provides a problem-oriented service, or sick visit, with an IPPE or AWV, remember these guidelines:

- New Patients: Do *not* bill both services together regardless of the insurance because the history and exam elements overlap and documentation can only be counted once. Both the 1995 and 1997 Documentation Guidelines for Evaluation and Management Services state, "a review of all three history areas is required for services that by their nature include a comprehensive assessment or reassessment of the patient." New patients fit in this category. The IPPE and AWV also require patient past medical, family and/or social history. Counting work done once for two billed services is "double dipping."
- Established Patients: Documentation for the sick visit requires a chief complaint and history of present illness, with medically necessary exam and decision making for the problem being treated. Other history components are tied up in the requirements of the IPPE or AWV and would not count towards documentation of the sick visit.

Alert Patients What to Expect

Medicare patients expecting a complete physical exam when scheduled for a welcome to Medicare or AWV may be disappointed by the reality of the service. Because disappointment often translates to unfavorable satisfaction surveys, educate patients on exactly what the service they are requesting entails when they make their appointment.

Joyce Will, CPC, is a coding compliance consultant with Vanderbilt University Medical Center in Nashville, Tenn. She obtained CPC® certification in 1999, has over 25 years experience in billing and coding for both academic medical groups and physicians in private practice, and is pursuing a degree in Health Information Technology.

By Stephen C. Spain, MD, FAAFP, CPC

New Annual Wellness Visit: Boon or Trap?

Understand the requirements for appropriate reimbursement.

As required by the Patient Protection and Affordable Care Act (PPACA), the Centers for Medicare & Medicaid Services (CMS) recently amended the Code of Federal Regulations (CFR) to include an annual wellness visit (AWV) for Medicare beneficiaries. The revenue for this service is significant, and it may be performed in addition to an evaluation and management (E/M) service at the same visit; therefore, it is in a providers' financial interest to offer this new service. Coders must understand the requirements and nuances of the new benefit, so charges can be submitted properly for appropriate reimbursement.

AWV Isn't a Typical Annual Physical

This AWV is "free" to Medicare patients, in that no co-pay or deductible will apply. Jurisdiction Medicare administrative contractors (JMACs) are reimbursing the initial AWV at approximately $150, and the subsequent AWV at roughly $100. This reimbursement should ensure that patients are offered the benefit.

The AWV is not the annual physical examination that most physicians were trained to perform, however. Physicians who complete a routine annual checkup and expect to submit this service for payment under the new benefit rules will fall far short of meeting the AWV requirements. The AWV contains little "hands on" examination, but when properly performed will help to identify important health risks and ensure Medicare patients receive the screening services they are due.

The intent of the initial AWV is to assess nine areas:

1. Establish the patient's past family, medical, and surgical history
2. Document the patient's current medications and supplements, to include specifically calcium use and multi-vitamin use
3. Generate a list of the patient's current health care providers, including home health agencies and durable medical equipment (DME) providers
4. Measure the patient's vital signs and body mass index (BMI)
5. Assess the patient's risk for depression
6. Assess the patient's cognitive ability
7. Assess the patient's risks for falls or injury
8. Determine and recommend the preventive health services that are due
9. Document the identified health risks and provide advice and referral, as appropriate and indicated, for these risks

As originally proposed, the AWV also included counseling for end-of-life planning. This "voluntary advance care planning" provision formed the foundation of the ballyhooed "Death Panel" criticisms directed against the PPACA. Under pressure from congress and the public, CMS notified providers on Jan. 10, 2011 that it had rescinded this requirement.

Tip: The interview format of the AWV involves asking a lot of direct, personal questions that may make some patients uncomfortable. You may wish to notify patients beforehand that their visit will be different, and explain the reason behind the changes in the usual encounter format. The sample letter shown in **Figure A** provides one example of how a practice might accomplish this.

Meet and Document Screening Specifics

The *Medicare Benefit Policy Manual*, chapter 15, section 280.5, requires that depression screening be "*based upon the use of an appropriate screening instrument for persons without a current diagnosis of depression, which the health professional may select from various available standardized screening tests designed for this purpose and recognized by national professional medical organizations*" **(www.cms.gov/transmittals/downloads/R134BP.pdf).**

This can be interpreted that a standardized screening instrument must be administered and scored, fully and properly. Providers should look at several of these, such as the MacArthur Initiative on Depression's PHQ-9, or the Beck's Depression Inventory. Sample PHQ-9 forms are widely available on the Internet **(e.g., www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/questionnaire_sample/).** There are other instruments available; whichever is selected, however, must be administered in its entirety and meet the standard of being "recognized by national professional medical organizations."

In contrast, the rules state that the evaluation to assess fall risk may be "*based on direct observation or the use of appropriate screening questions or a screening questionnaire …*" Cognitive evaluation screens similarly may be "*based on direct observation with due consideration of information obtained by way of patient reports, concerns raised by family members, friends, caretakers, or others.*" It's a good idea to incorporate a few components each from standardized Fall Risk and Cognitive Assessment tools into the AWV documentation. For example, documentation of a modified "Get Up and Go" test and a few points of the Mini Mental Status exam would meet the requirements.

When the evaluation is completed, there must be documentation that the results and identified risks were presented to the patient. Documentation of risk counseling and assessment of preventive services that are due, as well as a schedule of services due over the next five to 10 years, also is required. The patient must receive a written copy of the findings and recommendations.

Figure A: Sample Annual Wellness Visit Notification Letter

Dear Patients and Friends,

Recently, the details of the new yearly physical examination for Medicare beneficiaries were unveiled by the federal Centers for Medicare & Medicaid Services (CMS). However, this new benefit is not exactly what most of us would consider an annual physical exam. It is, rather, more of an "evaluation." Medicare acknowledges as much, in that they have renamed the benefit the "annual wellness visit."

The purpose of this letter is to explain this benefit to you so you will understand how these government-mandated changes will affect your annual visit.

The new "annual wellness visit" is intended to assess:

- The patient's risk for depression;
- The patient's cognitive ability;
- The patient's risks for falls or injury;
- Generate a list of the patient's current health care providers; and
- Determine and recommend the preventive health services that are due.

There is virtually no physical examination required, and the encounter focuses on interviewing and updating portions of your medical history.

It is important that we implement this new visit. When properly and thoughtfully undertaken, this benefit should help identify patients at risk for serious health issues. Medicare also has begun keeping a scorecard to see how well physicians are providing certain services, which likely will soon include this new benefit. Doctors who don't provide this new service could be ranked as "underperforming" by Medicare. This may lead to financial and administrative penalties. To comply with the new requirements, our office must make changes in how we handle your annual visit.

For most of you with stable chronic health conditions, it is only necessary to be seen two or three times a year. To perform this new benefit as a separate service, an additional trip to the office each year would be required, and many patients would find this inconvenient. To avoid an extra office visit, we plan to include the new benefit at your annual examination.

This new visit format will mean that the nurse will spend more time with you completing the required screening questionnaires. Accordingly, the doctor's time with you will be focused on an examination pertinent to your continuing health issues, explaining the results of the screening tests, and going over the status of your preventive care screenings.

When you come in for your annual wellness visit, the staff will go over a series of questions with you. These are not random questions, but are widely accepted screening instruments for identifying depression and dementia risks, and safety hazards. You may find this process silly or perhaps even insulting, but please be patient and understanding as we try our best to implement these mandates in the required manner.

You can review the wellness visit requirements at this web address: www.trailblazerhealth.com/Publications/Job%20Aid/AnnualWellnessVisit.pdf. In addition, we will keep copies of the visit requirements, as well as the screening questionnaires, at our office for your review.

We plan to implement these changes in <<month>>. If you do not want to participate in the new annual wellness visit, you will need to sign a waiver to that effect. If you choose to opt out of the new benefit, we will see you for the "old" style annual physical exam, but this would likely be an out-of-pocket, uncovered expense for you.

Change is often difficult, but we are hopeful we can implement this new requirement in a way that is not disruptive to our primary goal of working to ensure your health and well being. We thank you in advance for your patience and understanding.

Yours truly,

<<Provider Name>>

Requirements Differ for Subsequent Wellness Visits

The subsequent AWV requires a lesser evaluation than the initial AWV, as follows:

1. Update the patient's past family, medical, and surgical history.
2. Update the list of the patient's current health care providers.
3. Measure the patient's vital signs and BMI.
4. Reassess the patient's cognitive ability.
5. Update the preventive health services schedule developed at the initial AWV.
6. Update the list of risk factors for which intervention is recommended.
7. Document the identified health risks, and provide advice and referral, as indicated, for the identified risks from both this encounter and the initial AWV.

The most significant difference between the initial and subsequent AWVs is that the latter does not include depression or fall risk screenings. These are relatively easy to complete as part of the evaluation, however, and providers would be well advised to perform and document initial and subsequent AWVs in a similar manner.

By requirement, the patient must receive a written summary of the risk assessment and recommendations. This summary must include a preventive care screening schedule for the next five to 10 years, and should document counseling and referrals, as necessary, for all the health risks identified in the AWV. The record should document that the points of the summary were reviewed with the patient, and that the patient received a copy of the summary.

Timing Is Everything

The initial preventive physical examination (IPPE) or "welcome to Medicare exam," the initial AWV, and all subsequent AWVs must occur at least one year apart. The IPPE also must take place within six months of the patient's Medicare eligibility. Providers must pay attention to the timing of these evaluations to ensure proper reimbursement. Patients are eligible for only one AWV per year, so it will be important to determine whether the patient might have had an AWV from another provider in the previous 12 months.

A Win-Win for Patients and Providers

The AWV will be a significant source of revenue for providers. As aforementioned, CMS also specifically has allowed distinct and separate E/M services to be provided and billed at the same encounter. As providers learn of the significant revenue available from these evaluations, there likely will be a stampede of interest in providing the AWV.

If undertaken without careful forethought and planning, billing for the AWV could be a trap waiting to ensnare your providers. When correctly implemented, however, the AWV will help to improve the health and wellbeing of many elderly patients. As coders, we can help shoulder the responsibility of seeing that the key elements of the AWV are provided before the service is submitted for payment. By understanding and explaining the proper application of CMS rules in the provision of the AWV, coders can help ensure this unique encounter is a win-win for the provider team and the patient.

Dr. Spain has been engaged in the full time practice of family medicine for over 25 years. In 1998, he founded Doc-U-Chart, a practice management consulting firm specializing in medical documentation. Dr. Spain can be reached at sspain@docuchart.com.

By Denise Williams, RN, CPC-H

Meet Criteria for IP-only Procedures Under the OPPS

Reimbursement depends on whether services are inside or outside the scope of payment.

Since the initiation of the Outpatient Prospective Payment System (OPPS), the Centers for Medicare & Medicaid Services (CMS) has maintained a list of procedures that are covered and reimbursed to facility providers only when provided on an inpatient (IP) basis.

What Is an "IP-only Procedure?"

Section 1833(t)(1)(B)(i) of the Social Security Act gives the secretary "broad authority" to decide which services will be covered and reimbursed under the OPPS, and which services fall outside the scope of payment under the OPPS. CMS bases its coverage decision on three established criteria:

1. The invasive nature of the procedure
2. The need for at least 24 hours of postoperative recovery time or monitoring before the patient can be discharged safely
3. The underlying physical condition of the patient undergoing the procedure

Based on a review of all invasive procedures performed for the Medicare population, CMS' medical advisors and staff determine which procedures always should be performed on an IP basis—either because they are not safe or appropriate to perform on an outpatient (OP) basis, or because acceptable medical practice dictates that IP status is the only acceptable environment.

The IP-only list is reviewed yearly by the CMS medical staff and APC Advisory Panel, is opened to public comment regarding which procedures might be removed, and then is updated each year in the OPPS rulemaking cycle. The procedures are assigned to Status Indicator C in Addendum B, and listed as a group in Addendum E.

The IP procedure list is national coverage policy and binding on all entities providing care (hospitals, ambulatory surgical centers (ASCs)) or adjudicating payment (fiscal intermediaries (FIs)/Medicare administrative contractors (MACs), Peer Review Organizations) under the OPPS. If a procedure on the IP-only list is performed on an OP basis and reported on an OP claim, no payment is made to the facility for the IP procedure or for any other services provided on the same date of service. All services that would have been paid as an OP are not reimbursed because they were performed with an IP-only procedure.

There are two exceptions to the non-payment rule:

1. An IP-only procedure is provided to a patient who expires before being admitted as an IP, or is transferred before being admitted as an IP. The IP-only procedure is reported with modifier CA *Procedure payable only in the IP setting when performed emergently on an OP who dies prior to admission* and a flat rate payment is made to the facility.
2. The IP-only procedure is defined by CPT® as a "separate procedure," and there is another procedure on the claim that is payable under OPPS and assigned status indicator T *Significant procedure subject to multiple procedure discounting that is paid by APC*. The line item for the IP-only procedure is denied but the other services are reimbursed.

Why It Matters

CMS believes that physicians consider what is in the best interest of the individual patient, and take into account both the risk of providing the service in an OP scenario and the individual clinical situation. Hospitals and ASCs provide services based on physician order and direction. Yet, although payment is denied on the OPPS side for these procedures, payment is not denied to the physician because professional reimbursement is not provided under OPPS.

For example, a physician can determine that OP status is appropriate for the individual procedure, document this in the patient's record, perform the invasive procedure and receive reimbursement, while the facility that provided the surgical suite, staff, and equipment is denied payment because the procedure HCPCS code is assigned to the IP-only list, and national coverage policy states this is not a reimbursable service under the OPPS.

To prevent this outcome, the hospital/ASC needs the physician to write an order for IP status to meet the CMS requirements for the service that was rendered.

Education Is Key

CMS has tasked hospitals and ASCs with educating physicians on the need to admit the patient as an IP for procedures on the IP-only list so the facility can receive reimbursement for the procedure. This has been difficult because the payment methodologies for the

There is a lot of pressure on physicians to practice based on insurance rules, and here is yet another "rule" to follow that doesn't affect them directly.

same service are different, and physicians may not be familiar with the IP-only list.

Hospitals have attempted to educate physicians on the IP-only rule with mixed reviews. There is a lot of pressure on physicians to practice based on insurance rules, and here is yet another "rule" to follow that doesn't affect them directly.

Over time, the most difficult scenario under which to manage an IP-only procedure has been when the planned procedure is an OP procedure, but based on the clinical scenario present during the performance of the procedure, an IP procedure ultimately is performed. Coding is not done during the procedure, so the actual code assignment is not known until the physician's dictated report is available. For OP procedures, the patient has been discharged and no IP order was written. And, no order equals no payment.

There usually are a specific number of IP-only procedures that are identified as being most commonly performed on an OP basis for an individual facility. Using this list as a starting point will help focus education efforts. Education is most successful when physicians understand that what affects the hospital in this case, also affects physicians and their patients. A team effort is required to provide appropriate care for the beneficiary while meeting the rules/requirements for Medicare reimbursement.

The mechanism of providing this education depends on the individual hospital environment: Some have found one-on-one education with physician and office staff to be effective; some have found that a group gathering is beneficial; others have disseminated information through the individual discipline divisions with assistance from the MedExec committee or division chiefs. CT

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Denise Williams, RN, CPC-H, is the director of revenue integrity services for Health Revenue Assurance Associates, Inc. She has been involved with APCs since their initiation. Denise also has worked as corporate chargemaster manager for two health care systems, and is heavily involved in compliance and coding/billing edits and issues.

By Brad Ericson, MPC, CPC, COSC

Make the Most of CPT® at Your Fingertips

AMA's official guide is now more helpful than ever.

Coders always are on the lookout for tips and tools to improve job performance and efficiency. Among the very best resources is one that coders use every day (and may take for granted): The CPT® book. The CPT® book is more than just a list of codes and parenthetical instructions, and even advanced coders would benefit from re-familiarizing themselves with all it has to offer.

Be Complete, Be Current

The *CPT® Professional Edition* is published each year by the American Medical Association (AMA), and is available as a print publication, as a CD, or via the Internet (the electronic version may be configured for one or more users). The AMA owns the copyright to the codes, their descriptions, and guidelines for use. You may purchase AMA's *CPT® Professional Edition* through AAPC and other vendors. Only the AMA *CPT® Professional Edition* is permitted for use in AAPC credentialing exams, and it is the only version that includes official guidelines.

Be sure you're always using the most current version of the CPT® book. Codes and coding guidelines change every year, and if you're using an outdated edition, your coding accuracy is guaranteed to suffer. Saving a few dollars by using last year's edition is no bargain when you consider the inevitability of miscoded, delayed, and/or rejected claims. The Health Insurance Portability and Accountability Act (HIPAA) also requires the use of current CPT® codes, so if an auditor finds you using an outdated CPT® book, you will solicit little sympathy.

Take a Tour of CPT®

The typical busy coder references the CPT® index as needed, double-checks the code(s) and parenthetical instruction in the numerical listings, codes that portion of the claim, and quickly moves on. The wise coder knows, however, that it's worth investing time to study the book a bit more closely. The introductory materials, for instance, aren't just filler. These often-overlooked portions of the book are invaluable resources.

You've probably noticed the list of modifiers and modifier descriptors on the front inside cover, and the Place of Service (POS) code listing on the facing page, but what if you venture a few pages further?

The Introduction (pages x-xiii of the *CPT® 2011 Professional Edition*) summarizes the layout of the CPT® book, how the codes are listed and defined, and modifier use; and defines terminology and the various symbols used throughout the book. Sure, this is basic information. But, just as you must know how to add and subtract before you can do long division or solve algebraic equations, so too does complex coding rely on a solid understanding of fundamental concepts. You're never too advanced to review the essentials, and it's wise to do so with every new release. Several icons and features are new in the last decade.

Which Way Is Up?

Pages xiv-xviii of *CPT® 2011 Professional Edition* provide a list of medical prefixes, suffixes, and word roots, as well as anatomic illustrations demonstrating body planes and aspects (sagittal plane, anterior aspect, etc.) and a list of illustrations that appear throughout the book. For example:

- Curious about brain anatomy? See Figure 18A.
- Want a pictorial explanation of abdominal aortic aneurysm repair? See the illustration that accompanies code 34802 *Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using bifurcated prosthesis (1 docking limb).*

Often, a visual representation of a concept or procedure allows the coder literally to picture the correct coding, and the CPT® book provides a great variety of resources to facilitate this.

E/M Tables Simplify Code Selection

The *CPT® Professional Edition* contains tables in the Evaluation and Management (E/M) Services Guidelines section listing the required key components and, when applicable, typical service time for various categories/levels of E/M services (office or other outpatient services, initial hospital care, etc.). These tables provide an at-a-glance reference to help you select an appropriate E/M service level when the key components and/or counseling/coordination of care time have been documented and determined.

Decision Tree Takes a Vacation, but Still Applies

The New vs. Established Patient Decision Tree, which previously was included in the Evaluation and Management

Often, a visual representation of a concept or procedure allows the coder literally to picture the correct coding, and the CPT® book provides a great variety of resources to facilitate this.

(E/M) Services Guidelines section, does not appear in the *CPT® 2011 Professional Edition*. Peter A. Hollmann, MD, vice chair of the AMA CPT® Editorial Panel, announced on Nov. 10, 2010 at the CPT® and RBRVS 2011 Annual Symposium in Chicago that the omission of the New vs. Established Patient Decision Tree from CPT® 2011 does not represent a change in policy regarding how to determine whether a patient is new or established. The definition of "new" and "established" patients in the Evaluation and Management (E/M) Services Guidelines remains unchanged from 2010. Hollmann predicts the New vs. Established Patient Decision Tree will reappear in the 2012 edition of CPT®.

Be on the Lookout for Coding Tips

Also new for 2011, the AMA has included supplemental coding tips throughout *CPT® Professional Edition*. These tips, set apart with a green "Coding Tip" indicator, provide valuable information for appropriate code selection, and are separate from the parenthetical and section head instructions most coders already know.

For example, preceding the Other Emergency Services codes, *CPT® 2011 Professional Edition* includes a Coding Tip advising, "No distinction is made between new and established patients in the emergency department. E/M services in the emergency department category may be reported for any new or established patient who presents for treatment in the emergency department." Be sure to read and observe such Coding Tips to assist you in your code choices.

The Coding Tips are concentrated in the E/M portion of CPT® for 2011, but look for these helpful hints to become more widespread in years to come.

Follow Citations for Supplemental Coding Advice

Throughout CPT® you will find citations to *CPT® Assistant* (designated by an arrow within a green circle) and *Clinical Examples in Radiology* (designated by an arrow within a red circle). Although not an official part of the CPT® book, advice from either of these publications provides supplemental information on, and examples of, proper code use. These citations are useful especially when differentiating among several similar codes (or modifiers). The extra legwork to find and follow the citation often pays for itself.

To give just one example: If you must report colpopexy (57280 *Colpopexy, abdominal approach*, 57282 *Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)*, 27284 *Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)* the *CPT® Assistant* reference (January 1997) instructs, "during reconstructive pelvic surgery, when either a vaginal or abdominal paravaginal defect repair is performed for correction of stress urinary incontinence or cystocele formation, and in addition a separate procedure for correction of vaginal vault inversion such a sacrospinous ligament fixation (code 57282) or an abdominal colpopexy (code 57820) is performed, codes 57282 or 57280 with modifier 51 may be reported in addition to 57284."

Lacking this information, the coder may fail to report 57282, when appropriate, in addition to 57284. This translates into 7.97 physician work relative value units (RVUs) lost, or approximately $250 at average Medicare rates.

Subscriptions to *CPT® Assistant* and *Clinical Examples in Radiology*, as well as archives of past issues, are available through the AMA **(https://catalog.ama-assn.org/Catalog/home.jsp).**

But Wait! There's More!

CPT® contains supplemental information in addition to that described above, including appendices with clinical examples, a summary of codes exempt from modifiers 51 *Multiple procedures* and 63 *Procedure performed on infants less than 4 kgs*, a list of separate nerves for electrodiagnostic testing (especially helpful for neurology coders), and much more. There's also a handy list of common abbreviations on the inside back cover. In other words, there's probably more to your CPT® book than you knew.

Take the time to page through your CPT® book and identify those resources that you find most helpful. Remember, it's not a sacred text: You're allowed (and encouraged) to make notes in the margins, underline and highlight pertinent information, add your own tabs for easy reference, or incorporate "cheat sheets" within its pages. If you make the most of the resources at hand, your value as a coder appreciates. CT

Brad Ericson, MPC, CPC, COSC, is AAPC director of publishing.

Case Study:
The Fundamentals of Time

If you haven't reviewed the Introduction recently, you might be surprised to discover a new (added in 2011) explanatory paragraph on Time, as it relates to CPT® coding. Here you'll find essential time information. Unless there are code or code-range-specific instructions in guidelines, parenthetical instructions, or code descriptors to the contrary:

- Time is face-to-face time with the patient.

Note that many inpatient services, as well as subsequent observation care 99224-99226 (technically an outpatient service) define time as bedside or floor/unit time. This is one case where descriptor-specific instructions override general guidelines.

- Phrases such as "interpretation and report" in the code descriptor are not intended to indicate in all cases that report writing is part of the reported time.
- A unit of time is attained when the mid-point is passed.

As an example, critical care services (99291-99292) are time based, with 99291 *Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes* reporting the first hour of critical care. To report 99291, the length of service must exceed the "half-way" mark, or at least 31 minutes. Critical care lasting fewer than 31 minutes is reported using an appropriate evaluation and management (E/M) code, rather than 99291. Similarly, +99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (list separately in addition to code for primary service)* reports "each additional 30 minutes" of critical care, in excess of the first hour. This means that to report +99292, at least 75 minutes of critical care must be documented (60 minutes for the first hour, plus at least 15 minutes—the "halfway mark"—to report the additional 30 minutes of critical care as reported by +99292).

- When codes are ranked in sequential typical times and the actual time is between the two typical times, the code with the typical time closest to the actual time is used.

For instance, when reporting a time-based E/M service for an established outpatient, the documented counseling/coordination of care time is 22 minutes. By CPT® standards, this would mean the proper coding is 99214 (Physicians typically spend 25 minutes face-to-face with the patient and/or family), rather than 99213 (Physicians typically spend 15 minutes face-to-face with the patient and/or family), because 22 is closer to 25 than to 15. Note that not all payers agree with this rule. For example, the Centers for Medicare & Medicaid Services (CMS) typically views the E/M reference time as the *minimum* time needed to report a service.

- When another service is performed concurrently with a time-based service, the time associated with the concurrent service should *not* be included in the time used for reporting the time-based service.

Time spent performing separately-reported services concurrent with critical care services 99291-99292 may not be counted toward critical care time.
The Evaluation and Management (E/M) Services Guidelines also have undergone revisions for 2011 to clarify better how time relates to E/M services. A summary of the additions include:

- Verification that non-face-to-face (pre- and post-encounter) time may not be included when calculating total time for an office service
- Notification that the total *work* of E/M services has been calculated to include non-face-to-face time
- A restatement that time shall be considered the key factor for E/M leveling, when counseling and coordination of care dominate the encounter
- A determination that counseling or coordination of care includes time spent with patients *or* those individual(s) (including non-family members) who have assumed responsibility for the patient
- A requirement that the extent of counseling and/or coordination of care must be documented in the medical record
- Advice to report add-on codes for prolonged E/M services

The introductory materials ... aren't just filler. These often-overlooked portions of the book are invaluable resources.

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AMA AMERICAN MEDICAL ASSOCIATION

By Jill M. Young, CPC, CEDC, CIMC

Meet Stress Testing Supervision Requirements

Provider rules change depending on whether you're reporting for inpatient or outpatient services.

When reported to Medicare, cardiac (93015-93024) and pulmonary (94620-94621) stress tests must meet applicable supervision requirements. You also must remember that in the outpatient setting only a physician—never a non-physician practitioner (NPP)—may act as the supervising entity for diagnostic tests.

Know the Supervision Levels Required

Medicare specifies supervision requirements for all diagnostic services, as found in the "Physician Supervision of Diagnostic Procedures" column of the National Physician Fee Schedule Relative Value File. The file lists the following supervision requirement indicators for stress tests:

Code Requirement	Short Descriptor	Supervision
93015	Cardio stress test/w physician supervision/w interp. and report	2
93016	Cardio stress test/supervision only	2
93017	Cardio stress test/tracing only	2
93018	Cardio stress test/interp. and report only	9
93024	Ergonovine provocation test/global service	9
93024-TC	Ergonovine provocation test/tech. comp. only	3
93024-26	Ergonovine provocation test/prof. comp. only	9
93025	Microvolt assessment of ventricular arrhythmias/global service	2
93025-TC	Microvolt assessment of ventricular arrhythmias/tech. comp. only	2
93025-26	Microvolt assessment of ventricular arrhythmias/prof. comp. only	2
94620	Pulmonary stress test/simple/global service	9
94620-TC	Pulmonary stress test/simple/tech. comp. only	1
94620-26	Pulmonary stress test/simple/prof. comp. only	9
94621	Pulmonary stress test/complex/global service	9
94621-TC	Pulmonary stress test/complex/tech. comp. only	2
94621-26	Pulmonary stress test/complex/prof. comp. only	9

The supervision requirement indicators correspond to the following supervision levels:

1—Procedure must be performed under general supervision: The procedure is furnished under the physician's overall direction and control. The physician must order the diagnostic test and is responsible for training the staff performing the tests, as well as maintaining the testing equipment. He or she does not need to be present in the room during the procedure.

2—Procedure must be performed under direct supervision: The physician needn't be present in the room, but must not be performing another procedure that cannot be interrupted, and must not be so far away that he or she could not provide timely assistance.

In the physician office, and for hospital outpatient diagnostic services provided under arrangement in nonhospital locations (such as independent diagnostic testing facilities and physicians' offices), the supervising phy-

Only "a doctor of medicine or osteopathy legally authorized to practice medicine in his or her state of practice," may act as a supervisory physician for diagnostic services in an outpatient setting (hospital outpatient or physician office).

sician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure.

For services furnished directly or under arrangement in the hospital or an on-campus provider-based department (PBD), the supervising physician must be present on the same campus and immediately available to furnish assistance and direction throughout the performance of the procedure. That is, the Centers for Medicare & Medicaid Services (CMS) permits direct supervision from locations that are not in the hospital space, but that are "close," as long as the physician is immediately available.

3—Procedure must be performed under personal supervision: A physician must be in the room during the performance of the procedure.

9—Concept does not apply: A physician must perform the service personally. This usually denotes the professional component of a service, or a global service that includes/bundles the professional component.

Tip: You may download the Physician Fee Schedule Relative Value File from the CMS website at: **http://cms.gov/PhysicianFeeSched/PFSRVF/list.asp?listpage=4**. Select the most recent (last-listed file) for download.

As an example, a full cardio stress test (93015) must be performed under direct supervision (at a minimum), while the technical component of an ergonovine provocation (93024-TC) must be performed under the personal supervision of the physician. To report the global ergonovine provocation test (93024), the physician personally must perform the service.

Use Caution When Involving NPPs

"Physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse midwives who do not meet the definition of 'physician' may not function as supervisory physicians for the purposes of diagnostic tests," according to the 2010 Hospital Outpatient Prospective Payment System (OPPS) Final Rule (*Federal Register*, Nov. 20, 2009). Many times we see our NPPs and physicians listed together as a provider type, but when it comes to supervision for these tests, this cannot be the case. Only "a doctor of medicine or osteopathy legally authorized to practice medicine in his or her state of practice," may act as a supervisory physician for diagnostic services in an outpatient setting (hospital outpatient or physician office). And, the supervising physician must have the "knowledge, skills, ability and privileges to perform the service or procedure"—so not just any doctor will do.

Note that Medicare physician supervision requirements do not apply to hospital inpatient services. For inpatient services, CMS defers to hospital policy and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards.

Medicare specifies that NPPs (such as physician assistants (PAs), nurse practitioners (NPs), certified nurse specialists, certified nurse midwife) may order, perform, and bill for diagnostic tests as specifically granted under their state Scope of License, but Public Health Code and other regulations in place still require overarching physician collaboration, or a level of supervision by physicians, in the performance of these tests. To quote the *Medicare Benefits Policy Manual*, chapter 6, section 20.4.5:

"exceptions … allow some diagnostic tests furnished by certain nonphysician practitioners to be furnished without physician supervision. While these nonphysician practitioners including physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse midwives cannot provide the required physician supervision when other hospital staff are performing diagnostic tests, when these nonphysician practitioners personally perform a diagnostic service they must meet only the physician supervision requirements that are prescribed under the Medicare coverage rules at 42 CFR Part 410 for that type of practitioner when they directly provide a service. For example, under 410.75 nurse practitioners must work in collaboration with a physician, and under 410.74 physician assistants must practice under the general supervision of a physician."

The compliance implications of these requirements need to be considered in your practice, particularly if you are performing stress tests. At a minimum, for diagnostic tests in the outpatient setting:

- Be sure that the physician documents specifically the level of supervision provided. CMS guidelines specify, "Documentation maintained by the billing provider must be able to demonstrate that the required physician supervision is furnished."
- NPPs never may act as a supervising physician.

An NPP looking to order or perform a specific test first should check at a state level to determine if he or she is qualified to do so. If a midlevel provider administers the test without physician supervision, the medical record should document clearly that the service is within the provider's scope of practice as allowed by state law, and the procedure billed under the name of the NPP.

Jill M. Young, CPC, CEDC, CIMC, has over 30 years of medical experience working in all areas of medical practice including clinical, billing, and rounding with physicians. This gives her a unique style of teaching using real life examples of coding and billing situations in her lectures. She is the principal of Young Medical Consulting, LLC, and is the current chair of AAPC Chapter Association (AAPCCA).

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CMS HCPCS e-RX SMOMED ASP
CCI ICD-9-CM E/M LOINC RXNorm
SC LMRP Modifiers SaaS Cloud
VU HIPAA NCCI SQL RDBMS e-RX
Modifiers RVU ABN HL7 HIE PPK
QRI RVU ASC Client Server ASP
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Cover Feature

Find Your Coding Career Path

By Michelle A. Dick

New NAB president focuses on the future as the health care industry changes and opens career options for coders.

AAPC's newest National Advisory Board (NAB) President **Cynthia L. Stewart, CPC, CPC-H, CPMA, CPC-I, CCS-P,** shows strength, coding enthusiasm, and commitment, and has a sweet disposition that makes her the perfect leader to represent AAPC members.

Stewart has worn many hats during her 25 years in the medical profession and has been an outspoken advocate for AAPC since she joined in 1998. Stewart has been with the NAB for the past four years, since 2007, and will serve as president for the next two.

Experience Paves Career Path

Before Stewart became an NAB member, president-elect, and president, she held office as president for the Central Indiana chapter in Indianapolis in 2006. Here, she gained leadership experience and applied her coding experience to help fellow coders. She is an AAPC workshop presenter and has provided instruction as a reviewer, contributing author, and research assistant for various coding and billing texts.

Over the past 15 years, Stewart has applied her coding knowledge to many positions:

- billing supervisor
- practice manager
- senior coding specialist
- coding and reimbursement
- director of medical billing and coding specialist and health care management programs

Her coding and leadership experience has brought her to the current position of revenue cycle systems manager with St. Vincent Health in Indianapolis.

Stewart's coding specialties are in neurosurgery, neuro-interventional, anesthesia, and orthopedics.

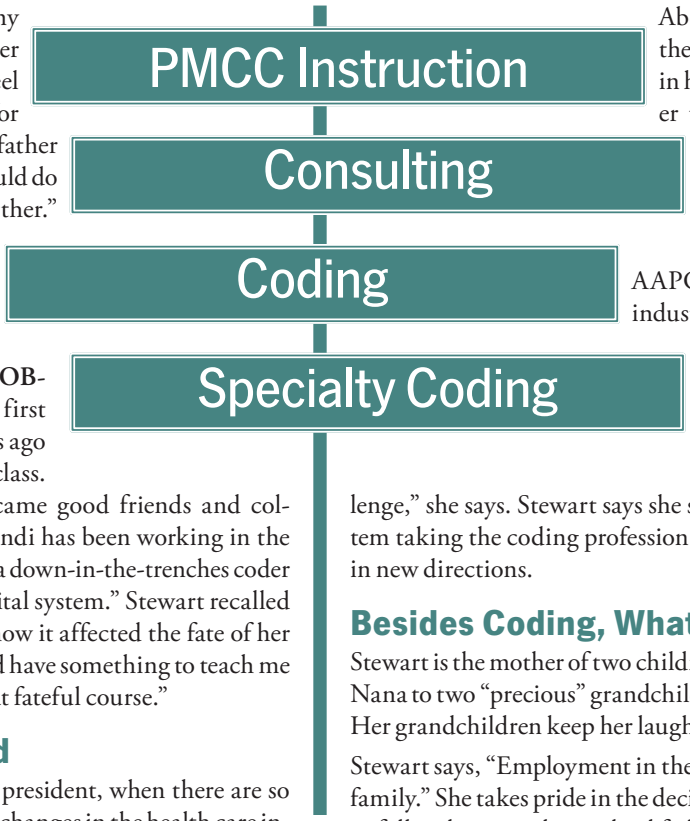
Achievement Backed by Strong Individuals

Stewart has been blessed with the help of many people in attaining her coding goals. "There have been so many people who have boosted me while I pursued my goals. Two in particular rise to the top of the list: my father and Deb Grider," Stewart says.

Stewart's father, Lee Stewart, rank Chief Warrant Officer 4 (CWO 4), had an Army career spanning 1950-1975 and was a Korean and Vietnam War veteran. Because Stewart's father served in many dif-

About ICD-10, Stewart says, "It is the largest and most complex change in health care history, but with proper training and continuing education, our AAPC coders should thrive in the future of health care."

ferent locations, she lived in Germany when she was a child. Like Stewart, her father wore many hats including steel warehouse supervisor and instructor for H&R Block. Stewart said that her father "challenged me to find something I could do well and encouraged me to take it further." With his strength and encouragement behind her, she faced each new challenge along her coding career path.



Deborah Grider, CPC, CPC-H, CPC-I, CPC-P, CEMC, CPMA, COB-GC, CPCD, CCS-P, recalls when she first met Stewart, "I met Cyndi many years ago when she first walked into my PMCC class. We both hail from Indiana and became good friends and colleagues." Since then, Grider said, "Cyndi has been working in the health care industry for many years, as a down-in-the-trenches coder to now as a consultant for a large hospital system." Stewart recalled being a student in Grider's class and how it affected the fate of her career. She said, "Deb Grider really did have something to teach me and has been my mentor ever since that fateful course."

Exciting Times Lie Ahead

It's an exciting time for Stewart to be president, when there are so many career options for coders and big changes in the health care industry. In fact, during her term as president-elect two new credentials, Certified Professional Medical Auditor (CPMA®) and Certified Professional Compliance Officer (CPCO™), broadened coding career options for coding professionals. These two credentials are fitting additions in the current health care climate, where government regulations and compliant coding is a necessity.

Stewart's NAB is dedicated to moving AAPC into the future and finding new ways to expand the coder's role and their career options in the health care industry. This is an exciting time when coders have a wide range of career options, including:

- biller
- consultant
- auditor
- compliance officer
- teacher/Professional Medical Coding Curriculum (PMCC) instructor
- specialty coder

ICD-10 Will Change Everything

The transition to ICD-10 is another big milestone that coders are faced with over the next couple of years. The coder plays an important part in helping to make a smoother transition. Education is key and a coder's knowledge is invaluable and vital to troubleshooting potential coding problems before the Oct. 11, 2013 implementation date arrives.

About ICD-10, Stewart says, "It is the largest and most complex change in health care history, but with proper training and continuing education, our AAPC coders should thrive in the future of health care."

Stewart is excited to be part of AAPC as it evolves with the health care industry's needs. What excites her most about AAPC? "The constant change while we work to stay on top of the health care industry and the support we give each other while meeting this challenge," she says. Stewart says she sees its members as a support system taking the coding profession to higher levels and expanding it in new directions.

Besides Coding, What Else Is There?

Stewart is the mother of two children, Callie, 25, and Adam, 17, and Nana to two "precious" grandchildren, Keegan, 6, and Madysen, 3. Her grandchildren keep her laughing and on her toes.

Stewart says, "Employment in the medical field seems to run in the family." She takes pride in the decision both her children have made to follow her into the medical field, "unfortunately not as coders," Stewart jokes. Callie is a medical assistant with plans to continue her education to become a nurse practitioner. And as her son prepares to enter his senior year, he is dedicating himself to his studies to prepare for medical school. Stewart's sister, Peggy Johnson, also works in the field as a licensed practical nurse (LPN) and has been a ready source of clinical information when needed.

When Stewart is not working she enjoys recreational activities and keeping busy. She has a different hobby, or two, for every season:

- Winter: reading and writing
- Spring: gardening and fishing
- Summer: boating and camping
- Fall: cooking

Stewart also likes to travel. "As the child of a Dutch mother and military father I have lived and traveled all over the world." She has seen a lot of countries, but says if she had to choose one place to go for two weeks that was far away from coding, it would be Tuscany. She'd keep busy while she was there. "I like to stay busy so I would have to say two weeks in Tuscany learning to cook real Italian dishes and taking pictures would be wonderful," Stewart says.

When she has time for television, she enjoys watching her favorite shows, "House" and "The Big Bang Theory," which she records to watch later with her son.

Michelle A. Dick is senior editor at AAPC.

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By Kim M. Ross, OCS, CPC

Keep Your Practice Up-to-date on 2011 Ophthalmology

Find out what's been revised, added, and deleted within CPT®'s extensive changes.

CPT® 2011 features significant changes to both Category I and Category III codes that eye doctors and their billers ought to know.

Changes in Cornea

Amniotic membrane may be used for ocular surface reconstruction by several methods, at varying levels of physician effort. CPT® represents this hierarchy of services with two new codes and one revised code:

- **65778** Placement of amniotic membrane on the ocular surface for wound healing; self-retaining
- **65779** Placement of amniotic membrane on the ocular surface for wound healing; single layer, sutured
- ▲ **65780** Ocular surface reconstruction; amniotic membrane transplantation, multiple layers

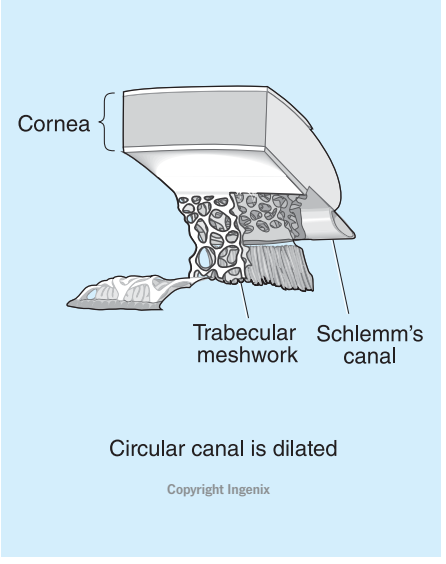
These changes have prompted a slew of questions:

Q. What are the global periods and typical allowables for 65778 and 65779?

A. Per the Medicare Physician Fee Schedule (MPFS), 65778 and 65779 carry a 10-day global period (65780 remains at 90 days).

The typical allowable depends on whether you perform the procedure in the office (65778 - $947/65779 - $857) or in a facility (65778 - $57/65779 - $219). The cost of the tissue is built into the practice expense when performed in the office (thus, the higher allowable for office procedures). When the surgery is performed in a facility, the facility must pay for the tissue (a "pass through" for amniotic membrane was revoked).

> "CPT® 2011 eliminates two Category III codes for canaloplasty ... and adds two new Category I codes."



Q. Can 65778 and 65779 be billed with 65430, 65435, and/or 62780?

A. No. CPT® instructs that neither 65778 nor 65779 should be billed with 65430 *Scraping of cornea, diagnostic, for smear and/or culture*, 65435 *Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)*, or 65780.

Q. Which code should we use for tissue glue?

A. CPT® specifies that you should use 66999 *Unlisted procedure, anterior segment of eye* for placement of amniotic membrane using tissue glue.

Q. A pterygium is removed and, rather than placing an autograft, the physician applies a single sutured layer of amniotic membrane. How should this be coded?

A. In the office, 65779 with the appropriate eye modifier appended should be listed first because it has the highest allowable, followed by 65420 *Excision or transposition of pterygium; without graft* with modifier 51 *Multiple procedure* and an appropriate eye modifier appended.

Note: Many payers no longer require modifier 51—check with your payer for specifics.

In an ambulatory surgical center (ASC), submit 65420 first, followed by 65779 with the appropriate eye modifier.

Note: In the office setting, the physician bares the expense of the amniotic tissue and the reimbursement is higher for 65779. When performed in the ASC, the tissue is bundled into the facility payment for the procedure, and 65420 pays higher.

Q. If a pterygium is removed and both an autograft and a single sutured layer of amniotic membrane are used (e.g., for a very large defect), how would this be coded?

A. In the office, use 65779 with an eye modifier and 65426 *Excision or transposition of pterygium; with graft* with an eye modifier. Payment will be 100 percent of the allowable for the first procedure, and 50 percent of the allowable for the second procedure.

If performed in the ASC, 65426 with an appropriate eye modifier should be submitted first because in this setting 65426 has the higher allowable.

Q. How do we code for the ProKera ring?

A. Report 65778.

Q. If a ProKera® ring is inserted post-operatively within the global period of another cornea procedure, how should the doctor bill?

A. If planned prospectively, use 65778 with modifier 58 *Staged or related procedure or service by the same physician during the postoperative period*. Payment will be 100 percent of the allowable. You'll need to begin a new 90-day global period.

If the procedure was not preplanned, submit 65778 with modifier 78 *Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period*. Payment will be 80 percent of the allowable. Continue the global period of the original procedure.

Q. If laser-assisted in situ keratomileusis (LASIK) is performed and the postoperative ProKera® is for a medical reason, can a claim be submitted using 65778?

A. In the case of a medical complication that results from a noncovered procedure, payment is up to the individual payer's coverage policy.

Q. If multiple layers of amniotic membrane are used with pterygium surgery, without an autograft, is it appropriate to submit both 65420 and 65780?

A. No. The appropriate code is 65426. This code's descriptor does not specify the material used, or how many layers are used. CPT® 65780 is for ocular surface reconstruction plus multiple-sutured layers of amniotic membrane. The problem with using 65420 plus 65780 is that the physician would be paid twice for removing the pterygium.

There is no code for multiple-layer amniotic membrane transplantation performed as an add-on procedure; in such a scenario, an unlisted procedure code (e.g., 66999) would be used.

Q. How should we code when a single layer amniotic graft is used with sutures and glue?

A. Report 65779.

Q. How should we code for placement of amniotic membrane, without reconstruction, using self-retaining or single-layer suture technique?

A. For the self-retaining technique, use 65778; for the single-layer suture technique, use 65779.

Q. Which is the proper code for multiple layers of amniograft used for ocular surface reconstruction?

A. Code 65780.

Changes in Glaucoma

CPT® 2011 eliminates two Category III codes for canaloplasty—0176T and 0177T—and adds two new Category I codes (both of which have a 90-day global period when paid under the MPFS):

66174 Transluminal dilation of aqueous outflow canal; without retention of device or stent

66175 Transluminal dilation of aqueous outflow canal; with retention of device or stent

Canaloplasty is an advanced treatment for glaucoma that uses microcatheter technology to enlarge the eye's natural drainage system (in a manner similar to angioplasty), thereby helping the aqueous fluid drain properly.

New Category III code 0253T *Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space (Glaukos shunt)* was created specifically to address the route of aqueous egress into the suprachoroidal space. This code is listed out of sequence: The entry for 0253T appears between 0191T *Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the trabecular meshwork* and 0192T *Insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach.*

The MPFS does not include relative value units (RVUs) or values for Category III codes. If Medicare covers the test, payment is at the discretion of the Medicare administrative contractor (MAC), and payments likely will vary. Many MACs have published local coverage determinations (LCDs) for Category III codes. Most non-Medicare carriers consider these emerging technology codes to be "investigational," and often deny payment.

The descriptor for 66761 *Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)* now

> "The dramatic increase in the number of SCODI procedures being billed each year put 92135 in the crosshairs of CMS."

specifies "per session" rather than "one or more sessions." In response, the MPFS reduces the global period for this code from 90 days to 10 days.

Codes Eliminated in Retina

Category III codes are reviewed every five years and are eliminated if there is insufficient support for their retention. CPT® 2011 eliminates Category III codes 0016T *Destruction of localized lesion of choroid (e.g., choroidal neovascularization), transpupillary thermotherapy* and 0017T *Destruction of macular drusen, photocoagulation*. CPT® now instructs you to use 67299 *Unlisted procedure, posterior segment* to report these procedures.

Changes in Testing Services

CPT® 2011 eliminates Category III code 0187T and replaces it with 92132 *Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral*. CPT® also deletes 92135 and replaces it with two new codes:

- **92133** Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
- **92134** Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina

(Per CPT® instructions, do not report 92133 and 92134 at the same patient encounter.)

What prompted these changes in scanning computerized ophthalmic diagnostic imaging (SCODI) coding? The Centers for Medicare & Medicaid Services (CMS) is charged by law to identify codes with the highest rate of growth and to review these codes to determine if they have been valued properly. The dramatic increase in the number of SCODI procedures being billed each year put 92135 in the crosshairs of CMS. The division into an optic nerve code and a retina code was prompted by the distinctly different uses for the service, and will aid clinicians in reporting different services.

Codes 92312-92134 are bilateral for 2011, and will be reimbursed per test, not per eye (the unilateral designation was discontinued because claims data suggested these procedures were performed bilaterally in the majority of cases). Practices should submit these testing services as a single line item, with no modifiers appended to the service.

New Codes in Telemedicine

Finally, CPT® 2011 adds two new codes to meet the needs of diabetic retinopathy screening programs that provide remote imaging and data submission to a centralized reading center:

- **92227** Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
- **92228** Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral

Per CPT® instructions, these codes should not be submitted with each other, nor should they be submitted with codes 92002-92014, 92133, 92134, 92250, or with evaluation and management (E/M) of a single organ system—i.e., the eye (99201-99350).

Diabetic retinopathy (DR) is a leading cause of blindness. Early detection makes the condition correctable 95 percent of the time. Imaging retina center technicians easily can look at a photo and read it. The ophthalmologist then can determine if the patient has DR—and if so, the stage of DR and the proper course of treatment.

Equate the term "detection" (new diabetic retinopathy imaging code 92227) with "screening" for diabetic retinopathy. In other words, use 92227 when a diagnosis of DR is not certain and the physician is attempting to confirm the diagnosis. When the patient has active DR that is being managed, use 92228 for the imaging.

Fee Schedule Shake-up Is a Wash for Ophthalmology

For 2011, the Physician Fee Schedule conversion factor is 33.9764. This is lower than the 2010 rate, but ophthalmology was granted an increase in practice expense and malpractice values that offset the reduction. Overall, ophthalmology payments should be stable in 2011. Ophthalmology can expect to gain an additional 4 percent by 2013, when improved practice expense values for ophthalmology are fully implemented in the fee schedule.

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Chandra Lopez CPC-A Fullerton CA
Crystal Renee Carter CPC-A Galt CA
Laurie Holden CPC-A Garden Grove CA
Cherrmaine Tablang CPC-A Garden Grove CA
Loretta B Donner CPC-A Gardena CA
Florence Almeda CPC-A Glendale CA
Choughik Bilemjian CPC-A Granada Hills CA
Catherine Flores CPC-A Granada Hills CA
Terri Ann Reynolds CPC-A Granite Bay CA
LeDonna Lee Bedsaul CPC-A Hermet CA
Evelia Anaya CPC-A Hesperia CA
Beronica Ramirez CPC-A Hesperia CA
Meladie Brookins CPC-A Huntington Beach CA
Sandra Elizabeth Alvarez-Frayre CPC-A Inglewood CA
Suad A Latif CPC-A Inglewood CA
Theresa Storts CPC-A Keyes CA
Kelvin Decondo Little CPC-A La Harbra CA
Vincent Kelly CPC-A La Mirada CA
Maria E Carmona CPC-A La Puente CA
Lisa Gaeta CPC-A La Verne CA
Thomas Kearney CPC-A Lakeside CA
Carol Nichols CPC-A Lakewood CA
Arlene Lorena Gonzalez CPC-A Lawndale CA
Theresa Beam CPC-A, CPC-H-A Lincoln CA
Davina Marie Baroni CPC-A Lodi CA
Stephanie Mulvany Martinez CPC-A Lodi CA
Teresa Marie Thomas CPC-A Lodi CA
Niranjan Bhuta CPC-A Long Beach CA
Merri Pendleton CPC-A Long Beach CA
Sohee Hwang CPC-A Los Angeles CA
Sylvia Lane CPC-A Los Angeles CA
Ernest D Morris CPC-A Los Angeles CA
Devonne L Owens CPC-A Los Angeles CA
Karen Patricio CPC-A Los Angeles CA
Tiffani Dionne Smith-Warrior CPC-A Los Angeles CA
Edel Y Sotelo CPC-A Los Angeles CA
Babita Thundathil CPC-A Los Angeles CA
Maria Uyeke CPC-A Los Angeles CA
Briana Marie Hardesty CPC-A Manteca CA
Jennifer Marie Harp CPC-A Manteca CA
Tarra Kay McCready CPC-A Manteca CA
Kristine Deaton CPC-A Marina CA
Katie Lamb CPC-A Mission Viejo CA
Angela Gandarilla CPC-A Modesto CA
Luis A Pineda CPC-A Moreno Valley CA
Michelle Therese Jones CPC-A Murrieta CA
Grethel Abellera Tango CPC-A North Hills CA
Adrine Astvatsatryan CPC-A North Hollywood CA
Anna Annie Koshkarian CPC-A North Hollywood CA
Krystal M Mays CPC-A North Hollywood CA
Luwam Ghermay CPC-A Oakland CA
Khrishna Jude Moore CPC-A Oakland CA
Teresa Babilot CPC-A Oceanside CA
Marieanne Paulson CPC-A Oceanside CA
Kristine Christman CPC-A Oroville CA
Lisa M Reaume CPC-A Oxnard CA
Kathleen Hibbs CPC-A Pacheco CA
Heather Sharpsteen CPC-A Palmdale CA
Ma Czarina Refuerzo CPC-A Panorama City CA
Gregory Dean Gabel CPC-A Pinole CA
Vanessa Fuentes CPC-A Pittsburg CA
Angelica Gonzalez CPC-A Pittsburg CA
Brenda Sinjem CPC-A, CPC-H-A Placentia CA
John M Fahy CPC-A Placerville CA
Katie Ishmael CPC-H-A Placerville CA
Gregory Rosco Williams CPC-A Porterville CA
Chrystal M Harris CPC-A Rancho Cordova CA
Ramon Lee CPC-A Rancho Cordova CA
Beth Jablonski CPC-A Rancho Cucamonga CA
Irene Rodriguez CPC-A Rancho Cucamonga CA
Jennifer Slaughter CPC-A Redlands CA
Sarah Kathryn Nichole Flink CPC-A Ripon CA
Barbara Gail Goodner CPC-A Riverbank CA
Carla A Chavez CPC-A Rosemead CA
Camille Delores Hull CPC-A Rowland Heights CA
Tiffany Dawn Bigornia CPC-A Sacramento CA
Elisa W Ricci CPC-A Sacramento CA
Farm Saechao CPC-A Sacramento CA
Angela Sauls CPC-A Sacramento CA
Kathy Vue CPC-A Sacramento CA
Tou Kao Vue CPC-A Sacramento CA
Adrienne D Woodfork-Carrasco CPC-A Sacramento CA
Mai Bao Yang CPC-A Sacramento CA
Marie Bakhtiari CPC-A San Clemente CA
Karen Powell CPC-A San Clemente CA
Chelsea K Auld-Duong CPC-A San Diego CA
Claudia Marcela Camacho CPC-A San Diego CA
Rose Ciraco CPC-A San Diego CA
Lee Duncan CPC-A San Diego CA
Stephanie Martin CPC-A San Diego CA
Alena Mercado CPC-A San Diego CA
Elizabeth Torres CPC-A San Diego CA
Paige Anne Vaught CPC-A San Diego CA
Rhosellie Renolo CPC-A San Jose CA
Carla Lou CPC-A San Lorenzo CA
Ellen Szanto CPC-A San Mateo CA
Mary Lou Lopez CPC-A Sanger CA
Miroslava Aviles CPC-A Santa Ana CA
Joel Emocling CPC-A Santa Clarita CA
Strawberry Haselwood CPC-A Santa Clarita CA
Kathy Fitzpatrick CPC-A Santa Rosa CA
Brook Thomason CPC-A Signal Hill CA
Rebecca Boxberger CPC-A Soda Springs CA
Anita Marie Britton CPC-A Stockton CA
Erica Michelle Hannon CPC-A Stockton CA
Rhonda L Johnson CPC-A Stockton CA
Wesley W Patton CPC-A Stockton CA
Isaac Rojas CPC-A Stockton CA
Sandra Weeks CPC-A Stockton CA
Shirley Mirch CPC-A Sun City CA
Sally Balonick CPC-A Sunland CA
Maria Georgina Monarrez CPC-A Sylmar CA
Luanne Garcia-Grisham CPC-A Tarzana CA
Christi-Ann Creek CPC-A Torrance CA
Anthony Duclayan CPC-A Torrance CA
Katie Reasor CPC-A Torrance CA
Wendy Minet CPC-A Upland CA
Brandi Bell CPC-A Vallejo CA
Maria Romingguet Ly CPC-A Vallejo CA
Terri Brown CPC-A Van Nuys CA
Maria Clara Pacheco Cunanan CPC-A Victorville CA
Monique Perez CPC-A Victorville CA
Patricia Garcia Puckett CPC-A Victorville CA
Angela Annette Vasquez CPC-A Victorville CA
Teri Wilson CPC-A Victorville CA
Cathleen Cooper CPC-A Westchester CA
Yvonne Nguyen CPC-A Westminster CA
Kristy Rice-Merel CPC-A, CPC-H-A Westminster CA
Mary Wilcox CPC-A Westminster CA
Ivan Rodriguez CPC-A Wilmington CA
James Nelson Jones CPC-A Woodbridge CA
Fariba Satey-Tahoor CPC-A Woodland Hills CA
Jennifer Appelhans CPC-A Arvada CO
Barbara Lafleur CPC-A Aurora CO
Zenea Hunt CPC-A Aurora CO
Cawandra Micole Jallow CPC-A Aurora CO
Sumitha Pasupuleti CPC-A Aurora CO
Cassandra A Micklich CPC-A Brighton CO
Amanda D Maris Mueller CPC-A Castle Rock CO
Erica N Ewton CPC-A Colorado Springs CO
Valerie Miller CPC-A Colorado Springs CO
Natalie Jean Warr CPC-A Colorado Springs CO
Shara Hansen CPC-A Conifer CO
Kelly Fischer CPC-A Denver CO
Joann Tarantino CPC-A Englewood CO
Deanna Ranee Wardrip CPC-A Greeley CO
Mary K Bender CPC-A Lakewood CO
Irmalinda Gomez CPC-A Lakewood CO
Sheri Aspinall CPC-A Littleton CO
Bruce Donnelly CPC-A Longmont CO
Cindy Schreiner CPC-A Loveland CO
Barbara Marie Tessely CPC-A Loveland CO
Scott Kelly Razak CPC-A Parker CO
Jan Marie Warner CPC-A Pueblo CO
Jaye Leon CPC-A Thornton CO
Tracey Humphreys CPC-A Windsor CO
Elizabeth Anne Blackmore CPC-A Amston CT
Stanley Fisher CPC-A Ansonia CT
Keisha G Russell CPC-A Balitc CT
Elzbieta Chorzepa CPC-A Berlin CT
Marlies Kamin CPC-A Branford CT
Sally V Peterman CPC-A Branford CT
Diane M Romano CPC-A Branford CT
Susan Gravelle CPC-A Bristol CT
Melissa Swain CPC-A Bristol CT
Danielle Ruff CPC-A Colchester CT
Chantale Lisa Krzanowski CPC-A Collinsville CT
Lisa M Bennett CPC-A Coventry CT
Donna Mook CPC-A Deep River CT
Pamela Lee Kirsch CPC-A Durham CT
John Charles Day CPC-A East Hartford CT
E Michelle Maitland CPC-A East Hartford CT
Terrence Starks CPC-A East Hartford CT
Brandy Tarleton CPC-A East Hartford CT
Patricia Trumpet CPC-A East Hartford CT
Corrine Eve Doyle CPC-A East Haven CT
Bari L Burke CPC-A Enfield CT
Ellen Allen CPC-A Gilman CT
Mansoora Waqar CPC-A Glastonbury CT
Heather Tyler CPC-A Guilford CT
Brenda Annette Chin CPC-A Hartford CT
Rachel Williams CPC-A Ledyard CT
Cathleen M Corriveau CPC-A Meriden CT
Judith Masse CPC-A Meriden CT
Madeline I Morales CPC-A Meriden CT
Evelyn M Cajigas CPC-A Milfort CT
Kathy Mangieri CPC-A Monroe CT
Sheree McSally CPC-A Monroe CT
Judith Dimmock CPC-A Mystic CT
Victoria Lynn Borges CPC-A Naugatuck CT
Janet Cooper CPC-A Naugatuck CT
Elaine Yurko CPC-A New Britain CT
Assunta DeFalco CPC-A New Haven CT
William Goldberg CPC-A New Haven CT
Carrie Haddon CPC-A New Haven CT
Amber Mott CPC-A New Haven CT
Jane M Ellis CPC-A Newington CT
Denise Simonsen CPC-A North Branford CT
Yvonne Marie Kasprzycki CPC-A North Haven CT
Laurie Funke CPC-A Old Lyme CT
Marci Germinaro CPC-A Oxford CT
Beatriz Chacon CPC-A Plainville CT
Barbara Clapp CPC-A Plantsville CT
April D Markham CPC-A Portland CT
Andrea Ballaro CPC-A Shelton CT
Jamie Toppin CPC-A Shelton CT

Jessica Gorrie CPC-A Somer CT
Beth Craig CPC-A Somers CT
Komal Deepak Govani CPC-A South Windsor CT
Sofia Egan CPC-A Southington CT
Dametra Michelle Arrington CPC-A Stratford CT
Allison Lillian Nazzaro CPC-A Stratford CT
Jennifer Slavin CPC-A Stratford CT
Kathleen Lopes CPC-A Tolland CT
Georgene L Sault CPC-A Tolland CT
Kimberly J Snyder CPC-A Tolland CT
Wendy Drew CPC-A Torrington CT
Judy L Donovan CPC-A West Haven CT
Philip Kneese CPC-A Windsor CT
Deborah J. Smith CPC-A Wolcott CT
Demetria Proctor CPC-A Washington DC
Cheryl R McCann CPC-A Bear DE
Danilo San Diego CPC-A Magnolia DE
Judy Kaiser CPC-A Middletown DE
Madalyn Potter CPC-A Newark DE
Corinne Long CPC-A Smyrna DE
Brenda Diane Stephens CPC-A Wilmington DE
Jenna A Wilson CPC-A Wilmington DE
Katharine DiLella CPC-A Altamonte Springs FL
Sheila Montroy CPC-A Apollo Beach FL
Kathleen Hurley CPC-A Belleair FL
Alton Clayton CPC-A Boca Raton FL
Marie Leonce CPC-A Boca Raton FL
Kara Johnson CPC-A Brandon FL
Diana Turner CPC-A Brandon FL
Jerry Woods CPC-A Brandon FL
Deborah Ann Eckert CPC-A Cantonment FL
Cheryle Affronti CPC-A Cape Coral FL
Helen Barker CPC-A Cape Coral FL
Shanda Ellis-Caprenter CPC-A Cape Coral FL
Barbara Garza CPC-A Cape Coral FL
Lia Kerfoot CPC-A Cape Coral FL
Robert V Lawrence CPC-A Cape Coral FL
Robin Ruse CPC-A Cape Coral FL
Susan A Svidron CPC-A Cape Coral FL
Joanna Waitekus CPC-A Cape Coral FL
Anastasia Corina Yarmy CPC-A Cape Coral FL
Deshaunna Anderson CPC-A Clearwater FL
Jeremy Cummings CPC-A Clearwater FL
Lori Staley CPC-A Clearwater FL
Kristan Holt CPC-H-A Cutler Bay FL
Marissa M Gepilano CPC-A Debary FL
Jimmie Brazer CPC-A Dover FL
Teresa Carman CPC-A Dunedin FL
Christine Evans CPC-A Dunedin FL
Maria Coffey CPC-A Englewood FL
Elizabeth Murray CPC-A Frostproof FL
Nicole L Busbee CPC-A Ft Myers FL
Regina Marie Sorenson CPC-A Ft Myers FL
Margaret Wiggins CPC-A Ft Myers FL
Jayden Lyons CPC-A Gainesville FL
Philisher Myers CPC-A Gainesville FL
Jasmine Diaz CPC-A Gibsonton FL
Georgia Nelson CPC-A Grant FL
Dayne Clarke CPC-A Holiday FL
Heidi Dean CPC-A Holiday FL
Danielle Reis CPC-A Holiday FL
Kimberly Shepherd CPC-A Hollywood FL
Geetha Gangidi CPC-A Jacksonville FL
Narong Khan CPC-A Jacksonville FL
Renea Lloyd CPC-A Jacksonville FL
Kim Longo CPC-A Jacksonville FL
Kim Norris CPC-A Jacksonville FL
Rhonda Rochay CPC-A Jacksonville FL
Kristina Ryan CPC-A Jacksonville FL
Carla Serrano CPC-A Jacksonville FL
Krista Marie Cline CPC-A, CIRCC
Jacksonville Beach FL
Elizabeth Newton CPC-A Jupiter FL
Guytrie Bahadur CPC-A Kissimmee FL
Luisa Garcia CPC-A Kissimmee FL
Sandy Gimenez CPC-A Kissimmee FL
Evelyn Marcano CPC-A Kissimmee FL
Melanie Vega CPC-A Kissimmee FL
Latonia Latimer CPC-A Lady Lake FL
Mary Brallier CPC-A Lake City FL
Julie StJean CPC-A Lake Park FL
Kristi Cicolello CPC-A Land O Lakes FL
Rosemary Hannigan CPC-A Land O Lakes FL
Loretta Risley CPC-A, CPC-H-A Land O Lakes FL
Loretta Risley CPC-A, CPC-H-A Land O Lakes FL
Jessica Belliveau CPC-A Largo FL
Melissa Pfeiffer CPC-A Largo FL
Yoanka Rodriguez CPC-A Lehigh Acres FL
Rachel Reynolds CPC-A Lithia FL
Greg Walker CPC-A Madeira Beach FL
Yvrose Jean CPC-A Miami FL
Patricia Pourxet CPC-A Miami FL
Linda Sandberg CPC-A Miami FL
Alejandro Serralvo CPC-A Miami FL
Trina Smith CPC-A Micco FL
Roberta Kay Clark CPC-A Middleburg FL
Theresa Mccorkell CPC-A Miramar FL
Donna D Lowery CPC-A Molino FL
Karen Parry CPC-A Naples FL
Noreen Price CPC-A, CPC-H-A Naples FL
Dale Waller CPC-A Naples FL
Harold G Padgett CPC-A Neptune Beach FL
Trisha Harriman CPC-A New Port Richey FL
Deborah Paulino CPC-A New Port Richey FL
Kerrie Rogers CPC-A Niceville FL
Wildine M Dumond CPC-A North Lauderdale FL
Mary Hart CPC-A North Port FL
Tami Kae Amick CPC-A Ocala FL
Annette Cabello-Rosario CPC-A Ocala FL
Danay Crespo CPC-A Ocala FL
Keri Ann Fraley CPC-A Ocala FL
Wanda Nabbefeld CPC-A Ocala FL
Sheilla Rodriguez CPC-A Ocala FL
Suzy Bratcher CPC-A Orange City FL
Lori Burnham CPC-A Orange Park FL
Stephanie M Brown CPC-A Orlando FL
Evelyn Diaz CPC-A Orlando FL
Eva A Ehmke CPC-A Orlando FL
Karin D Gill-Brummitt CPC-A Orlando FL
Lorimar Kenia Henriquez CPC-A Orlando FL
Kassie Hojnacki CPC-A Orlando FL
Enis Elaine Irving-Maxwell CPC-A Orlando FL
Auilda Maria Rodriguez CPC-A Orlando FL
Laura Schafer CPC-A Orlando FL
Clayton Duhl CPC-A Ormond Beach FL
Nancy Jones CPC-A Palm Harbor FL
Renata Kaminski CPC-A Palm Springs FL
Reta L Drabandt CPC-A Palmetto FL
Tanya J Alexander CPC-A Pensacola FL
Jeri Annette Goolsby CPC-A Pensacola FL
Candy Watson CPC-A Plant City FL
Lorilee Fontana CPC-A Port St Lucie FL
Robert Heriveaux CPC-A Port St Lucie FL
Sarah J Hamilton CPC-A Punta Gorda FL
Candace A Holliday CPC-A Riverview FL
Melanie Lawhorne CPC-A Riverview FL
Brenda Elizabeth Paquette-Rivera CPC-A
Rockledge FL
Christy Lane Wade CPC-A Ruskin FL
Patricia Hursh CPC-A Sanford FL
Jennifer Pickett CPC-A Sanford FL
Patricia Blair CPC-A Sarasota FL
Kelly Marie Huber CPC-A Sebastian FL
Kyle Goulet CPC-A Seffner FL
Brandi Linscott CPC-A Seffner FL
Aaron Weeks CPC-A Sefner FL
Lorrie Ann Weaver CPC-A Silver Springs FL
Lynn Fanning CPC-A St James City FL
Paul Brown CPC-A St Petersburg FL
Jackie Fender CPC-A St Petersburg FL
Kyla Johnson CPC-A St Petersburg FL
Kiara Kitchen CPC-A St Petersburg FL
Meredith Krauss CPC-A St Petersburg FL
Melinda Ann Nikolas CPC-A St Petersburg FL
Karilina Benavides CPC-A Sunrise FL
Anadanay Betancourt CPC-A Tampa FL
Angelica Blanco CPC-A Tampa FL
Bernadette Dahill CPC-H-A Tampa FL
Faith Hope Dalton CPC-A Tampa FL
Neva Farrell CPC-A Tampa FL
Christine Jackson CPC-A Tampa FL
Alicia MacDowell CPC-A Tampa FL
Edalydia Maldonado CPC-A Tampa FL
Eyla Martinez CPC-A Tampa FL
Denis Morecraft CPC-A Tampa FL
Elizabeth Ortega CPC-A Tampa FL
Anabel Perez CPC-A Tampa FL
Barbara J Pla CPC-A Tampa FL
Maria Rivera CPC-A Tampa FL
Marta Rodriguez CPC-A Tampa FL
Debora Simpson CPC-A Tampa FL
Patricia Sosa CPC-A Tampa FL
Ma. Aurora Sta. Ana CPC-A Tampa FL
Kathy Sutton CPC-A Tampa FL
Vielka Thorne-Thomas CPC-A Tampa FL
Sheryl Turpen CPC-A Tampa FL
Kristen Ware CPC-A Tampa FL
Gabrielle Smith CPC-A Valrico FL
Ronald Hicks CPC-A Venice FL
Melissa Stearns CPC-A Venice FL
John Barry Morgan CPC-A Vero Beach FL
Cheri Doherty-Ayers CPC-A Viera FL
Denise A Kalvan CPC-A W Melbourne FL
Scott Jordan CPC-A Wellington FL
Carla Butler CPC-A Wesley Chapel FL
Elle Heirholzer CPC-A Wesley Chapel FL
Tina Owens CPC-A Wesley Chapel FL
Satrina Palmore CPC-A Wesley Chapel FL
Sandra St Cyr CPC-A Windermere FL
Ange Washington CPC-A Winter Park FL
Hema Patel CPC-A Adairsville GA
Pamela Spencer CPC-A Albany GA
Magda Axt CPC-A, CPC-H-A Alpharetta GA
Daphne Lawanda Houston CPC-A Atlanta GA
Melinda (Mel) Martin CPC-A Atlanta GA
Gwendolyn Owens CPC-H-A Atlanta GA
Angelica Taylor CPC-A Auburn GA
Sheena Hall CPC-A Augusta GA
Jennifer L Kuethe CPC-A Augusta GA
Becky Wiggins CPC-A Augusta GA
Livia Chemise Merritt CPC-A Austell GA
Rhonda Smart CPC-A Austell GA
Deena Marie Norton CPC-A Blue Ridge GA
Katina Maria Clark CPC-A Bowersville GA
Julie Johnson CPC-A Brunswick GA
Robyn D May CPC-A Carrollton GA
Donna Hawkins CPC-A Cohutta GA
Monica Cea Plaza CPC-A Conyers GA
Xavier Jamal Morgan CPC-A Conyers GA
Annette Baker CPC-A Cumming GA
Vicky D Sparks CPC-A Dacula GA
Britney Smith CPC-A Dalton GA
Veronica Duhaney CPC-H-A Decatur GA
Kemyatta Lyons CPC-A Decatur GA
Toni Denise Nelson CPC-A Decatur GA
Elvira Miller CPC-A Douglasville GA
Maria Wallace CPC-A Douglasville GA
Savanna Marie Booker CPC-A Duford GA
Candy Adair CPC-A Gainesville GA
Carolyn Moore CPC-A Lithonia GA
Lisa Annette Rudolph CPC-A Lithonia GA
Howard Cramer CPC-A Locust Grove GA
Rika Holland CPC-A Mableton GA
Adriene Murphy CPC-A Mableton GA
Shirley Gordon CPC-A Marietta GA
Lorena Powers CPC-A Marietta GA
Lakeisha Evette Grant CPC-A McDonough GA
Traci Bowser CPC-A Norcross GA
Desiree Jeanette Miree CPC-A Norcross GA
Annette Durr CPC-A Peachtree City GA
Nancy Tabor CPC-A Pendergrass GA
Renee OLeary CPC-A Powder Springs GA
Yvonne Lawrence CPC-A Riverdale GA
Charisse Smitherman CPC-H-A Roswell GA
MaryJo Blount CPC-H-A Stockbridge GA
Ayana Jackson CPC-A Stockbridge GA
Linda Serra CPC-A Waleska GA
Jessica Coleman CPC-A Winder GA
Valerie Ann McCurley CPC-A Woodstock GA
Maulik Bakshi CPC-A, CPC-H-A Ahmedabad GJ
Mary Claire Paras CPC-A Aiea HI
Diana Rose Tungpalan Spells CPC-A Aiea HI
Sharon Thomas CPC-A Ewa Beach HI
Marie Matsue Campbell-Barker CPC-A Hilo HI
Joann Marie Mundo CPC-A Hilo HI
Janine Camacho CPC-A Honolulu HI
Rick D Dunn CPC-A Honolulu HI
Camille Evans CPC-A Honolulu HI
Carmen Jefferson CPC-A Honolulu HI
Melissa Len CPC-A Honolulu HI
Dwight Haruo Matsuwaki CPC-A Honolulu HI
Debra Teresa Ozawa CPC-A Honolulu HI
Maria Soledad Valero CPC-A Honolulu HI
Yu Jin Yoon CPC-A Honolulu HI
Brigida Cariaga CPC-A Kapolei HI
Ericka S S L Matamua CPC-A Kapolei HI
Linda Hewitt CPC-A Mililani HI
Gloribell Melendez CPC-A Mililani HI
Jennifer Romena Simcock CPC-A Mililani HI
Amy Tajiri CPC-A Mililani HI
Rickie Ota CPC-A Pearl City HI
Monika Pang CPC-A Pearl City HI
Tanya Roberts CPC-A Belmond IA
Susan T Forry CPC-A Bettendorf IA
Adrianna Janet Franklin CPC-A Central City IA
Joplin C Pruitt CPC-A Council Bluffs IA
Danielle Elizabeth Spengler CPC-A Davenport IA
Lea-Ann White CPC-A Davenport IA
Ana Elia Garcia CPC-A Denison IA
Jennifer Schultz CPC-A Dubuque IA
Kelly Heitmeier CPC-A Hillsboto IA
Ann Zehr CPC-A Manson IA
Jessica Sue Pickett CPC-A Preston IA
Debra Copeland CPC-A Ricketts IA
Lily Devadoss CPC-A West Des Moines IA
Deborah Ann Blockhus CPC-A West Union IA
Glenda Sue Bean CPC-A Boise ID
Glenda Brooking CPC-A Boise ID
Barbara Hopkins CPC-A Boise ID
Remzo Keranovic CPC-A Boise ID
Melissa Scrivner CPC-A Boise ID
Natalie Sellen CPC-A Boise ID
Ann Torfin CPC-A Eagle ID
Cindy Nuxoll CPC-A Lewiston ID
Marian Grace Dyer CPC-A Meridian ID
Melissa Hall CPC-A Meridian ID
Trisha Nauman CPC-A Meridian ID
Sande Lawrence-Arellano CPC-A Nampa ID
Tamara McGee CPC-A Nampa ID
Rhonda Nelson CPC-A Nampa ID
Jessica Jones CPC-A Rexburg ID
Madeline Schutten CPC-A Algonquin IL
Jaya Lakshmi Kosuri CPC-A Aurora IL
Ivy Marie Roxas CPC-A Barrington IL
Nicole Fanshier CPC-A Beardstown IL
Carla Robben CPC-A Belleville IL
Jessica Wheeler CPC-A Belleville IL
Anthony D'Oronzo CPC-A Bloomingdale IL
Amanda Rae Fuller CPC-A Byron IL
Stefanie Muntean CPC-A Carpentersville IL
Victoria Schalz CPC-A Cary IL
Lois Tweeten CPC-A Cary IL
Christine Zaruba CPC-A Cary IL
Lurdes Cerino-Maldonado CPC-A Chicago IL
Erika Cervantes CPC-A Chicago IL
Deepthi Chilakapati CPC-A Chicago IL
Carmella Johnson CPC-A Chicago IL
Nataliya Kurchiy CPC-A Chicago IL
Aneta Lukasiewicz CPC-A Chicago IL
Rochelle Smith CPC-A Chicago IL
Ketra D Hauk CPC-A Chillicothe IL
Effie Rene Hoffman CPC-A Chillicothe IL
Danielle Askew CPC-A Collinsville IL
Sharon Bakula CPC-A Crystal Lake IL
Nola M Ayers CPC-A Decatur IL
Renee Diane Berg CPC-H-A Decatur IL
Laura Ekiss CPC-A Decatur IL
Jessica M Jocis CPC-A Divernon IL
Mary E Ackerson CPC-A Dixon IL
Carlene Augustine CPC-A Dixon IL
Karen S Hill CPC-A Dixon IL
Adriane Kirkwood CPC-A Downers Grove IL
Jessie Renee Goben CPC-A East Peoria IL
Elizabeth Michaels CPC-A Edwardsville IL
LeighAnn Bonvillain CPC-A Elizabeth IL
Debra Lynne Davis CPC-A Freeport IL
Amanda Littlefeather Frances CPC-A Freeport IL
Laketia Lashunda Higgins CPC-A Freeport IL
Lori Jean King CPC-A Freeport IL
Brianna Ruthanne Toepfer CPC-A Freeport IL
Sarah Lyndsay Ashby CPC-A Girard IL
TaDena Duncan CPC-A Godfrey IL
Cathy J Johnson CPC-A Hartford IL
Vivian Alice McDowell CPC-A Hillside IL
Isabel Espinoza CPC-A Hodgkins IL
Maria Gay Villacrusis CPC-A Homewood IL
Kimberly Mccloud CPC-A Lansing IL
Leslie A Bertram CPC-A Lena IL
Danita K Emford CPC-A Lena IL
Abbi Ann Switzer CPC-A Lena IL
Colleen Kelly Rettig CPC-A Manomet IL
Cassie Riley CPC-A Mattoon IL
Sheila Nightingale CPC-A McHenry IL
Jenna R Hook CPC-A Morrison IL
Carmina Rose Baltierra CPC-A Mt Carroll IL
Pamela S Gill CPC-A Nashville IL
Cathy Marten CPC-A New Lenox IL
Michelle Josie Andresen CPC-A North Aurora IL
Sheryl Fondon CPC-A North Riverside IL
Julene May Sandusky CPC-A Oregon IL
Janet La Susa CPC-A Palatine IL
Karen Stearney CPC-A Palatine IL
Margaret Leila - Marie Gentile CPC-A Palos Hills IL
Michael Perkins CPC-A Park Forest IL
Angela Marie Griffin CPC-A Pawnee IL
Tonya Lynn Carter CPC-A Peoria IL
Marilyn June Bachman CPC-A Polo IL
Kathy Ann Fischer CPC-A Raymond IL
Carol Ann Ripple CPC-A Richmond IL
Takisha Booker CPC-A Richton Park IL
Laura Lee Boland CPC-A Roanoke IL
Carrianne Dahlkamp CPC-A Rochester IL
Daniell Rose Nehring CPC-A Rock City IL
Heather Lynn Young CPC-A Rock Falls IL
Malinee Yindee CPC-A Rockford IL
Odette Bahnmaier CPC-A Rolling Meadows IL
Constantina Hassan CPC-A Round Lake Beach IL
Merill Sideno CPC-A Schaumburg IL
Natasha Anne Santacrose CPC-A Springfield IL
Melissa L Walker CPC-A Springfield IL
Brian Yturralde CPC-A Streamwood IL
Joan Bertsch CPC-A Woodstock IL
Kim Renee Schwarz CPC-A Yorkville IL
Tara L Arnett CPC-A Avilla IN
Carla J Hodges CPC-A Borden IN
Alyssa Liechty CPC-A Decatur IN
Ashley Van Ness CPC-A Fairland IN
Jodie Payne CPC-A Floyds Knobs IN
Angela Long CPC-A Fortville IN
Teresa Lee Jones CPC-A Ft Wayne IN
Jennifer J Paredes CPC-A Hammond IN
Mark W Smith CPC-A Hammond IN
Robin R Hayes CPC-A Hudson IN
Kim Fisher CPC-A Indianapolis IN
Arlene Yarbrough CPC-A Indianapolis IN
Mary J Lehman CPC-A Kendallville IN
Jeri Thomas CPC-A Kendallville IN
Lora Hullinger CPC-A Kokomo IN
Eileen Ossenbeck CPC-A Lawrenceburg IN
Janeen Twohey CPC-A Mishawaka IN
Vivian L Haag CPC-A Mongo IN
Connie Lee Burks CPC-A Murfreesboro IN
Natalie Lackner CPC-A Noblesville IN
Dawn Irene Beer CPC-A Pleasant Lake IN
Beth A Creigh CPC-A Rome City IN
BethAnn M McGurn CPC-A Warsaw IN
Doris J Palmer CPC-A Wolcottville IN
Dinah Lynn Davis CPC-A Coffeyville KS
Rachel Danielle Tatman CPC-A Emporia KS
Lesli L Shinkle CPC-A Haysville KS
Alenda Jacobson CPC-A Leawood KS
Richard J Weisner CPC-A Leawood KS
Martha Willis CPC-A Ottawa KS
Christina Calvert CPC-A Overland Park KS
Jennifer Piatt CPC-A Overland Park KS
Julie Claar CPC-A Paola KS
Johna A O'Trimble CPC-A Perry KS
Lori Hathaway CPC-A Tonganoxie KS
Kimberly Ann Bahre CPC-A Topeka KS
Kathleen M Bloomquist CPC-A Topeka KS
Loni Dee Le'Page CPC-A Topeka KS
Frank Steve Lowman CPC-A Topeka KS
Chambrelle A Revely CPC-A Topeka KS
Chris R Simmons CPC-A Topeka KS
Randy Alvin Stringer CPC-A Topeka KS
JaMeece Wilkins CPC-A Topeka KS
Mark Allen Cessna CPC-A Wichita KS
Judi Hurd CPC-A Wichita KS
Bruce N Klaassen CPC-A Wichita KS
Jeannie W Pechin CPC-A Wichita KS
Jackie Lynn Crawford CPC-A Barbourville KY
Lori Miller CPC-A Berea KY
Lovie Leonard Clay CPC-A Bowling Green KY
Sylvia Hayslett CPC-A Burgin KY
Marcella Copley CPC-A Cattlettsburg KY
April Renee Gentry CPC-A Cave City KY
Jaimy Zorotovic CPC-A Cold Spring KY
Belinda M Thompson CPC-A Danville KY
Wilma VanZant CPC-A Edmonton KY
Deborah Sue Soult CPC-A Erlanger KY
Lucille Morrison CPC-A Florence KY
Susan Nastasi CPC-A Florence KY
Sharon B Higdon CPC-A Georgetown KY
Adine Elizabeth Bouchard CPC-A Harrodsburg KY
Michelle Hollon CPC-A Harrodsburg KY
Jennifer Mayle CPC-A Hebron KY
Stacey Smallwood CPC-A Hebron KY
Sandra Boucherie CPC-A Henderson KY
Karen Ranney CPC-A Independence KY
Jenny L Day CPC-A Lancaster KY
Angela Martin CPC-A Lawrenceburg KY
Christina Bowman CPC-A Lexington KY
Cynthia Cochran CPC-A Lexington KY
Mary Elizabeth Cornett CPC-A Lexington KY
Jennifer C Davis CPC-A Lexington KY
Cheryl Eckman CPC-A Lexington KY
Daniel C Fryman CPC-A Lexington KY
Heather Harlin CPC-A Lexington KY
Jacqueline I Koury CPC-A Lexington KY
Mary Lyons CPC-A Lexington KY
Melanie Preston CPC-A Lexington KY
David M Ratliff CPC-A Lexington KY
Deborah Reed CPC-A Lexington KY
Cheryl Lynn Roberts CPC-A Lexington KY
Jennifer Renee Tucker CPC-A Lexington KY

Georgetta Williams CPC-A Lexington KY
Robert Adams CPC-A Louisville KY
Curtis Lee Bass CPC-A Louisville KY
Alma Begic CPC-A Louisville KY
Valerie Benge CPC-A Louisville KY
Allison Marie Britton CPC-A Louisville KY
Rosie Chase CPC-A Louisville KY
Alison C Chodyniecki CPC-A Louisville KY
Brittiany J Coley CPC-A Louisville KY
Janice Delores Ellis CPC-A, CPC-H-A Louisville KY
Cynthia K Gimbel CPC-A Louisville KY
Denean Grace CPC-A Louisville KY
Nancy J Hall CPC-A Louisville KY
Ruth J Hall CPC-A Louisville KY
Sabrina Hamilton CPC-A Louisville KY
Amy Hulker CPC-A Louisville KY
Dwayne Eddie Kinsey CPC-A Louisville KY
Jeanette Drexler Lavender CPC-A Louisville KY
Jeanette A Maxey CPC-A Louisville KY
James L McDowell, III CPC-A Louisville KY
Crystal J Palmer CPC-A, CPC-H-A Louisville KY
Michele Marie Prestigiacomo CPC-A Louisville KY
Sandra Lynn Qian CPC-A Louisville KY
Heather Rapp CPC-A Louisville KY
Taiwanda Renee' Rice CPC-A Louisville KY
Sarah M Rieman CPC-A Louisville KY
Kenya Riley CPC-A Louisville KY
Dayana Samon Rodriguez CPC-A Louisville KY
Jami Lynn Russell CPC-A Louisville KY
Danyle L Washington CPC-A, CPC-H-A Louisville KY
Julie Zimmer CPC-A Louisville KY
Laura Veach CPC-A Maceo KY
Mari Ward CPC-A Mayfield KY
Jennifer Lamb CPC-A McKee KY
Jessica Hare CPC-A Means KY
Trese M Slusser CPC-A Mt Washington KY
Phyllis Pasch CPC-A Nicholasville KY
Sharon Gayle Tanner CPC-A Owensboro KY
Gloria Voyles CPC-A Owensboro KY
Jennifer Baker CPC-A Philpot KY
Deborah Lorraine Pollard CPC-A Pleasureville KY
Cindy Howard CPC-A Raceland KY
Carey L Cole CPC-A Richmond KY
Kimberley Jones CPC-A Richmond KY
Jacqueline Walls CPC-A Richmond KY
Kristy Lee McKenzie CPC-A, CPC-H-A Shelbyville KY
Chasity Paul CPC-A Stanford KY
Robyn Gayle Smith CPC-A Versailles KY
Chantal Bennett CPC-A Waynesburg KY
Tina Despointes CPC-A Abita Springs LA
Trina M Henderson CPC-A Baton Rouge LA
Leslie Bogran CPC-A Covington LA
Jessica Hamilton CPC-A Covington LA
Lisa I Myers CPC-A Goldonna LA
Carolyn Allen Crouch CPC-A Kenner LA
Annette Dillon CPC-A Laplace LA
Deborah Ann Cotton CPC-A Madisonville LA
Michelle Bel CPC-A Mandeville LA
Kristina Stout CPC-A Meraux LA
Tammy Keppler CPC-A Metairie LA
Nichole Thomas CPC-A New Orleans LA
Jan Kennedy CPC-A Prairieville LA
Johnathan James Banks CPC-A Shreveport LA
Allison Luciana Brown CPC-A Shreveport LA
Amanda Rachela Collins CPC-A Shreveport LA
Hope Sebti CPC-A Ashland MA
Midge Marian Pixley CPC-A Belchertown MA
Katherine Zalewski CPC-A Belmont MA
Dola M Thelwell CPC-A Boston MA
Patrice Wesner CPC-A Canton MA
Kaitlyn Garrity CPC-A Chicopee MA
Jessica Elaine Turcotte CPC-A Foxborough MA
Danielle Marie Jusseaume CPC-A Framingham MA
Kristal Rock CPC-A Hampden MA
Kim Freamo CPC-A Haverhill MA
Myra Dunne CPC-A Hingham MA
Lori-ann Davis CPC-A Hyannis MA
Carol Thomson CPC-A Mansfield MA
Christine McCoy CPC-A Marlboro MA
Robin Hope CPC-A Mashpee MA
Diane M Ryberg CPC-A Maynard MA
Lauren Anne Burdick CPC-A North Easton MA
Luann Bechard CPC-A North Grafton MA
Tzimari Kirkpatrick CPC-A Plymouth MA
Susan Graham CPC-A Seekonk MA
Tyler Brin CPC-A South Hadley MA
Marita Brooks Cable-Camilleis CPC-A South Yarmouth MA
Heather Christiana CPC-A Springfield MA
Janice Ortiz CPC-A Springfield MA
Garry Fenton CPC-A Stoughton MA
Lil Behrens CPC-A Sturbridge MA
Jennifer Jane Sousa CPC-A Swansea MA
Robb Metzger CPC-A Westborough MA
Maureen West CPC-A Westborough MA
Manuel Botelho, III CPC-A Westport MA
Theresa Guinto CPC-A Winchendon MA
Efigjeni Dukaj CPC-A Worcester MA
Alisa Holliday CPC-A Wrentham MA
Mona El Dabaghi CPC-A Annapolis MD
Melanie Loughry CPC-A Annapolis MD
Taneika S Holloway CPC-A Baltimore MD
Jocelyn Jones CPC-A Baltimore MD
Angela L Mathers CPC-A Baltimore MD
Shakeya Morgan CPC-A Baltimore MD
Cynthia Anne Muller CPC-A Baltimore MD
Paula Polek CPC-A Baltimore MD
Joseph Redd CPC-H-A Baltimore MD
Faylie Schultz CPC-A Baltimore MD
Abigail Stern CPC-A Baltimore MD
Mariya Trojanovs CPC-A, CPC-H-A Baltimore MD
Nicolene Polyak CPC-A Churchville MD
Montressa Bishop CPC-A Columbia MD
Gaynell Conley CPC-A Columbia MD
Carol Kositz CPC-A Edgewater MD
Kelly Nesslage CPC-A Elkridge MD
leesha N Crowder CPC-A Essex MD
Deborah Sue Martinek CPC-A Fallston MD
Esther Anne Eger CPC-A Frederick MD
Cynthia Grace Hering CPC-A Frederick MD
Machele Grace CPC-A Glen Burnie MD
Jemia Wright CPC-A Hyattsville MD
Kristina Ebron CPC-A Laurel MD
Camille Jones CPC-A Laurel MD
Melynda A Clute CPC-A Middletown MD
Katherine Graham Johnson CPC-A Mount Airy MD
Linda Carethers CPC-A Odenton MD
Chelsea Caspar CPC-A Owings MD
Felicia Marie Chase CPC-A Parkville MD
Alem Mengesha CPC-A Silver Spring MD
Amanda Livingston CPC-A Sparks MD
Tayibat Ibrahim-Shafi CPC-A Upper Marlboro MD
Alyson White CPC-A Acton ME
Dawn Lee Hamlin CPC-A Brownfield ME
Janice Hofer CPC-A Camden ME
Judy Linda Castonguay CPC-A Lewiston ME
Laurier R Cloutier CPC-A Lewiston ME
Jessica Landry CPC-A Milford ME
Laura Ann Clifford CPC-A Sabattus ME
Lynda Casey CPC-A Saco ME
Jacqueline Sewall CPC-A South Berwick ME
Debra Lynn Kantor CPC-A Westbrook ME
Carla C Osborne CPC-A Berkley MI
Judith Gawinek CPC-A Birmingham MI
Alena Matulova CPC-A Birmingham MI
Lori A Baldwin CPC-A Caledonia MI
Monica Duda CPC-A Canton MI
Tracey Hellner CPC-A Chesterfield Township MI
Deborah Ann Giacalone CPC-A China MI
Katie Diehl CPC-A Coleman MI
Tomika Hannah-Willis CPC-A Detroit MI
Kelly Adaway CPC-A Dorr MI
Savannah Dottery CPC-A East Lansing MI
J. Wakefield CPC-A Farmington Hills MI
Alison Montgomery CPC-A Grand Rapids MI
Maria L Tuffelmire CPC-A Grant MI
Lynn Bendzinski CPC-A Grosse Pointe Park MI
Lilas McDonald CPC-A Harper Woods MI
Janina Marie Page CPC-A Holland MI
Brandy Pemberton CPC-A Holland MI
Diane K Mills CPC-A Hudson MI
Ashly Wilson CPC-A Jackson MI
Joanne Crane CPC-A Kalamazoo MI
Kathy Jagger CPC-A Kentwood MI
Michelle Daniels CPC-H-A Macomb MI
Christeson Jimenez CPC-A Macomb MI
Kelley Craddock CPC-A Marshall MI
Alicia Soto CPC-A Midland MI
Dawn Olczak CPC-A Monroe MI
Jessica Stubleski CPC-A Muskegon MI
Kathleen Rainko CPC-A Novi MI
Deborah Roman CPC-A Portage MI
Jill Miller CPC-A Romulus MI
Trista Nicole Brehm CPC-A Roseville MI
Mary Hrisopoulos CPC-A Shelby Township MI
Colleen Markiewicz CPC-A Shelby Township MI
Pamela Meyer CPC-A Shelby Township MI
Kristina Plociniak CPC-H-A Shelby Township MI
Debra Schneider CPC-A Shelby Township MI
Michael Ferrence CPC-A St Clair Shores MI
Celia Likens CPC-A St Clair Shores MI
Cally Henry CPC-A St Louis MI
Barbara Watson CPC-A Sterling Heights MI
Bonnie Labby CPC-A Warren MI
George Maroulitsas CPC-A Warren MI
Jaymi Pawlica CPC-A Westland MI
Paula R Vining CPC-A White Cloud MI
Sandra Kay Anderson CPC-A Breckenridge MN
Kathleen Bowen CPC-A Eagan MN
Emily Reisner CPC-A La Crescent MN
Dawn Barber CPC-A Lafayette MN
Dawn Marie Rupp CPC-A Minnetonka MN
Amanda Ireland CPC-A Mound MN
Becky Moran CPC-A Rushford MN
Esther Fideldy CPC-A St Francis MN
Claire Kronebusch CPC-A Winona MN
Heather Therese Gibson CPC-A Arnold MO
Amy Gillam CPC-A Ballwin MO
Stephanie Marie Lee CPC-A Cape Girardeau MO
Shirley Maurine Gallaher CPC-A Columbia MO
Amy Watring CPC-A Columbia MO
Donna L Fuchs CPC-A Hazelwood MO
Susan Mary Swinea CPC-A Hazelwood MO
M. Roselee Hogan CPC-A Holts Summit MO
Patricia Lynn Teder CPC-A Jackson MO
Jennifer Diane Alumbaugh CPC-A Jasper MO
Esther Renee Frates CPC-A Jefferson City MO
William Brent Holz CPC-A Joplin MO
Brenda Christina CPC-A Kansas City MO
Ardja Hicks CPC-A Kansas City MO
Dawn Rene Fenimore CPC-A Lake St Louis MO
Karen S Anderson CPC-A Lees Summit MO
Laura Ann Dorsch CPC-A Lees Summit MO
Rhonda Manuel CPC-A Moberly MO
Caitlin Elizabeth Harris CPC-A Nelson MO
Alicia Pollard CPC-A Oak Grove MO
Melinda Garner CPC-A Orrick MO
Lisa Gaines CPC-A Poplar Bluff MO
Tammy Jo Wyatt CPC-A Puxico MO
Leah Nicole Renno CPC-A Russellville MO
Rachel Strzelecki CPC-H-A Springfield MO
Aubrey Baltzell CPC-A St Louis MO
Shawn Hart CPC-A St Louis MO
David James Hoffmann CPC-A St Louis MO
Ryan McSpadden CPC-A St Peters MO
Pamela K Bertels CPC-A Troy MO
Heather May VanGels CPC-A Valley Park MO
Jessica Dawn Thieman CPC-A Wright City MO
Gabrielle Lepre CPC-A Biloxi MS
Rebecca M Gardner CPC-A Booneville MS
Rebecca Jane Risen CPC-A Buckatunna MS
Shonda Ranae Hayden CPC-A Byhalia MS
Stacey Thomas CPC-A Clinton MS
Amanda Cecile Guidry CPC-A Florence MS
Pearl Evelyn Parker CPC-A Hattiesburg MS
Tiffany Kara Wright CPC-A Hattiesburg MS
Racheal R Flax CPC-A Horn Lake MS
Tina Marie Edwards CPC-A Jackson MS
Shuntel Levone Taylor CPC-A Jackson MS
Tamela S Veasley CPC-A Jonestown MS
Launce Marcieus Anderson CPC-A Kassciuska MS
Juley Elizabeth Taylor CPC-A Lake MS
Kanisha Sharmaine Christian CPC-A Laurel MS
Jennifer Ann Peppmuller CPC-A Olive Branch MS
Jessica Ann Lemoine CPC-A Purvis MS
Tina Marie Musgrove CPC-A Purvis MS
Cindy B Sims CPC-A Water Valley MS
Shandy Hanks CPC-A Billings MT
Joyce Marie Harp CPC-A Billings MT
Bonnie April Bear Don't Walk CPC-A Busby MT
Christine Adelle Teague CPC-A Clinton MT
Twila Mann CPC-A Florence MT
Pauline Faith Abbott CPC-A Frenchtown MT
Angela Dawn Skolrud CPC-A Glasgow MT
Lauri Hancock CPC-A Missoula MT
Donna Peterson CPC-A Missoula MT
Nissa Patricia Fennell CPC-A Polson MT
Larry W Dailey CPC-A Archdale NC
Jessica Long CPC-A Ash NC
Vicki Gaddy CPC-A Asheville NC
Danielle Guengerich CPC-A Asheville NC
Kristen Love CPC-A Asheville NC
Mary Anne Kroner CPC-A Cary NC
Yanzhen Pan CPC-A Chapel Hill NC
Audrey Brady CPC-A Charlotte NC
Sean Brenner CPC-A Charlotte NC
Salena Tennine Brown CPC-A Charlotte NC
Lorie Crocker CPC-A Charlotte NC
Niketa D Cunningham CPC-A Charlotte NC
Tonia E Holland CPC-A Charlotte NC
Kristen Murray CPC-A Charlotte NC
Loretta Primus CPC-A Charlotte NC
Alice K Smrekar CPC-A Charlotte NC
Fred Martin Tannenbaum CPC-A Charlotte NC
Charles Wilhelm CPC-A Charlotte NC
Cheryl Patterson CPC-A Claremont NC
Carolyn Averill CPC-A Cornelius NC
Chrissy Pejsa CPC-A Cornelius NC
Inez M Schwarzenegger CPC-A Cornelius NC
Wendy Gaudette CPC-A Creedmoor NC
Denise Goldston CPC-A Durham NC
Tomara Parker CPC-A Durham NC
Jennifer Pickett CPC-A Durham NC
Joleen W Ridings CPC-A Elizabethtown NC
Diane F Ingram CPC-H-A Fayetteville NC
Valorie Fox CPC-A Graham NC
Reba Smith CPC-A Greensboro NC
Jackie Brogie CPC-A Hendersonville NC
Maricel Arus CPC-A High Point NC
Jeanette MacLellan CPC-A High Point NC
Patsy Weavil CPC-A High Point NC
Andrea Dell CPC-A Huntersville NC
Robin Hammond CPC-A Huntersville NC
Sabrina R Hopper CPC-A Huntersville NC
Katie Jordan CPC-A Huntersville NC
Barbara G Sparrow CPC-A Huntersville NC
Josephine R Burke CPC-A Jacksonville NC
Vicky Lynn Edwards CPC-A Jacksonville NC
Rae Clement Herman CPC-A Jacksonville NC
Elizabeth Morris CPC-A Jacksonville NC
Mindie Musacchio CPC-A Jacksonville NC
Gloria B Phillips CPC-A Jacksonville NC
Lauralee Prentice CPC-A Jacksonville NC
Kathy Thomas CPC-A Jacksonville NC
Sindy Williams Benson CPC-A Lexington NC
Diana W Gregory CPC-A Lexington NC
Donna Koonts CPC-A Lexington NC
Kimberley Annette Arrowood CPC-A Marion NC
Su Desilva CPC-A Marshville NC
Paul Frank Capriglione CPC-A Matthews NC
Judith Grose CPC-A Matthews NC
Susan Gunter CPC-A Matthews NC
Clyda Armstrong CPC-A Mooresville NC
Mai Xiong CPC-A Mooresville NC
Tromona Harper CPC-A New Bern NC
Kendra Johnson CPC-A Ocean Isle Beach NC
Jennifer Faulk CPC-A Raleigh NC
Akram Shirinzad CPC-A Raleigh NC
Emily Andrews CPC-A Richlands NC
Jan Manning CPC-A Richlands NC
Holly Amber Smith CPC-A Richlands NC
Katelyn Elizabeth Via-Mathias CPC-A Richlands NC
Roxanne Branscomb CPC-A Statesville NC
Ana Garcia-Morales CPC-A Statesville NC
Carmon Roberts CPC-A Taylorsville NC
Dawn Mcquaigue CPC-A Trinity NC
Jeanne Lewis CPC-A Waxhaw NC
Chelsea Nicole Downey CPC-A Wilmington NC
Shirley Klingensmith CPC-A Wilmington NC
Debbie Toth CPC-A Wilmington NC
Heather Jones CPC-A Winston-Salem NC
Marcy Andersen CPC-A Fargo ND
Brianna Kern CPC-A Fargo ND
Amber Petznick CPC-A Fargo ND
Jayla Domres CPC-A Grand Forks ND
Heather Block CPC-A Omaha NE
Diane Marie Chiesa CPC-A Omaha NE
Cindy Cook CPC-A Omaha NE
Pam Kent CPC-A Omaha NE
Lynda Joy Manning CPC-A Omaha NE
Lynell A Mansfield CPC-A Omaha NE
Tracey Arthur CPC-A Barrington NH
Brenda Aliberti CPC-A Concord NH
Cathleen Smith CPC-A Danville NH
Kristen Wilson CPC-A Derry NH
Michele DeMarco CPC-A, CPC-H-A East Hampstead NH
Kim F Kosow CPC-A Exeter NH
Cheryl Papalian CPC-A Exeter NH
Kathleen Book CPC-A Farmington NH
Patricia Kelley CPC-A Greenland NH
Maureen Jones CPC-H-A Hampstead NH
Cynthia Stoddard CPC-A Hampton NH
Linda Lou Russell CPC-A Lebanon NH
Andrea Gingras CPC-A Lee NH
Shelly Ladd CPC-A Litchfield NH
Christina Lubin CPC-A Manchester NH
Sarah Clarke CPC-A Nashua NH
Trisha Guest CPC-A Nashua NH
Gretchen Wolfe CPC-A Pittsfield NH
Mia Kathryn Crowe CPC-A W Lebanon NH
Raegan Cole CPC-A Aberdeen NJ
Kathleen Fuscellaro CPC-A Atco NJ
Christina Fennell CPC-A Atlantic Highlands NJ
Kathryn Dressler CPC-A Beachwood NJ
Jo Ann Whitman CPC-A Beachwood NJ
Robin E Rosenkranz CPC-A Berlin NJ
Genina Byers CPC-A Burlington NJ
Michael Colonna CPC-A Cedar Grove NJ
Sherry D Ward CPC-A East Orange NJ
Susan Newman CPC-A Englishtown NJ
Roma Aleksander CPC-A Ewing NJ
Michael A Johnson CPC-A Ewing NJ
Sarah Song CPC-A Florham Park NJ
Victor L Mobley CPC-A Franklin Park NJ
Barbara Kleinschmidt CPC-A Freehold NJ
Joan Sin CPC-A Howell NJ
Linda Carroll CPC-A Island Heights NJ
Lito Jamarolin Azcuna CPC-A Jersey City NJ
Milagros Acebedo Pediongco CPC-A Jersey City NJ
Linda Seda CPC-A Lakewood NJ
Karen Grabowski CPC-A Manalapan NJ
Jennifer Lugo CPC-A Manalapan NJ
Vidhya Rangaswamy CPC-A Marlton NJ
Gretchen Gunderson CPC-A Matawan NJ
Patricia Todaro CPC-A Matawan NJ
Betsy Ranjan CPC-A Maywood NJ
Maureen Toale CPC-A Middletown NJ
Jill Nevad CPC-A Neptune NJ
Kristin D'Ambrisi CPC-A Oakhurst NJ
Eileen Buono CPC-A Ocean Grove NJ
Laila M Chaoui CPC-A Paramus NJ
Olena Tchoudov CPC-A Pine Beach NJ
Sally Chan-So CPC-A Plainsboro NJ
Sarah Ecroyd CPC-A Princeton NJ
Susan Golden CPC-A Princeton NJ
Nicole Key CPC-A Red Bank NJ
Kartika Shree CPC-A Robbinsville NJ
Ward Taggart CPC-A Skillman NJ
Glenda Frazier CPC-A Somerset NJ
MaryBeth Morrison CPC-A Swedesboro NJ
Adrienne Michele Gergich CPC-A Toms River NJ
Suzanne Romeo CPC-A Waretown NJ
Jill Fisher CPC-P-A Whiting NJ
Jacqueline D Dixon CPC-A Willingboro NJ
Wendy Moya CPC-A Albuquerque NM
James Lee Padilla CPC-A Albuquerque NM
Hyacinth Vargas Padua CPC-A Albuquerque NM
Daniella Sarracino CPC-A Albuquerque NM
Shari Thompson CPC-A Albuquerque NM
Michele Trowbridge CPC-A Albuquerque NM
Norma Cavazone CPC-A Dulce NM
Gertrude Lujan CPC-A Isleta NM
Nancy A Martin CPC-A Moriarty NM
Elisia Baker CPC-A Rio Rancho NM
Antonina Barbour CPC-H-A Rio Rancho NM
Perry Moran CPC-A Rio Rancho NM
Kimberly Spear CPC-A Roswell NM
Kimberly Soto CPC-A Santa Teresa NM
Veronica Salinas CPC-A Sunland Park NM
Patricia E Francis CPC-A Fernley NV
Nhi Douglas CPC-A Las Vegas NV
Doree L Pankratz CPC-A Las Vegas NV
Stephanie Sierra CPC-A Las Vegas NV
Debi McLaughlin CPC-A Reno NV
Theresa M Trussell CPC-A Reno NV
Tandra Nerine Walker CPC-A Reno NV
Suzanne Moler CPC-A Sparks NV
Darren Andrew Conroy CPC-A Albany NY
Meghan Elizabeth Fox CPC-A Albany NY
Ladine Thomas CPC-A Amherst NY
Cheryl A Zumbolo CPC-A Amsterdam NY
Megan Riley CPC-A Argyle NY
Della A Falter CPC-A Baldwinsville NY
Theresa Giuliano CPC-A Belle Harbor NY
Kim Chandler CPC-A Binghamton NY
Marine E Bryan CPC-A Bronx NY
Sasha Alecia Buchannan CPC-A Bronx NY
Rhonda Reid CPC-A Bronx NY
Carmen Leone CPC-A Brooklyn NY
Cheryl Anne Harkness CPC-A Cameron NY
Sarah Giroux CPC-A Chestertown NY
Tracy L Hickey CPC-A Cicero NY
Barbara M Crecca CPC-A Clifton Park NY
Carrie Watt CPC-A Corning NY
Rachel Misao Reitano CPC-A East Syracuse NY
Alissa Marie Daniels CPC-A Elmira NY
Jennifer Lynn Hubbard CPC-A Elmira NY
Jacqueline K Sharack CPC-A Elmira NY
Vyacheslav Niyazov CPC-A Forest Hills NY
Karen E Steidl CPC-A Forest Hills NY
Brenda J Travis CPC-A Frankfort NY
Sorbourni F McKenzie CPC-A Freeport NY
Amina Alam CPC-A Fresh Meadows NY
Usha S Hariprashad CPC-A Glen Oaks NY

Debra Schwab CPC-A Glendale NY
Mary Theresa Barnes CPC-A Greene NY
Deborah Leveille CPC-A Greenfield Center NY
Shawnte Deans CPC-A Hempstead NY
Corinn Marie Cannelli CPC-A Highland NY
Robyn Lindstadt CPC-A Huntington Station NY
Tam Michele DeOrsey CPC-A Jordan NY
Tina Marie Forys CPC-A Lockport NY
Nancy Arlene House CPC-A Lockwood NY
Rosalia Martinez CPC-A Long Island City NY
Charlene Charron CPC-A Mount Upton NY
Linda S Barnes CPC-A N Syracuse NY
Felicia A Burak CPC-A New Hartford NY
Jason Radell CPC-A New Hartford NY
Diana Priya Kichenamourty CPC-A
New Hyde Park NY
Diana Berisha CPC-A New Rochelle NY
Bret Edward Delaire CPC-A New York NY
Alexander Galvez CPC-A New York NY
Yvette Gaudreau CPC-A New York NY
Yvonne J Lawrence CPC-A New York NY
Sudanasia Shabazz-Allah CPC-A New York NY
Monica Souza Silva CPC-A New York NY
Paulette Williams CPC-A Newark Valley NY
Cheryl R Lewis CPC-A Newburgh NY
Linda K Huge CPC-A Niskayuna NY
Teresa Pieper CPC-A North Chili NY
Deborah Rush CPC-A North Syracuse NY
Meredith Muller CPC-A Oakland Gardens NY
Kelly A Patterson CPC-A Oswego NY
Donna Jean Shumskis CPC-A Oswego NY
Diane L Jones CPC-A Owego NY
Angelita McEvoy CPC-A Pittsford NY
Joan Crescenzo CPC-A Poughkeepsie NY
Mercedes M Granda CPC-A Poughkeepsie NY
Janie Beatrice McCall CPC-A Poughkeepsie NY
Nalini Devierira CPC-A Queens Village NY
Shelliza M Rasheed CPC-A Queens Village NY
Nicole Salone CPC-A Queensbury NY
Claudia Patricia Betancourt CPC-A Rego Park NY
Gale F Snide CPC-A Rensselaer NY
Nadia Salina Ahmed CPC-A Richmond Hill NY
Brian W Pratt CPC-A Rock Stream NY
Emily Dingee CPC-A Saratoga Springs NY
Nancy K Glaim CPC-A Saratoga Springs NY
Joanne Marie Warner CPC-A Savannah NY
Anna Maria LaTorre CPC-A Schedectady NY
Sharon L Dougherty CPC-A Schenectady NY
Rosemary Snell CPC-A South New Berlin NY
Veronica Wendy Garcia CPC-A South Ozone Park NY
Charlotte A Delaremore CPC-A St Albans NY
Kelley King CPC-A Staatsburg NY
Frances Louise Brown CPC-A Syracuse NY
Teresa R Hartnett CPC-A Syracuse NY
Katherine Nicole Maloney CPC-A Syracuse NY
Susan S Schulze CPC-A Syracuse NY
Tina Marie Terrinoni CPC-A Syracuse NY
Dana Shadrick CPC-A West Islip NY
Abisheha Kumar Carlis CPC-A Woodside NY
Susan Dumet CPC-A Yonkers NY
Mercedita Hinebaugh CPC-A Yonkers NY
Lydian Elizabeth Miller CPC-A Akron OH
Nicole M Oliver CPC-A Akron OH
Patricia Wilson CPC-A Ashley OH
Jamilya Renee Thomas CPC-A Bedford OH
Jon Herman Fueston CPC-A Blanchester OH
Kerri Lynn Magruder CPC-A Centerville OH
Laura L Dalessandro CPC-A Chesterland OH
Maria Fox CPC-A Cincinnati OH
Stephanie Kohan CPC-A Cincinnati OH
Amy Marie Kamenec CPC-A Cleveland OH
Melissa Ragland CPC-A Cleveland OH
Pamela D Walker CPC-A Cleveland OH
Rosy E John CPC-A Cleveland Heights OH
Michelle Clara Yount CPC-A Dayton OH
Kristen Kathleen Perv CPC-A Doylestown OH
Brice Duffie CPC-A Germantown OH
Paul Rippel CPC-A Holland OH
Sally A Edwards CPC-A Hudson OH
Sharon Bechtel CPC-A Lakewood OH
Brandon Christman CPC-A Lebanon OH
Shannen Shively CPC-A Lewisburg OH
Pamela Ramp CPC-A Liberty Township OH
Alicia Mary Odenweller CPC-A Lima OH
Liz Snyder CPC-A Lima OH
Lisa Osen CPC-A Mansfield OH
Amanda G Neff CPC-A Marshallville OH
Gina McDonald CPC-A Massillon OH
Angela Watkins CPC-A Massillon OH
Janet R Blackmore CPC-A Maumee OH
Toni Callender CPC-A Middletown OH
Jodi Lowy CPC-A Moreland Hills OH
Donald Searcy CPC-A Niles OH
LaToya Humphries CPC-A Painesville OH
Amy Lynn Piazza CPC-A Parma OH
Ronette Suzanne Davis CPC-A Piqua OH
Rumana Karimi CPC-A Poland OH
Bev Burrows CPC-A Rittman OH
Karen Lorraine Croskey CPC-A Shreve OH
Kerstin Marie Mann CPC-A Shreve OH
Ronnie Lynn Holt CPC-A Thompson OH
Sean D Covert CPC-A Toledo OH
Felecia Faye Dabner CPC-A Toledo OH
Amy Catherine Files CPC-A Toledo OH
Antonette R Harris CPC-A Toledo OH
Uthaya Goel CPC-A Twinsburg OH
Tina Anita Bell CPC-A Warrensville Heights OH
Patricia A Valentino CPC-A Willoughby OH
Michelle Sheets CPC-A Willshire OH
Malinda B Kauffman CPC-A Wooster OH
Ronda Barberi CPC-A Bartlesville OK
Kimberly Hough CPC-A Bartlesville OK
Tammy Slaughter CPC-A Bartlesville OK
Nanci Tankersley CPC-A Bartlesville OK
Laura Danielle Black CPC-A Hobart OK
Justen Ellis CPC-A Tulsa OK
William Crunk CPC-A Albany OR
Sally A Carroll CPC-A Beaverton OR
Sophana Sisavatdy CPC-A Beaverton OR
Kristin Kay Trost CPC-A Corvallis OR
Brian Proski CPC-A Gladstone OR
Shannon Hawkins CPC-A Gold Beach OR
Chris Catt CPC-A Portland OR
Tylena Farmer CPC-A Portland OR
Monique Gangle CPC-A Portland OR
Rachel Jennings CPC-A Portland OR
Francis Martinez CPC-A Portland OR
Cyntonnya Reynolds CPC-A Portland OR
Cristina Tran CPC-A Portland OR
Kathryn Yrizarry CPC-A Portland OR
Alyssa Glynn CPC-A Salem OR
Stacy Weathermon CPC-A Salem OR
Mary Houck CPC-A, CPC-H-A Airville PA
Jennifer Lee Miller CPC-A Akron PA
Jean-Marie Fogarty CPC-A Albion PA
Jill S Weaver CPC-A Annville PA
Mary Ellen Ruhling CPC-A Ardsley PA
Cynthia Pilla CPC-A Aston PA
Diana Hazlett CPC-A Bellwood PA
Maria Ferrara CPC-A Bensalem PA
Linda Schweitzer CPC-A Blue Bell PA
Jean Liermann CPC-A Bridgeville PA
Mark Schaefer CPC-A Broomall PA
Kathryn A Kocher CPC-A Bulter PA
Andrea M Hiester CPC-A Camp Hill PA
Nancy Ellen Jacoby CPC-A Carlisle PA
Catalena Cachat CPC-A Chambersburg PA
Tricia Doyle CPC-A Christiana PA
Barbara Fuchs CPC-A Collegeville PA
Cortney Lamberson CPC-A Columbia PA
Kristie Lukus CPC-A Columbia PA
Mary DeMarco CPC-A Drexel Hill PA
J. Rebecca di Gregorio CPC-A Eagleville PA
Joyce Shampoe CPC-A Edinboro PA
Sandra Rogers CPC-A Ephrata PA
Jessica Lenea Nelson CPC-A Erie PA
Wendy Slawter CPC-A Folsom PA
Kimberly Guise CPC-A Gettysburg PA
Stefanie Newton CPC-A Glen Rock PA
Joanna Mazepink CPC-A Glenolden PA
Elizabeth Ferguson CPC-A Greenville PA
Jennifer Geisz CPC-A Jenkintown PA
Bridget Shultz CPC-A Johnstown PA
Teresita Diaz CPC-A King of Prussia PA
Stacey Farris CPC-A Lancaster PA
Amada Fernandez CPC-A Lancaster PA
Karen E Sowers CPC-A Lancaster PA
Cassandra Loeb CPC-A Lawn PA
Cathy Plummer CPC-A Leola PA
Sachita Acharya Sharma CPC-A Lititz PA
H Patricia Haller CPC-A Lititz PA
Bridgitt Marley CPC-A Lititz PA
Cynthia Snyder CPC-A Lititz PA
Deena Marie Pebley CPC-A Littlestown PA
Nannette M Bedi CPC-A Manheim PA
Kathleen Stauffer CPC-A Manheim PA
Vicki E Williams CPC-A Meadville PA
Melanie Nicole Rhykerd CPC-A Mechanicsburg PA
Jennifer Morgan CPC-A Moon Township PA
Jill McDonald CPC-A Mountville PA
Linda Welber CPC-A Mountville PA
Leonore (Lee) Glowacki CPC-A Myerstown PA
Mary Ciccaglione CPC-A Norristown PA
Deborah Miller CPC-A Oxford PA
Pamela Sue Patton CPC-A Paradise PA
Sheila Colalongo CPC-A Philadelphia PA
Danielle J Denino CPC-A Philadelphia PA
Aleisha Leach CPC-A Philadelphia PA
Lashea Scarborough CPC-A Philadelphia PA
Michele Smith CPC-A Philadelphia PA
Marianne Brown CPC-A Pittsburgh PA
Kelly Lynn Hamm CPC-A Pittsburgh PA
Jessica Anthony CPC-A Portage PA
Sandra Zernhelt CPC-A Reading PA
Shannon R Leonard CPC-A, CPC-H-A Red Lion PA
Christa Mcwilliams CPC-A Red Lion PA
Larry Powell CPC-A Royersford PA
Toni Mcewen CPC-A Sandy Lake PA
Ginger Deal CPC-A Seneca PA
Jennifer Jacoby CPC-A Seneca PA
Carla Hawthorne CPC-A Sharpsville PA
Michelle Weber CPC-A Stevens PA
Michael Bender CPC-A Strasburg PA
Rosemarie Botticelli CPC-A Wallingford PA
Kimberly A Tedrow CPC-A Waynesburg PA
Michael Barwinski CPC-A West Lawn PA
Jean Holleran CPC-A Wexford PA
Kimberly Harnish CPC-A Willow Street PA
Kimberley J Robinson CPC-H-A Woodland PA
Kelly Mellinger CPC-A Wyomissing PA
Teresa E Wickman CPC-A Wyomissing PA
Helena Carroll CPC-A York PA
Belinda DeShields CPC-A York PA
Sharon Hartman CPC-A York PA
Krista Howard CPC-A York PA
Gillian Johnson CPC-A York PA
Cheryl McDonough CPC-A York PA
Diane K Oberlander CPC-A York PA
Eileen H Ritter CPC-A York PA
Kathryn Elizabeth Kaplan CPC-A Cranston RI
Donna Mulcahy CPC-A Cranston RI
Robert P Smith CPC-A Cranston RI
Monique Marie Deraimo CPC-A Foster RI
Lisa A Braga CPC-A Portsmouth RI
Marilyn Martin CPC-A Portsmouth RI
Rachel Dow CPC-A Riverside RI
Lauren Elizabeth Altman CPC-A Charleston SC
Deborah Benmaman CPC-A Charleston SC
Judith Kristine Gunnels CPC-A Charleston SC
Karen Ann Laport CPC-A Charleston SC
Joyce Wyatt CPC-A Easley SC
Jennifer Quarles CPC-A Edgefield SC
Karen Davis CPC-A Florence SC
Amanda Ann Reynolds CPC-A Ft Mill SC
Ovella Bonaparte CPC-A Goose Creek SC
Debra G Jones CPC-A Great Falls SC
Jeffrey David Smith CPC-A Greenville SC
Jason Allen Liberty CPC-A Hanahan SC
Miranda Hodgson CPC-A Ladson SC
Lakesha Danielle Thomas CPC-A Ladson SC
Cherelle Archie-Brown CPC-A Lancaster SC
Mammie Lee Williams CPC-A Lancaster SC
Katherine Dixon CPC-A Lexington SC
Aimee Nichole Kimbrell CPC-A Mauldin SC
Jessica Vaughan CPC-A Meggett SC
Rose Murray CPC-A North Charleston SC
Traci Curry CPC-A Summerville SC
Beth Murrell CPC-A Trenton SC
Leisa M Rauch CPC-A Walterboro SC
Laura Hemmer CPC-A Crooks SD
Rose Maria Nowlin CPC-A Mitchell SD
Jennifer Jean Guindon CPC-A Plankinton SD
Brian R Jude CPC-A Antioch TN
Lynn Robinson-White CPC-A Antioch TN
Sandra Patricia Santiago CPC-A Antioch TN
Janet G Harrington CPC-A Blountville TN
Jonnie Lynn Smith CPC-A Byrdstown TN
Cynthia Payne CPC-A Chapmansboro TN
Sally Delashmitt CPC-A Chattanooga TN
Sharm Perry CPC-A Cleveland TN
Angela Jane Delk CPC-A Columbia TN
Billie Ann Ely CPC-A Columbia TN
Mary Ann Hensley CPC-A Columbia TN
Karen Mctigrit CPC-A Columbia TN
Sherry A Rochester CPC-A Columbia TN
Tonya LeAnn Watson CPC-A Corryton TN
Tanya Chism CPC-A Crossville TN
Lauren Nicole Keene CPC-A Ethridge TN
Lisa Holt CPC-A Franklin TN
Amy Marie Markovich CPC-A Franklin TN
Sara Williams CPC-A Franklin TN
Misty Brassell CPC-A Gallatin TN
Tera Michele Lynch CPC-A Gordonsville TN
Jennifer Showalter CPC-A Greenbrier TN
Kim Frey CPC-A Hendersonville TN
Tosha Myles CPC-A Jackson TN
Paula A Lam CPC-A Johnson City TN
Tonya L Snyder CPC-A Johnson City TN
Julie Nicole Corvette CPC-A Knoxville TN
Norma Clark CPC-A LaVergne TN
Caroline Elizabeth Bottoms CPC-A
Lawrenceburg TN
Connie Darlene Corter CPC-A Lewisburg TN
Teresa Young CPC-A Lewisburg TN
Janet Bressman CPC-A Linden TN
Amy Sherrell Valentine CPC-A Memphis TN
Wendie Spintzyk CPC-A Moss TN
Kristine M Heckert CPC-A Mt Juliet TN
Tammy Keeble CPC-A Murfreesboro TN
Beth Fisher CPC-A Nashville TN
Heather Hayes CPC-A Nashville TN
Andrea Paige Movitz CPC-A Nashville TN
Amanda Fillers CPC-A Niota TN
Whitney Williams CPC-A Paris TN
Karen Sartain CPC-A Pleasantview TN
Nikki Bowser CPC-A Portland TN
James R Teegarden CPC-A Pulaski TN
Michelle Renee Walls CPC-A, CPC-H-A Pulaski TN
Rachel Steurer CPC-A Smyrna TN
Temekia Kee CPC-A Somerville TN
Kimberly Hughey Cornish CPC-A Spring Hill TN
Melissa Cozze CPC-A, CPC-H-A Spring Hill TN
Mary Gerhard CPC-A Spring Hill TN
Katherine Anne Moore CPC-A Spring Hill TN
James Stanley Prusinowski CPC-A Spring Hill TN
Christine Tussey CPC-A Springville TN
Juanita Wix CPC-A Summertown TN
Anita White CPC-A Unionville TN
Renee Alisha Westbrook CPC-A Abilene TX
Simeon Aymeloglu CPC-A Allen TX
Aniko Rado CPC-A Allen TX
Nancy Shue CPC-P-A Arlington TX
Yvette Solis CPC-A Atascosa TX
Michele Lopez CPC-A Bastrop TX
Sherrill Cox CPC-A Baytown TX
Fikirte Bihon CPC-H-A Bellaire TX
Issac Herrera CPC-A Brownsville TX
Casandra Marie Rico CPC-A Brownsville TX
Carla Sapoznikov CPC-A Carrollton TX
Mary K Martin CPC-A Clear Lake Shores TX
Sha Estelle Russo CPC-A Cypress TX
Vicki Wright Newell CPC-A Dallas TX
Melissa Ann Quintero CPC-A Del Valle TX
Marsha Meadows CPC-A Denton TX
Dulce Nuncio-Wall CPC-A Desoto TX
Emily Singleton CPC-A Desoto TX
Melissa Aguirre CPC-A El Paso TX
Louie Alansalon CPC-A El Paso TX
Eric Daniel Gutierrez CPC-A El Paso TX
Marielle Morales-Loya CPC-A El Paso TX
Maria Cristina Rey CPC-A El Paso TX
Patricia C Teran CPC-H-A El Paso TX
John Payne CPC-A Euless TX
Sue Craven CPC-A, CPC-H-A Friendswood TX
M. Jayna Birt CPC-A Ft Worth TX
Nicole Martin CPC-A Ft Worth TX
Cathy Lee Reason CPC-A Ft Worth TX
Shannon Stanphill CPC-A Ft Worth TX
William Van Wagner CPC-A Ft Worth TX
Mercecris Viteno CPC-A Ft Worth TX
Leo Zofrea CPC-A Ft Worth TX
Dana Kennedy CPC-A Garland TX
Melinda Nguyen-McClellan CPC-A Garland TX
Lilia Kennedy CPC-A Georgetown TX
Kristian Kohl CPC-A Glenn Heights TX
Kellee Evans CPC-A Hallettsville TX
Theresa Marie Harper CPC-A Holly Lake Ranch TX
Ashlee Jone' Barnes CPC-A Houston TX
Chartonya Brown CPC-A Houston TX
Diane Louise Prendes CPC-A Houston TX
Amy M Pyle CPC-A Houston TX
Susanna Sanchez CPC-A Houston TX
Celeste Urdiales Trejo CPC-A Houston TX
Valeria Viteri CPC-A Houston TX
Sharlenta Johnson CPC-A Irving TX
Nirmala Karunakaran CPC-A Irving TX
Andrew Saunders CPC-A Irving TX
Beverly Autrey CPC-A Katy TX
Miranda Autrey CPC-A Katy TX
Sara Kittel CPC-A Keller TX
Pamela Jean Zulauf CPC-A League City TX
Griselda Ann Solis CPC-A Los Fresnos TX
Sonja Ross CPC-H-A Missouri TX
Kulwinder Kattaria CPC-A Murphy TX
Alma Butterfield CPC-A North Richland Hills TX
Lynne Landry CPC-A Pasadena TX
Ancy Daniel CPC-H-A Pearland TX
Saju Paul CPC-H-A Pearland TX
Jill Allen CPC-A Plano TX
Nasima Ayub CPC-A Plano TX
Lisa DiGann CPC-A Plano TX
Monshea Johnson CPC-A Plano TX
Kennethea King CPC-A Plano TX
Kyoung You CPC-A Plano TX
James Pritchett CPC-A Purdon TX
Amanda J Calvillo CPC-A Richmond TX
Terri Renee Siemens CPC-A Roanoke TX
Lori Fuller-Salazar CPC-A Round Rock TX
Tiffany Carr CPC-A Rowlett TX
Corinthia Shepherd CPC-A, CPC-H-A Rowlett TX
Donna A Hughes CPC-A San Antonio TX
Kim Jackson CPC-A San Antonio TX
Yvonne Macias CPC-A San Antonio TX
Irene Masters CPC-A San Antonio TX
Lydia Ramirez CPC-A San Antonio TX
Santa Smith CPC-A San Antonio TX
Cora H Soriano CPC-A San Antonio TX
Pamela J Waddell CPC-A San Antonio TX
Gracie Gonzales CPC-A Schertz TX
Katherine Alexander CPC-A Spring TX
Cynthia Boros CPC-A Spring TX
Tara Danielle Britton CPC-A Texas City TX
Amanda Dewbre CPC-A The Colony TX
Jody LaNay Berkowitz CPC-A Valley Mills TX
Jasmin Khatoon CPC-A Webster TX
Kristi Compton CPC-A Wylie TX
John Thomas CPC-A Wylie TX
Holly Jensen CPC-A Cedar City UT
Jane Allred CPC-A Hildale UT
May Keate CPC-A Hildale UT
Joy B Meldrum CPC-A Hildale UT
Rebecca Warner CPC-A Hildale UT
Karelian Zitting CPC-A Hildale UT
Denise Hancock CPC-A Kearns UT
Tammy Albright CPC-A Magna UT
Terra Garvoille CPC-A Magna UT
Jacqueline Dent CPC-A Midvale UT
Emily Winger CPC-A Murray UT
Debbie Brown CPC-A Ogden UT
Chelsea Tracy CPC-A Ogden UT
Tamra Cromer CPC-A Roy UT
Kathleen Atwood CPC-A Salt Lake City UT
Eliza Black CPC-A Salt Lake City UT
Christine Case CPC-A Salt Lake City UT
Nonnie V Choy CPC-A Salt Lake City UT
Bethany Crawford CPC-H-A Salt Lake City UT
Elizabeth Hayes CPC-A Salt Lake City UT
Heather Grace Johnson CPC-A Salt Lake City UT
Stephanie Jones CPC-A Salt Lake City UT
Brett Squire CPC-A Salt Lake City UT
Lori England CPC-A Sandy UT
SuNam Larsen CPC-A Sandy UT
Britnie Richards CPC-A Sandy UT
Janet Robinson CPC-A Sandy UT
Lisa Tokunaga CPC-A Sandy UT
Jodie Hunsaker CPC-A South Jordan UT
Cassie Cheri Lindsay CPC-A South Jordan UT
Jerri Yoshikawa CPC-A South Jordan UT
Tina Majers CPC-A Spanish Fork UT
Karla Smith CPC-A Spanish Fork UT
Yara Neu CPC-A Taylorsville UT
Rhonda Suarez CPC-A Tooele UT
Bridgette Allen CPC-A West Jordan UT
Jennifer Christensen CPC-A West Jordan UT
Koloseta Ikimau CPC-A West Jordan UT
Aura Murray CPC-A West Jordan UT
Marcia Pryor CPC-A West Jordan UT
Patricia Audet CPC-A Alexandria VA
Cathy B Johnson CPC-A Big Stone Gap VA
Jackie R McPherson CPC-A Blackwater VA
Lisa Smith CPC-A Broadway VA
Karen Ann Ferguson CPC-A Capron VA
Deborah Tillery Bradshaw CPC-A Carrsville VA
Lavonna Donald CPC-A Chesapeake VA
Karen Jean Mosz CPC-A Chester VA
Cierra Brooke Sexton CPC-A Coeburn VA
Sheryl Porter Dodson CPC-A Courtland VA
Betty Williams Joyner CPC-A Courtland VA
Lucie Ann Richard CPC-A Courtland VA
Jamie Rae VanMeter CPC-A Cross Junction VA
Melissa Boyers CPC-A Dillwyn VA
Sheree Rogers Marlin CPC-A Franklin VA
Karen B Pierce CPC-A Franklin VA
Sandra Gillingham CPC-H-A Front Royal VA
Ruth Drucilla Diamond CPC-A Hampton VA

Kelley A Pearson CPC-A Hampton VA
Ashley Elizabeth Fair CPC-A Hayes VA
Rochelle Jones CPC-A Henrico VA
Kimberly Hathaway CPC-A Lancaster VA
Monica R Warsaw-Shelton CPC-A Lorton VA
Christina McCoy CPC-A Luray VA
Susan D Pennington CPC-A Marion VA
Elizabeth King CPC-A Midlothian VA
Sarah Elisabeth Bailey CPC-A Newport News VA
Kimberly Rose Barber CPC-A Newport News VA
Cora Germany CPC-A Newport News VA
Cynthia Ann Jackson-Quackenbush CPC-A Newport News VA
Brad Miller CPC-A Newport News VA
Jennifer Naomi Newman CPC-A Newport News VA
Courtney Rose White CPC-A Newport News VA
Jessica Brein Trivino CPC-A Norfolk VA
Sarah Lynn Wiseman CPC-A Norton VA
Cynthia Leigh Fisher CPC-A Port Haywood VA
Rebecca Leigh Mills CPC-A Portsmouth VA
Nicole Levenberg CPC-A Richmond VA
Malia R Ventura CPC-A Richmond VA
Frankie Neal Webster CPC-A Richmond VA
Dana Atkins CPC-A Roanoke VA
Tatiana Terry CPC-A Roanoke VA
Priscilla Wright CPC-H-A Smithfiled VA
Candace McCoy CPC-A Stanley VA
Judith W Whitmer CPC-A Stephens City VA
Anne Hansen CPC-A Sterling VA
Desiree Ayres Carroll CPC-A Strasburg VA
Suzan Painter CPC-A Vinton VA
Tricia A Bird CPC-A, CPC-H-A Virginia Beach VA
Alexis Giessuebel CPC-A Virginia Beach VA
Debra Kay Inman CPC-H-A Virginia Beach VA
Beryl Karen Johnson CPC-A Virginia Beach VA
Estralita Maynard CPC-A Virginia Beach VA
Allen Sampson CPC-A Virginia Beach VA
Cindi Leigh Alsko CPC-A Wake VA
Amy Michelle Benton CPC-A Wakefield VA
Kathryn Scanlan CPC-A Winchester VA
Whitney Elyse Bruce CPC-A Wise VA
Jeremy Dugan CPC-A Woodstock VA
Silvia Margarita Ferrufino CPC-A Woodstock VA
Victoria Felicia Landsittel CPC-A Yorktown VA
Shomila Sondhi CPC-A Yorktown VA
Stacy Jackman CPC-A Bristol VT
Shaunna Patrice Hafford CPC-A
White River Junction VT
Harolyn Joan Bible CPC-A Auburn WA
Silvia Brozoski CPC-A Auburn WA
Laura J Higdon CPC-A Auburn WA
Elizabeth James CPC-A Bainbridge Island WA
Sherrie Bus CPC-A Bothell WA
Vicki J Huttenhoff CPC-A Bothell WA
Joan Weatherly CPC-A Bremerton WA
Janelle Goar CPC-A Carson WA
Laurel Blaine CPC-A Federal Way WA
Nicole Carroll CPC-A Gig Harbor WA
Elizabeth Ann Arellano CPC-A Graham WA
Mark Kozu CPC-A Kent WA
Erica Miller CPC-A Kent WA
Ho-Jeong McGowan CPC-A Lacey WA
Ashley Huth CPC-A Liberty Lake WA
Michelle Harbaugh CPC-A Morton WA
Marty Beard CPC-A Palmer WA
Sunny Markeson CPC-A Poulsbo WA
Cyndi Rose Davidson CPC-A Puyallup WA
Leona S Lee CPC-A Puyallup WA
Robin Wright CPC-A Redmond WA
Victoria Linn Chavez CPC-A Renton WA
Sue Ovall CPC-A Ridgefield WA
Tasha Cabansag CPC-A Seatac WA
Lynette Simkins CPC-A Snohomish WA
Kim Ann Miller CPC-A Tacoma WA
Rebecca Lanning CPC-A Appleton WI
Susan Patterson CPC-A Black Earth WI
Kevin Phillips CPC-A Cottage Grove WI
Elizabeth Webb CPC-A Genoa City WI
Lisa Axtell CPC-A Green Bay WI
Joan Johnson CPC-A Green Bay WI
Kendal Weber CPC-A Green Bay WI
Randal David Haines CPC-A Holmen WI
Emily Kathryn Pilmonas CPC-A Holmen WI
Kelly Quinn CPC-A Janesville WI
Samantha Ann Sloggy CPC-A LaCrosse WI
Alisa De Lisle CPC-A Madison WI
Caroline Olson CPC-A Madison WI
Karen Reque CPC-A Madison WI
Katie Reynolds CPC-A Madison WI
Donna Marie Geier CPC-A Menomonee Falls WI
Mellisa Meeks CPC-A Milwaukee WI
Scott Morrissey CPC-A Milwaukee WI
Marta Ruiz CPC-A Milwaukee WI
Amy Woulf CPC-A Mukwonago WI
Rashika A Deshpande CPC-A Muskego WI
Eric Leitgeb CPC-A Newberlin WI
Lisa Barillas CPC-A Oak Creek WI
Holli Jean Burch CPC-A Onalaska WI
Brenda Jean Gray CPC-A Sauk City WI
Anne Kienitz CPC-P-A Sun Prairie WI
Jamye Bannon CPC-A Verona WI
Jennifer Lyn Senft-Bosmans CPC-A Waterford WI
Brittany E Walker CPC-A Waterford WI
Julie Clerkin CPC-A Waunakee WI
Amy Christiansen CPC-A Wausau WI
Catherine A Lohr CPC-A Bunker Hill WV
Shelley Baston CPC-A Charleston WV
Mitzi Kenney CPC-A Cross Lanes WV
Vicki Jo Crouso CPC-A Fairmont WV
Laura Guthrie CPC-A Huttonsville WV
Carla Coulter CPC-A Morgantown WV
Carolyn E Grinberg CPC-A Morgantown WV
Carol Liller CPC-A Morgantown WV
Lisa Dawn McCoy CPC-A Morgantown WV
Susan L Morton CPC-A Morgantown WV
Mary L Summerson CPC-A Morgantown WV
Marsha Ann Cottrell CPC-A Wana WV

Specialties

Cristina M Nicoara,
CPC, CEMC APO
Silah J Patterson,
CPC, COBGC New Britain
Sandra D Glaspell,
CPC, CENTC Anchorage AK
Alexandru E Benet,
CPC, CUC Andalusia AL
Nedra K Cheser,
CPC, CASCC Clanton AL
Lakiesha M Parrish,
CPC, CEDC Homewood AL
Michelle Buckner,
CPC-A, CHONC Huntsville AL
Julie Wilmes,
CPC, CHONC Casa Grande AZ
Kathleen L Gentili,
CPC, CCC Glendale AZ
Yvette Sheryl Langston,
CPC, CEMC Globe AZ
Christine Cisneros,
CPC, CHONC Marana AZ
Elizabeth Y Mitchell,
CPC, CEMC Oro Valley AZ
Heidi Adams,
CPC, CHONC Phoenix AZ
Patricia Ann Slansky,
CPC, CPEDC Phoenix AZ
Kristin L Felty,
CPC, CCC Scottsdale AZ
Deborah Kantner,
COBGC Corona CA
Merilee Sue Silverstein,
CPC, COSC Orinda CA
Don Jerge,
CPC, CEMC Santa Rosa CA
Deborah Ann Sammons,
CPC, CEMC, CIMC West Sacramento CA
Teri Smith,
CPC, CEDC Aurora CO
Lisa K Curtis,
CPC, CPMA, CEMC, COBGC, COSC Boulder CO
Diane Bazuin,
CPC, CEMC Colorado Springs CO
Tricia L Clark,
CPC, CFPC Colorado Springs CO
Virginia Irene Putnam,
CPC, CASCC Gypsum CO
Janice Martinez,
CPC, CASCC Littleton CO
Rebecca E Adeleke,
CPC, CCC Wilmington DE
Christine Ramos,
CRHC Debary FL
Dawn P Shanahan,
CPC, CASCC Lutz FL
Kermit Sarver,
CPC, CEMC N Ft Myers FL
Erica Marie Marshall,
CPC, CPRC Ocala FL
Ila Williams,
CPC, CEDC Pensacola FL
Autumn M Carino,
CPC, CEMC Spring Hill FL
Qi Patasnik,
CPC-A, CEMC Tamarac FL
Shunte L Mathis,
CPC, CANPC Lawrenceville GA
Pamela Jean Herald,
CPC, CEDC Savannah GA
Holly M Wilbanks,
CPC, CANPC Winder GA
Kimberly Kay Arras,
CPC, CANPC Coralville IA
Kelli L Holt,
CPC-A, CANPC Caldwell ID
Cara Lyn Streitmatter,
CPC, CCC Chillicothe IL
Mary Soto,
CASCC Elmwood Park IL
Melody Lynn Little,
CPC, CCC Marquette Heights IL
Michelle Lynn Platt,
CPC, CCC Peoria IL
Randy Bares,
CANPC Springfield IL
Joette A George,
CPC, COSC Sycamore IL
Deanna K Wilson,
CPC, CCVTC Washington IL
Stracy Faulkner,
CEMC Indianapolis IN
Ellen Risotti,
CPC, CFPC Noblesville IN
Larrisa A Bennett,
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By Michael D. Miscoe, JD, CPC, CASCC, CUC, CCPC, CPCO, CHCC

Enhance Your Professional Compliance Status

Become a Certified Professional Compliance Officer (CPCO™) to boost your marketability in a regulatory environment.

While the job market in many sectors is difficult, the increased focus of the government and commercial carriers on identifying fraud, waste, and abuse—not to mention simple payment error—has opened up much opportunity in the health care compliance arena.

For many years, trained compliance professionals had difficulty finding positions in their field. Small to mid-size practices didn't see the need to hire dedicated compliance personnel and mostly saw implementation of compliance programs as an unjustified expense. Even when compliance efforts were undertaken, the role of compliance officer was either assumed by the physician or was thrust onto an unsuspecting and untrained coder or office manager.

Follow Compliance Trends

The trend in federal law has certainly elevated the need for trained compliance professionals. Passage of the Fraud Enforcement and Recovery Act (FERA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and the Patient Protection and Affordable Care Act (PPACA) have substantially increased government enforcement authority for false claims and privacy/security violations. Compliance efforts are no longer an option, they are a necessity. Also notable within PPACA is the authority for the secretary of the U.S. Department of Health and Human Services (HHS) to mandate implementation of formal compliance plans. Given this statutory authority, it is no longer a question of *IF* physician practices will be mandated to implement formal compliance programs, but *WHEN*. With these substantial changes in enforcement coupled with the looming mandate of formal compliance program implementation, there couldn't be a better time to enhance your professional skills with formal compliance training and certification.

Compliance Know-how Can Improve Profit

Sooner or later, practices will have to bite the bullet and implement compliance programs. Compliance program implementation certainly involves a degree of cost going in; however, a surprising but often experienced outcome is an increased profit margin. The benefits can be measured both in the short and long term.

Short-term profitability is measured in reduced claim denials, reduced expenses in claims processing (fewer re-submits and appeals), and improved collections. Such results are a by-product of risk analysis, which forces the practice to identify carrier-specific billing and reimbursement rules. Knowing these rules and being compliant with them will reduce incidents of claim denial due to errors in billing or documentation deficiencies. The educational component of a compliance program ensures all practice members are aware of any specific risks or problems so correction occurs in a timely fashion again, reducing incidents of non-payment or diminished payment.

The long-term impact to profitability is measured in terms of diminished post-payment risk. Having an effective compliance program will significantly reduce a practice's potential of becoming the target of fraudulent conduct allegations, which are costly to defend.

Certify Compliance Skills for Today's Job Market

The result of an increased emphasis on compliance is an increased need for trained compliance professionals. Because the most significant area of compliance risk is fraud and abuse (billing), coding professionals can easily fill these compliance positions with some additional training. Coding professionals are well-suited for the CPCO™ credential because they are:

- already familiar with carrier-specific coding and reimbursement rules;
- usually the individuals in a practice who are most concerned with compliance; and
- most suitable for taking the lead in their practice's compliance efforts.

With the elevated enforcement climate, the pending mandate to implement an effective compliance program, and the benefits of effective compliance program implementation; no practice can afford to ignore compliance any longer. Compliance is no longer an "extra" obligation—it's a primary responsibility. Coding professionals who enhance their professional skill set with compliance training and certification offered by AAPC will be well positioned to respond to the increasing need for certified compliance officers.

To find out more about the CPCO™ credential, go to the AAPC website at:
www.aapc.com/certification/cpco.aspx.

Michael D. Miscoe, JD, CPC, CASCC, CUC, CCPC, CPCO, CHCC, has a bachelor of science degree from the U.S. Military Academy, a juris doctorate degree from Concord Law School, is the president of Practice Masters, Inc., and the founding partner of Miscoe Health Law, LLC. He is a past member of AAPC's National Advisory Board (NAB) and a current member of the Legal Advisory Board. He is admitted to the Bar in California and to practice law before the U.S. District Courts in the Southern District of California and the Western District of Pennsylvania. He has nearly 20 years of experience in health care coding and over 15 years as a coding and compliance expert testifying in civil and criminal cases. He is a national speaker and has been published in numerous national publications.

"With these substantial changes in enforcement, coupled with the looming mandate of formal compliance program implementation, there couldn't be a better time to enhance your professional skills with formal compliance training and certification."

By Angela Jordan, CPC

An Answer to All Your Local Chapter Questions

Let the Local Chapter Handbook be your guide.

Each day the AAPC local chapter department receives a number of calls and e-mails from local chapter officers asking a myriad of questions. Often the questions could have been answered by simply referring to the *Local Chapter Handbook*. Once members agree to accept a position as an officer, they agree to "Comply with all requirements as outlined in the *Local Chapter Handbook*."

It is important for every officer to read the handbook when he or she takes office and again when it is updated mid-year. It's a good idea to have a hard copy or electronic version of it available at all local chapter meetings. This can be very helpful when members have question or even fellow officers have questions.

With the help of the AAPC local chapter department, the AAPC Chapter Association (AAPCCA) compiled a list of the most frequently asked questions and where to find the answers in the handbook.

Q1. What is required to keep our chapter in good standing?

A1. The list of requirements can be found in chapter 2, Local Chapter, section 4, Expectations of Local Chapter Officers:

- **4.1.1** "Promote the AAPC and its mission on a local level."
- **4.1.2** "Communicate all local concerns with the AAPC in a timely manner."
- **4.1.3** "Submit the current Election Verification information within 30 days of elections."
- **4.1.4** "Hold at least six (6) regular approved meetings per year where CEUs are offered."
- **4.1.5** "Sponsor at least four (4) certification examinations each year, quarterly."
- **4.1.6** "Abide by the rules of the Local Chapter Proctor Site Agreement found in Chapter 9 of this handbook."
- **4.1.7** "Ensure appropriate use of chapter funds as outlined in the handbook."
- **4.1.8** "Submit a Profit and Loss Statement for the preceding calendar year by January 15th of the following year."
- **4.1.9** "Ensure that local chapter membership lists are used expressly for local chapter activities/business. It is recommended that officers not forward emails such as job openings to their members. This information should be communicated at a chapter meeting, through the chapter newsletter or on your individual AAPC local chapter forum."
- **4.1.10** "Misuse of the chapter member list constitutes grounds for dismissal from office."
- **4.1.11** "Encourage use of AAPC forums for networking purposes between chapter members."
- **4.1.12** "To ensure the members' privacy, officers should add chapter members' email addresses to the blind copy line for any group email. The member list is available on the AAPC website and can be downloaded, copied and pasted into an email document."
- **4.1.13** "Comply with all requirements as outlined in, but not limited to, *the Local Chapter Handbook*."

Q2. Can we charge a fee for chapter meetings?

A2. Yes. A nominal fee is allowed to cover expenses; however, a chapter is not to profit from attendance at local chapter meetings. This can be found in chapter 13, Financials, section 8, Collection of Local Chapter Member Assessment:

- **8.1** "In as much as membership with AAPC automatically entitles members to attend local chapter meetings, local chapters should not charge local membership dues. It is our desire to enable members to participate without significant cost. However, we recognize the need to cover meeting costs. Therefore, if local chapter officers feel it is necessary to assess a fee for individual events to help cover expenses such as meals, special speakers, copies, room rental, etc., then a nominal fee may be assessed. Higher fees may be charged to non-AAPC members. Local chapters will collect these additional monies with no involvement from the AAPC."

Q3. Can non-AAPC members attend meetings?

A3. Yes, but there is a limit to the number of meetings they are allowed to attend. The answer is found in chapter 7, Local Chapter Meetings, section 1, Attendance at Local Chapter Meetings:

- **1.3** "Non-AAPC members may attend up to three local chapter meetings before membership with AAPC is required."

Q4. When will my local chapter meeting be approved?

A4. If the meeting is submitted online, the answer can be found in chapter 7, Local Chapter Meetings, section 9, Application for CEUs for Chapter Meetings:

- **9.5** "Requests for CEUs submitted online are typically approved by AAPC within 24 to 48 business hours."

Q5. Does a seminar count as a meeting and what is the difference between a seminar and a meeting?

A5. No. A seminar does not count as a chapter meeting. Excellent information regarding seminars and/or symposiums can be found in chapter 7, Local Chapter Meetings, section 13, Local Chapter Seminars:

- **13.1** "Local chapters may plan and conduct seminars or symposiums. The purpose of these activities is to provide extended educational opportunities for the local members beyond the regular chapter meetings, at a reasonable cost to members. The AAPC is available to provide reference support."
- **13.2** "Seminars or symposiums are presented under the direction of the local chapter."
- **13.3** "The local chapter is responsible for all seminar-related expenses. Any income generated from the seminar is retained by the local chapter for their use. Be aware, any excess profit not spent by the end of the year may be subject to tax obligation to the chapter."

Q6. How does chapter reimbursement work?

A6. There are two types of reimbursement for which chapters may be eligible. To receive reimbursement, the chapter must submit the Election Verification information for their current officers and the Profit and Loss Statement for the previous year. The specifics on reimbursement can be found in chapter 13, Financials, sections 11-12:

> **11.2.2** "The Local Chapter Department will reimburse $10 for each examinee as documented on the exam sign-in sheet."
>
> **11.3** "Reimbursement checks will be made payable to the local chapter and be deposited into the local chapter bank account on a quarterly basis."
>
> **12.3** "The local Treasurer submits the attendance sheets to the AAPC at the end of each quarter. To ensure timely reimbursement, the reimbursement requests should be submitted within 15 days following the end of the quarter (April 15th, July 15th, October 15th, and January 15th.)"
>
> **12.4** "Reimbursements will be made payable to the local chapter and be deposited into the local chapter bank account on a quarterly basis."

Q7. Who can proctor an exam?

A7. Information on proctoring can be found in several locations in the handbook. The best reference for this question is chapter 9, Proctor AAPC Certification Examinations, section 2, Scheduling Examination Dates:

> **2.7** "There must be two proctors assigned to administer every examination. The first proctor must be a certified local chapter officer. The second proctor must be an AAPC member. Both proctors must be current AAPC members in good standing. If additional proctors are needed due to the number of attendees, the same requirements apply."

Q8. Can a CPC-A® be an officer?

A8. Yes. A CPC-A® can be an officer. The president, president-elect, and education officer must hold a credential. The CPC-A® designation is a recognized credential. See chapter 4, Requirements of Local Chapter Officers, section 1, Expectations of Chapter Officers:

> **1.3** "President, President-elect and Education Officer must hold an AAPC credential."
>
> **1.4** "Other chapter officers are encouraged to obtain AAPC certification by the beginning of their terms in office."

Q9. Who submits the Verification of Election form online?

A9. It is the responsibility of the president-elect to complete the Verification of Election form. This information can be found in chapter 5, Local Chapter Officer Responsibilities, section 4, President Elect:

> **4.7** "Complete the Election Verification information on the AAPC website within 30 days of officer election."

Q10. When does a chapter need to submit the Profit and Loss (P&L) Statement?

A10. It must be submitted by Jan. 15 of the following year. See chapter 2, Local Chapters, section 4, Expectations of Local Chapter Officers:

> **4.1.8** "Submit a Profit and Loss Statement for the preceding calendar year by January 15th of the following year."

Q11. What do we do if an officer resigns?

A11. The steps that need to be taken in this situation are outlined in chapter 5, Local Chapter Officer Responsibilities, section 12, Change of Officers:

> **12.1** "In the event of a change of officer in the middle of the term, the current officers may appoint a new officer."
>
> **12.1.1** "The resigning officer should send a resignation letter to the AAPC and to the local chapter President."
>
> **12.2** "The President or the President-elect should obtain the proper signature of the newly appointed officer and submit a Change of Officers form to the AAPC within 10 days of the acceptance."
>
> **12.3** "If the resigning officer is a signer on the chapter bank account, the current chapter officers must ensure the resigning officer's signature is removed and the new officer's signature is added."

Q12. What can a chapter do if it feels an officer is not performing the duties of the position he or she is elected to do?

A12. You need to contact the AAPC local chapter department to make them aware of the situation and allow them to work with you and the officer. See chapter 5, Local Chapter Officer Responsibilities, section 14, Removal From an Office:

> **14.1** "A local chapter may not take action without obtaining authorization from the AAPC Local Chapter Department and the AAPCCA. Once authorization is obtained, a local chapter officer may be removed from office by a majority vote of AAPC chapter members present at a regularly scheduled meeting."

Q13. How can a chapter spend funds appropriately?

A13. This answer can be found in chapter 13, Financials, section 2, Accounting. There is a great deal of information in the handbook regarding the usage of chapter funds. Here is one of the guidelines:

> **2.1** "Local chapters may use chapter funds to cover expenses including, but not limited to, the payment of local event meeting rooms, speakers, handouts, refreshments, promotion of the local chapter, and other general chapter expenses."

Q14. How can I find the *Local Chapter Handbook*?

A14. To find the Local Chapter Handbook, officers need to log onto the AAPC website. When signed in, select the "My AAPC" tab, and then select the "My Chapter" link. The "My Chapter" page has a menu on the left side of the screen with a link to the "Local Chapter Handbook." Now, take some time to read it.

Remember: Knowledge is power!

Angela Jordan, CPC, serves on the AAPCCA board of directors and is manager of coding and compliance for EvolveMD by WHN Lenxa, Kan. She has over 20 years experience in health care. Her primary focus is EHR training, provider education and documentation audits. Angela received her CPC in 2000 and has since been active in her local chapter. Previously, she was honored by her peers as Coder of the Year, and Networker of the Year by the Kansas City chapter.

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