

HEALTHCARE BUSINESS MONTHLY

Coding | Billing | Auditing | Compliance | Practice Management



AAAPC[®]

Advancing the Business of Healthcare

February 2017

www.aapc.com

OIG Checks Up on HOME VISITS

Get Pumped for Cardiology Updates: 36

Take coding to heart in February

Inspect Part B OIG Risk Areas: 44

Use the 2017 Work Plan to update your compliance plan

Payment Increase for 2017 OPPS: 52

Hospital claims data impact increases

Too busy to get everything done?

Shop for groceries

Feed the pets

Get new code books

DON'T WORRY!
It's not too late to buy
your 2017 code books.

AA
Larger
Font


Light Reflective
Paper


New Color
Coding


Intuitive Visual
Alerts


Appendix with
Z Codes


Symbols/Alerts
with Z Codes



800-626-2633
www.aapc.com/medical-coding-books

COVER | Auditing/Compliance | 40
OIG Looks In on
Physician Home Visits

LuAnn Jenkins, CPC, CPMA, CEMC, CFPC

[contents]

■ Coding/Billing



18 Long-lasting Tips
for Superior Nail Coding
Sivaraj Ramesh, CPC, CEMC, CCS

■ Auditing/Compliance



44 2017 OIG Work Plan:
Part B Risk Areas
Michael D. Miscoe, JD, CPC, CASCC,
CUC, CCPC, CPCO, CPMA

■ Practice Management



50 Money Up Front for CPC+
Stephen J. Canon, MD

[continued on next page]



COMING UP:

- Advance Beneficiary Notices
- Modifier L1
- New! CDEO®
- Spinal Injections
- Healthcare Apps

On the Cover: It's time to clean house with your 2017 home visit compliance plan. LuAnn Jenkins, CPC, CPMA, CEMC, CFPC, explains why the OIG is targeting this area of healthcare. Cover design by Michelle A. Dick.

Added Edge

- 14** Do What You Have to Do, So You Can Do What You Want to Do
Danita M. Ruskowski, CPC, CPC-I

Coding/Billing

- 16** AMA Switches Up Vaccine Coding
John Verhovshek, MA, CPC
- 22** Learn the Latest in Pelvic Fracture Coding
John Verhovshek, MA, CPC
- 24** E/M Coding: Benefit or Burden?
Thomas Field, CPC, CEMC
- 28** 2017 Category III Codes Tell All
John Verhovshek, MA, CPC
- 36** Get Pumped for CPT® 2017 Cardiology Updates
Amy C. Pritchett, BSHA, CPC-I, CPMA, CANPC, CASCC, CDEO, CEDC, CRC, CCS, CMDP, CPM, CMRS, G-AHI, ICDCT-CM, ICDCT-PCS

Practice Management

- 48** Make Primary Care Comprehensive with the CPC+
Colleen Gianatasio, CPC, CPC-P, CPMA, CPC-I, CRC
- 52** 2017 OPSS Payment Increase Reflects Hospital Claims Data
Denise Williams, RN, COC
- 56** Not All APMs Are Equal
Renee Dustman, BS

DEPARTMENTS

- 7** President's Message
- 8** Letters to the Editor
- 8** Healthcare Business News
- 9** I Am AAPC
- 10** AAPC Chapter Association
- 12** AAPC National Advisory Board
- 21** Ask the Legal Advisory Board
- 32** Kudos - AAPC Recognition

- 33** AAPC Members Recognized

- 65** Alphabet Soup

EDUCATION

- 58** Newly Credentialed Members

Online Test Yourself – Earn 1 CEU

www.aapc.com/resources/publications/healthcare-business-monthly/archive.aspx

Everything You Need to Get Certified

TRAINING | CODE BOOKS | EXAM

UP TO 50% OFF



Code books included with select
training packages



800-626-2633

For more information or to enroll, visit:

www.aapc.com/exam-prep



HEALTHCARE BUSINESS MONTHLY

Coding | Billing | Auditing | Compliance | Practice Management

February 2017

Publisher

Brad Ericson, MPC, CPC, COSC
brad.ericson@aapc.com

Managing Editor

John Verhovshek, MA, CPC
g.john.verhovshek@aapc.com

Editorial

Michelle A. Dick, BS
Renee Dustman, BS

Graphic Design

Mahfooz Alam
Michelle A. Dick, BS

Advertising

Jon Valderrama
jon.valderrama@aapc.com

Address all inquires, contributions, and change of address notices to:

Healthcare Business Monthly

PO Box 704004

Salt Lake City, UT 84170

(800) 626-2633

©2017 Healthcare Business Monthly. All rights reserved. Reproduction in whole or in part, in any form, without written permission from AAPC® is prohibited. Contributions are welcome. Healthcare Business Monthly is a publication for members of AAPC. Statements of fact or opinion are the responsibility of the authors alone and do not represent an opinion of AAPC, or sponsoring organizations.

CPT® copyright 2016 American Medical Association. All rights reserved.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT®, and the AMA is not recommending their use. The AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

The responsibility for the content of any "National Correct Coding Policy" included in this product is with the Centers for Medicare and Medicaid Services and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable to or related to any use, nonuse or interpretation of information contained in this product.

CPT® is a registered trademark of the American Medical Association.

CPC®, COC™, CPC-P®, CPCO™, CPMA®, and CIRCO® are registered trademarks of AAPC.

Volume 4 Number 2 February 1, 2017
Healthcare Business Monthly (ISSN: 23327499) is published monthly by AAPC, 2233 South Presidents Drive, Suites F-C, Salt Lake City UT 84120-7240, for its paid members. Periodicals Postage Paid at Salt Lake City UT and at additional mailing office. POSTMASTER: Send address changes to: Healthcare Business Monthly c/o AAPC, 2233 South Presidents Drive, Suites F-C, Salt Lake City UT 84120-7240.

Go Green!

Why should you sign up to receive *Healthcare Business Monthly* in digital format?

Here are some great reasons:

- You will save a few trees.
- You won't have to wait for issues to come in the mail.
- You can read *Healthcare Business Monthly* on your computer, tablet, or other mobile device—anywhere, anytime.
- You will always know where your issues are.
- Digital issues take up a lot less room in your home or office than paper issues.

Go into your Profile on www.aapc.com and make the change!

Advertiser Index

HealthcareBusinessOffice, LLC.....	31
www.HealthcareBusinessOffice.com	
The Coding Institute	13, 49
www.codinginstitute.com/books	
ZHealth	47
www.zhealthpublishing.com	



Ask the Legal Advisory Board

From the HIPAA Privacy Rule and anti-kickback statute, to compliant coding, to fraud and abuse, there are a lot of legal ramifications to working in healthcare. You almost need a lawyer on call 24/7 just to help you make sense of all the new guidelines. As luck would have it, you do! AAPC's Legal Advisory Board (LAB) is ready, willing, and able to answer your legal questions. Simply send your health law questions to LAB@aapc.com and let the legal professionals hash out the answers. Select Q&As will be published in *Healthcare Business Monthly*.

Medical Coding Legal Advisory Committee:

- Timothy P. Blanchard, JD, MHA, FHFMA
- Julie E. Chicoine, JD, RN, CPC
- Michael D. Miscoe, JD, CPC, CPCO, CPMA, CASC, CCPC, CUC
- Christopher A. Parrella, JD, CPC, CHC
- Robert A. Pelaia, Esq., CPC
- Stacy Harper, JD, MHSA, CPC

Now's the Time to Stay on Top of Changes

Our work proves change is constant. Ongoing regulation and code updates force us to stay on top of new developments every day, and it can be a struggle keeping current with everything.

Already this year we are adapting to the first ICD-10 changes in five years (more than 7,000 across CM and PCS), as well as more than usual CPT® (700+) and HCPCS Level II code changes (600+). A provision of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) began last month, requiring eligible clinicians to collect quality data in this first performance year of the Merit-based Incentive Payment System (MIPS). A new president and a unified Congress point to sweeping changes in what healthcare programs will be supported and how they'll be administered.

As I've traveled to meet members, it's exciting to learn how you face these challenges. Members share information through local chapter meetings and events, our national and regional conferences, our online forums, social media, and through the many friendships founded by our work. Many volunteer to mentor individually, through classes, or via our blog and *Healthcare Business Monthly*.

AAPC's Commitment: Helping You

AAPC continues to help you stay on top of the unfamiliar parts of your work through our inexpensive or free educational resources — providing avenues through which information about changes affecting your work and workplaces can be obtained. Special workshops, presentations, HEALTHCON national conference, regional conferences, and a newly expanded Knowledge Center (www.aapc.com/blog/) provide deep dives into how you can adapt to these changes.

We always look for new ways to help educate and inform you. Recently, we launched the Learning Center (<http://learn.aapc.com/lms/>), a growing resource of online courses

on all facets of coding, billing, compliance, practice management, and other healthcare topics. Our new Recognition Program provides additional, heavily discounted education for the most important topics in healthcare. Coming later this year is a social media project for members (internally titled "AAPC Connect") where from a desktop or mobile device instant exchanges of ideas can be shared and consumed and where professionals within our industry can stay connected to the people, topics, and resources most relatable to the work they do.



For more information on the AAPC Recognition Program, go to page 32 "Congratulations to AAPC's First Fellow, Brenda Edwards" in this issue of *Healthcare Business Monthly*.

What Will Help You?

Naturally, we can't do this without member participation. Without members contributing content, making presentations, letting us know what topics need to be discussed, or what tools need to be created, we can't provide necessary support. What could help you be more effective in your role and more valuable to your employer? How can we provide this content, tools, or resources to you? Please let us know.

I hope you're looking forward to 2017 as much as I am. A great deal is going to change this year, and together we will all manage it. The changes will be exciting, as will the result of what we accomplish.

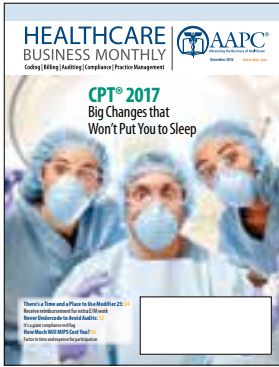
Sincerely,



Bevan Erickson
AAPC President



Our new Recognition Program provides additional heavily discounted continuing education units for the most important topics in healthcare.



HCCs May Go Beyond Current Encounter

Regarding “Diagnosis: Code the Current Encounter” (December 2016, page 22): Although the article is correct from the standpoint of matching the reason for the encounter, it’s important to note that more and more payers want additional codes, such as chronic condition codes used to track Hierarchical Condition Categories (HCCs). Be

aware of the other uses for billing, beyond that of getting paid, and code accordingly.

Charlotte L. Kohler, RN, CPC, CPA, CVA, CRCE-I, CHBC



Pisiform Is Part of the Proximal Row

In the article “Properly Coordinate Your Wrist Coding” (January 2017, page 30), there is reference to the pisiform being part of the distal row in the wrist. This is not correct.

CPT® Assistant (January 2005) states:

The proximal row of carpal bones consists of the scaphoid, lunate, and triquetral bones, which articulate with the radius and the articular disk of the ulna. The articulation of the distal radius with the scaphoid and lunate is the radiocarpal

joint. These bones also articulate with each other and with the bones of the distal row. The pisiform bone is part of the proximal row but lies on the anterior surface of the triquetral bone, with which it articulates exclusively. The distal row of carpal bones is made up of the trapezium, trapezoid, capitate, and hamate bones.

This is extremely important when it comes to codes such as 25215 *Carpectomy; all bones of proximal row* and 25210 *Carpectomy; 1 bone*. Per the CPT® codebook and the American Society for Surgery of the Hand, the pisiform does not have to be excised to report 25215.

Healthcare Business Monthly

Laterality Matters for Wrist Coding

In Case 1 of the “Properly Coordinate Your Wrist Coding,” (January, page 24) the last code listed as ICD-10-CM code S52.532A *Colles’ fracture of left radius, initial encounter for closed fracture* is incorrect. The scenario stated the right radius. The correct code is S52.531A *Colles’ fracture of right radius, initial encounter for closed fracture*.

I’m a student member studying for my Certified Professional Coder (CPC®) exam and finding that typo boosted my confidence.

Michelle L. Griffin

Color Swap in 2016 Salary Survey Graph Legend

The legend is wrong in Graph D: Percentage of Where Members Work (“2016 Salary Survey: Pay Climbs for Credentials,” January 2017, page 17). The colors were inadvertently switched during printing: In the graph, 2015 data is represented in gold and 2016 data is represented in purple. Much thanks to **Jena White, CPC-A**, for catching this error.



Healthcare Business News

NEWS

IPPS/LTCH Rules for 2017

Along with the yearly codebook changes, OIG Work Plan, and 2017 Hospital Outpatient Prospective Payment System update, let’s not forget the 2017 Medicare payment policies and rates under the Long-Term Care Hospital (LTCH) Inpatient Prospective Payment System (IPPS). The rule, which the Centers for Medicare & Medicaid Services (CMS) says applies to approximately 3,330 acute care hospitals and approximately 430 LTCHs, affects discharges occurring on or after Oct. 1, 2016.

The rule addresses payments, a needed reduction in acquired conditions and readmissions, and other activities that will help bring facilities closer to the overall vision of the Affordable Care Act and other regulations.

For more information on the 2017 IPPS update, go to the AAPC Knowledge Center at www.aapc.com/blog/34455-cms-releases-2017-ippss-ltch-rules/ and the CMS FY 2017 IPPS Final Rule Homepage at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2017-IPPS-Final-Rule-Home-Page.html.



Khushwinder Singh

MBBS, MHA, CPC, CPMA, CRC, CPCO



My journey into the field of coding is far from the usual AAPC stories. Trained to be a medical doctor in India, I moved to the United States with my family more than 10 years ago.

Early on, I pursued the management side of healthcare business, as I've always been keen on working towards improving the quality of healthcare delivery. To that end, I began learning and implementing Lean strategies in healthcare.

Editor's note: For more information about Lean, read "From Cars to Coding: Lean's Impact on Healthcare Business," in the November 2015 issue of *Healthcare Business Monthly*.

While pursuing a Doctor of Medicine residency in the United States, I job shadowed many physicians in their practices, and came across coding and compliance issues. I learned coding more easily than most because of my medical education, but I found coding and compliance guidelines the most challenging to understand. They are complex concepts, but they are very important for keeping the business of healthcare ethical.

Calling on Clinical and Business Expertise

I enjoy working with clinicians, especially training and giving provider feedback for clinical documentation improvements. With ICD-10, medical documentation needs to be very clear and specific. I have witnessed many issues with the implementation, and I hope the newer generation of medical providers adopt the right practices to document their own work more efficiently. This will improve medical records and the quality of healthcare delivery to the patients that physicians see and treat every day.

I now work as the program manager of risk adjustment and reporting for Community Health Plan of Washington, a non-profit health plan. This job gives me an opportunity to make and suggest improvements in healthcare delivery through data capture of claims and to focus on risk-adjustment. Every day is a new opportunity to figure out how to meet quality measures more effectively and capture the right image of healthcare issues of our Medicaid and Medicare population and to help serve them better.

Always Looking for Improvement Opportunities

There are so many opportunities to improve quality of healthcare just by looking more deeply at claims data. It gives us an opportunity to make small improvements in healthcare delivery that can go so far in improving the quality of life for patients. For example, a timely medical intervention can prevent development of long-term complica-

tions of diabetes, hypertension, renal failure, emergency utilization, costly inpatient admissions, etc. We, as coders and auditors, should make a clear point to our providers to complete the documentation the right way. With accurate medical records, clinicians can fully understand what the patient needs next to mitigate their health challenges, become healthier, and improve their quality of life.

Digging Deep into AAPC's Knowledge Centers

AAPC has been an excellent source of coding and auditing knowledge for me. Attending their webinars and the Orlando HEALTHCON in April 2016 has given me more confidence and knowledge, and has made me more inquisitive about coding, auditing, and compliance. In the future, I wish to work in the field of clinical documentation improvement and quality.



#IamAAPC

#IamAAPC



How to Improve Your Local Chapter



iStockphoto / everythingpossible

The answers lie within your AAPC Local Chapter Handbook.

Whether you're an officer or a member, it's natural to have questions about local chapter operations. You can find most (if not all) the answers to your questions in the AAPC Local Chapter Handbook. The more informed you are of chapter operations, the better your chapter will serve you and your fellow members and officers.

Find It

The Local Chapter Handbook is updated annually in October, so chapter officers should review the handbook annually for changes. To find the most current version, log into your AAPC website account and go to the link www.aapc.com/documents/2016lc_handbook.pdf. All changes made to the handbook from the prior year are noted in bold, italic, and red type.

Crack It Open

The Local Chapter Handbook is divided into chapters for easy reference. The chapters include information on each local chapter officer position, including:

- Requirements and responsibilities
- Chapter meetings and chapter sponsored events
- Certification exams and proctoring
- Chapter financials and infractions, with consequences by local chapter officers that can affect the well-being of the chapter

Each chapter provides guidelines and policies that will help officers maintain a viable chapter for members to enjoy.

Answer Your Questions

Just to show you how useful the Local Chapter Handbook is, we'll use it to answer some common questions:

How are continuing education units (CEUs) determined at chapter meetings?

According to Chapter 7 — Local Chapter Meetings and Other Chapter Sponsored Events (section 8.1.2) of the handbook, CEUs offered for chapter meetings are determined based on 15 minute increments of time. Anyone arriving more than 15 minutes late to the educational portion of a meeting or seminar, or leaving early, does not receive full credit for the meeting and must manually enter the information in their CEU tracker.

How does my chapter make money if we don't have a seminar and we don't charge for our meetings?

As described in Chapter 12 — Financial Information of the handbook, chapters receive a quarterly reimbursement from AAPC for member attendance at meetings, as well as for the number of candidates who sit for a chapter sponsored certification exam. Chapter reimbursement is based on members signing the registration at the meeting and providing their member number. Here's how the reimbursement works:

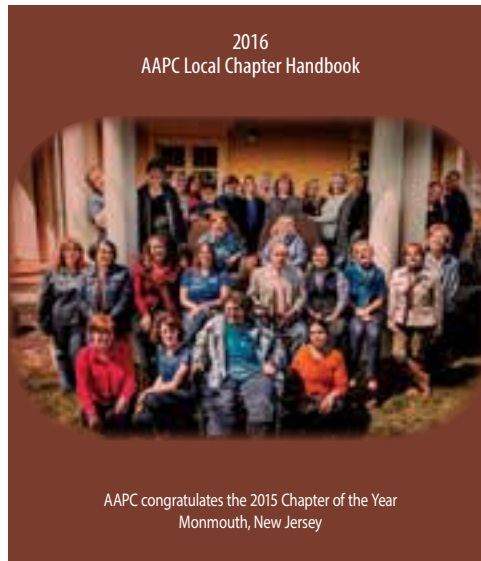
- Chapters are reimbursed \$2 for every registered member who attends a meeting, regardless of their chapter affiliation.
- For every examinee who presents for a certification exam, a chapter is reimbursed \$10.
- Chapters who hold more than five certification exams in a year receive \$15 per examinee.

An item that costs over \$200 or a group of items that cost over \$300 must be approved by the general membership of the chapter. As a member, you have the right to know how your chapter earns and spends funds. This information should be presented to members on no less than a quarterly basis.

Give It a Try!

Find the answer in the Local Chapter Handbook to this question: *How do chapters earn the honor of Chapter of the Year?*

The criteria for this award is in the Local Chapter Handbook. Once you have the answer, you'll be one step closer to helping your chapter become eligible for this prestigious award. **HBM**



Each chapter provides guidelines and policies that will help officers maintain a viable chapter for members to enjoy.



Ruby O'Brochta-Woodward, BSN, CPC, CPMA, CPB, COSC, CSFAC, is AAPC Chapter Association treasurer and Region 7 representative. Woodward, a clinical technical editor and educator for Decision Health, has over 40 years of experience in the medical arena, serving 30 of those years in both nursing and the business of medicine. She has expertise in coding, education, auditing, and compliance, as well as orthopedic regulations. Woodward has presented at AAPC regional and national conferences, as well as at the local level. She was a member of the AAPC ICD-10-CM training team, and has been twice selected as the Member of the Year for the Minneapolis, Minn., local chapter. Woodward has held offices of president, vice president, and member development officer of her local chapter.

NAB

REGIONAL SPOTLIGHT

Region 2 — Atlantic

Two representatives team up to promote, serve, and support AAPC and its Region 2 members

This month, the National Advisory Board (NAB) is shining the spotlight on Region 2 – Atlantic and its representatives. The Atlantic region is comprised of New Jersey, Pennsylvania, Delaware, Maryland, and the District of Columbia. This region showcases the beauty of four seasons, and features picturesque mountains and coastal waterways. From football, hockey, and baseball, to golfing, boating, and snow skiing, the Atlantic region is a sports person's paradise.

This region is also home to over 12,500 AAPC members and 37 local chapters. With the help of the many wonderful, knowledgeable, and dedicated PMCCs, Region 2 will continue to thrive.

Region 2 representatives are **Christina A. LaRosse, CPC**, from New Florence, Pennsylvania, and **Sharlene A. Scott, RHIT, CPC, COC, CPC-I, CPMA, CDEO, CCS-P-P, CCP-P**, from Baltimore, Maryland. Both women bring an energy and commitment to their region.



Christina A. LaRosse, CPC

LaRosse has been working in healthcare for 25 years, primarily in practice management. She holds a Bachelor of Science degree in Healthcare Management and obtained her Certified Professional Coder (CPC®) credential in 1993. She is employed as business manager for a multi-specialty physician group. LaRosse is involved in implementing electronic health records (EHRs) and is a CGM Enterprise EHR™ Certified Professional. She has

served as adjunct faculty for Pennsylvania Highlands Community College and Westmoreland County Community College. LaRosse was one of the founding members of the Johnstown, Pennsylvania, local chapter and has served in several officer positions.

In her spare time, LaRosse enjoys spending time with her family, boating, camping, motorcycle riding, and recumbent biking.



**Sharlene A. Scott,
RHIT, CPC, COC, CPC-I, CPMA,
CDEO, CCS-P-P, CCS, CCP-P**

Scott has been working in the health-care arena for more than 26 years. She is a senior healthcare consultant/educator for the Coding Academy of America, LLC, and American Coding Centers, LLC, and she is an ICD-10-CM trainer. Scott received her first AAPC certification 18 years ago and now has multiple certifications, and she has been a designated

PMCC instructor for the last 12 years. Scott provides coding and documentation education and training for physician-based specialties, as well as inpatient and outpatient hospital services. She is also an expert trainer for physicians and support staff in the government and private sector. Scott is a member of the Baltimore East, Maryland,

local chapter, and has helped countless members obtain national certification through AAPC. She further shares her expertise by speaking at national conferences on topics related to documentation and coding. In addition to consultant work, Scott is the director of coding and coding education for a large health system in the area. She uses her Epic certification to assist in building compliant workflows to better the provider experience.

In her spare time, Scott enjoys traveling, reading, a quiet beach, and roller skating.

Making Region 2 Stronger

You may catch LaRosse or Scott speaking at a local chapter near you. We encourage you to reach out to them. Contact LaRosse via email at Christina.larosse@aapcnab.com, or by calling her office at (814) 535-7576 or her cell at (814) 659-5654. Contact Scott at saspmc@yahoo.com or sscott@codingacademyofamerica.com, or by calling her office at (410) 356-CODE, or her cell at (443) 418-1927.

Brace Yourself for 2017 Code Changes with TCI's Illustrated Coders' Specialty Guides



- ✓ Latest CPT® codes
- ✓ Official code descriptors & descriptions
- ✓ Procedure illustrations
- ✓ Medicare fee schedules
- ✓ CPT® to ICD-10 crosswalks & modifier crosswalks
- ✓ All information on one Code Page
- ✓ Specialty-specific HCPCS codes with lay terms and tips
- ✓ Coding & billing tips
- ✓ CCI edits



Use coupon code 'GET40' for **\$40 off**

www.codinginstitute.com/books 1-800-508-2582 service@codinginstitute.com

CPT® copyright 2015 American Medical Association. All rights reserved.



Do What You Have to Do, So You Can Do What You Want to Do

Let this be your mantra throughout your coding career.

A quote from the “The Great Debaters” has stuck with me since I saw the movie five years ago: “You do what you have to do, so you can do what you want to do.” It became my mantra, and it has gotten me through some tough times. If ever you lose your way on the path to medical coding and certification, take these words and my advice to get back on track.

Get Back on Your Horse

Whatever has you at an impasse, I encourage you (as my pastor encouraged me) to get back on your horse and ride. When I did not pass my Certified Professional Coder (CPC®) exam at first, I knew I had two options: I could give up, or I could try again. I decided on the later. Luckily, AAPC offers two tries for the price of one!

Give It All You Got

I thought I was doing everything possible to prepare for the exam, and yet I didn’t pass. Then I heard a motivational speaker say, “When you give it 70 percent, you get 70 percent. When you give it 80 percent, you get 80 percent,” and so on. I asked myself, “Am I giving this 100 percent?” There was more in me, but I had to develop it.

AAPC provides you with all the information you need to pass the exam, but it’s up to you to make the most of it.

Prepare for the Exam the Right Way

The reality is that AAPC isn’t going to just hand you a CPC® certification. You have to get it the old fashioned way — you have to earn it, and you’re going to have to give it your all. This means:

- **Examining your study habits:** Are you studying the way that works for you? Determine whether you are a visual, auditory, or kinesthetic learner and adopt the appropriate study habits.
- **Diving in deeper to concepts:** If you’re having a hard time with a particular concept, and you’re a visual learner, watch the procedure online rather than just read about it. You will gain far more clarity and understanding.
- **Continuing to do practice exams:** Practice does make perfect, eventually. When you’re doing practice exams, don’t concentrate on speed. The goal is accuracy. Speed comes with understanding.

When you get a question on a practice exam wrong, don't move to the next question until you fully understand the answer. Mark your codebooks accordingly with tips and other notes. For example, I would write, "Watch out for this!" or "Don't be fooled!" and "You got this!"

Keep the Faith

Failure means you're trying. Have faith in yourself, and believe that *you will* be a certified coder. I actually wrote an email to myself before I took the exam again. It said, "Congratulations Danita, you are now a CPC!" I think it worked because I later got a very similar note in the mail from AAPC. **HBM**



Danita M. Ruszkowski, CPC, CPC-I, is a remote surgical coder, instructor, coding consultant, and founder of Integrity Coding. You can contact Ruszkowski with questions at faithg1217@gmail.com. She is available for one-one-tutoring and coaching through her website at www.integritycoding.com. Ruszkowski is a member of the Haverhill, Mass., local chapter.

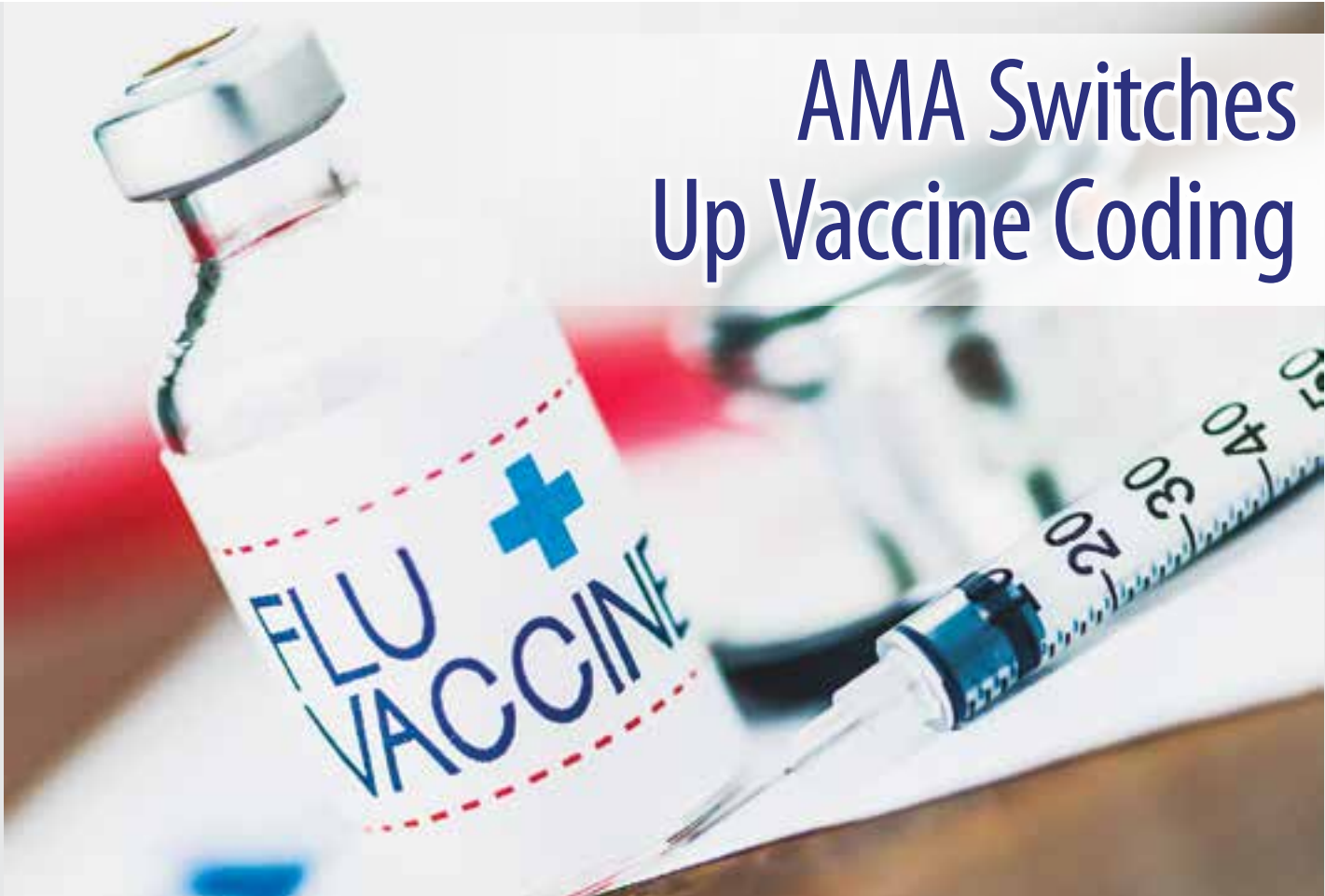
AAPC provides you with all the information you need to pass the exam, but it's up to you to make the most of it.

You Wanted Low Priced CEUs? How about \$2.50 per Webinar!

- + 12 Months of Access to 40+ Live Events & Entire Library of 100+ On-Demand Webinars
- + Receive 2 CEUs per Webinar (Live & On-Demand)
- + Topics Cover 21+ Specialties
- + 12-Month Subscription Starting at \$295 (Volume Discounting Available for Your Office)



800-626-2633
aapc.com/webinars



AMA Switches Up Vaccine Coding

CPT® 2017 introduces new codes to capture new vaccines.

The influenza virus is not a single entity, but an ever adapting “family” of viruses. To keep pace, researchers must constantly develop new vaccines, and CPT® must periodically update the codes used to report those vaccines. For 2017, CPT® introduces one vaccine code, and revises the reporting criteria for nine others.

New Code for Quadrivalent Vaccine

Code 90674 *Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use* is added to improve reporting of quadrivalent vaccine (e.g., Flucelvax®). Quadrivalent vaccines contain two Influenza A strains and two Influenza B strains that the World Health Organization predicted to be prevalent during the current flu

season. Note that the descriptor identifies the dosage as 0.5 mL, by intramuscular injection.

90661 Now Specifies Trivalent

Because of the addition of 90674 to describe quadrivalent vaccine ccIV4, code 90661 is revised to indicate trivalent vaccine ccIV3. For consistency, the code also now indicates dosage (underlined text in the descriptor is new): 90661 *Influenza virus vaccine, trivalent (ccIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use.*

Additional Vaccines Now Reported by Dosage, Not Age

Finally, eight previously-existing influenza vaccine codes are now reported by dosage, rather than patient age (deleted text is crossed out, new text is underlined):

- 90655** Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, ~~when administered to children 6-35 months of age~~ 0.25 mL dosage, for intramuscular use
- 90656** Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, ~~when administered to individuals 3 years and older~~ 0.5 mL dosage, for intramuscular use

Because of the addition of 90674 to describe quadrivalent vaccine cclIV4, code 90661 is revised to indicate trivalent vaccine cclIV3.

- 90657** Influenza virus vaccine, trivalent (IIV3), split virus, when administered to children 6–35 months of age 0.25 mL dosage, for intramuscular use
- 90658** Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older 0.5 mL dosage, for intramuscular use
- 90685** Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to children 6–35 months of age 0.25 mL dosage, for intramuscular use
- 90686** Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to individuals 3 years of age and older 0.5 mL dosage, for intramuscular use
- 90687** Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to children 6–35 months of age 0.25 mL dosage, for intramuscular use
- 90688** Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to individuals 3 years of age and older 0.5 mL dosage, for intramuscular use

Per *CPT® Changes 2017: An Insider's View*, “The revision is intended to better define the influenza vaccines and further encourage reference to the products prescribing information with a licensed age indication. These revisions also need to simplify coding by avoiding expansion of coverage based on age population.”

Reporting Vaccine Administration

You may report administration of a vaccine, in addition to the vaccine itself, using the Immunization Administration for Vaccines/Toxoids codes 90460-90472.

Code 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered* describes vaccination administration for patients 18 years old or younger, when the provider counsels the patient and/or guardian on the risks, benefits, and potential side effects of the vaccination.

Note: Although a vaccine may target several strains of influenza, it is a “single” vaccine. Do not report +90461 *Immunization administration through 18 years of age via any route of administration, with*

counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure) for administration of an influenza vaccine.

When no counseling is given for patients 18 years of age and younger, or for vaccine administration for patients over 18 years of age, turn to 90471-90474. These codes are billed per vaccination, with either 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* or 90473 *Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)* for the first vaccine (depending on the method of administration).

If additional vaccines are administered at the same visit, you also may call on 90472 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)* or +90474 *Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)*.

Medicare Rules Are Different

For administration of a flu vaccination to Medicare patients, report HCPCS Level II code G0008 *Administration of influenza virus vaccine*, rather than any of the aforementioned CPT® codes. Medicare pays for a single influenza virus vaccination per influenza season (rather than every 12 months). Annual Part B deductible and coinsurance amounts do not apply. Physicians, non-physician practitioners, and suppliers who administer influenza vaccinations must be assigned on the claim for the vaccine. **HBM**

John Verhovshek, MA, CPC, is managing editor at AAPC and a member of the Hendersonville-Asheville, N.C., local chapter.

Long-lasting Tips for Superior Nail Coding

Pay attention to five details when filing claims.



istockphoto / Vagencesym_Elena

To file accurate claims when coding and billing nail procedures, be familiar with the nuances of nail anatomy, common conditions, treatments, services, and procedures. Here are some tips to point you towards better nail reporting.

TIP 1: Nail Down Your Anatomy

Nails are thin, horny coverings that grow over the upper tip of a finger or toe. They are composed mainly of keratin (a hard protein) and provide protection and sensation. The basic parts of the nail include:

- Nail plate
- Nail bed
- Nail matrix
- Nail walls
- Nail grooves
- Lunula
- Cuticle
- Mantle
- Hyponychium
- Free edge

TIP 2: Know What Ails Your Nails

Common causes of fingernail or toenail changes include trauma, aging, infection, skin diseases, and severe malnutrition. Common diseases of nails include the following:

Erythronychia: Red streaks in the nail that may present as a single or paired band in one nail, or as multiple bands in multiple nails.

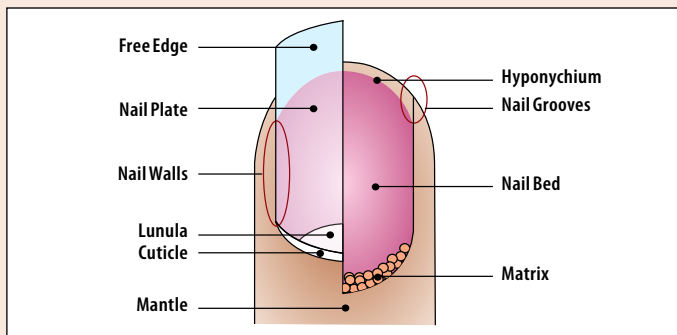
Koilonychia: Also called spoon nail because the outer surface of the nail becomes concave, resembling a spoon. May be associated with iron deficiency anemia.

Melanonychia: Brown or black discoloration of the nail.

Onychia/Onychitis: Infection of soft tissue surrounding the nail, leading to inflammation and loss of nail.

Onychocryptosis: A common nail disease also known as an ingrown toenail, or unguis incarnates, in which the growing nail cuts either

Common nail procedures include trimming of nondystrophic and dystrophic nails, debridement of nail(s), avulsion of nail plate, evacuation, excision of nail and matrix, biopsy of nail unit, repair and reconstruction of nail bed, and wedge excision of nail fold skin.



one or both the sides of the nail bed, causing pain, inflammation, and possible infection. May be caused due to pressure from a tight fitting shoe or improper cutting of toenails.

Onychodystrophy: Dystrophic changes of the finger or toe nail such as change in nail texture or composition, discoloration, or malformation. May be congenital or acquired due to illness, injury, or infection.

Onychogryphosis: Overgrowth resulting in long, curved nails that resemble claws. The nails become thick and deformed, with discoloration. Occurs due to tight shoes, infection, trauma, decreased blood supply, and poor hygiene.

Onycholysis: Lifting of the nail from the underlying nail bed or from the sides. May be caused by external irritants such as harsh chemicals and detergents. Can be a sign of skin disease, an infection, or injury. Most cases are seen in women with long fingernails.

Onychomadesis: Complete shedding of nail from nail bed, causing localized infection, minor injury to the matrix bed, or severe systemic illness.

Onychomycosis: A fungal infection of the nail, also called tinea unguium. The nail becomes rough, thick, and brittle.

Onychophosis: Growth of horny epithelium in the lateral or proximal nail folds.

Onychorrhaxis: Brittle nails with splitting at its free edge, which may result from strong soap, nail polish remover, anemia, etc.

Onychoptosis: Shedding of the nails resulting from fever, trauma, or adverse reaction to drugs.

Onychoschizia: Splitting of the distal nail plate into layers at the free edge.

Onyxia: Ingrown nail.

Onychomatricoma: A benign nail matrix tumor clinically characterized by a thickened, curved nail plate, with multiple holes at the distal margin of the nail plate.

Paronychia: Bacterial or fungal infection of the finger or toe where the skin and nail meet at the side or base. May progress to an abscess.

Subungual hematoma: A collection of blood under the nail due to trauma.

TIP 3: Get Familiar with Common Services

Common nail procedures include trimming of nondystrophic and dystrophic nails, debridement of nail(s), avulsion of nail plate, evacuation, excision of nail and matrix, biopsy of nail unit, repair and reconstruction of nail bed, and wedge excision of nail fold skin.

If the provider orders trimming of nails, review the documentation to determine either dystrophic (G0127 *Trimming of dystrophic nails, any number*) or nondystrophic (11719 *Trimming of nondystrophic nails, any number*). Apply either code appropriately for one or more nails.

Debridement of nails is reported according to the number of nails treated. For five or fewer nails, report 11720 *Debridement of nail(s) by any method(s); 1 to 5*. For debridement of six or more nails, report 11721 *Debridement of nail(s) by any method(s); 6 or more*.

When reporting avulsion of nail plate, assign 11730 *Avulsion of nail plate, partial or complete, simple; single* for the first procedure. For each additional nail plate avulsed, turn to add-on code +11732 *Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)*. For example, if the provider performed three avulsions, report 11730, 11732 x 2.

Report evacuation of subungual hematoma with 11740 *Evacuation of subungual hematoma*. Local anesthesia may be required.

Excision of nail and nail matrix may occur with or without amputation of tuft of distal phalanx:

11750 Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;

11752 Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx

When a complete nail avulsion is performed, another avulsion should not be required for at least 12 weeks on the same digit.

Per *CPT® Assistant* (December 2002), when amputation is part of the procedure:

The tuft at the end of the distal phalanx is dissected free and removed with a cutting instrument (eg, bone cutter or rongeur). The edges of the stump are smoothed with a rasp, and the adjacent soft tissues are brought over it and sutured in place. The wound is closed in layers.

Nail biopsy is a surgical procedure in which a tissue specimen is obtained from the growth plate of a fingernail or toenail, reported with 11755 *Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)*. Per *CPT® Assistant*, “When a biopsy of the nail bed is performed after avulsion of the nail plate, it is inclusive of the avulsion procedure and is not coded separately.”

For repair of nail bed, report 11760 *Repair of nail bed*.

Report reconstruction of nail bed with 11762 *Reconstruction of nail bed with graft*. Per *CPT® Assistant*:

The intent of reconstruction of the nail bed is to correct a defect from trauma, excision of a lesion, or other condition and, to the extent possible, restore its structural and functional integrity. The details of reconstruction will differ in each case, depending on the nature and extent of the defect. Generally, a split thickness graft is obtained from the nail bed of the great toe; however, full thickness grafts may be utilized in some cases.

Wedge excision of the nail fold skin (11765 *Wedge excision of skin of nail fold*) is performed typically to remove hypertrophic lateral nail folds that result from chronic ingrown toenails. *CPT® Assistant* explains:

... a longitudinal incision is made on the affected side of the digit, extending from the proximal nail fold along the nail groove to the distal end of the nail. A second incision is made so that it curves slightly outward from the lateral nail fold and meets the first incision at each end. The wedge of tissue is removed and the edges of the wound are approximated with sutures.

TIP 4: Research CMS Policies

Be sure to check payer guidelines related to specific procedures. For example, Medicare Local Coverage Determination (LCD) L33833

for Surgical Treatment of Nails, relative to nail avulsion (11730, 11732) specifies:

- When a complete nail avulsion is performed, another avulsion should not be required for at least 12 weeks on the same digit. Services performed more often than every 12 weeks on the same digit are not reasonable and necessary and will be denied.
- In the unusual circumstance of a repeat partial avulsion of the same digit within a 12-week period, the medical record must be specific as to the indication, such as ingrown nail of opposite border or new significant pathology on the same border recently treated.
- Partial nail avulsion of separate borders of the same nail is a single procedure.
- Both avulsion and routine trimming/debridement is not allowed on the same nail on the same day.

TIP 5: Watch Out for Separate E/M

In some cases, an evaluation and management (E/M) service may be prompted by a symptom or condition occurring when a procedure or service is also provided during the same visit. You may report this circumstance by adding modifier 25 *Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service* to the appropriate E/M service code. Different diagnoses are not required to report the E/M service and procedure on the same date. **HBM**



Sivaraj Ramesh, CPC, CEMC, CCS, is assistant manager, coding at Global Healthcare Resource. He has a professional degree in physical therapy, a master's degree in Psychology, and more than 10 years of experience in medical coding.

Resources

CPT® Assistant, December 2002

CMS, Local Coverage Determination (LCD): Surgical Treatment of Nails (L33833): www.cms.gov/medicare-coverage-database/

By Michael D. Miscoe, Esq., CPC, CASCC, CUC, CCPC, CPCO, CPMA

Should You Code from the Encounter Form or Patient Chart?

Q *Is it appropriate to use the encounter form/routing slip to code and bill, rather than to code and bill from the patient chart?*

A This question raises an important distinction between coding and billing. The only way to code a service is from the actual record of the service, but it's possible to bill from an encounter form if the provider has already coded the service.

It's important to understand your job responsibility. If you are expected to determine the appropriate code, you must do so from the chart. If you are instead expected to bill the code selected by the provider, the encounter form is all you need. If your role is mixed, the chart is necessary for either coding or code validation.

There is no regulation or statutory rule at issue here that defines these roles, or the responsibilities of administrative staff by role. When the

provider is a contracted or "in network" provider, there is usually a contractual obligation that the provider bill the appropriate codes for the medically necessary services performed. How the provider meets that obligation is up to the provider. **HBM**



Michael D. Miscoe, Esq., CPC, CASCC, CUC, CCPC, CPCO, CPMA, is president-elect of AAPC's National Advisory Board, serves on AAPC's Legal Advisory Board, and is the AAPC Ethics Committee chair. He is admitted to the practice of law in California as well as to the bar of the U.S. Supreme Court, the Third Circuit Court of Appeals, and the U.S. district courts in the southern district of California and the western district of Pennsylvania. Miscoe has over 20 years of experience in healthcare coding and over 18 years as a forensic coding and compliance expert. He has provided expert analysis and testimony on coding and compliance issues in civil and criminal cases and represents healthcare providers in post-payment audits. Miscoe is a frequent lecturer and is published widely on a variety of coding, compliance, and health law topics. He is a member and past president of the Johnstown, Pa., local chapter.

Code Books Have Gone Mobile

AAPC Coder's new mobile-friendly interface makes any code search a breeze, no matter where you are.



FREE 14 DAY TRIAL

VISIT AAPC.COM/CODER TODAY!

AAPC



Learn the Latest in Pelvic Fracture Coding

Don't let 2017 CPT® changes break your perfect score for clean claims.

posterior ilium, and a weaker anterior arch that includes the pubic rami bones and symphysis.

Deleted codes 27193 and 27914 referred generically to “pelvic ring fracture, dislocation(s), diastasis or subluxation;” whereas new codes 27197 and 27198 specify “*posterior* pelvic ring fracture, dislocation(s), diastasis or subluxation.” The distinction is important because posterior fractures and anterior conditions may require different treatment. *CPT® 2017 Changes: An Insider’s View* explains, “Because posterior pelvic ring fractures may require more observation and may require surgery, separate codes have been established to specifically identify the efforts needed for these distinctly different treatments that were previously identified by a single code.”

New Codes Specify with or without Manipulation

Code 27197 describes closed treatment of posterior pelvic ring fracture, or related acute pathological conditions of the pelvis or adjacent structures, without manipulation. Closed treatment means no incision is made (the provider does not expose the bone). Code 27198 describes the same procedure, with manipulation (the provider manually “moves” the fragments of bone to reduce the fracture and

The 2017 CPT® codebook features some important changes for coding pelvic ring fractures, including the deletion of two codes, the addition of two new codes, and an added parenthetical instruction. Here’s what you need to know about the updates.

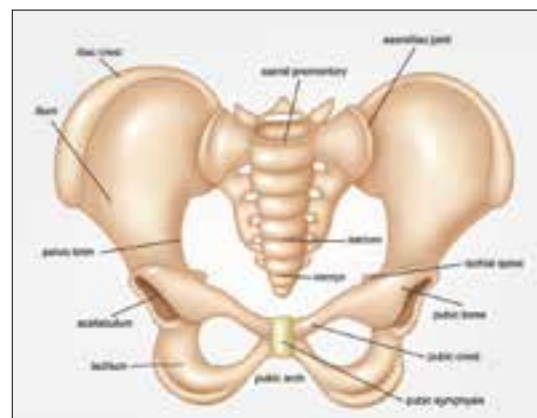
Greater Specificity, Differing Treatments, Justify New Codes

Codes 27193 and 27914 were deleted for 2017, and replaced by two new codes:

- 27197** Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation
- 27198** Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)

To explain why these code changes were necessary, you must first understand some basic anatomy.

The pelvis is a ring-like structure composed of two innominate bones (joined at the pubic symphysis) and the sacrum (joined to the innominate bones at the sacroiliac (SI) joint). The pelvic ring consists of two arches: a posterior arch that includes the sacrum, SI joints, and



Deleted codes 27193 and 27914 referred generically to “pelvic ring fracture, dislocation(s), diastasis or subluxation;” whereas new codes 27197 and 27198 specify “posterior pelvic ring fracture, dislocation(s), diastasis or subluxation.”

allow for proper healing). Manual reduction of the fracture can be very painful for the patient; as such, 27198 includes more than local anesthesia (e.g., general anesthesia, conscious sedation, or spinal block).

Pelvic fracture is typically the result of trauma, such as from a motor vehicle accident, a fall from height, or a crushing injury. Pelvic fracture often is associated with other serious injuries. *CPT® 2017 Changes* offers the following clinical example of 27198:

A patient who was involved in a vehicular crash presents with pelvic pain and pain with attempted weight bearing. Imaging studies show minimally displaced fractures of the anterior and posterior portions of the pelvic ring, with ipsilateral fractures of

the pubic rami and sacrum. The patient’s fractures are treated with manipulation under nonlocal anesthesia.

When to Report an E/M Code, Instead

Do not report 27197 or 27198 for closed treatment of anterior (vs. posterior) pelvic ring fracture and dislocation(s) of the pubic symphysis and superior/inferior rami (unilateral or bilateral). CPT® now instructs us to report an appropriate evaluation and management (E/M) services code. **HBM**

John Verhovshek, MA, CPC, is managing editor at AAPC and a member of the Hendersonville-Asheville, N.C., local chapter.

AAPC VIRTUAL WORKSHOPS
Anytime, Anywhere

AAPC's virtual workshops give you more of what you need:

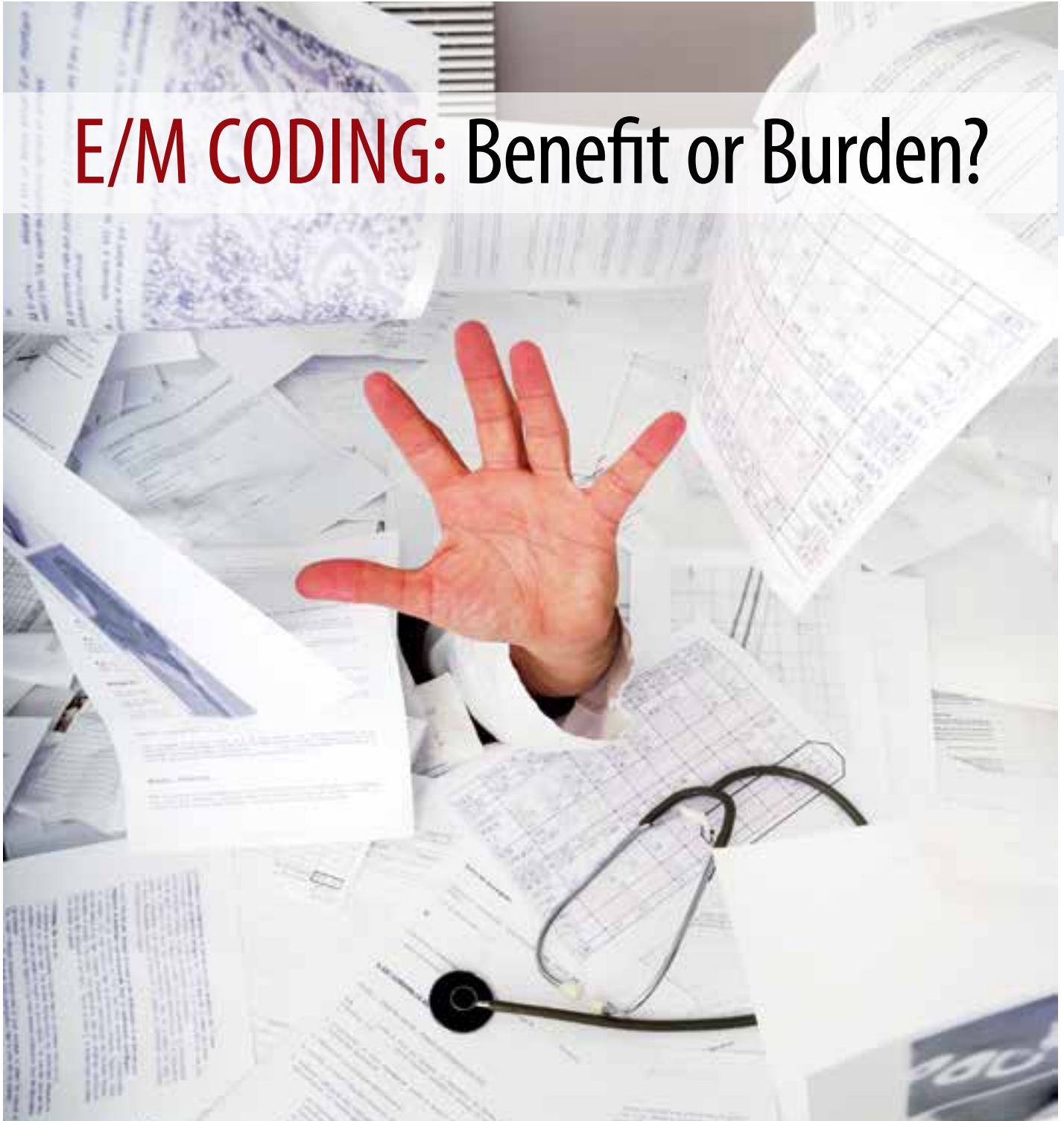
- Up to 6 CEUs
- 4 hours of virtual presentation
- Authored and presented by leading experts
- In-depth information on critical topics

AAPC

800-626-2633
aapc.com/workshops

Coder's Voice

E/M CODING: Benefit or Burden?



Payer guidelines have created a beast and it's time to advocate for change.

Different auditors might count an identical exam in different ways because, for example, elements such as “alert and oriented” could be psychiatric, neurological, or constitutional.

Healthcare expenditures account for an estimated 18 percent of the United States' gross domestic product. A 2014 BMC Health Services Research study (“Billing and Insurance-related Administrative Costs in United States' Health Care”) found that in 2012 billing and insurance-related administrative costs alone totaled \$471 billion — nearly one-fifth of all healthcare costs.

While I celebrate the coding profession's growth, also I understand that coding is an administrative cost. Due to my experiences, I feel coding evaluation and management (E/M) services is a particularly onerous administrative burden. I attribute this burden to these primary factors:

- The complexity of E/M coding is out of proportion to the dollar value of the services.
- The E/M code set and guidelines are out of date, and no longer work well with the changing healthcare system.
- There is no consensus about the specific requirements of E/M documentation, which allows for subjective interpretations and creates unproductive disputes over correct coding.
- Excessive scrutiny of E/M codes, with a focus on technicalities, forces providers to document more than is necessary and diverts time away from patient care.

Let's consider the E/M rules and problems we face when coding an E/M service.

Category of Service – Multiple Definitions Hinder Selection

Selecting the category of service requires identifying the place of service, which is not always clear. As patients move between hospital departments, their assigned status of inpatient, outpatient, or emergency room may change (sometimes after the fact) based on regulations or payer guidelines. Even a location's designation as a “facility” or “office” can be in question.

Whether a patient is “new” or “established” depends (in part) on the provider's specialty and group. This distinction may have been more meaningful when small, single-specialty practices were the norm.

Now it is less so because many providers have training in subspecialties and work in large and complex organizations that may share medical records, services, and ownership within and across groups. To complicate matters, payers define specialties differently. Medicare, for example, identifies a provider's specialty based on enrollment; whereas, many commercial payers use the provider's taxonomy code from the National Provider Identifier registry.

Mid-level providers (non-physician practitioners (NPPs)) present unique problems because they, too, may practice across multiple specialties. And because Medicare enrollment does not allow for NPPs to identify a specialty, all physician assistants or nurse practitioners are classified the same way; a patient becomes established to all providers in the group with that credential, regardless of specialty.

E/M Service Level Descriptors – Requirements Penalize Providers

All new, initial, and emergency department codes must meet three of three defined levels for history, exam, and medical decision-making (MDM). Many providers find this requirement problematic because the omission of a small (and possibly irrelevant) detail in documentation can cause significant down-coding and undervaluation of their work. For example, a review of systems counted as nine systems instead of 10; an exam of seven organ systems instead of eight; or missing one required bullet point could result in a service being downgraded by as many as two service levels. To avoid this, providers may populate notes with canned statements such as “all systems reviewed and negative,” or they may add information that is not clinically useful, but satisfies auditors' demands.

Leveling – Inconsistent Rules Create Gray Areas

The 1995 and 1997 Documentation Guidelines for E/M Services and point-based systems for auditing are meant to allow coders to quantify the key E/M components of history, exam, and MDM. In practice, these systems allow enough leeway to present a defensible argument to up- or down-code many E/M services.

Without transparent and mutually shared rules to determine E/M codes, additional costs associated with denials, appeals, audits, and payment disputes accrue for physicians and payers.

Counting the history of present illness elements of location, quality, severity, etc., may work for symptoms, but fitting complex history into these categories can quickly become challenging as the definitions are stretched beyond recognition (e.g., counting a patient's diabetes as having a type II "quality" or a "location" in the pancreas).

Under some audit guidelines, an exam documented "NAD, EOMI, no focal deficits, skin clear, respiratory effort normal, AOX3" could qualify as "detailed," although there is little information of clinical value. Different auditors might count an identical exam in different ways because, for example, elements such as "alert and oriented" could be psychiatric, neurological, or constitutional. As a result, the levels of exam used for coding may have little relationship to the content or quality of the documentation.

Using points to evaluate MDM proves to be unreliable: A provider who reviews extensive laboratory results receives the same data point as one who orders a single test; and a provider treating a sore throat with an antibiotic might be credited with the same "moderate" risk level for prescription drug management as a provider managing a complex medication regimen for a patient with multiple diseases.

Existing guidelines fail to address these gray areas, and need revision to add clarity and reduce subjectivity. With few authoritative sources to guide coders, some organizations develop their own internal guidelines; but this added expense does nothing to promote consistency throughout the profession. Without transparent and mutually shared rules to determine E/M codes, additional costs associated with denials, appeals, audits, and payment disputes accrue for physicians and payers.

Medical Necessity – Who's to Say?

Payers want assurance that claims are based on necessity and not on volume of documentation. As a result, coders are sometimes asked to consider medical necessity and to determine whether the content of the documentation represents work that was really necessary to treat the patient's problem(s). But coders and auditors generally do not have the medical qualifications or training to make these decisions. Coders are often advised to involve providers' in these decisions, but this is yet another use of providers' time that arguably would be better spent in patient care.



Are E/M Codes Worth the Trouble?

In 2015, Medicare paid for more than 426 million E/M services, according to a Centers for Medicare & Medicaid Services report (Medicare Part B Physician/Supplier National Data CY2105 Evaluation and Management Codes by Specialty). In aggregate, this represents a substantial expenditure.

At an average payment of approximately \$95 per code, there isn't enough at stake in each individual service to justify the effort required to code these services with such a high level of precision. If you consider coder training and the effort spent assessing notes, and the provider time taken away from patients to learn rules and add to documentation, multiplied by millions of services, the cumulative cost becomes apparent.

With the healthcare system's resources stretched to its limits, it makes sense to question whether there is any benefit to investing in proper E/M code assignment. How much value is gained when a visit should be a 99214 *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity*, instead of 99213

istockphoto/LillDay

E/M coding is a sorting process that roughly classifies a variety of provider services into one of several tiers. If this cannot be done quickly and efficiently, and with benefits proportionate to the costs, perhaps a new system is necessary.



Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity if this only shifts payment between payers and providers, but does not change the actual cost or effectiveness of the care?

Ultimately, E/M coding is a sorting process that roughly classifies a variety of provider services into one of several tiers. If this cannot be done quickly and efficiently, and with benefits proportionate to the costs, perhaps a new system is necessary.

There Has to Be a Better Way

As coders, our training and experience give us an opportunity to advocate positive change. Together, we can:

- Work to revise and propose new guidelines with simplified and shared standards that are easily understood and can be widely adopted across organizations.
- Advocate for revisions and simplifications to the E/M code set that more accurately capture the value of provider work,

reduce the need to document irrelevant information, and eliminate complexities that do not add value.

- Develop auditing models that yield valuable documentation quality and compliance feedback without penalizing providers for technicalities that do not affect patient care.
- Raise awareness among payers and providers that the costs of disputing E/M level differences may consume more resources than the savings it achieves.

There are already signs of positive change. CMS, in 2014, eliminated E/M levels for outpatient hospital clinic visits, replacing them with the single HCPCS Level II code G0463 *Hospital outpatient clinic visit for assessment and management of a patient*, which pays a single weighted average for each service. This simplification benefits both payers and providers, and a variant of this could be possible for professional reimbursement, too.

CMS and commercial payers continue to adopt quality-based payment models such as the Merit-based Incentive Payment System, accountable care organizations, and other shared saving programs. If successful, these new payment models could eliminate the need for coding E/M visits, as reimbursement would be based on overall care rather than individual services.

Whether coding E/M services or another specialty area, coders are in a unique position to understand the problems and propose solutions. We have a role to play in advancing these changes, and in helping to make the administration of healthcare more efficient. **HBM**

Thomas Field, CPC, CEMC, has 22 years of experience in healthcare and has worked for both providers and payers in patient care, billing, coding, auditing, and claim payment analytics. He works as a healthcare economics consultant in payment integrity for Optum. He is a member of the Torrington/Waterbury, Conn., local chapter.

Resources

2014 BMC Health Services Research study, Billing and Insurance-related Administrative Costs in United States' Health Care: <http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-014-0556-7>

Medicare Part B Physician/Supplier National Data CY2105 Evaluation and Management Codes by Specialty: www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareFeeforSvcPartsAB/Downloads/EMSpecialty2015.pdf

2017 Category III Codes Tell All



Changes to this section in CPT® reveal the latest medical technologies.

CPT® Category III codes describe emerging technologies and allow for data tracking. If a Category III code is available, you must report it instead of a Category I unlisted procedure code. CPT® 2017 includes substantial Category III code changes, of which you'll need to be aware to ensure proper coding. Here are the highlights.

Deletions

A Category III code is deleted because it has either been replaced by a Category I code or it has not been replaced by a Category I code in five years. In the latter case, most often you will return to reporting an unlisted procedure Category I code in place of the deleted Category III code. **Table 1** provides a full listing of deleted Category III codes, as well as their replacement codes for 2017.

Revisions

Descriptor revisions are relatively few this year. Codes 0274T and 0275T, which describe *Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy),*

any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral, by spinal region, are revised to remove the phrase "with or without the use of an endoscope." For percutaneous decompression of the nucleus pulposus of intervertebral disc using need-based technique, see instead 62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar.

CPT® no longer defines moderate sedation as an inherent part of any procedure (including Category III procedures). Per the 2017 Medicare Physician Fee Schedule Final Rule, "This coding change [provides] for payment for moderate sedation services only in cases where it is furnished." Moderate sedation, when performed and properly documented, now is reported separately using new codes 99151-99157.

Tip: For more on this, read "CPT® 2017: Big Changes that Won't Put You to Sleep," in the December 2016 issue of *Healthcare Business Monthly*.

A Category III code is deleted because either it has been replaced by a Category I code or it has not been replaced by a Category I code in five years.

Table 1: 2017 Deleted CPT® Category III Codes

Deleted Category III Code	New Category I Code(s)	Category I, Unlisted	Not Coded
0019T		20999	
0169T		64999	
0171T	22867-+22870		
0172T	22867-+22870		
0281T	33340		
0282T		64999	
0283T		64999	
0284T		64999	
0285T		64999	
0286T		76499	
0287T			X
0288T		46999	
0289T			X
0291T	92978, 92979		
0292T	92978, 92979		
0336T	58674		
0392T	43284		
0393T	43285		

New Codes

Cardiac contractility modulation

Cardiac contractility modulation (CCM) delivers non-excitatory electrical signals to improve ventricular function. The complete system includes a pulse generator with one atrial and two ventricular electrodes (leads). New codes 0408T-0418T describe procedures and services related to CCM devices, such as insertion, replacement, and removal of components, as well as device programming and interrogation. Many of these services include associated catheterization and imaging guidance.

Destruction of neurofibroma

New codes 0419T *Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than*

50 neurofibromas and 0420T *Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromas* describe destruction of extensive neurofibroma on the face, head, and neck (0419T), and trunk and extremities, respectively. For excision of neurofibroma, report 64792 *Excision of neurofibroma or neurolemmoma; extensive (including malignant type)*.

Transurethral waterjet ablation of prostate

Benign prostatic hyperplasia may lead to chronic bladder-outlet obstruction and symptoms such as urinary retention, urinary frequency, incomplete bladder emptying, blood in the urine, and renal insufficiency. Transurethral waterjet ablation (e.g., an aquablation system) delivers a high-velocity saline stream under ultrasound guidance to ablate prostatic glandular tissue without heat.

New code 0421T *Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)* describes waterjet ablation of the prostate with ultrasound guidance.

Tactile breast imaging

The tactile imaging system uses a handheld scan head equipped with pressure sensor elements and a magnetic position tracker that the physician strokes over the breast. A computer digitizes the tactile pressure images and locations to help evaluate and size lumps in the breast(s). Code 0422T *Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral* describes unilateral (one breast) or bilateral (both breasts) tactile imaging.

Neurostimulator system for treatment of central sleep apnea

The neurostimulator system for treatment of central sleep apnea includes a breathing sensor and a stimulation lead powered by a small battery. During sleep, the system senses breathing patterns and delivers mild stimulation to the tongue and other soft tissues of the throat to keep the airway open. New codes 0424T-0436T describe services and procedures related to such a system, including

insertion, replacement, and removal of the components, as well as device interrogation and programming with or without sleep study.

Synthetic implant (e.g., polypropylene) for fascial reinforcement

Polypropylene may be used to reinforce the fascia in the abdominal wall (for example, to repair ventral hernia). You may report +0437T *Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)*, in addition to a primary surgical service, for use of non-biologic or synthetic implant, only. For mesh or other prosthesis for open incision or ventral hernia repair, or for closure of a necrotizing soft tissue infection wound, see +49568 *Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)*, which carries over unchanged from 2016.

Transperineal placement of biodegradable material

New code 0438T *Transperineal placement of biodegradable material, periprostatic (via needle), single or multiple, includes image guidance* replaces HCPCS Level II code C9743 to describe placement, via needle, of a biodegradable implant(s) that is meant to temporarily position the anterior rectal wall away from the prostate during radiotherapy for prostate cancer. This reduces the radiation dose delivered to the anterior rectum.

Nerve cryoablation

Cryoablation (freezing) may be used to ablate nerves for pain relief. Report this service with new codes 0440T *Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve* and 0441T *Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve*.

Drug-eluting ocular inserts

Drugs used to treat the eye and surrounding tissues can be dispensed via an ocular insert, as can drugs that will pass through the

eye and surrounding tissues to the blood stream, but which are not used in therapy of the eye itself. New code 0444T *Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral* reports an initial unilateral (one eye) or bilateral (both eyes) placement of the insert, including fitting and training. Report 0445T *Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral* for subsequent placements. For insertion and removal of each drug-eluting implant into lacrimal canaliculi, report 0356T *Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each*.

Interstitial glucose sensor

Glucose sensors are employed to help normalize blood glucose in diabetic patients. An implantable system allows for constant monitoring. Codes 0446T-0448T describe procedures and services related to such glucose sensor systems, including creation of a subcutaneous pocket to house the sensor, removal, and revision. For placement of a non-implantable interstitial glucose sensor without a pocket, use 95250 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording*.

Insertion of aqueous drainage device

An aqueous drainage device is a method to reduce intraocular pressure in patients with glaucoma. Code 0449T *Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device* describes insertion of an initial device into the subconjunctival space, by internal approach.



iStockphoto/kesto80

CPT® provides an extensive explanation of these systems, and how they differ from other services for the implantation, revision, and removal of existing aortic balloon pumps.

For each additional device, report +0450T *Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)*. For removal, report 92499 *Unlisted ophthalmological service or procedure*.

Aortic counterpulsation ventricular assist systems

Aortic counterpulsation ventricular assist systems are used to treat congestive heart failure. CPT® provides an extensive explanation of these systems, and how they differ from other services for the implantation, revision, and removal of existing aortic balloon

pumps. The device is comprised of several parts: the counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface, and subcutaneous electrodes. CPT® lists additional included services (e.g., all vessel catheterizations, diagnostic angiography, etc.).

New codes 0451T-0463T describe procedures related to the insertion/replacement, removal, and relocation of system components, as well as programming and interrogation device evaluation. **HBM**

John Verhovshek, MA, CPC, is managing editor at AAPC and a member of the Hendersonville-Asheville, N.C., local chapter.



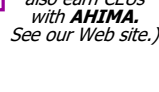
Our coding courses with AAPC CEUs:

- Charting E/M Audits (11 CEUs)
- **Primary Care Primer** (18 CEUs)
- **E/M from A to Z** (18 CEUs)
- **Dive Into ICD-10** (18 CEUs)
- The Where's and When's of ICD-10 (16 CEUs)
- Demystifying the Modifiers (16 CEUs)
- Medical Coding Strategies: CPT® O'view (15 C's)
- Walking Through the ASC Codes (15 CEUs)
- Coding with Heart — Cardiology (12 CEUs)



HealthcareBusinessOffice LLC: Toll free **800-515-3235**
Email: info@HealthcareBusinessOffice.com
Web site: www.HealthcareBusinessOffice.com

(All courses with AAPC CEUs also earn CEUs with AHIMA. See our Web site.)



Continuing education. Any time. Any place.™

Don't go! Stay with the family and earn CEUs!

Need CEUs to renew your CPC®? Stay in town. Don't leave. Use our CD courses anywhere, any time, any place. You won't have to travel, and you can even work at home.

- From the leading provider of computer-based interactive CD courses with **preapproved CEUs**
- Take it at your own speed, quickly or leisurely
- Just 1 course can earn as many as 18.0 CEUs
- **Apple® Mac** support with our **Cloud-CD™** option
- **Windows®** support with **CD-ROM** or **Cloud-CD™**
- **Cloud-CD™** — lower cost, immediate Web access
- **Add'l user licenses** — great value for groups

Finish a CD in a couple of sittings, or take it a chapter a day — you choose. So visit our Web site to learn more about CEUs, the convenient way!

Check out our website for the latest addition to our course line-up, **Charting E/M Audits**.



Continuing education. Any time. Any place.™



Congratulations to AAPC's First Fellow, Brenda Edwards

Longstanding member sets the bar for this honorable designation.

On Dec. 9, 2016, **Brenda Edwards', CPC, CPB, CPMA, CPC-I, CEMC, CRC**, big announcement went up on Facebook: "I'm the first AAPC Fellow — join me!" The majority of members had no idea what she was talking about, but it sounded prestigious, and many members have already followed her lead.



"There are so many loyal and supportive members in our local chapters who give countless hours

mentoring, acting as officers, proctoring, and supporting their local chapter who can be recognized with this designation," she said. "It really is a way to see what you've given back or paid forward!"

The AAPC Fellow is "a great tool for employers to use to narrow down applicants for a particular position," Edwards said. "I read Facebook posts from members asking what should they do next after achieving certification — well, here is a goal that can be set to work towards."



Because of Edward's years of dedication and hard work to our profession, she was selected by AAPC Vice President of Products **Stephanie Cecchini, CPC, CEMC, CHISP**, to be become AAPC's first Fellow. This designation shows you have put in the time and are ready for an expert-level position. After Cecchini explained the Fellow designation to Edwards, she was honored to fill out the application.

"I was excited because in addition to being a beneficial tool for employers, this truly is a way to recognize the years of hard work that so many of us have put in to achieve our current positions," said Edwards. Credentials are very important to her but, "I appreciate that my experience and participation in local chapters, conferences, blogs, articles, etc., is also recognized," she said.

Edwards is often asked, "How do I get a job like yours?" to which she replies, "Experience and putting the time in to learn as many things about the entire billing/coding/compliance/management process as you can." In Edwards' opinion, "I really don't think you can step into a consulting/auditing/education role without that background."

It's a Win/Win for Employers and Members

Edwards is very happy that AAPC recognizes the importance of the above-and-beyond, hard-working members who contribute to our profession.

It's Contagious

Edwards gets excited with each person who announces they have been accepted into the recognition program. "There are so many deserving members!" she said.

All members can achieve the Fellow status. "I don't look at it as an 'exclusive' group, but a group to strive to be a part of — every member can meet the requirements and apply," Edwards said.

Be Recognized for Your Commitment

The AAPC Member Recognition Program recognizes ongoing excellence and commitment in the business of healthcare. There are three tiers of excellence:

- **AAPC Fellow** - A designation of distinction reserved for top performers who are the best in the business (www.aapc.com/recognition/aapc-fellow.aspx).
- **AAPC Professional** - Driven performers with highly demonstrated experience (www.aapc.com/recognition/aapc-professional.aspx).
- **AAPC Associate** – Healthcare business professionals with hands-on experience and proven results (www.aapc.com/recognition/aapc-associate.aspx).

Michelle A. Dick, BS, is executive editor for AAPC and a member of the Flower City Coders, Rochester, N.Y., local chapter.

AAPC Members Recognized for Commitment, Contributions

The following members are part of a select group who dedicated themselves to their career and the health community. They have achieved the designations of AAPC Fellow, Professional, and Associate, proof of their dedication to the ethical standards of AAPC, achievements throughout their career, and reputation among their peers.

We congratulate all below on their recognition and offer our kudos to them for their achievement.



istockphoto/Elnur

AAPC Fellow

Alina Logan, COC, CPC, CPC-I
Angela B Clements, CPC, CPC-I, CEMC, CGSC, COSC
Angela M Jordan, CPC, COBGC
Angelica M Stephens, COC, CPC, CPMA, CIMC, COSC
Ann Linton, CPC, CEMC, CUC
Barbara Hays, CPC, CPCO, CPMA, CPC-I, CEMC, CFPC
Barbara J Cobuzzi, COC, CPC, CPCO, CPC-P, CPC-I, CENTC
Barbara Reed, CPC, CPCO
Beth Schleeper, COC, CPC, CPCO, CPB, CPMA, CPPM, CPC-I, CEMC
Beth Seube, COC, CPCO
Beverlyjean K Jenkin, CPC, CPCO, CPMA, CPPM, CPC-I
Bobette L Haley, CPC, CPMA
Brenda Edwards, CPC, CDEO, CPB, CPMA, CRC, CPC-I, CEMC
Brenda L Allen, CPC
Brenda Stevens, CPC, CPMA, CRC
Bryan L Williams, CPC, CPC-I
Candice M Fenildo, CPC, CPB, CPMA, CPC-I, CENTC, CRHC
Catrena Smith CCS, CCS-P, CHTS, CPC, CIC, CRC, CPC-I
Chandra Lynn Stephenson, COC, CPC, CPCO, CDEO, CIC, CPB, CPMA, CPPM, CRC, CPC-I, CANPC, CCC, CEMC, CFPC, CGSC, CIMC, COBGC, COSC
Charla Prillaman, CPC, CPCO, CPMA, CPC-I, CCC, CEMC
Charlotte Kay Lynn, COC, CPC, COBGC
Christina A LaRousse, CPC
Christine Thompson Harris, CPC, CPMA
Cindy A Akkerman, MBA, MBA-HCM, CPC, CPB, CPPM, CPC-I
Colleen Gianatasio, CPC, CPC-P, CPMA, CRC, CPC-I
Cynthia Lorraine Lake, CPC, CPMA
Darlene Britton, CPC, CPMA, CPC-I, CEDC
Dawson R Ballard Jr, CPC, CPC-P, CPMA, CEMC
Deborah Ann Santos, COC, CPC, CPMA
Deborah E Kuehn, CPC
Deborah Jean Frizzle, CPC, CIMC
Deborah L Samuels, CPC, CEMC
Denice Peel, CPC, CPB
Denise Garrett, CPC, CSFAC
Diane Barton, CPC, CDEO, CPMA, CRC
Elizabeth R Hendrix, CPC, CPMA, CPC-I, CEMC
Emily Bredehoeft, COC, CPC
Gabriel R. Aponte, COC, CPC, CIC, CPMA, CRC, CCC, CHONC

Gina Patricia Holdorff, COC, CPC, CPCO, CPC-P, CPB, CPMA, CRC, CASCC, CEDC, CHONC
Glenda L Hamilton, COC, CPC, CPC-P, CPMA, CEMC
Heather D Gattton, COC, CPC, CPC-P, CPMA, CFPC, CIMC, CRHC
Heather Rene Martinez, CPC, CPC-I
J. Renee Irvin, CPC, CPCO, CEMC
Jacqueline Soto, CPC, CPCO, CPMA
Jami Lee Vaughan, COC, CPC
Jennifer L E DeWitte, CPC, CPC-P, CPB
Jennifer Pfister, CPC, CPC-I, CHONC
Jennifer R Swindle, CPC, CIC, CPMA, CEMC, CFPC
Jessica Short, CPC, CPMA, CIMC, COSC
Jonathan Tamir, CPC
Joseph E Newsome HCS, HAS, COC, CPC, CPCO, CPMA, CPPM, CPC-I, CEMC
Joyce V Will, CPC, CPCO, CDEO
Judith Ann Roberts, CPC, CPPM
Judy A Wilson, COC, CPC, CPCO, CPC-P, CPB, CPPM, CPC-I, CANPC
Judy L Smith, CPC, CPB, CPMA, CPC-I, CEDC
Julie A Davis, COC, CPC, CPCO, CPMA, CRC, CPC-I
Kathryn L Williams, CPC, CPMA, CRC
Kathy L Van Es, CPC, COBGC
Katie Roemer, CPC
Kelly Marie Pratt, CPC, CPC-I, COBGC
Kimberley Belcastro Chestnut, CPC
Kimberly Dickerson, CPC, CPCO, CPC-I
Lara M Smith, CPC, CEMC
Leesa A Israel, CPC, CPPM, CEMC, CUC
Leonta Williams, CPC, CPCO, CEMC
Lesley Susan Wagner, CPC, CPB, CPMA, CPC-I
Lillus Darlene Wheeler, CPC
Linda Martien, COC, CPC, CPMA
Lisa Harding, CPC, CPB, CPMA
Lori A Cox, CPC, CPMA, CPC-I, CEMC, CHONC
Maggie Mac, CPC, CEMC
Marcella Cicirello, CPC
Marcy Garuccio, CPC, CPMA
Maria Teresa M Bondoc, CPC, CPC-I
Megan Clark, CPC
Michael D Miscoe, Esq, CPC, CPCO, CPMA, CASCC, CCPC, CUC
Michelle M Mesley-Netoskie, CPC, CPMA, CPPM
Nikki Taylor, COC, CPC, CPMA
Pamela J Brooks, COC, CPC
Pamela Stanland Walker, CPC, CPMA

Renee Joan Thompson, CPC, CPMA, CCVTC, CEMC
Renee White, CPC, CPPM
Rhonda Bertrand, CPC
Robin L Zink, CPC, CPPM
Ryan S Gosselin, CPC, CPCO, CPMA, CPC-I
Sandra J Clement, CPC, CGSC, CPCCD
Sherrie Lynne Remphry-Anderson, CPC, CPC-I
Sherry Miller, CPC, CEMC
Stacey L Berndt, CPC, CPC-I
Stacey Marie Torturica, CPC, CPMA, CRC
Stacie Buck, CIRCC
Stephanie Baxter, CPC, CPB, COSC
Stephanie Cecchini CHISP, CPC, CEMC
Susan Jill Moore, COC, CIC, CRC
Susan Moran, CPC, CPMA
Suzan Berman Hauptman, CPC, CEDC, CEMC
Tamika Alanda Jackson, CPC, CASCC, COBGC
Teresa B Deas, CPC, CGIC, CGSC
Tiffany Morgan, CPC, CPCO, CPMA, CPC-I, CEMC
Tina R Wadkins, CPC, CPCO, CPMA, CPPM, CRC
Tracy Bird, CPC, CPMA, CPC-I, CEMC
Valerie G Smith, CPC, CDEO, CPMA, CEMC
Valerie Milot, CPC
Valerie Murphy, CPC, CPMA

AAPC Professional

Catherine Helena Du Toit, CPC, CPMA, CGIC
Deborah Buck, CPC, CPB, CANPC, CGIC
Joshua Caillouet, CPC, CASCC
Karen Morelli, CPC, CPB, CPMA, CPC-I, CIMC
Lesley R Breda, CPC, CPB
Loring Gillespie, CPC-P, CPMA
Marylin Lopez, CPC
Melissa Anne Johnson, COC, CPC
Nicolette Silva, COC, CPC, CPC-I
Rene Lopez Roman, CPC, CPMA, CRC

AAPC Associate

Cheryl Robbins, CPC, CPMA
Cindy B Knox, CPC, CPPM, CPC-I, COBGC
Corina Bucsi, CPC, CPB, CPMA, CGSC
Daisha J Perry, CPC
Dottie L Sensabaugh, CPC
Gail Bricker, CPC, CPB
Teresa Cicio, CPC, CPMA, CEMC



Last chance to save on registration
~~\$1395~~ **\$995** through March 3
Visit: HEALTHCON.com

Limited Space | Filling up Fast



Vegas is full of regret.

Not attending HEALTHCON 2017 might be yours.

25th
Anniversary

3,000
Attendees

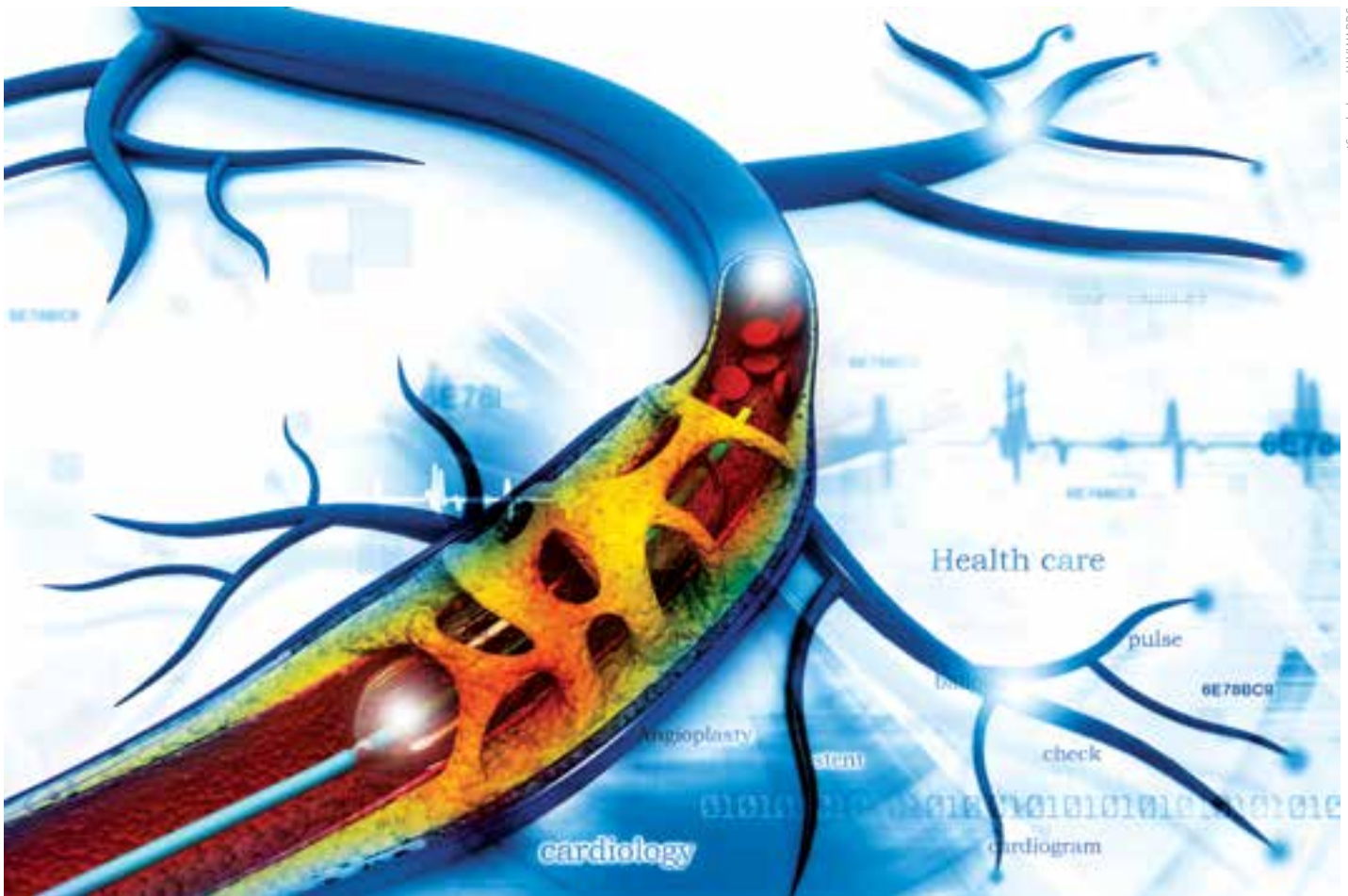
90+
Educational Sessions

0
Regrets (maybe)

May 7-10 | Rio Hotel | Las Vegas, Nevada



GET PUMPED FOR CPT® 2017 CARDIOLOGY UPDATES

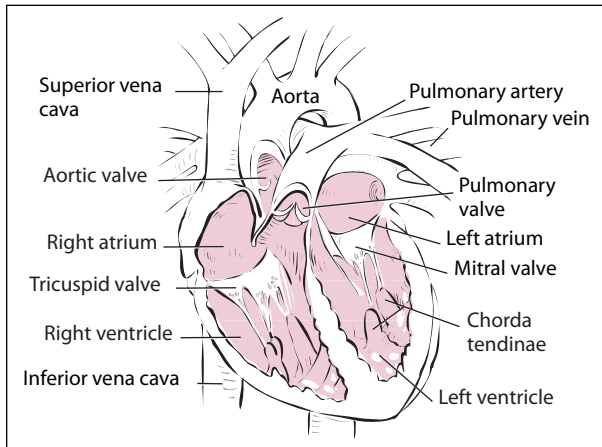


Correct coding requires you to know what's changed for this medical specialty.

CPT® 2017 codes are in effect and February is American Heart Month; it's a perfect time to give you the rundown of the significant changes to the Cardiology section that will affect your coding this year.

New Code for Watchman® Type Implants

New code 33340 *Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial ap-*



Illustrations © Optum 360

A cardiologist may recommend this procedure as an alternative to long-term oral anticoagulants to deter emboli formation and prevent stroke.

CODING/BILLING

pendage angiography, when performed, and radiological supervision and interpretation replaces deleted Category III code 0281T. CPT 33340® describes transcatheter placement of an implant (e.g., Watchman® Implant) to close the left atrial appendage. A cardiologist may recommend this procedure as an alternative to long-term oral anticoagulants to deter emboli formation and prevent stroke. The procedure includes fluoroscopy, as well as radiological supervision and interpretation (S&I).

Do not separately report left heart catheterization (+93462 *Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)*) with 33340. CPT® also instructs:

- Do not report 33340 with catheterization procedures 93452, 93453, 93458, 93459, 93460, 93461, 93531, 93532, or 93533, unless catheterization of the left ventricle is performed by a non-transseptal approach for indications distinct from the left atrial appendage closure procedure.
- Do not report 33340 with 93451, 93453, 93456, 93460, 93461, 93530, 93531, 93532, 93533, unless complete right heart catheterization is performed for indications distinct from a left atrial appendage closure procedure.

Revised Valvuloplasty Coding

Previous valvuloplasty codes 33400, 33401, and 33403 are deleted and replaced by two new codes, which are classified as either simple or complex, depending on the details of the procedure.

33390 Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)

33391 complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)

The provider repairs an aortic valve (to treat aortic valve stenosis or narrowing) via an open approach with the patient on cardiopulmonary bypass. Code 33390 describes a “simple” procedure, such as

one involving valvotomy, debridement, debulking, and/or simple commissural resuspension. Code 33391 describes a “complex” procedure, such as one involving leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty.

As *CPT® 2017 Changes: An Insider’s View* explains, “The revision of codes 33405, 33406, and 33410 [aortic valve replacement] was necessary to indicate that these are now open procedures.”

Note: A Nov. 29, 2016 corrections document to *CPT® 2017 Changes: An Insider’s View* revises the description of the procedure for codes 33390 and 33391 to clarify that the patient was heparinized (treated with heparin).

Code Added for Partial Exchange Transfusion

A partial exchange transfusion removes and replaces the patient’s blood (or components of it) with other blood or blood products. Partial exchange may be used to treat polycythemia (an abnormally increased concentration of hemoglobin in the blood) or anemia. CPT® 2017 adds 36456 *Partial exchange transfusion, blood, plasma, or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn* to report partial exchange transfusion for a newborn. Requiring the “skill of a physician or other qualified healthcare professional” allows nurses to perform this procedure.

Do not report 36456 with transfusion services 36430, 36440, or 36450. For complete exchange transfusions in a neonate, report 36450 *Exchange transfusion, blood; newborn*.

Mechanochemical Is an Option for Varicose Veins

Endovenous ablation therapy is performed to eliminate varicose veins, which are incompetent veins typically visible just below the surface of the legs and feet. New codes 36473 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein*

The use of sclerosant injected by either needle or catheter, followed by a compression technique, does not qualify for 36473 or +36474.

treated and +36474 Subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to the code for primary procedure) involve a combination of mechanical and chemical methods to ablate the compromised veins. An intraluminal device is used to disrupt blood flow and “scratch” the interior surface of a vein into which medication is then infused. Per CPT® 2017 Changes: An Insider’s View, “... to report codes 36473 and +36474, both mechanical and chemical modalities ... must be performed.” The use of sclerosant injected by either needle or catheter, followed by a compression technique, does not qualify for 36473 or +36474.

Code 36473 describes the first vein treated and add-on code +36474 describes each subsequent vein treated in the same extremity through a different access site. The physician must document the use of separate access sites to report +36474. The procedures are performed under local anesthesia, and include all imaging guidance, monitoring, and — when performed in the office setting — all required supplies and equipment.

For catheter injection of sclerosant without concomitant endovascular mechanical disruption of the vein intima, or for catheter injection of an adhesive, CPT® instructs you to report 37799 *Unlisted procedure, vascular surgery*.

Per CPT® instructions, do not report 36473 or +36474 with 29581, 29582, 36000, 36002, 36005, 36410, 36425, 36475, 36476, 36478, 36479, 37241, 75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, or 93971 in the same surgical field.

Transluminal Balloon Angio Codes Include Radiological S&I

CPT® 2017 deletes eight codes to report transluminal balloon angioplasty, plus the related radiological S&I codes, and re-

CPT® 2017 deletes eight codes to report transluminal balloon angioplasty, plus the related radiological S&I codes, and replaces them with four new codes.

places them with four new codes that include all necessary imaging and radiological S&I.

37246 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery

This new code, which is listed out of sequence, describes transluminal balloon angioplasty in an initial artery — except for those arteries in the lower extremities for occlusive disease, intracranial arteries, coronary arteries, or pulmonary arteries.

+37247 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)

This new add-on code, also listed out of sequence, describes transluminal balloon angioplasty in each additional artery beyond an initial artery — except for those arteries in the lower extremities for occlusive disease, intracranial arteries, coronary arteries, or pulmonary arteries. Report in addition to 37246 (initial artery).

37248 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein

This new code, listed out of sequence, describes transluminal balloon angioplasty in an initial vein — except for those veins in the lower extremities for occlusive disease, intracranial veins, coronary arteries, or pulmonary veins.

37249 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)

This new add-on code, listed out of sequence, describes transluminal balloon angioplasty in each additional vein beyond an initial vein — except for those veins in the lower extremities for occlusive disease, intracranial veins, coronary arteries, or pulmonary veins. Report in addition to 37248 (initial vein).

Per *CPT® 2017 Changes: An Insider's View*, “Codes 37246 (artery) and 37248 (vein) should be reported for the primary vessel treated, as appropriate, and codes 37247 (artery) and 37249 (vein) are add-on codes that should be reported for each additional vessel treated.”

Conscious Sedation Changes Affect Coding

CPT® no longer bundles conscious sedation as part of any procedure; beginning in 2017, moderate sedation may be reported separately (using new codes 99151-99157) when it is appropriately provided and documented. Codes affected by this change in the Cardiology section include:

- 33010-33011 (pericardiocentesis)
- 33206-33223 (pacemaker procedures)
- 33233-33235 (removal of pacemaker generator and lead(s))
- 33240-33264 (defibrillator procedures)
- 33244 (removal of defibrillator electrodes by transvenous extraction)
- 33249 (insert or replace defibrillator system)
- 33282, 33284 (patient activated event recorder, implantation and removal)

Editor's note: Look for a separate article in a future *Healthcare Business Monthly* for a full rundown of the new Dialysis Circuit codes 36901-36909. **HBM**



Amy C. Pritchett, BSHA, CPC, CPMA, CPC-I, CANPC, CASCC, CEDC, CRC, CDEO, CCS, ICDCCT-CM/PCS, C-AHI, has been a coder/auditor for over 20 years. She is a manager of the Facility Coding Services Division at Change Healthcare. She is an interim instructor in Mobile, Ala. She shares her expertise in publications and as a lecturer at conferences. She has served as president and vice president of the Mobile, Ala., local chapter.

Cover

OIG Looks In on Physician Home Visits

Now is a good time to clean house and get rid of any skeletons in the closet.

The Office of Inspector General (OIG) 2017 Work Plan targets home visits conducted by physicians and mid-level providers for claims review. Will your home visit claims pass muster if an auditor pays your practice a visit? Here's what you need to know to ensure your home visit claims meet Medicare billing requirements.

Home Visits Are on the Rise

Although home services are not new to the medical profession, there has been a significant change in utilization. "House Calls," an article published by the American Family Physicians in April 2011, noted that in 1930 almost 40 percent of patient encounters occurred in the home. This rate dropped to 10 percent by 1950, and to 1 percent by 1980.

Changes to Medicare regulations and a reimbursement increase in 1998 resulted in the number of claims for home visits increasing from 1.4 million in 1999 to 2.3 million in 2009. Continued increases in recent years, along with the Centers for Medicare & Medicaid Services (CMS) also expressing concerns about medical necessity, led the OIG to add home visits to its 2016 and 2017 Work Plans.

Home Services Must Be Necessary, Not a Convenience

Like all services, home visits must be medically necessary to be covered. According to Medicare.gov, "medically necessary" is defined as "health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its

2017 OIG Work Plan: Physician Home Visits – Reasonableness of Services

A home visit is when a physician provides evaluation and management (E/M) services in a patient's home. From January 2013 through December 2015, Medicare provided \$718 million in payments for physician home visits. Physicians are required to document the medical necessity of a home visit in lieu of an office or outpatient visit. Medicare will not pay for items or services that are not "reasonable and necessary" (SSA § 1862(a) (1) (A)). The OIG will determine whether Medicare payments to physicians for E/M home visits were reasonable and made in accordance with Medicare requirements.

OAS: W-00-17-35754 Expected issue date: FY 2017

Changes in Medicare regulations and an increase in reimbursement in 1998 resulted in the number of claims for home visits increasing from 1.4 million in 1999 to 2.3 million in 2009.

symptoms and that meet accepted standards of medicine.” The services cannot be for the convenience of the patient, the patient’s family, or the physician.

The provider must be able to prove that the home visit was based on the patient’s inability to come to the office either this one time, or on an ongoing basis, due to physical or mental issues and not due to financial or other personal reasons. Physicians also cannot provide home services at their convenience (for example, visiting senior independent living facilities on a routine basis, without requests for or by patients).

Medicare rules (Medicare Claims Processing Manual, Chapter 12, Section 30.6.14.1.B) further define homebound status:

Under the home health benefit the beneficiary must be confined to the home for services to be covered. For home services provided by a physician using these codes, the beneficiary does not need to be confined to the home. The medical record must document the medical necessity of the home visit made in lieu of an office or outpatient visit.

Example: A patient has advanced Alzheimer’s disease and has become increasingly agitated. She would not cooperate sufficiently to be brought to the office so a home visit was initiated.

CPT® Coding for Home Services

Codes 99341-99350 report E/M services provided in a private residence (place of service 12). Other services (e.g., advanced care planning, diagnostic services, and some minor procedures), if performed and documented, can be billed in addition to the visit code in this setting.

CPT® has included average time in the description of home visits, to be used when counseling/coordination of care dominate the visit (e.g., comprises over 50 percent of total face-to-face time between the provider and patient), as follows:

Code	Description	Relative Value Unit	Average Time
99341	Home visit new patient; problem focused	1.55	20 min
99342	expanded	2.23	30 min
99343	detailed	3.66	45 min

Code	Description	Relative Value Unit	Average Time
99344	Home visit new patient; moderate	5.13	60 min
99345	high	6.22	75 min
99324	Domiciliary, rest home visit new patient; problem focused	1.56	20 min
99325	expanded	2.27	30 min
99326	detailed	3.92	45 min
99327	moderate	5.23	60 min
99328	high	6.11	75 min

Determine Place of Service

A particular area of confusion is deciding the place of service: The place of service (POS) code terminology does not always line up



2016 was a big year for coding and billing managers, who saw a 3.5 percent increase in wages between 2015 and 2016 (from \$59,679 to \$61,794).

with CPT® E/M terminology and codes. For example, is the patient in an independent living/private residence, or living in a unit that also provides healthcare services? Patients living in senior complexes may have different options and services, so providers will need to confirm patient status to code services correctly.

For example, CPT® defines 99324-99337, domiciliary, rest home (e.g., boarding home), or custodial care services, as occurring in a “facility which provides room, board, and other personal assistance services generally on a long term basis. They are also used to report evaluation and management services in an assisted living facility. The facility services do not include a medical component.” As such, these codes could be POS 13 *Assisted living facility*, 14 *Group home*, 33 *Custodial care facility*, or 55 *Residential substance abuse treatment facility*. CMS further defines POS 13 as “congregate residential facility with self-contained living units providing assessment of each resident’s needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange services including some health care and other services” (Medicare Claims Processing Manual, Chapter 26).

If a patient is seen in their home, then the POS is 12 *Home*.

Document Medical Necessity for Home Services

Providers must document clearly the reason for all E/M visits. For home visits, documentation must include how the visit was initiated (patient request, family or other source) and should detail the patient’s conditions that prevented him or her from traveling to the provider’s place of service. As with any E/M service, documentation must include a chief complaint; history of presenting illness (HPI); review of systems; and past, family, social history elements that are the key to making any note support medical necessity.

History provides the “why” of the note, and supports the level of exam to be performed and the complexity of the patient. If there is a clear description of the patient and his or her conditions in the HPI, medically necessity will be supported. The plan of care should also provide an indication of the need for future visits, and the expectation of whether the patient will be able travel to the physician’s office.

Don’t Skip Patient Demographics, Business Forms

The home visit with a new patient has the same business requirements as a visit to the office, so providers need to gather the necessary demographic and insurance information, and provide patients with the appropriate forms. Maintaining a complete and accurate medical record for each patient is critical. Forms should include:

- Notice of Privacy Practices
- General consent for treatment
- New patient intake form



iStockphoto / ogniamm

It's no surprise that health systems are growing in staff, while smaller facilities are succumbing to attrition.

- History form
- Financial policies



LuAnn Jenkins, CPMA, CPC, CEMC, CFPC, is president of MedTrust, LLC, a practice management consulting firm located in Michigan. She has been a speaker on coding and reimbursement issues for the Michigan State Medical Society and is past president of the Michigan Medical Billers Association and 2006 AAPC Coder of the year. Jenkins is a member of the Grand Rapids, Mich., local chapter.



Home Visits: A Look into the Future

The Centers for Medicare & Medicaid Services (CMS) implemented the Independence at Home Demonstration project in 2012 to test the effectiveness of delivering primary care services by selected providers at patients' homes. Originally authorized for three years by Section 3024 of the Affordable Care Act, the Demonstration was extended through September 30, 2017, by the Medicare Independence at Home Medical Practice Demonstration Improvement Act of 2015.

The demonstration provides chronically ill patients with a complete range of primary care services in the home setting. Medical practices, led by physicians or nurse practitioners, provide primary care home visits tailored to the needs of patients with multiple chronic conditions and functional limitations. The demonstration also tests whether home-based care can reduce the need for hospitalization, improve patient and caregiver satisfaction, improve health outcomes for patients, and lower costs to Medicare.

Participation in this home-based care demonstration is voluntary for Medicare patients. Selected primary care practices provide home-based primary care to targeted chronically ill beneficiaries for a three-year period. Participating practices make in-home visits tailored to patients' needs and coordinate their care. CMS tracks each beneficiary's care experience through quality measures. Practices that succeed in meeting these quality measures while generating Medicare savings have an opportunity to receive incentive payments after meeting a minimum savings requirement.

Resources

- American Family Physicians, "House Calls," April 2011: www.aafp.org/afp/2011/0415/p925.html
- 2017 OIG Work Plan: <https://oig.hhs.gov/reports-and-publications/workplan/index.asp>
- Medicare Claims Processing Manual Chapter 26 – Completing and Processing Form CMS-1500 Data Set: www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf
- Medicare Claims Processing Manual, Chapter 12, Section 30.6.14.1.B: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>
- CMS, Independence at Home Demonstration: <https://innovation.cms.gov/initiatives/independence-at-home/>

2017 OIG Work Plan: Part B Risk Areas

Time to give your physician office's compliance plan an annual preventive exam.

The Office of Inspector General (OIG) publishes annually a Work Plan describing new, ongoing, and revised areas within the U.S. Department of Health and Human Services (HHS) it will investigate throughout the year for potential fraud, waste, and abuse. It's wise for providers to review this Work Plan and update their compliance plans accordingly. Here's a summary of the areas within Medicare Part B on which the OIG plans to focus this year.

Note: For a summary of OIG's 2017 focus areas within Medicare Part A, see "2017 OIG Work Plan: Part A Risk Areas" in the January 2017 issue of *Healthcare Business Monthly*.

Yearly Recovery Statistics

In addition to the 2017 Work Plan, the Office of Inspector General (OIG) separately published its semi-annual report to congress, in which it announced expected recoveries of \$5.56 billion from its fraud and abuse efforts in 2016. This amount is up substantially from the \$3.3 billion recoveries the OIG projected for 2015. OIG also reported the following statistics relative to its enforcement efforts:

	2016	2015	2014
Criminal actions against individuals or entities	844	925	971
Civil actions against individuals or entities	708	682	533
Exclusions	3,635	4,112	4,017

Although criminal action and exclusion figures have fallen, civil actions — which include false claims or unjust enrichment lawsuits, civil monetary penalty settlements, and administrative recoveries relative to provider self-disclosure matters — have risen. The dramatic increase in expected recoveries suggests there is no slowdown in the government's enforcement efforts, and the importance of compliance cannot be understated.

Source: OIG semi-annual report to Congress: <https://oig.hhs.gov/reports-and-publications/semiannual/index.asp>

Durable Medical Equipment (DME) and Supplies

NEW! *Part B services during non-Part A nursing home stays – DME:* In cases where a beneficiary continues to reside in a skilled nursing facility (SNF) after 100 days (non-Part A stay), Medicare Part B may provide coverage for certain therapy and supplies. A July 2009 OIG study found that Medicare Part B made \$30 million in inappropriate DME Prosthetics, Orthotics, and Supplies (DMEPOS) payments. The OIG will evaluate the extent of inappropriate payments under Part B for DMEPOS provided to nursing home residents during non-Part A stays. The OIG also intends to determine if the Centers for Medicare & Medicaid Services (CMS) has a system in place to identify and recoup such overpayments from suppliers.

NEW! *Medicare market share of mail-order diabetic testing strips (DTS):* The OIG will develop a required report of the market share of DTS prior to each subsequent round of the competitive bidding program.



The dramatic increase in expected recoveries suggests there is no slowdown in the government's enforcement efforts, and the importance of compliance cannot be understated.

NEW! *Positive airway pressure device supplies – supplier compliance with documentation requirements for frequency and medical necessity:* Medicare paid approximately \$953 million for continuous positive airway pressure or respiratory assist devices (PAP). Prior OIG analysis found evidence of automatic shipping of PAP supplies

- Orthotic braces – Supplier compliance with payment requirements
- Access to DME in competitive bidding areas

Other Providers and Suppliers

NEW! *Monitoring Medicare payments for clinical diagnostic laboratory tests:* Consistent with the requirements of section 216 of the Protecting Access to Medicare Act (PAMA) of 2014, OIG will analyze the market rates for the top 25 laboratory tests as a means of monitoring CMS' implementation of the new payment system for these tests.

NEW! *Medicare payments for transitional care management:* Medicare-covered services, including chronic care management, end-stage renal disease, and prolonged services without direct patient contact cannot be billed during the same service period as transition care management (TCM). OIG will determine whether payments for TCM services were in accordance with Medicare coverage requirements.

NEW! *Data brief on financial interests reported under the open payments program:* Section 6002 of the Affordable Care Act, sometimes referred to as the Physician Payments Sunshine Act, requires manufacturers to disclose to CMS payments made to physicians and teaching hospitals. OIG intends to analyze the 2015 reporting data to determine the number and nature of financial interests, and will evaluate how much Medicare paid for drugs and DMEPOS ordered by physicians with financial relationships with the supplying entity. The OIG also continues to evaluate the accuracy of the data reported by manufacturers to the open payments system.

NEW! *PMD equipment – Portfolio report on Medicare Part B payments:* OIG previously identified inappropriate payments for PMDs that were unnecessary, not documented in accordance with Medicare requirements, cheaper to rent than purchase, or fraudulent. OIG will compile results of prior audits, evaluations, and investigations of PMD equipment paid by Medicare to identify trends in payment, compliance, and fraud vulnerabilities. OIG will make recommendations to CMS of any necessary actions.

REVISED! *Ambulance services – Supplier compliance with payment requirements:* The OIG found that Medicare made inappropriate



istockphoto / stockmachine

when no physician orders for refills were in effect. The importance of compliance cannot be understated. Orders of certificates of medical necessity must specify the type of supplies needed and the frequency of use, replacement, or consumption consistent with the Medicare Program Integrity Manual (publication 100-8, chapter 5, sections 5.2.3, 5.9). Automatic shipment of resupplies is not permitted. The documentation must show a request for resupply by the beneficiary or caregiver before supplies are dispensed, according to the Medicare Claims Processing Manual (publication 100-4, chapter 20, section 200).

Other areas of focus include:

- Orthotic braces – Reasonableness of Medicare payments compared to amounts paid by other payers
- Osteogenesis stimulators – Lump-sum purchase versus rental
- Power mobility devices (PMDs) – Lump-sum purchase versus rental
- Competitive bidding for medical equipment items and services – Mandatory review

... you are encouraged to review the Work Plan in its entirety to ensure applicable risk areas are well understood.



payments for advanced life support (ALS) services, and based on prior work will determine whether ambulance services including basic life support (BLS), ALS, and specialty care transports were billed in compliance with Medicare requirements.

REVISED! *Inpatient rehabilitation facility (IRF) payment system requirements:* The OIG will determine whether IRFs nationwide have submitted claims in compliance with Medicare documentation and coverage requirements, based on prior reviews that identified substantial Medicare overpayments to IRFs.

REVISED! *Histocompatibility laboratories – supplier compliance with payment requirements:* From March 31, 2013, through Sept. 30, 2014, histocompatibility labs reported \$131 million in reimbursable costs on their most recent cost reports. Because allowable costs must be related to the care of beneficiaries; be reasonable necessary and proper; and be an allowable cost under the regulations, the OIG will determine whether payments to histocompatibility labs were made in accordance with Medicare requirements.

Other areas the OIG is focusing on (and you should, too):

- Ambulance services – Questionable billing, medical necessity, and level of transport
- Payments for Medicare services, supplies, and DMEPOS referred or ordered by physicians – compliance
- Anesthesia services – Non-covered services
- Anesthesia services – Payments for personally performed services
- Physician home visits – Reasonableness of services

- Prolonged services – Reasonableness of services
- Chiropractic services – Part B payments for non-covered services
- Chiropractic services – Portfolio report on Medicare Part B payments
- Selected independent clinical laboratory billing requirements
- Physical therapists – High use of outpatient physical therapy services by independent therapists
- Portable X-ray equipment – Supplier compliance with transportation and setup fee requirements
- Sleep disorder clinics – High use of sleep testing procedures (CPT® codes 95810 and 95811)

iStockphoto / shironosov

Follow Through

This is a summary of the Part B portion of the 2017 Work Plan; you are encouraged to review the Work Plan in its entirety to ensure applicable risk areas are well understood. For each of your focus areas, be certain to review appropriate CMS interpretive guidance and local coverage determinations, as well as any referenced regulatory provisions cited in the OIG Work Plan to ensure you completely understand and comply with CMS' expectations, particularly with respect to documentation content and coverage limitations. **HBM**



Michael D. Miscoe, JD, CPC, CASCC, CUC, CCPC, CPCO, CPMA, is president-elect of AAPC's National Advisory Board, serves on AAPC's Legal Advisory Board, and is the AAPC Ethics Committee chair. He has over 20 years of experience in healthcare coding and over 18 years' experience as a forensic coding and compliance expert. Miscoe has provided expert analysis and testimony on a wide range of coding and compliance issues in civil and criminal cases, and represents healthcare providers involved in post payment disputes with payers. He is a frequent lecturer and is published widely on a variety of coding, compliance, and health law topics. He is a member and past president of the Johnstown, Pa., local chapter.

Resources

2016 and 2017 OIG Work Plans: <https://oig.hhs.gov/reports-and-publications/workplan/index.asp>

Medicare Program Integrity Manual, pub 100-8, ch 5 – Items and Services Having Special DME Review Considerations, §§5.2.3, 5.9: www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c05.pdf

Medicare Claims Processing Manual, pub 100-4, ch 20 – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), §200: www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c20.pdf

INSIDE ZHP
2017 WEBINARS
LIVE SEMINARS
REFERENCE BOOKS
CHARGE SHEETS
e-LEARNING
VIDEO SEMINARS
REFERENCE eBOOKS
ANATOMY CHARTS
VISIT US AND SEE WHAT
YOU'RE MISSING

 **ZHealth**
PUBLISHING
WWW.ZHEALTHPUBLISHING.COM



istockphoto/shironosov

Make Primary Care Comprehensive with the CPC+

The CPC+ program goal for long-term strengthening of provider/patient relationships is a win/win.

Jan. 1, 2017, primary care practices and payers across 14 regions in the United States embarked on a five-year plan to change the face of primary care. The goal of the Comprehensive Primary Care Plus (CPC+) medical home model is to empower primary care practitioners to deliver high quality, patient-centered care.

Building Primary Care Success

The Centers for Medicare & Medicaid Services (CMS) hope to build on the successes of the model's predecessor: the CPC initiative. In CPC+, practices will be guided by these Comprehensive Primary Care Functions:

- Access and Continuity
- Care Management
- Comprehensiveness and Coordination
- Patient and Caregiver Engagement
- Planned Care and Population Health

Participating Areas

CPC+ is being implemented in the following regions, which were selected based on payer participation to ensure support for practices in the CPC+ in their region. Only practitioners in these designated regions are able to participate. CMS will select new payer partners in existing and new regions for CPC+ Round 2 (2018) in the spring, 2017.

- Arkansas: Statewide
- Colorado: Statewide
- Hawaii: Statewide
- Kansas and Missouri: Greater Kansas City Region
- Michigan: Statewide
- Montana: Statewide
- New Jersey: Statewide
- New York: North Hudson-Capital Region
- Ohio: Statewide and Northern Kentucky: Ohio and Northern Kentucky Region
- Oklahoma: Statewide
- Oregon: Statewide
- Pennsylvania: Greater Philadelphia Region
- Rhode Island: Statewide
- Tennessee: Statewide

Making Payment Incentives Work

This incentive payment plan is designed to pay participating practices a monthly, prospective, risk-adjusted care management fee for each of their Medicare fee-for-service beneficiaries. The care man-

agement fee is a non-visit-based payment. Participating practices also receive a performance-based incentive payment centered on patient experience, clinical quality, and utilization. The amount of these payments vary, depending on the provider's designated track. There are two tracks a practitioner can select in CPC+. Providers in either track need to report on clinical quality measures and patient care experience. They also need to have health information technology (IT) modules that meet the definition of certified electronic health record technology (CEHRT) according to CMS guidelines, and meet technology guidelines enabling them to report electronic Clinical Quality Measures (eCQMs). Track 2 pays a higher performance-based incentive payment rate, but also requires a supporting vendor to assist with the more advanced IT needs. Track 2 providers are reimbursed for taking care of beneficiaries with more complex needs. The practices that achieve the performance standards are able to keep their performance-based incentive payment. If a practice does not achieve the desired goals, they are required to repay all or some of that payment. The provider is responsible to report on their projected expenses and provide a summary at the end of each year on actual expenses.

Improving Patient Outcomes

The CPC+ model is just one vehicle CMS is using to achieve a goal of tying 50 percent of Medicare payments to alternative payment models by the end of 2018 for the ultimate goal of "better care, smarter spending, and healthier people."

Editor's Note: To help maximize money incentives for practices, read the article "Money Up Front for CPC+" on page 50. **HBM**



Colleen Gianatasio, CPC, CPC-P, CPMA, CPC-I, CRC, has 18 years of experience in customer service, claims, quality, and coding. As a risk coding and education specialist, Gianatasio's primary responsibilities are auditing medical charts and providing education to physicians and their staff. As a certified AAPC instructor, she enjoys teaching a variety of coding, documentations, and auditing classes. Gianatasio serves as president of the Albany, N.Y., local chapter and is a member of the AAPC National Advisory Board.

Resources

For more information on CMS' CPC+ innovation model, go to: <https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>

eCQM Electronic Specifications: www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html

Introducing New & Expanded Coders' Specialty Guides



- ✓ CPT® & HCPCS codes, including 2017 codes
- ✓ Official descriptors for Categories I-III
- ✓ Lay term explanations and expert tips
- ✓ Medicare Fee Schedule updates with RVUs
- ✓ CCI edits and diagnosis crosswalks
- ✓ Helpful indicators and medical terminology



Use coupon code 'GET40' for **\$40 off**

www.codinginstitute.com/books

1-800-508-2582

service@codinginstitute.com

CPT® copyright 2015 American Medical Association. All rights reserved.

Money Up Front for CPC+

Don't leave money on the table for non-attributed CCM and TCM services.

With value-based care and the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)/Merit-based Incentive Payment System (MIPS) rollout, primary care practices are taking advantage of initiatives such as the Patient-centered Medical Home Program, accountable care organizations/Medicare Shared Savings Programs (MSSPs), and chronic care management (CCM) to increase revenue and establish the infrastructure necessary to provide more comprehensive and preventive care for patients with chronic diseases. Although these programs are well intended, the increased workload and delayed financial reward place significant stress on practices, and may limit their ability to participate.

With this in mind — and with the idea of putting more money in the pockets of practices embracing practice transformation — the Center for Medicare & Medicaid Services (CMS) is now offering the Comprehensive Primary Care Plus (CPC+) program to certain regions of the country, with monetary incentives provided on the front end to drive healthcare reform.

Receive Money Up Front for Care Coordination

The CPC+ is a five-year program that began in January and will include up to 5,000 practices and 20,000 physicians in 14 regions.

The program is an advanced medical home model that CMS hopes will strengthen primary care through a regionally based, multi-payer payment reform and care delivery transformation. It consists of five components (as discussed in the article “Make Primary Care Comprehensive with CPC+” on page 48) and two tracks.

Both Track 1 and Track 2 are paid a monthly care management fee for their attributed Medicare fee-for-service (FFS) patients. This fee is meant to allow practices to augment staffing and training in support of population health management and care coordination. Track 2 is intended for practices with more experience with practice transformation, and has enhanced health IT requirements, as well as enhanced payment.

Let's Talk Numbers

The Center for Medicare and Medicaid Innovation estimates that a practice similar in size to the average practice participating in Track 1 of CPC+ will receive \$126,000 annually, plus performance payments of \$21,000. For Track 2, the figures are \$235,200 and \$33,600, respectively.

Although the practices selected for CPC+ have not yet been made public (at the time of this writing), those selected were recently noti-

... it's imperative that all practices leverage any money on the table to build the necessary infrastructure for practice transformation and proactive patient care.

fied and are likely already making plans to use the salary advance to kick-start their value-based primary care program.

The cash infusion on the front end is beneficial, but ensuring there is no money left on the table is critical for stability of practice transformation. Lonnie Robinson, MD, family practice physician in Mountain Home, Arkansas, and past president of Arkansas Academy of Family Physicians (AAFP), spoke about value-based care at the AAFP Conference last summer. He outlined the theoretic financial impact of these programs on practice transformation (see **Table 1**).

Table 1: Theoretic Practice Transformation

	Eligible Patients	Monthly Financial Opportunity		Annual Financial Opportunity		Grand Total
		PMPM	Total	Management Fees	Shared Savings	
Medicaid PCMH	800	\$4.00	\$3,200	\$38,400	\$6,000	
Insurance PCMH	800	\$5.00	\$4,000	\$48,000	—	
MSSP ACO	450	—	—	—	\$30,375	
CPC+ (Track 1)	450	\$17.50	\$7,875	\$94,500	—	
TCM (above FFS)	8	—	\$449	\$5,388	—	
Outsourced CCM (Non-CPC+)	243	—	\$3,647	\$43,758	—	
Annual Value Based Opportunity:				\$230,046	\$36,375	\$266,421
Increased PCMH Overhead:				1 Care Coordinator Misc. Expenses	\$60,000 \$10,000	\$70,000
Existing Fee For Service (FFS) Revenue:						\$400,000
Total Revenue Less PCMH Expenses:						\$596,421
						+33%

Components of a comprehensive population health management plan also should include chronic care oversight for non-attributed patients, as well as transitional care management (TCM). For a smooth patient care transitions to home, practices have the option of reporting on two outcomes affected by TCM:

1. All Cause Readmission
2. Unplanned Hospital Readmission within 30 Days of Principle Procedure (designated as a High Priority Measure)

As shown in **Table 1**, significant additional money — totaling approximately 50 percent of available CPC+ reimbursement — can be gained by inclusion of non-attributed CCM and TCM in a practice's care management plan.

If you're comparing notes for CPC+ with the upcoming MACRA requirements, CPC+ will be counted as an Alternative Advanced Payment Model supportive of advanced primary care functions, while also providing an alternative to MIPS. This is an additional incentive for practices aiming to avoid the challenges of MIPS requirements.

Practices already participating in a MSSP are also allowed to participate in CPC+. The care management fee is paid directly to the participating practices, and included in the MSSP's total expenditures for shared savings and loss. The practices forego the prospectively paid, retrospectively calculated, performance-based incentive payment, however, and will instead participate in the MSSP shared savings and loss arrangement.

Cash-in on CCM and TCM

With all that's at stake with the upcoming changes in healthcare — most importantly the health of our patients — it's imperative that all practices leverage any money on the table to build the necessary infrastructure for practice transformation and proactive patient care. Cashing in on non-attributed CCM and TCM are great opportunities, not to be forgotten by CPC+ participants.

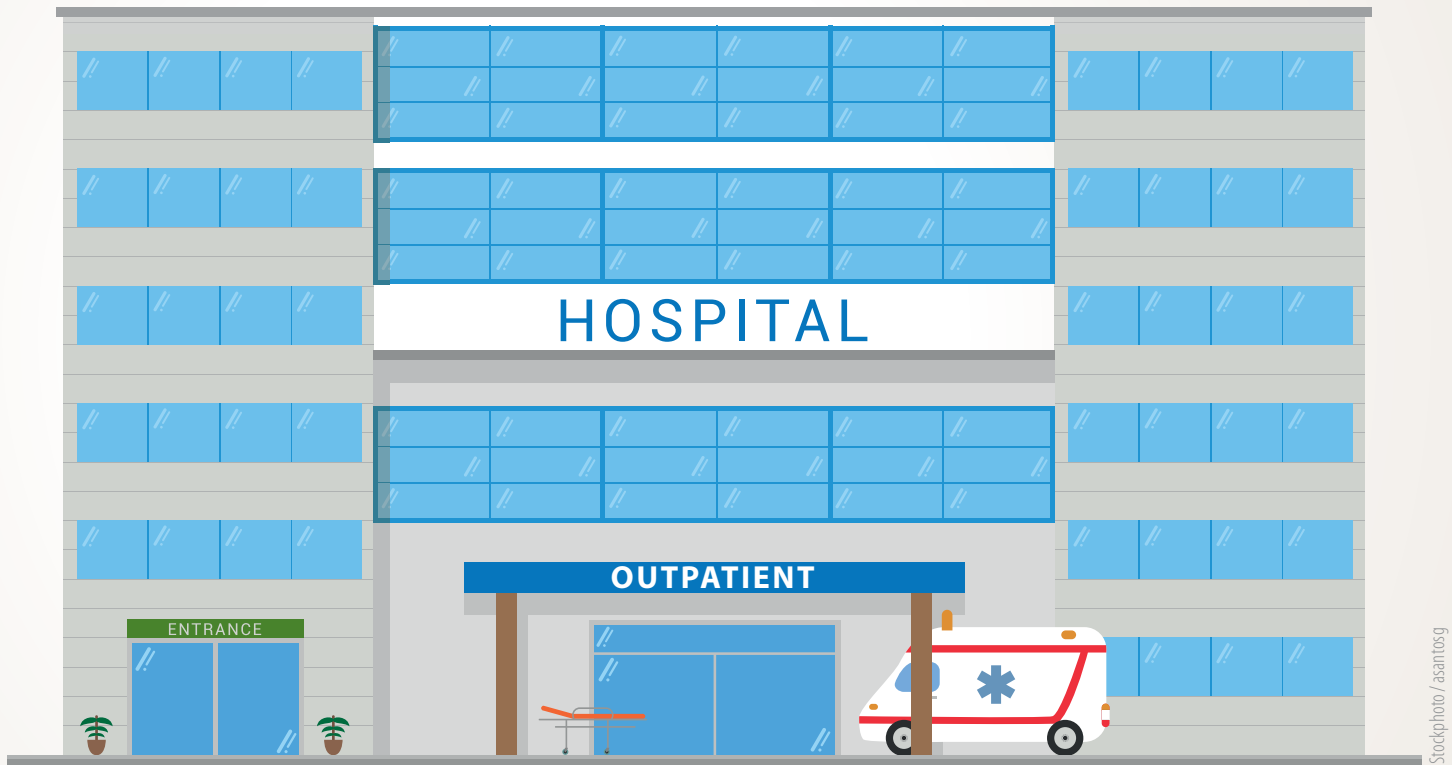
If you didn't send your application for CPC+ this round, you may be able to take advantage of the upfront money when CMS reopens the program this spring. **HBM**



Stephen J. Canon, MD, is a board-certified urologist and associate professor at the University of Arkansas for Medical Sciences (UAMS). He also is chief of pediatric urology at Arkansas Children's Hospital, program director of the UAMS Department of Urology, and the 2010 inaugural recipient of the Arkansas Children's Hospital Auxiliary and John F. Redman, MD, endowed chair in pediatric urology. Canon received his medical degree from the University of Texas Medical Branch and completed a Pediatric Urology Fellowship in Columbus, Ohio. He also co-founded Phyzit, Inc. Phyzit TCM™ is a cloud-based software solution that streamlines the TCM process.

Resources

- <https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>
- <https://innovation.cms.gov/files/x/cpcplus-rfa.pdf>
- www.aapc.com/blog/36191-understanding-cpc-program/
- <https://innovation.cms.gov/files/x/cpcplus-faqs.pdf>
- <https://qpp.cms.gov/measures/quality>
- <https://innovation.cms.gov/files/x/cpcplus-faqs.pdf>
- <https://innovation.cms.gov/Files/x/cpcplus-practiceapplicationfaq.pdf>
- www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-10-25.html



2017 OPPTS Payment Increase Reflects Hospital Claims Data

This year sees expanded packaging, encounter-based payments, and off-campus provider-based department changes.

As in past years, the Centers for Medicare & Medicaid Services (CMS) based 2017 Hospital Outpatient Prospective Payment System (OPPS) payments on claims data submitted by hospital providers. This year, that resulted in a 1.65 percent update. Hospitals that fail to meet hospital outpatient quality reporting (OQR) requirements will incur a 2.0 percentage point reduction, and certain sole community hospitals and essential access community hospitals continue to rural adjustments. Let’s take a look at what else CMS has in store for us in 2017.

Claim Data Affects APC Assignments

CMS continues to restructure families of Ambulatory Payment Classifications (APCs) to become less granular, while maintaining APC assignments based on clinical characteristics and resource similarities. Claims data continues to be the source of CMS determinations for procedural grouping and status indicator assignment. The Diagnostic Radiology APCs have been renamed “Imaging,” and consolidated from 17 to seven. Vascular interventional radiology procedures are reassigned to vascular service APCs.

For 2017, CMS finalized 25 new Comprehensive APCs (C-APC). Reimbursement continues to be an encounter-/claim-based payment. The J1 primary service and complexity adjustment methodologies continue.

A new C-APC, “Allogeneic Hematopoietic Stem Cell Transplantation,” was created to include the donor/product services. These services are not separately payable, as Medicare only covers the

CMS reinforces in the 2017 final rule that it's crucial for providers to report all services provided to a patient, regardless of whether a service warrants separate payment.

recipient; however, the cost of the services related to the donor/product is part of the overall comprehensive procedure. CMS has instituted a new edit for 2017 requiring the claim to contain the combination of CPT® 38240 *Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor* for the procedure, and revenue code 0815 for the acquisition costs. Revenue code 0815 is designated specifically for this service.

CMS reinforces in the 2017 final rule that it's crucial for providers to report all services provided to a patient, regardless of whether a service warrants separate payment. Without reporting all services, CMS has no information in the claims data on which to base future payment. Individual line item payment should not be the sole reason for reporting services on a claim; and in fact, it's crucial to report packaged items/services on the claim, or the cost is lost.

Device-intensive APC Edits Remain in Place, but Changed

CMS retained the device-to-procedure edits, but further refined the methodology and will base the device-intensive status on the individual HCPCS (Level I or II) procedure code, rather than at the APC level. This change allows the data to be more focused, and any device offset amount to be specific to the procedure rather than the entire APC. No specific procedure-to-device match is required; any device C code related to a device-intensive procedure will satisfy the edit.

One new device code is initiated for 2017: C1889 *Implantable/insertable device for device-intensive procedure, not otherwise classified*. This code allows reporting of a device-intensive procedure performed under a new methodology due to advances in medical technology. For example, where a vascular embolization procedure was performed with a catheter, a C code for the catheter would've been reported. This procedure can now be safely performed, in some instances, using a needle. There is no device C code for a needle, but you now have C1889 to report as the device code.

Packaging Continues to Expand

CMS continues to expand packaging to provide a more “prospective” payment for outpatient encounters. Modifier L1 is deleted, and clinical diagnostic laboratory tests are unconditionally packaged when reported on a claim with other services. Status indicator Q4 is still in use to allow the claims processing system to pay for these tests when a “lab-only” claim is submitted.

Changes for Off-campus, Outpatient, Provider-based Departments

Section 603 of the Bipartisan Budget Act of 2015 relates to payment for certain items and services provided in off-campus, provider-based departments (PBDs) of a hospital. From July 2012 to July 2015, hospital ownership of physician practices increased by 855, and the number of hospital-employed physicians increased by 50 percent. When these services became provider-based, in accordance with regulations (42 CFR 413.65), reimbursement changed from the Medicare Physician Fee Schedule (MPFS) to the hospital OPPS. Section 603 states that to be reimbursed under the OPPS, the off-campus PBD must have been providing covered outpatient department services prior to Nov. 2, 2015. Those that were providing services are designated by CMS as “excepted,” and are eligible for continued OPPS reimbursement. Those that were not are considered “non-excepted.” This provision only applies to entities paid under Section 1833(t) of the Social Security Act: Indian Health Services, federally qualified health centers, and dedicated emergency departments, for example, are excluded from this provision.

Under Section 603, certain items and services are excluded from the definition of “covered outpatient department services” for the purpose of OPPS reimbursement and will be paid under “the applicable payment system” (the MPFS with some OPPS methodology included), beginning Jan. 1, 2017. CMS will use OPPS data to establish payment based on resources, but will not reimburse the APC amount. Packaging, wage index application, and billing rules will be consistently applied, as under the OPPS.

Beginning in 2017, a 20 percent payment reduction is required under the OPPS for imaging services that use film.

CMS has also established an “MPFS relativity adjuster” for 2017. This adjuster is based on the claims/cost analysis and comparison of the payment differential between the OPPS and ambulatory surgery centers. The relativity adjuster will decrease 2017 OPPS payment by 50 percent for non-excepted PBD services, which levels the reimbursement with that provided for a physician’s office and paid under the MPFS.

Apply modifier PN *Non-excepted service provided at an off-campus, outpatient, provider-based department of a hospital* to all non-excepted items and services billed, including those paid under a fee schedule, when provided in a non-excepted PBD. Excepted PBDs should continue to report modifier PO *Services, procedures, and/or surgeries furnished at off-campus provider-based outpatient departments*.

To combat coding inconsistencies for outpatient visits and some radiation treatment services, CMS clarifies in the final rule that, under the OPPS, outpatient visits are reported with G0463 *Hospital outpatient clinic visit for assessment and management of a patient*, regardless of level; whereas, under the MPFS, there are 10 visit codes based on new and established patient status. G0463 will continue to be reported under the OPPS. Radiation treatment delivery is reported with CPT® codes under the OPPS and with G codes under the MPFS. Non-excepted PBDs are required to bill G codes for radiation treatment services.

The payment for separately paid drugs and biologicals are excluded from the relativity adjuster methodology, as these items are paid separately in a physician’s office setting. When the item becomes packaged, it’s included in the cost/payment of services that are affected by the adjuster.

The 2017 OPPS final rule contains detailed discussions regarding these changes.

New Modifier Requirements for Radiology

The Consolidated Appropriations Act of 2016, Section 502(b) of Division O, Title V, amended Section 1833(t)(16) of the Social Security Act regarding certain radiology procedures. Beginning in 2017, a 20 percent payment reduction is required under the OPPS for imaging services that use film. New modifier FX *X-ray taken using film* is established and must be appended to the procedure code. Providers will incur a payment reduction for procedures using computed radiography beginning in 2018. Look for details in future rulemaking.



iStockphoto/Wvoelate

Outlier Fixed-dollar Thresholds Updated

CMS annually updates the formula for calculating outlier payments. Consistent with prior years, 2017 outlier payments are triggered when costs for providing a service or procedure exceed both:

- 1.75 times the APC payment amount; and
- APC payment plus the \$3,825 fixed-dollar threshold (increased \$575 from 2016).

Be sure to review the final rule for complete details on changes that will affect your outpatient facility in the coming year, and stay tuned for revisions and corrections.

Packaging, Payments, and Pass-through Updates

Four HCPCS Level II codes remain eligible for pass-through payment for 2017:

- C2623** Catheter, transluminal angioplasty, drug-coated, non-laser
- C2613** Lung biopsy plug with delivery system
- C1822** Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
- Q4172** PuraPly, and PuraPly Antimicrobial, any type, per square centimeter.

The packaging threshold for drugs, biologicals, and radiopharmaceuticals increases \$10 to \$110 for 2017.

Payment for all separately payable drugs, biologicals, and radiopharmaceuticals (with or without pass-through status) continues to be made at average sales price (ASP) plus 6 percent.

Two drug manufacturers commented to CMS that they opposed packaging because they believe CMS wants the best products for beneficiaries, but packaging creates more incentive for hospitals to use less expensive products. CMS responds in the final rule:

... where there are a variety of devices, drugs, items, supplies, etc. that could be used to furnish a service, some of which are more expensive than others, packaging encourages hospitals to use the most cost-efficient item that meets the patient's needs, rather than to routinely use a more expensive item, which often results if separate payment is provided for the items (78 FR 74925). The potential effect of this policy that the commenter is concerned about (hospitals choosing a lower cost stress agent) is precisely the outcome that we hope to encourage through this packaging policy.

Inpatient-only Procedures Thin Out

Seven procedures were removed from the inpatient-only list; none were added. Five of the seven are add-on codes and assigned status indicator N Items and services packaged into APC rates:

- +22585** Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
- +22840** Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)

- +22842** Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
- +22845** Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
- +22858** Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)

The remaining two codes are assigned status indicator J1 *Hospital Part B services paid through a C-APC*:

- 31584** Laryngoplasty; with open reduction of fracture
- 31587** Laryngoplasty, cricoid split

We've Only Just Begun

Anyone who's been in the business of healthcare for more than a day knows Medicare policies are never static. The information related here merely highlights some of the changes CMS finalized for the 2017 OPPS. Be sure to review the final rule and the January update transmittal for complete details on changes that will affect your outpatient facility in the coming year, and stay tuned for revisions and corrections. **HBM**

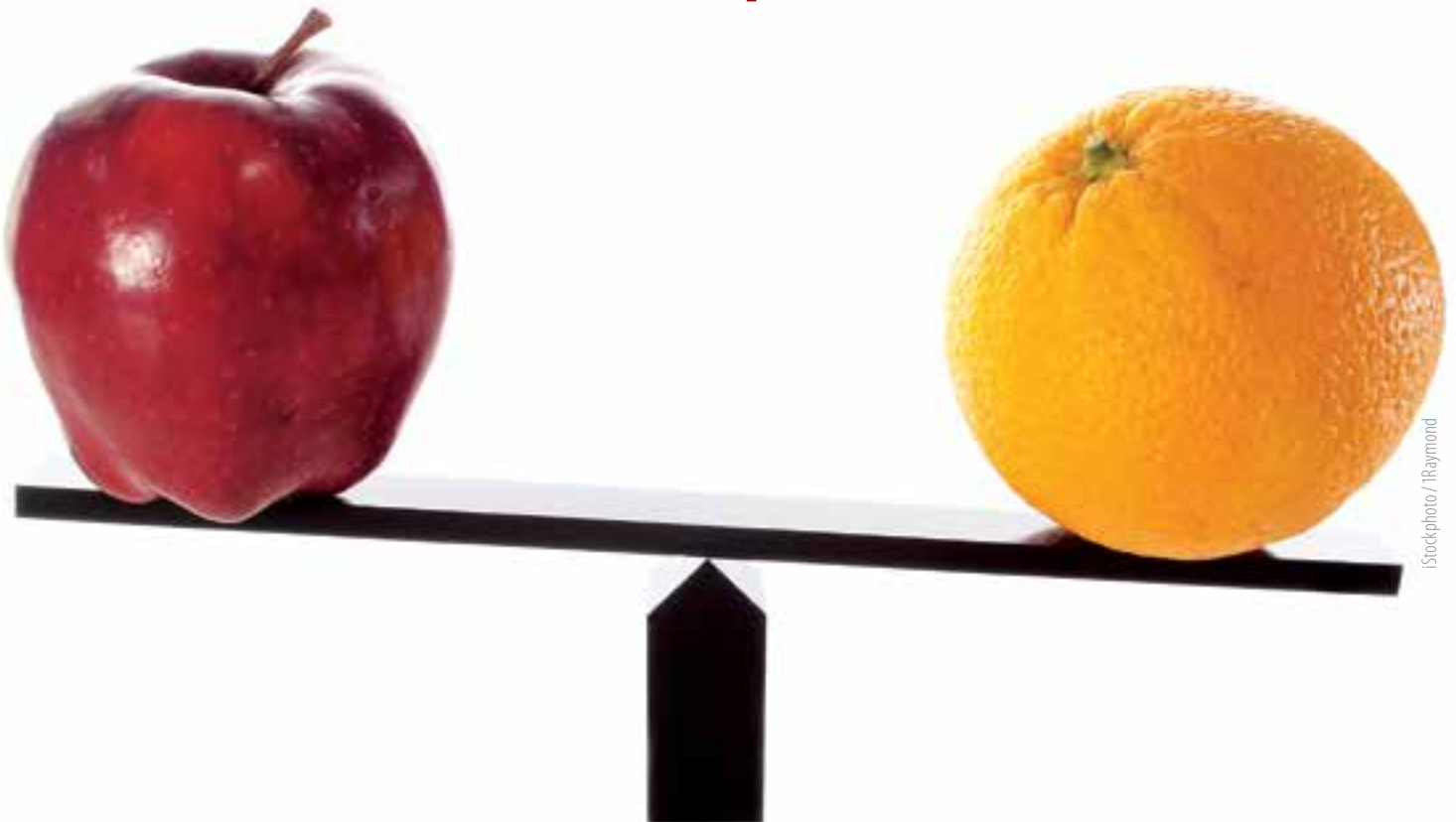


Denise Williams, RN, COC, is the senior vice president of revenue integrity services for Revant Solutions, Inc. She has been involved with APCs since their initiation. Williams has worked as corporate chargemaster manager for two healthcare systems, and is heavily involved in compliance and coding/billing edits and issues. She is a member of the Murfreesboro, Tenn., local chapter.

Resources

- CMS Proposes Hospital Outpatient Prospective Payment Changes for 2017: www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-07-06.html
- CMS, Hospital Outpatient Regulations and Notices: www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices.html
- Medicare CY 2017 OPPS Proposed Rule Claims Accounting: www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/CMS-1656-P-OPPS-Claims-Accounting.pdf
- January 2017 Update of the Hospital Outpatient Prospective Payment System: www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3685CP.pdf

Not All APMs Are Equal



Some alternate payment models do not exempt clinicians from the Merit-based Incentive Payment System (MIPS).

In this transition year of the Quality Payment Program, practices have the option to participate in an alternate payment model (APM). There are advantages to doing so, but you must do your homework.

In 2017, some APMs will not meet statutory requirements to be categorized as advanced APMs. Clinicians who are eligible to participate in MIPS and who participate in such APMs are actually in

MIPS APMs. It's important to know your clinicians' participation level to ensure proper reporting to and payment from the Centers for Medicare & Medicaid Services (CMS).

Identifying MIPS APMs

MIPS APMs meet three criteria:

1. APM entities participate in the APM under an agreement with CMS, or by law or regulation;
2. APM entities include at least one MIPS eligible clinician on a participation list; and
3. The APM bases payment incentives on performance (either at the APM entity level or eligible clinician level) on cost and quality measures.

Eligible Clinician or QP?

Medicare Part B clinicians billing more than \$30,000 a year and providing care for more than 100 Medicare patients a year are eligible to participate in the Merit-based Incentive Payment System (MIPS). To be a qualifying participant (QP) of an advanced alternate payment model (APM), exempt from MIPS, clinicians must receive 25 percent of their Medicare payments or see 20 percent of their Medicare patients through an advanced APM (exceptions exist). Note that QPs are not only excluded from MIPS, but also receive a 5 percent lump sum bonus starting in 2019 and a higher Physician Fee Schedule update starting in 2026.

It's important to know your clinicians' participation level to ensure proper reporting to and payment from the Centers for Medicare & Medicaid Services (CMS).

MIPS APMs in 2017:

- Medicare Shared Savings Program Accountable Care Organizations (ACOs) - Tracks 1, 2, and 3 (tracks 2-3 are advanced APMs)
- Next Generation ACO Model (advanced APM)
- Comprehensive End-stage Renal Disease (ESRD) Care (CEC) Model (large dialysis organization (LDO) arrangement) (advanced APM)
- Comprehensive ESRD Care (CEC) Model (non-LDO arrangement one-sided risk arrangement)
- Comprehensive ESRD Care (CEC) Model (non-LDO two-sided risk arrangement) (advanced APM)
- Oncology Care Model (OCM) (one-sided risk arrangement)
- Oncology Care Model (OCM) (two-sided risk arrangement) (advanced APM)
- Comprehensive Primary Care Plus (CPC+) Model (advanced APM)
- Vermont Medicare ACO Initiative (as part of the Vermont All-payer ACO Model) (advanced APM)

If a MIPS eligible clinician does not meet the threshold of having sufficient payments or patients through an advanced APM to become a qualifying participant (QP), the eligible clinician is scored under MIPS and the APM scoring standard. These scores are aggregated to the APM entity level, and all eligible clinicians in the APM entity receive the same MIPS final score.

APM Scoring Standard

CMS will review MIPS APM participation lists on March 31, June 30, and Aug. 31 (instead of the proposed one-time date of Dec. 31). To be considered part of a MIPS APM entity for the APM scoring standard, an eligible clinician must be on an APM participation list on at least one of those dates during the MIPS performance year. Otherwise the eligible clinician or group must report MIPS data to Medicare through standard means by March 31 of the following year to avoid a negative payment adjustment.

Important: If the applicable data submission requirements include full-year reporting, the MIPS individual or group must report for the full year to receive credit.

Score Big

The performance categories — Quality, Cost, Improvement Activities, and Advancing Care Information — are the same for MIPS APMs as those for MIPS reporters, but the requirements are different. For example, for 2017, clinicians participating in a MIPS APM will receive full credit for improvement activities.

The weights applied to the improvement activities performance category under the APM scoring standard in the 2017 performance year are:

- The Shared Savings Program and the Next Generation ACO Model improvement activities performance category weight is 20 percent.
- MIPS APMs other than the Shared Savings Program and the Next Generation ACO Model (including the CPC+ Model, the CEC Model, and the OCM) improvement activities performance category weight is 25 percent.

Watch Your Back

Your MIPS APM entity doesn't submit quality data on your behalf, it's your responsibility to do so through MIPS reporting. Failing to report data in this category will earn you a big, fat zero and a negative payment adjustment in 2019.

Renee Dustman, BS, is an executive editor for AAPC, and a member of the Flower City Coders, Rochester, N.Y., local chapter.

Resource

Scores for Improvement Activities in MIPS APMs in the 2017 Performance Period, Dec. 29, 2016, https://qpp.cms.gov/docs/QPP_APMs_and_Improvement_Activities.pdf

Can't find your name? It takes about three months after you pass the exam before your name appears in *Healthcare Business Monthly*.

Magna Cum Laude

Adamas Sergj Gaffud, **CPC-A**
 Amaury Perez, **CPC-A**
 Angela Blythe Ares, **CPC-A**
 Anila Usha, **CPC-A**
 Anna Odor, **COC-A**, **CPC-A**, **CRC**
 Anne Moore, **CPC-A**
 April Gregory, **CPC-A**
 Aray Beltran, **CPC-A**
 Carmen L Hernandez, **CPC**
 Christina Durga, **CPC**, **COSC**
 Cindiya I, **CPC-A**
 Colleen Cannon-Augustine, **CPC-A**
 Crystal Flores, **CPC-A**
 Cynthia Coe, **CPC-A**
 Edislady Guzman Diaz, **CPC**
 Elizabeth A Gates, **CPC-A**
 Eric Dietrich, **CPC-A**
 Hsiaoyun Tsai, **COC-A**, **CPB**
 Jatin Kakkar, **CPC-A**
 Jeanne Philp, **CPC**, **CPMA**, **CHONC**
 Jennifer Thomasson, **CPC-A**
 Jiwell Manaid Labuguen, **CPC-A**
 Jo E Henning, **CPC-A**
 Joni Sheridan, **CPC-A**
 Julie Cash, **CPC**
 Kayla Villarreal, **CPC-A**
 Kia Marie Clemente, **CPC-A**
 Kiriee D Herrera, **CPC**
 LeAnn Thompson, **CPC-A**
 Leyani Collazo, **CPC-A**
 Lisa Chase, **CIRCC**
 Loretta Carole Smith, **CPC**, **CANPC**
 Marina A Zerba, **CPC-A**
 Mary Plochocki, **CPC-A**
 Mavis Alonso, **CPC-A**
 Megan Burr, **CPC-A**
 Nadine Ma. Kristina Aleta, **CPC-A**
 Nadine Rice, **CPC-A**
 Neylin Escandon, **CPC-A**
 Pamela Pope, **CPC-A**
 Pamela Staniland Walker, **CPC**, **CPMA**
 Phaedra Conaway, **CPC-A**
 Rachael Uponen, **CPC-A**
 Raiza Rodriguez, **CPC**
 Regla Caraballo, **CPC-A**
 Sandi Watters, **CPC-A**
 Sarah Jane Santos, **CPC-A**
 Sasha Quiles, **CPC**
 Sandra Harris, **CPC-A**
 Stephanie Gerez, **CPC-A**
 Teresa Campbell, **CPC-A**
 Terry McDermott, **CPC-A**
 Tessa Stinnett, **CPC-A**
 Theresa Cancino, **CPC-A**
 Vicki Hess, **CPC**, **CPB**, **CPMA**
 Yanelys Avila, **CPC-A**
 Yanet Elena Gonzalez, **CPC-A**



Abigail Maslan, **CPC**
 Adeel Khan, **CPC**
 Agnes Hajdys, **CPC**, **CPB**
 Aileen Anonuevo, **CPC**
 Aisha Flipping, **CPC**
 Alexandra Skalicky, **CPC**

Alexis Perez, **CPC**, **CPB**
 Alicia Reese, **CPC**
 Alison Morin, **CPC**
 Alydia Patino, **CPC-P**
 Alyona Teslenko, **CPC**
 Amanda Bartlett, **COC**, **CPC**, **CPMA**, **CPC-I**
 Amanda Reiser, **CPC**
 Amber Baird, **CPC**
 Amy J Golden, **CPC**
 Amy Pratt, **COC**, **CPC**
 Amy Vuylsteke, **CPC**
 Andreeana Thomas, **CPC**
 Angela Nutile, **CPC**
 Angelica Mujica, **CPC**
 Anne Delamater, **CPC**
 Anne Marie Durand, **CPC**
 Annette Garrett, **CPC**
 April D Hicks, **CPC**
 Ashley Earls, **CPC**
 Ashley Higgins, **CPC**
 Ashley Nicole Johnson, **COC**, **CPC**
 Barbara J Snytko, **CPC**
 Beverlyn Wales, **CPC**
 Bobbi Young, **CPC**
 Bonnie M Pawlowski, **CPC**
 Brandi Jo Polumsky, **COC**, **CPC**, **CEDC**
 Brandi Schaeffer, **CPC**
 Brandi Turner, **CPC**
 Brandi Wallen, **CPC**
 Brandy Richardson, **CPC**
 Brandy Russell, **CPC**
 Candace Stricklin, **CPC**
 Cara Mikel Burgess, **CPC**
 Caridad Laplace, **CPC**
 Carly Allen, **CPC**
 Carmen Nelson, **COC**, **CPC**
 Carmen Souders, **CPC**
 Carolyn Banfy, **CPC**
 Carolyn Smith, **CPC**
 Carrie Anne Brownlow, **CPC**
 Carrie Barfels, **CPC**
 Catalina Johnson, **CPC**
 Catherine V Coe, **COC**, **CPC**, **COSC**
 Cathy Garguilo, **CPC-A**
 Chelsey Flowers, **CPC**
 Cherie Hendriks, **COC**, **CPC**
 Cheryl Litz, **CPC**
 Cheryl Van Klingeren, **CPC**
 Christian Gabriel, **CPC**
 Christie Malench, **CPC**
 Christin Yalden McCauley, **CPC**
 Christina Diaz, **CPC**
 Christine Bell, **CPC-P**
 Christine Sewbaluck, **CPC**
 Christy Fanning, **CPC**
 Cindy Griffith, **CPC**
 Cindy Lynn Hoyt, **CPC**
 Cindy Reed, **CPC**
 Claudia Gutierrez, **CPC**
 Cynthia Denise Schmitz, **CPC**
 Cynthia M Posey, **CPC**
 Darla R Mcknight, **COC**, **CPC**, **CPB**, **CPMA**, **CEMC**
 Darlene Hruska, **COC**, **CPC**
 Darlfene Abano, **COC**, **CPC**, **CRC**, **CEDC**
 Daveena Miller, **CPC**
 David Wiggins, **CPC**
 Debbie Sharp, **CPC**
 Debra Davis, **CPC**
 Debra McKenzie, **CPC**
 Denise G Whitfield, **CPC**
 Denise Miller, **CPC**
 Dequitta S Seawood, **CPC**
 Diana Giangiacomo, **CPC**
 Diane Saint Ange, **CPC**, **CPC-P**
 Dina Benedetto, **COC**, **CPC**, **CPC-P**, **CPMA**

Dominique Mitchell, **CPC**
 Donna Mullins, **COC**, **CPC**
 Donna Parker, **CPC**
 Dorinda Conner, **CPC**
 Doris Tania Fernandez, **CPC**
 Dottie Sue Davis, **COC**, **CPC**
 Dr. Shalini Sandp Patil, **CPC**
 Duane Thorpe, **COC**
 Eileen Pinares, **CPC**, **CPC-P**, **CDEO**, **CPMA**, **CRC**, **CPC-I**
 Elaine Young, **CPC**
 Elina Sabilova, **CPC**, **CPMA**, **CFPC**
 Elizabeth A Knaus, **COC**, **CPC**
 Elizabeth Haywood Fourie, **CPC**
 Elizabeth Spector, **CPC**
 Ellen Rouse, **CPC**
 Ely Obwaka, **CPC**
 Emily Lauren Cook, **CPC**
 Erika Whiteside, **CPC**
 Esther Tchatchanachvili, **CPC**
 Esther Tetro, **CPC**
 Evelyn Rossi, **CPC**
 Fannie Cooper, **CPC**
 Felicia Hall, **CPC**
 Gemma Bernales, **CPC**
 Gina Obando Sanchez, **CPC**
 Giselle Byjoo, **COC**, **CPC**
 Glenn Anthony Czech, **CPC**
 Heather Brooks, **CPC**
 Heather Tsapelas, **CPC**
 Heather Wheeler, **CPC**, **CPB**
 Heather Williams, **CPC**
 Holly Murdock, **COC**, **CPC**, **CRC**
 Hope Wen, **CPC**
 I. Priscilla Dhammi, **COC**, **CPC**
 Irwan Roebini, **CPC**
 James Norman Hader, **CPC**, **CPC-P**, **CPPM**
 Jamie L Foster, **CPC**
 Jana Hughes-Keenum, **CPC**
 Jana Lee Tripp, **CPC**
 Jane Daily, **CPC**
 Jane Eversman, **CPC**
 Janet Smith, **CPC**
 Janie Lagrone, **CPC**
 Jasmin Johnson, **COC**, **CPC**, **CPB**, **CPMA**, **CEDC**
 Javier Tormes, **CPC**
 Javonne D Joseph, **CPC**
 Jazmin Rodriguez, **CPC**
 Jennifer Harms, **CPC**
 Jennifer Kane, **CPC**
 Jennifer L Fohey, **COC**, **CPC**
 Jennifer Lane Hill, **CPC**
 Jennifer Smahi, **CPC**
 Jennifer Vasquez, **CPC**
 Jessica Collorone, **CPC**
 Jessica Lovelady, **CPC**
 Jewel S Meertens, **CPC**, **CGSC**
 Jillian Crabtree, **CPC**
 Jo Ann Richards, **CPC**, **CPB**
 Joanna Duncan, **CPC**
 Joanna Kirkpatrick, **CPC**
 Joanne Wall, **CPC**
 John Randall Goudeau, **CPC**
 John Orainu Ola, **COC**
 Jovanka Brickell, **CPC**
 Julia Alaniz, **CPC**
 Julia Foreman, **CPC**
 Julie Ann LiMandri, **CPC**
 Julie Colgan, **CPC**
 Julie L May, **COC**, **CPC**
 Julie Papa, **CPC**
 June Elizabeth Lockhart, **COC**, **CPC**, **CPC-P**
 Kara Snowman-Wulff, **CPC**, **CRC**
 Karen Buryn, **COC**, **CPC**
 Karen Holland, **CPC**

Karen M Pemberton, **CPC**
 Kari J Miller, **CPC**
 Kathleen OBrien, **CPC**
 Kathleen Pincus, **CPC**
 Kathy Dorceant, **CPC**
 Kathy Phelps, **CPC**
 Kellie Marie Legg, **CPC**
 Kelly Ewing, **CPC**
 Kelly Goss, **CPC**
 Kelly Thompson, **CPC**
 Kelvin Romney, **COC**
 Kema Batiste, **CPC**
 Kendra Brown, **COC**
 Keri Lazowski, **CPC**
 Kerri Martin, **CPC**
 Kimberly A. Rubadue, **COC**, **CPC**
 Kimberly Ann Hyatt, **COC**, **CPC**, **CPB**, **CCC**, **CCVTC**
 Kimberly Anne McCloud, **CPC**
 Kimberly Desiderio, **CPC**
 Kimberly Sims, **CPC**
 Kirstin Halverson, **CPC**
 Kristen Namanny, **CPC**
 Kristie Cuddington, **CPC**, **COSC**
 Kristin Carr, **CPC**
 Krystal Everhart, **CPC**
 Lacy Henry, **CPC**
 LaDawn Renea Morgan, **CPC**
 Laketsha Renee Johnson, **CPC**
 LaNette Hime, **CPC**
 Laura Boyenger, **CPC**
 Laura Buono, **CPC**
 Laura J Hysell, **CPC**
 Laurie Galasso, **COC**, **CPC**
 Lawanda Smith, **CPC**
 LeAnne Shelton, **COC**, **CPC**
 Lenzie S Lashwood, **CPC**
 Letha Lee, **COC**, **CPC**
 Linda Loveday, **COC**, **CPC**, **CDEO**, **CPB**, **CPMA**, **CPPM**, **CEMC**
 Lisa M Paulo, **CPC**, **CPMA**
 Lisa Walz, **CPC**
 Lisa Weldon, **CPC**
 Lori Call, **COC**, **CPC**
 Lori Cammack, **CPC**
 Lorraine Lane, **CPC**
 Lourdes Marie Alexander, **CPC**
 Mallory Rocca, **CPC**
 Mangal Singh Bagri, **CPC**
 Marcie Dasher, **CPC**
 Margaret A Fordham, **CPC**
 Margaret Trainor, **COC**, **CPC**
 Mariali Gonzalez, **CPC**
 Martha Perez-Espartero, **CPC**
 Marti Anderson, **CPC**
 Mary Grace Dela Cruz-Knight, **CPC**
 Mary Jewell, **CPC**
 Mary Lemas, **CPC**
 Mary Parks, **CPC**
 Mary Wolfe, **CPC**, **CPCO**
 Mary-Jo Griffith, **COC**, **CPC**, **CPC-I**, **CEMC**, **CGIC**, **CGSC**, **COSC**
 Maureen Orians, **CPC**
 Melecia Wallace, **CPC**
 Melissa Montgomery, **CPC**
 Melissa Odice, **CPC**
 Merrideth Lindsay, **CPC**
 Michael Florez, **CPC**
 Michael Keith Hornback, **CPC**
 Michelle Aiken, **CPC**
 Michelle E Johnson, **COC**
 Michelle Leigh Miller, **CPC**
 Michelle Salvadori, **CPC**
 Michelle Tate, **CPC**
 Mildred Huckabee, **CPC**
 Mindi Wilson, **CPC**
 Mizraim Rios, **CPC**
 Molina Talwar, **CPC**

Monica Gonzales, **CPC**
 Monica N Austin-Cox, **CPC**
 Nancy Lee, **CPC**
 Nancy Love Weith, **COC**, **CPC**, **CCVTC**
 Natoshia Bryant, **CPC**
 Nickalia Robinson, **CPC**
 Nissa Mortellaro, **COC**, **CPC**
 Norlyn Lastimoso, **CPC**
 Pamela Benkovich, **CPC**
 Pamela Teresa Morris, **CPC**
 Pamela Yvonne Wrenn, **COC**, **CPC**, **CPC-P**
 Patrice Antoinette Johnson, **COC**, **CPC-P**
 Patti Bruggink, **CPC**
 Paula Capeto-Fischer, **COC**, **CPC**, **CPC-P**, **CRC**
 Paula Rene Hill, **CPC**
 Peggy Linabary, **CPC**
 Raji Pillai, **CPC**
 Rajkumar Bunga, **COC**, **CPC**
 Raquel G. Torres, **CPC**
 Rebecca Go Apostol, **CPC**
 Rebecca Ilene Dawson, **CPC**
 Rebecca Joy McNaughton, **CPC**
 Rebecca Riney, **CPC**
 Rebekah Harford, **CPC**
 Regina Noonan, **CPC**
 Renee Cohs, **CPC**
 Rhonda S White, **CPC**
 Riny Tawadrous, **CPC**
 Rita Uhren, **CPC**
 Roberta Carlise, **COC**
 Robin Barber, **CPC**
 Robin Lester, **CPC**
 Robin Magruder, **CPC**
 Rosa Yanez, **CPC**
 Rose Brummett, **CPC**
 Roshawnda Gossitt, **CPC**
 Roslyn Boyd, **CPC**
 Rubely Enriquez, **CPC**
 Ruthra Kumar, **CPC**
 Sally Bowman, **COC**, **CPC**
 Sandeep Panakanti, **COC**
 Sandra Meghan Nau, **CPC**
 Sandra Sherry Lopez, **CPC**
 Sarah Marsh, **CPC**
 Sarah Perry, **CPC**
 Sarah Rosa, **CPC**
 Sarah Zink, **CPC**, **CPC-P**
 See Vue, **CPC**
 Shahri Stanley, **COC**
 Shaina Metz, **CPC**
 Shantelle V Black, **CPC**
 Sharon Elgin, **COC**, **CPC**
 Sharon Parayno, **CPC**
 Sharon Ryan Moore, **CPC**
 Sharon Sircikia, **CPC**
 Sharon Then, **CPC**
 Sharyl Ellison, **CPC**
 Shashona Mosley, **CPC**
 Shauna Harman, **CPC**
 Shavonti White, **COC**
 Shayna Adams, **CPC**
 Shayne Jones, **CPC**
 Sheena Bragg, **CPC**
 Sheila Cassidy, **CPC**
 Shelia Weeks, **CPC**
 Shena Zink, **COC**, **CPC**
 Sher Stiller, **COC**, **CPC**
 Sheri A Ankley, **COC**, **CPC**
 Sherry Baron, **COC**, **CPC**
 Sheryle Henson, **CPC**
 Shyann Duckworth, **CPC**
 Stacy Hilton, **CPC**, **CPEDC**
 Stacy Shoua Her, **CPC**
 Stefania Melia Russo, **CPC**
 Stephanie Fillmore, **CPC**
 Stephanie Fulk, **CPC**

NEWLY CREDENTIALLED MEMBERS



Stephanie Hale, **CPC**
Sufiyan Ali, **CPC**
Suhas Abdul jabbar, **CPC**
Suretta Miltenberger, **CPC**
Susan Borghi, **COC, CPC**
Susan Kandzinski, **CPC**
Susan P. Wyatt, **CPC**
Sussy I De La Torre, **COC**
Suzanne Fadeley, **CPC**
Sylvia Orellana, **CPC**
Tamera Karnes, **CPC**
Tammy Mercier, **CPC**
Tara Vincent, **CPC**
Tempie Naylor Fuller, **COC, CPC**
Teresa Huneycutt, **CPC**
Teresa Payne, **CPC**
Terri Adkins, **COC, CPC**
Tina Gundros, **CPC**
Tina Kim, **CPC**
Tracey Hardwick, **CPC**
Tracie Reed, **CPC**
Tremayne Melvin, **CPC**
Uma Vohra, **COC**
Valerie Silva, **CPC**
Venita Alvarez, **CPC**
Vickie Maddox, **CPC**
Vikki Tatum, **CPC**
Vinod Kumar, **CPC**
Violet Neumann, **CPC**
Wakesha C Williams, **CPC**
Wanda Faye Turner, **CPC**
Whyketha Cooper, **COC**
Winter Milini, **CPC, COSC**
Xochitl Gonzalez, **CPC**
Yolanda Marie Moore, **CPC**
Yuleidys Ojeda, **CPC, CPMA, CRC**

Apprentice

A. Bryan Dandridge, **CPC-A**
Aaron Aariele Dominique, **CPC-A**
Abhisha K, **CPC-A**
Abigail Ewing, **CPC-A**
Abigail Wagner, **CPC-A**
Addie Kimball, **CPC-A**
Ade Pavani, **CPC-A**
Aditya Avirmeni, **CPC-A**
Aditya Urimetta, **CPC-A**
Adriana Nunez, **CPC-A**
Adriana Ramkissoon, **CPC-A**
Ahamad Meharoof, **CPC-A**
Ahiyln Bolet, **CPC-A**
Ahza Kilma, **CPC-A**
Aida Iglesias, **CPC-A**
Aisha Simmons, **CPC-A**
Aishwarya Naik, **CPC-A**
Ajitha Mohan .T.V, **CPC-A**
Alex Broadston, **CPC-A**
Alex Palacios, **CPC-A**
Alexa LaBerteaux, **CPC-A**
Alexander Daniel, **CPC-A**
Alexandria L Rooney, **CPC-A**
Alexis N Harvey, **CPC-A**
Alexis S Wrobel, **CPC-A**
Alyson Small, **CPC-A**
Alyssa Ellis, **CPC-A**
Amal Guirguis, **CPC-A**
Amanda M Sanchez, **CPC-A**

Amanda Freer, **CPC-A**
Amanda Maupin, **CPC-A**
Amanda Moore, **CPC-A**
Amanda Rhodes, **CPC-A**
Amber Cooper, **CPC-A**
Amber D Short, **CPC-A**
Amber Howard, **CPC-A**
Amber Powers, **CPC-A**
Amber Pritt, **CPC-A**
Amparo Calderon, **CPC-A, CRC**
Amrita Harji Thontiya, **CPC-A**
Amy Bone, **CPC-A**
Amy Collins, **CPC-A**
Amy Colpaert, **CPC-A**
Amy Cooper, **CPC-A**
Amy Dant, **CPC-A**
Amy Elizabeth Blume, **CPC-A**
Amy Frank, **CPC-A**
Amy Jo Leja, **CPC-A**
Amy Jo Long, **CPC-A**
Amy Land, **CPC-A**
Amy Propst, **CPC-A**
Amy Rupp, **COC-A, CPMA**
Amy Stec, **CPC-A**
Amy Whittington, **CPC-A**
Amy Zander, **CPC-A**
Anantha Lakshmi Mantripragada, **CPC-A**
Ananthoju Shilpa, **CPC-A**
Anbarasan Dillibabu, **COC-A**
Andrea Evenden, **CPC-A**
Andrea Denton, **CPC-A**
Andrea Hatch, **CPC-A**
Andrea Linderman, **CPC-A**
Andrea Petitgoue, **CPC-A**
Andrea Tyson, **CPC-A**
Andres Dela, **CPC-A**
Andrew Profeto, **CPC-A**
Andria Gary, **COC-A**
Anetrice Slater, **CPC-A**
Angela Craig, **CPC-A**
Angela Denny, **CPC-A**
Angela Eckhardt, **CPC-A**
Angela Headen, **CPC-A**
Angela Krueger, **CPC-A**
Angela Storti, **CPC-A**
Anilin Cabrera, **CPC-A**
Anita Dolan, **CPC-A**
Anita Sonar, **CPC-A**
Anjana Roy, **CPC-A**
Anjaneyulu Venkatarao, **CPC-A**
Anju Rajan, **CPC-A**
Ann K Johnson, **CPC-A**
Ann Mariya Sabu, **CPC-A**
Ann Stranik, **CPC-A**
Anna Ashworth, **CPC-A**
Anna M Gomes, **CPC-A**
Anna Mains, **CPC-A**
Anna McGinness, **COC-A**
Anna Shershneva, **COC-A, CPC-A**
Anne Ezra, **CPC-A**
Annmarie Lynn, **CPC-A**
Antoinette Friedel, **CPC-A**
Anu Varghese, **CPC-A**
Aprell Copeland, **CPC-A**
April Green, **CPC-A**
April Kingdom, **CPC-A**
Aprille Rowland, **CPC-A**
Archana Khadka, **CPC-A**
Ariana Batovsky, **CPC-A**
Ariane Lapuz, **CPC-A**
Ariel Pang, **CPC-A**
Arielle Boyd, **CPC-A**
Arjen Catibog, **CPC-A**
Arlee Schneider, **CPC-A**
Arlene Alasandro, **CPC-A**
Aruna Kailas Darade, **CPC-A**
Ashley Benson, **CPC-A**

Ashley E Smith, **COC-A**
Ashley King, **CPC-A**
Ashley Lemon, **CPC-A**
Ashley McGovern, **CPC-A**
Ashley Morton, **CPC-A**
Ashley Naquin, **CPC-A**
Ashley Rivera, **CPC-A**
Ashley Selby, **CPC-A**
Ashley Taylor-Brown, **CPC-A**
Ashley V. Lloyd, **CPC-A**
Ashley Wilkins, **CPC-A**
Ashley Zelner, **CPC-A**
Ashwani Narayan Singh, **COC-A**
Ashwini G, **CPC-A**
Aslam Habeeb, **CPC-A**
Asma Inamdar, **CPC-A**
Aswathy B, **CPC-A**
Aubrie Lynn Cullinane, **CPC-A**
Audrey Baenziger, **CPC-A**
Ava Myers, **CPC-A**
Avan Charles Chavez, **CPC-A**
B V N PhaneendraBabu, **CPC-A**
B. Anjana, **CPC-A**
B. Mounika, **CPC-A**
Bairaboyina Lakshmi Prasanna, **CPC-A**
Bakiya Lakshmi, **COC-A**
Baldip Heer, **CPC-A**
Bambi Cocke, **CPC-A**
Bantu Yadagiri, **CPC-A**
Barbara A Hamden, **CPC-A**
Barbara Calley, **CPC-A**
Barbara Miller, **CPC-A**
Barbara Norblom, **CPC-A**
Becky Shaw, **CPC-A**
Belinda Barnes, **CPC-A**
Ben Oubre, **CPC-A**
Beth Chakan, **CPC-A**
Beth Nida, **CPC-A**
Beth Reynek, **CPC-A, CRC**
Beth Wood, **CPC-A**
Betsy L Raines, **CPC-A**
Beverly Stover, **CPC-A**
Beverly Morefield, **CPC-A**
Bhakti Nandkumar Ambavkar, **CPC-A**
Bhanu Chandrar Wudakam, **CPC-A**
Bhaskar Sreepathi, **CPC-A**
Bhavna Desai, **CPC-A**
Bianca L Cruz, **CPC-A**
Billie Fowler, **CPC-A**
Binny Sankar H, **CPC-A**
Blessy Susan Samuel, **CPC-A**
Bobbi W Beardi, **CPC-A**
Bobbie Bias, **CPC-A**
Boodidhi Shirisha, **CPC-A**
Bonnie Burrell, **CPC-A**
Bonnie Long, **CPC-A**
Boodidhi Shirisha, **CPC-A**
Brandi Buyak, **CPC-A**
Brandi L Vanmeter, **CPC-A**
Brandi McLaughlin, **CPC-A**
Brandy Tiffany Ashley-Diaz, **CPC-A**
Breanna Demchok, **CPC-A**
Breeanna Peyritz, **CPC-A**
BreeziLeigh M Van Hercke, **CPC-A**
Brenda Chupp, **CPC-A**
Brenda Colette Norman, **CPC-A**
Brenda Michella Upsher, **CPC-A**
Brenda Sharp, **CPC-A**
Brenda Waller, **CPC-A**
Brian Berube, **CPC-A**
Brian White, **CPC-A**
Brianna Pang, **CPC-A**
Brianna Evanowski, **CPC-A**
Brianna Gilliland, **CPC-A**
Bridget Stockhill, **CPC-A**
Brie Lepore, **CPC-A**
Brikkie Christie, **CPC-A**
Brittani Garcia, **CPC-A**

Brittany Christiansen, **CPC-A**
Brittany Finnegan, **CPC-A**
Brittany Fosbrink, **CPC-A**
Brittany Mumper, **CPC-A**
Brittany Postma, **CPC-A**
Brittany U'Wren, **CPC-A**
Brittney Murdock, **CPC-A**
Brittney Schafer, **CPC-A**
Bronte Dipzinski, **CPC-A**
Brooks Clark, **CPC-A**
Bryan Balonon, **CPC-A**
Caitlin Frank, **CPC-A**
Cala Weaver, **CPC-A**
Caleen Camaya, **CPC-A**
Cameron Richardson, **CPC-A**
Candace Clark, **CPC-A**
Candice Guin, **CPC-A**
Candice Snegirev, **CPC-A**
Candice V Xavier, **CPC-A**
Candy Annis-Hayes, **CPC-A**
Candy Clouse, **CPC-A**
Cari Brown, **COC-A**
Carla Buschur, **CPC-A**
Carla Southern-Cutler, **CPC-A**
Carlyn Dietrich, **CPC-A**
Carmella Jones, **CPC-A**
Carmella Tonguca, **CPC-A**
Carmen Schofield, **CPC-A**
Carmen Zuluaga, **CPC-A**
Carol Nichols-Cooper, **CPC-A**
Carolina Columbel, **CPC-A**
Caroline Lopez, **CPC-A**
Caroline Reyes, **CPC-A**
Carolyn Cash, **CPC-A**
Carolyn Darbandi, **CPC-A**
Carolyn Dorner, **CPC-A**
Carolyn Douglas, **COC-A, CPC-A**
Carolyn Holman, **CPC-A**
Carolyn Rich, **CPC-A**
Carolyn Stone, **CPC-A**
Carrie Babilon, **CPC-A**
Carrie Ellis, **CPC-A**
Carrie Huckey-Johnson, **CPC-A**
Carrie Seehaver, **CPC-A**
Carysa Studstill, **CPC-A**
Casey Burescia, **CPC-A**
Cassandra Allor, **CPC-A**
Cassandra Ramos, **COC-A**
Cassandra Sunstein, **CPC-A**
Cassie Porter, **COC-A**
Cassondra Major, **CPC-A**
Cat Clayton, **CPC-A**
Catherina Ma Calzo Fournier, **CPC-A**
Catherine Kay Estrada, **CPC-A**
Catherine Langland, **CPC-A**
Catherine Miller, **CPC-A**
Catherine Young, **CPC-A**
Cathy Capwell, **CPC-A**
Cathy Cummings, **CPC-A**
Cathy Goldenberg, **CPC-A**
Cecile Farrales, **CPC-A**
Celeste Arens, **CPC-A**
Cesiley Trevino, **CPC-A**
Chad Kraemer, **CPC-A**
Chamundeewari Puttur, **CPC-A**
Chandra Poojary, **CPC-A**
Chandrasekar Ayyavu, **CPC-A**
Chantel Pepper, **CPC-A**
Chaqueta Player, **CPC-A**
Charise Guidinger, **CPC-A**
Charla Pino, **CPC-A**
Charla Sewell, **CPC-A**
Charlene Cunningham, **CPC-A**
Charlene Feilner, **COC-A**
Charles David Wright, **CPC-A**
Charles Wright, **CPC-A**
Charmaine Dawn Fernandez, **CPC-A**
Chegonda Ravi Kumar, **CPC-A**

Chelsea From, **CPC-A**
Chelsie Phillips, **CPC-A**
Chennel Colleton, **CPC-A**
Cherena Cheng, **CPC-A**
Cherise Favor, **CPC-A**
Cheryl Maveragames, **CPC-A**
Cheryl Ryser, **CPC-A**
Cheryl Tusken, **CPC-A**
Chilu Kuriakose, **CPC-A**
Chinasa Nwankwo, **CPC-A**
Chinnari Swarnala, **CPC-A**
Chinnathambi Thangam, **CPC-A**
Chris Howat, **CPC-A**
Chris Jackson, **CPC-A**
Christa Fry, **CPC-A**
Christi Vandervert, **CPC-A**
Christian Soberano Carrillo, **CPC-A**
Christiana Stewart, **CPC-A**
Christina Lavargna, **CPC-A**
Christina Connelly, **CPC-A**
Christina Donovan, **CPC-A**
Christina Hines, **CPC-A**
Christina L Carroll, **CPC-A**
Christina Larsen, **CPC-A**
Christina Potjunas, **CPC-A**
Christine Bolton, **CPC-A**
Christine Wright, **CPC-A**
Christopher Ragsdale, **CPC-A**
Christy Augustine, **CPC-A**
Cindy Sheldon, **CPC-A**
Claire Sembler, **CPC-A**
Clara Durham, **CPC-A**
Clarisa Cosson, **CPC-A**
Claudia Patricia Matney, **CPC-A**
Claudia Stanciu, **CPC-A**
Colin Donnelly, **CPC-A**
Colleen Joyce Zajac, **CPC-A**
Colleen L Hopkins, **CPC-A**
Colleen NewellBray, **CPC-A**
Colleen Wilson, **CPC-A**
Connie Henderson, **CPC-A**
Connie Skinner, **CPC-A**
Cortnei Morrow, **CPC-A**
Courtney Gainey, **CPC-A**
Courtney Wagoner, **CPC-A**
Cristen Schaeffer, **CPC-A**
Crystal Carlson, **CPC-A**
Curtis Yackell, **CPC-A**
Cyndi Bachman, **CPC-A**
Cynthia Custodio, **COC-A**
Cassondra Major, **CPC-A**
Cynthia White, **CPC-A**
Dalles Hill, **CPC-A**
Dana Fanning, **CPC-A**
Dana Garcia, **CPC-A**
Dana Plott, **CPC-A**
Dana S Harlow, **CPC-A**
Daniel Detwiler, **CPC-A**
Danielle Lynn, **CPC-A**
Danielle Schaub, **CPC-A**
Danielle Tabb, **CPC-A**
Danielle Wright, **CPC-A**
Danielle Yelenic, **CPC-A**
Darcy Burleigh Curry, **CPC-A**
Darian Shayne Brooks, **CPC-A**
Darryl Hampton, **CPC-A, CPB**
David Bryan, **CPC-A**
David M Couch, **CPC-A**
David Vence, **CPC-A**
Davina Williams, **CPC-A**
Dawn Fowler, **CPC-A**
Dawn Marie Manno, **CPC-A**
Dawn Matherly, **CPC-A**
Dawn Raymond, **CPC-A**
Dawn Wallace, **CPC-A**
Deann McClelland, **CPC-A**
Deanna McNeill, **CPC-A**
Deanne Remlinger, **CPC-A**

Debbie Druzak, **CPC-A**
 Deborah Anderson, **CPC-A**
 Deborah Cobler, **CPC-A**
 Deborah Durand, **CPC-A**
 Deborah McQuiga, **CPC-A**
 Deborah Rogers, **CPC-A**
 Deborah Thompson, **CPC-A**
 Debra Hunter, **CPC-A**
 Debra L Richardson, **CPC-A**
 Debra Meyers, **CPC-A**
 Debra Xanthos, **CPC-A**
 Deeksha Chauhan, **CPC-A**
 Deonna Sonnhalter, **CPC-A**
 Deepti Singh, **CPC-A**
 Delaina Sadler Walker, **CPC-A**
 Demetria Armstrong, **CPC-A**
 Dena Yearwood, **CPC-A**
 Denise Arrowood, **CPC-A**, CPB
 Denise Santana, **CPC-A**
 Denyse Dotson, **CPC-A**
 Desiree Manatas Acuria, **CPC-A**
 Desiree Phillips, **CPC-A**
 Desiree Wilson, **CPC-A**
 Dessirae Taylor, **CPC-A**
 Destini Harkins, **CPC-A**
 Destiny Williams, **CPC-A**
 Devaganica Swetha, **CPC-A**
 Devin Major, **CPC-A**
 Dhanashree Bodke, **CPC-A**
 Dharmaseeli (Dee) Moses, **CPC-A**
 Diana Jill Griswold, **CPC-A**
 Diana Lui, **CPC-A**
 Diana Namutebi, **CPC-A**
 Diana Regalado, **CPC-A**
 Diana.C Xavier, **CPC-A**
 Diane G Mock, **CPC-A**
 Diane Bisgard, **CPC-A**
 Diane Broder, **CPC-A**
 Diane George, **CPC-A**
 Diane Lane, **CPC-A**
 Diane Lovely, **CPC-A**, CPB
 Diane Ralph, **CPC-A**
 Dilon Davis, **CPC-A**
 Dina Aljarrah, **CPC-A**
 Dina Franklyn, **CPC-A**
 Dione McDonald, **CPC-A**
 Dipthi Bhaskar, **CPC-A**
 Divya B.B., **CPC-A**
 Divya Fernandes, **CPC-A**
 Divya Sasindrakumar, **CPC-A**
 Divyabharathi Chandrasekaran, **CPC-A**
 Dolores Plummer, **CPC-A**
 Donald Kelly, **CPC-A**
 Donalyn Francisco, **CPC-A**
 Donita Ouellette, **CPC-A**
 Donna Garrett, **CPC-A**
 Donna M Johnson, **CPC-A**
 Donna Stahl, **CPC-A**
 Dorothy Haile, **CPC-A**
 Dr Aiswariya Satheesh, **CPC-A**
 Dr.Salva Abid, **CPC-A**
 Dr.Shubha Manjunatha, **CPC-A**
 Drew Long, **CPC-A**
 Drisa Paynter, **CPC-A**
 Drvaseed Shaik, **CPC-A**
 Dumpala Swathi, **CPC-A**
 Dwayne Dyals, **CPC-A**
 Dyavanapelli Srikanth, **CPC-A**
 Ebonie Royal, **CPC-A**
 Ebony Byrd, **CPC-A**
 Ebony LaShay Anderson, **CPC-A**
 Eddlyn Babista RN, **COC-A**
 Edgar Bryan Ladores, **CPC-A**
 Edina Hepokoski, **CPC-A**
 Edward Eyas, **CPC-A**
 Eileen Larison, **CPC-A**
 Elaine Jung, **CPC-A**
 Elaine Shand, **CPC-A**

Elena Malyavina, **CPC-A**
 Elena W Jolly, **CPC-A**
 Elia Arana, **COC-A**
 Eliana M Schaefer, **CPC-A**
 Elisabeth Ankrum, **CPC-A**
 Elissa Wilson Kincaid, **CPC-A**
 Elizabeth Bishop, **CPC-A**
 Elizabeth Bragg, **CPC-A**
 Elizabeth Davis, **CPC-A**
 Elizabeth Jacobsen, **CPC-A**
 Elizabeth Kearney, **CPC-A**
 Elizabeth Lindsay Tobias, **CPC-A**
 Elizabeth Lor, **CPC-A**
 Elizabeth Miller, **CPC-A**
 Elizabeth Torrey, **CPC-A**
 Ellen Johnson, **CPC-A**
 Ellen Reynolds, **CPC-A**
 Elsa Robina Roy, **CPC-A**
 Elvia Serna, **CPC-A**
 Elyzel Krisleen F. Ramos, **CPC-A**
 Emerald Galligan, **CPC-A**
 Emilia Rivera, **CPC-A**
 Emily Doeping, **CPC-A**
 Emily Elmore, **CPC-A**
 Emily Steiner, **CPC-A**
 Emily White, **CPC-A**
 Emma Najjar, **CPC-A**
 Emrace Abad, **CPC-A**
 Erica Baker, **CPC-A**
 Erica Habersham, **CPC-A**
 Erin Bachman, **CPC-A**
 Erin Danielle Johnson, **CPC-A**
 Erin Farrell, **CPC-A**
 Erin Kester, **CPC-A**
 Erin Kornovich, **CPC-A**
 Erin Manering, **CPC-A**
 Erin White, **CPC-A**
 Erinn Elizabeth Gallaher, **COC-A**, **CPC-A**
 Erwin Bendal, **CPC-A**
 Erwin Santos, **CPC-A**
 Eunice Narrido, **CPC-A**
 Evadne Verduzco, **CPC-A**
 Evani Inga, **CPC-A**
 Evelyn Gavan Tordecilla, **CPC-A**
 Fabiola Castillo, **CPC-A**
 Faith Alicia Sicard, **CPC-A**
 Faith Momodu, **CPC-A**
 Faith Musil, **CPC-A**
 Faten Farghali, **CPC-A**
 Faye Wagner, **CPC-A**
 Fe Fernando, **CPC-A**
 Felicia Currie, **CPC-A**
 Frances Brockett, **CPC-A**
 Frances E Greenier, **COC-A**, **CPC-A**
 Francis Pitchaimuthu, **CPC-A**
 Fransy Pina Del Valle, **CPC-A**
 G. Srilatha, **CPC-A**
 Gaddam Srinivas, **CPC-A**
 Gajula Sindhuja Sindhuja, **CPC-A**
 Ganapathi Ariyamuthu, **CPC-A**
 Ganesh Bala Singam Dhanasekaran, **CPC-A**
 Gary Secino, **CPC-A**
 Gayle Ganoe, **CPC-A**
 Gaylynn Kristina Johnson, **CPC-A**
 Genesis Orejas, **CPC-A**
 Geoff Beck, **CPC-A**
 George Lijina, **CPC-A**
 Geraldine Boliere, **CPC-A**
 Gesell Dean, **CPC-A**
 Gianelli Christi Navarro, **COC-A**
 Gina Bezold, **CPC-A**
 Gina Magers, **CPC-A**
 Gina Savick, **CPC-A**
 Ginger Godley, **CPC-A**
 Gladilyn Floresca Price, **CPC-A**
 Glenda Chacon-Cruz, **CPC-A**
 Glenda Wood, **CPC-A**

Glenna Tate, **CPC-A**, CPB
 Gowthami Settupalli, **CPC-A**
 Grace Alfieri, **CPC-A**
 Grace Kilzi, **CPC-A**
 Grace Leverington, **CPC-A**
 Gretchen Austria, **CPC-A**
 Gurpreet Singh, **CPC-A**
 Guttha Sushma, **CPC-A**
 Gwen Burdzy, **CPC-A**
 Hannah Lu Sison, **CPC-A**
 Hannah Demke, **CPC-A**
 Hannah Gordon, **CPC-A**
 Hareesh Gandhari, **CPC-A**
 Harika Jawajji, **CPC-A**
 Harish Kumar, **COC-A**
 Harriet N Monroe, **CPC-A**
 Harriette M. Henderson, **CPC-A**
 Harshala Aranya, **CPC-A**
 Heather Adams, **CPC-A**
 Heather Boremi, **CPC-A**
 Heather Daugherty, **CPC-A**
 Heather Dougherty, **CPC-A**
 Heather Dwyer, **CPC-A**, **CCC**
 Heather Hicks, **CPC-A**
 Heather Johnson, **CPC-A**
 Heather Jolly, **CPC-A**
 Heather Shaw, **CPC-A**
 Heather Strout, **CPC-A**
 Heidi Vance, **CPC-A**
 Hema Priya, **COC-A**
 Hemant Raj, **CPC-A**
 Hilary Huff, **CPC-A**
 Hilda Ofelia Ryan, **CPC-A**
 Hope Owen, **CPC-A**
 Huda Sharaf, **CPC-A**
 Hunter Maas, **CPC-A**
 Ian McQuinn, **CPC-A**
 Indra Jeet Singh, **CPC-A**
 Inga Rachel Chastein, **CPC-A**
 Ioana Pataki, **CPC-A**
 Irish Dorothy Casim, **CPC-A**
 Isabel Silva, **CPC-A**
 Jackie Hodgson, **CPC-A**
 Jackie McLrath, **CPC-A**
 Jackie Stein, **CPC-A**
 Jackulin Jennifer Prince Rajan, **CPC-A**
 Jacklyn Jaspe, **CPC-A**
 Jaclyn Konecny, **CPC-A**
 Jaclyn Wilson, **CPC-A**
 Jacqueline Bal, **CPC-A**
 Jacquelyn Plaisted, **CPC-A**
 Jacquelyn Tauber, **CPC-A**
 Jagannath Mishra, **COC-A**, **CPC-A**, CPB
 Jaime Beagle, **CPC-A**
 Jaime Noble, **CPC-A**
 Jaime Oral, **CPC-A**
 James Edward Cerceda, **CPC-A**
 James Frost, **CPC-A**
 James Spencer, **CPC-A**
 James Staats, **CPC-A**
 Jamie Gunderson-Stout, **CPC-A**
 Jamie L Stewart, **CPC-A**
 Jamie Prettyman, **CPC-A**
 Jan Benedict Concepcion, **CPC-A**
 Jan Patrick Santos, **CPC-A**
 Jan Wagner, **CPC-A**
 Jana Reno, **CPC-A**
 Janakiramulu Kodidela, **CPC-A**
 Jane Ann Pigtain Samson, **CPC-A**
 Janene Dixon, **CPC-A**
 Janet Bittner, **CPC-A**
 Janet Crow, **CPC-A**
 Janet Fernandez, **CPC-A**
 Janet Lee Nichols, **CPC-A**
 Janet Thompson, **CPC-A**
 Janet Tunis, **CPC-A**
 Janeth Harvey, **CPC-A**
 Janette Gacusan Agustin, **CPC-A**

Janice Lynn Montez, **CPC-A**
 Jasmin San Miguel Presincula, **CPC-A**
 Jasmine Boyd, **CPC-A**
 Jasmine Grant, **CPC-A**
 Jasmine Lopez, **CPC-A**
 Jasmine Maria Webb, **CPC-A**
 Jayakrishnan Balachandran Nair, **CPC-A**
 Jayme Lynn Patterson, **CPC-A**
 Jean Merrell, **CPC-A**
 Jeanne E. Grossheim, **CPC-A**
 Jeanne Arrindell, **CPC-A**
 Jeanne Conlon, **CPC-A**
 Jeannine Duffy, **CPC-A**, **CPEDC**
 Jeeva Thankachan, **CPC-A**
 Jeffrey Lantigua, **CPC-A**
 Jen Graafls, **CPC-A**
 Jenna Hancock, **CPC-A**
 Jenna Penn, **CPC-A**
 Jennifer Davis, **CPC-A**
 Jennifer Baker, **CPC-A**
 Jennifer Bullard, **CPC-A**
 Jennifer Deacon, **CPC-A**
 Jennifer Dliero, **CPC-A**
 Jennifer Falaris, **CPC-A**
 Jennifer Fetchen, **CPC-A**
 Jennifer Helms, **CPC-A**
 Jennifer Horne, **CPC-A**
 Jennifer Johnson, **CPC-A**
 Jennifer Johnson, **CPC-A**
 Jennifer Lee Christopherson, **CPC-A**
 Jennifer Matthews, **CPC-A**
 Jennifer Richey, **CPC-A**
 Jennifer Robert, **CPC-A**
 Jennifer Rockwell, **CPC-A**
 Jennifer Soles, **CPC-A**
 Jennifer Turner, **CPC-A**
 Jennifer Walter, **CPC-A**
 Jennifer Yates, **CPC-A**
 Jenny Zaiser, **CPC-A**
 Jeremiah Markuson, **CPC-A**
 Jessica Cribb, **CPC-A**
 Jessica Ambrose, **CPC-A**
 Jessica Anderson, **CPC-A**
 Jessica Beall, **CPC-A**
 Jessica Bowen, **CPC-A**
 Jessica Clark, **CPC-A**
 Jessica Iracheta, **CPC-A**
 Jessica Jones, **CPC-A**
 Jessica Lovelace, **CPC-A**
 Jessica McGuire, **CPC-A**
 Jessica Querbach, **CPC-A**
 Jessica Resto, **CPC-A**
 Jessica Sandge, **CPC-A**
 Jessica Sarkar, **CPC-A**
 Jessica Schneider, **CPC-A**
 Jessica Scott, **CPC-A**
 Jessica Simmons-Miller, **CPC-A**
 Jessica Sisk, **CPC-A**
 Jessica Tolonen, **CPC-A**
 Jessie Beavers, **CPC-A**
 Jesus Padilla, **CPC-A**
 Jian Faucher, **CPC-A**
 Jill Bentley, **CPC-A**
 Jill Carrillo, **CPC-A**
 Jill Leach, **CPC-A**
 Jill Nudell, **CPC-A**
 Jill Scheid, **CPC-A**
 Jillian Mollica, **CPC-A**
 Jimray P Olas, **CPC-A**
 Jin Voelkelt, **CPC-A**
 Jitendra Singh Rawat, **CPC-A**
 Jne' Munoz, **CPC-A**, CPB
 Jo Layne Mad, **CPC-A**
 Joana Marie Marin Argana, **CPC-A**
 Joana Marie Sabariaga, **CPC-A**
 Jodi Wray, **CPC-A**
 Jody Dobrin, **CPC-A**

John Handley, **CPC-A**
 Jolaade Abolarin, **CPC-A**
 Jolene Berger, **CPC-A**
 Jon Lane, **CPC-A**
 Jonathan Boothby, **CPC-A**
 Jonathan Rivera Ruiz, **CPC-A**
 Joni Davis, **CPC-A**
 Jonna Cain, **CPC-A**
 Jonnadula Sandhya, **CPC-A**
 Jordan Paull, **CPC-A**
 Josef Carlo Dumalaog Binarao, **CPC-A**
 Joseph Rajan Allapuram, **CPC-A**
 Joshua Thiyam, **CPC-A**
 Joshua Michael Talamantes, **CPC-A**
 Joy Markiewicz, **CPC-A**
 Joyce Rampersaud, **CPC-A**
 Juan Romero-Arauz, **CPC-A**
 Judith Jill Degamon, **CPC-A**
 Judith Wadford, **CPC-A**
 Judy Gardner, **CPC-A**
 Judy Veltman, **CPC-A**
 Julia C Clayton, **CPC-A**
 Julia Lynn Danylyshyn, **CPC-A**
 Julia R Blanton, **COC-A**, **CPC-A**, **CPMA**
 Julia Workman, **CPC-A**
 Julie Todd, **CPC-A**
 Julie Conor, **CPC-A**
 Julie DeGarmo, **CPC-A**
 Julie Fortin, **CPC-A**
 Julie Moore, **CPC-A**
 Julie Rodriguez, **CPC-A**
 Julie Snyder, **CPC-A**
 Julie Trujillo, **CPC-A**
 Julie Wierzbicki, **CPC-A**
 Justin Jamali, **CPC-A**
 Justin Martinmaas, **CPC-A**
 Justine Pearl Toledo, **CPC-A**
 K Jeevan Kumar, **CPC-A**
 K Rupa Devi, **CPC-A**
 K. Narendar, **CPC-A**
 K. Pandari, **CPC-A**
 K. Satyaparakash, **CPC-A**
 K. Sumanth Reddy, **CPC-A**
 Kacey Keefe, **CPC-A**
 Kacy Craft, **CPC-A**
 Kaitlyn Weber, **CPC-A**
 Kakarla Karunakar Reddy, **CPC-A**
 Kalavathi Makkala, **CPC-A**
 Kali Dykstra, **CPC-A**
 Kalyanapu Aravind Kumar, **CPC-A**
 Kammourpalle Ramesh, **CPC-A**
 Kangling Jessica Kao, **CPC-A**
 Kanimozhi Sivaraj, **CPC-A**
 Kanishia Easton, **CPC-A**
 Karanam Nagajothi, **CPC-A**
 Karen Brooks, **CPC-A**
 Karen Claudio, **CPC-A**
 Karen Dickerson, **CPC-A**
 Karen Gorur, **CPC-A**
 Karen Jefferson, **CPC-A**
 Karen Johnston, **CPC-A**
 Karen King, **CPC-A**
 Karen Kirby, **CPC-A**
 Karen L Dengate, **COC-A**, **CPC-A**
 Karen Lernermeier, **CPC-A**, CPB
 Karen Ofreice, **CPC-A**
 Karen Pandres, **CPC-A**
 Karen Peters, **CPC-A**
 Karen Tylicki, **CPC-A**
 Karen Watts, **CPC-A**
 Kari Zysk, **CPC-A**
 Karin Ebenstein, **CPC-A**
 Karla Garcia, **CPC-A**
 Karlee Maybury, **CPC-A**
 Kassandra Bell, **CPC-A**
 Katarzyna Passaniti, **CPC-A**
 Kate Shaughnessy, **CPC-A**
 Katharine Anne Bantigue, **CPC-A**

NEWLY CREDENTIALLED MEMBERS



Katherine Cowgill, **CPC-A**
Katherine Lenderman Parsons, **CPC-A**
Katherine Pradhan, **CPC-A**
Kathleen Clair, **CPC-A**
Kathleen Letterman, **CPC-A**
Kathleen M Boyle, **CPC-A**
Kathleen M Roberson, **CPC-A**
Kathleen Yoemans, **CPC-A**
Kathlene Burton, **CPC-A**
Kathrina Manasan, **CPC-A**
Kathryn Broderick, **CPC-A**
Kathryn McGuire, **CPC-A**
Kathy Barr, **CPC-A**
Kathy Barta, **CPC-A**
Kathy C Mitchell, **CPC-A**
Kathy D Thompson, **CPC-A**
Kathy Jerezcek, **CPC-A**
Kati Witbeck, **CPC-A**
Katie Haugen, **CPC-A**
Katie Jane Smith-Van Camp, **CPC-P-A**
Katie Rupard, **CPC-A**
Katina Balogun, **CPC-A**, CPB
Katlyn Connor, **CPC-A**
Katrina Lazarev, **CPC-A**
Katrina Robinson, **CPC-A**
Katty isabel Stanczak, **CPC-A**, CPMA
Kavita Laxmikant Desale, **CPC-A**
Kaycee Allen Francisco, **CPC-A**
Kayla Amburgey, **CPC-A**
Kayla Bean, **CPC-A**
Kayla Jarillo, **CPC-A**
Kayla Williams, **CPC-A**
Kaylee Caswell, **CPC-A**
Kaylee Williams, **CPC-A**
Kaylene Keener, **CPC-A**
Kaytie Stine, **CPC-A**
Keely Smith, **CPC-A**
Keerthi Thummala, **COC-A**
Keith Smith, **CPC-A**
Kelley Otero, **CPC-A**
Kelli Patterson, **CPC-A**
Kellie Arnold, **CPC-A**
Kelly Coffman, **CPC-A**
Kelly DeFord, **CPC-A**
Kelly Jaros, **CPC-A**
Kelly Kelly, **CPC-A**
Kelly Lockwood, **CPC-A**
Kelly McFaden, **CPC-A**
Kelly Meecker, **CPC-A**
Kelly Sue Morse, **CPC-A**
Kelsey Ackerman, **CPC-A**
Kelsey Bettis, **CPC-A**
Kelsey Duley, **CPC-A**
Kelsey Reid, **CPC-A**
Kelsey Rowan, **CPC-A**
Kelsey Staveley, **CPC-A**
Kelvin Tarrayo Rigor, **COC-A**
Kendra Mckay, **CPC-A**
Keri Young, **CPC-A**
Kesanakurthi Vijaya Jyothi, **CPC-A**
Keshia Griffin, **CPC-A**
Kevin Crespo, **CPC-A**
Kevin Koh, **CPC-A**
Kevin MacLean, **CPC-A**
Khan Faheem, **CPC-A**
Khilah Greening, **CPC-A**
Kiely Maguire, **CPC-A**
Kim Duwe, **CPC-A**
Kim M Cutler, **CPC-A**
Kim Manly, **CPC-A**
Kim Michl, **CPC-A**
Kim Price, **CPC-A**
Kim Sewell, **CPC-A**
Kim Sheehan, **CPC-A**
Kimberley Kaszycki, **CPC-A**
Kimberly Bartell, **CPC-A**
Kimberly Brown, **CPC-A**
Kimberly Hancock, **CPC-A**

Kimberly Kliuk, **CPC-A**
Kimberly N Bassi, **CPC-A**
Kimberly Poore, **CPC-A**
Kimberly Rose, **CPC-A**
Kimberly Tratt, **CPC-A**
Kimberly York, **CPC-A**
Kimiko Santiago-Stephens, **CPC-A**
Kira Swanson, **CPC-A**
Kiran Chendge, **CPC-A**
Kirsten DePartee, **CPC-A**
Kirstie Virgl, **CPC-A**
Kishor Kumar Veshapogu, **CPC-A**
Kollu Srinivas, **CPC-A**
Kona Venu, **CPC-A**
Koreen Fry, **CPC-A**
Kota Sai Sirisha, **CPC-A**
Kratika Jain, **CPC-A**
Krishna Chaitanya Kasam, **CPC-A**
Kristen Lee, **CPC-A**
Kristen Perry, **CPC-A**
Kristi Gould, **CPC-A**
Kristi Lambrecht, **CPC-A**
Kristian Adams, **CPC-A**
Kristie Bean, **CPC-A**
Kristin Reynolds, **CPC-A**
Kristina Haynes, **CPC-A**
Kristina Joy Francia, **CPC-A**
Kristine Azize, **CPC-A**
Kristine Calino Parta, **CPC-A**
Kristine Chiu Constante, **CPC-A**
Kristine McCormick, **CPC-A**
Kristine Vanderkoooy, **CPC-A**
Kristol S Ramkissoon-Narain, **CPC-A**
Krupa Chapala, **CPC-A**
Kuldeep Singh, **CPC-A**
Kunapuli Aruna Kumari, **CPC-A**
Kundarapu Madhu, **CPC-A**
Kurugodu Chinna Sanjeeva, **CPC-A**
Kyle Myko Yu Arpon, **CPC-A**
Kylene Marquiss, **CPC-A**
L Gayle Carroll, **CPC-A**
Lacey Ramirez, **CPC-A**
Lacie Fletcher, **CPC-A**
Lajeane Heard, **CPC-A**
Lakshmi Madhuri Gurrarn, **CPC-A**
Lakshmi Priya, **CPC-A**
Lana Akinola, **CPC-A**
Lana Cusack, **CPC-A**
Lana Ketchem, **CPC-A**
Laquan A Drummer, **CPC-A**
Larissa Gesalta, **COC-A**
Latonia Rice, **CPC-A**
Laura Barbosa, **CPC-A**
Laura Garvin, **CPC-A**, CPB
Laura I Cespedes, **CPC-A**
Laura Purdom, **CPC-A**
Laura R Troutman, **CPC-A**
Laura Schuman, **CPC-A**
Laura Smith, **CPC-A**
Laura Villa, **CPC-A**, CPB
Lauren Robinson, **CPC-A**
Laurie Bravo, **CPC-A**
Laurie Easton, **CPC-A**
Laurie Ehms, **CPC-A**
Laurie Rayman, **CPC-A**
Laurie Verhey, **CPC-A**
Laury Kremkau, **CPC-A**
Leah Cotton, **CPC-A**
Leah Ferraro, **CPC-A**
Lee Ann Tuminello, **CPC-A**
Leigh Anna Shea, **CPC-A**
Leighann Hickman, **CPC-A**
Leighton John Novenario, **CPC-A**
Leila E Santana, **CPC-A**
Leslie Howard, **CPC-A**
Leslie Liswig, **CPC-A**
Leslie Ventura, **CPC-A**
Lester John Santos De Fiesta, **CPC-A**

Leticia Marino, **CPC-A**
Letrese Peyton, **CPC-A**
Lillie King, **CPC-A**
Lincy Jose, **CPC-A**
Linda Clemmensen, **CPC-A**
Linda Hartshorn Edwards, **CPC-A**
Linda Jensen, **CPC-A**
Linda Meyer, **CPC-A**
Linda Rosales, **CPC-A**
Linda Sahr, **CPC-A**
Linda Souder, **CPC-A**
Lindsay Spears, **CPC-A**
Lisa Allen, **CPC-A**
Lisa August, **CPC-A**
Lisa Fero, **CPC-A**
Lisa James, **COC-A**
Lisa Jenkins, **CPC-A**
Lisa Joyner, **CPC-A**
Lisa Lemieux, **CPC-A**
Lisa M Skinner, **CPC-A**
Lisa M Taylor, **CPC-A**
Lisa Mccooy, **CPC-A**
Lisa McQuegge, **CPC-A**
Lisa Richardson, **CPC-A**
Lisa Robinson, **CPC-A**
Lisa Rothman, **CPC-A**
Lisa Vito, **CPC-A**
Lisa Wartchow, **CPC-A**
Lisandra Casuso, **CPC-A**
Lisanne Romero, **CPC-A**
Liza Hinds, **CPC-A**
Liza Marie Galang, **CPC-A**
Lois Flippen, **CPC-A**
Lokesh Kumar Konatham, **CPC-A**
Lonnlei Ingram, **CPC-A**
Lorena Sierra, **CPC-A**
Lori Ann Herridge, **CPC-A**
Lori A Beam, **CPC-A**
Lori Ann Cottrell, **CPC-A**
Lori Deane, **CPC-A**
Lori McDonald, **CPC-A**
Lori Walton, **CPC-A**
Lorna Macaluso, **CPC-A**
Lorraine Esperto, **COC-A**
Loretta Peterson, **CPC-A**
Lu Ann Stewart, **CPC-A**
Luella Alcorn, **CPC-A**
Luis Antonio Paesano Alfaro, **CPC-A**
Luis R Brador, **CPC-A**
Lurline Lloyd, **CPC-A**
Luz Pena, **CPC-A**
Lyall van der Linden, **CPC-A**
Lyndsay Bailey, **CPC-A**
Lynette Grable, **CPC-A**
Lynn Shrum, **CPC-A**
Lynn Skinner, **CPC-A**
M. Shreenivas, **CPC-A**
Ma. Mikaela Angela Gono, **CPC-A**
Ma. Rapunzel Nobejas, **CPC-A**
Madelyn Kate Sutphen Abbott, **CPC-A**
Madhurikashinath Suryawanshi, **CPC-A**
Maghan Smith, **CPC-A**
Makenna Folkert, **CPC-A**
Malgorzata Daros, **CPC-A**
Mallory Giles, **CPC-A**
Mandi Mills, **CPC-A**
Mandra Cunningham, **CPC-A**
Manoj Saxena, **CPC-A**
Marco Antonio Mendoza, **CPC-A**
Marcos Ocasio, **CPC-A**
Margaret C Kiley, **CPC-A**
Margaret Hurd, **CPC-A**
Margarita Mendoza, **CPC-A**
Marguerite Giger, **CPC-A**
Maria Geraldyn Treesh, **CPC-A**
Maria Henderson, **CPC-A**
Maria Pavani Thumma, **CPC-A**
Maria Paz Morales Gomez, **CPC-A**

Maria Shukman, **CPC-A**
Maria Toth, **CPC-A**
Maria Tran, **CPC-A**
Maria Vera, **CPC-A**
Maria Viera, **CPC-A**
Marian Karmaine Redito, **CPC-A**
Marianys Azcue Ortiz, **CPC-A**
Maria-Yurizun Zamudio-Fruroz, **CPC-A**
Maribel Chavez, **CPC-A**
Maribel Lara-Rodriguez, **CPC-A**
Maribel P Magtoto, **CPC-A**
Marida Kiefer, **CPC-A**
Marie Frances Panergo, **CPC-A**
Marie Hendrickson, **CPC-A**
Marie McEachin, **CPC-A**
Marie Yagle, **CPC-A**
Marilyn Folk, **CPC-A**
Marina Walker, **CPC-A**
Mariz Gutierrez, **CPC-A**
Marjory Miller, **CPC-A**
Marilyn Folk, **CPC-A**
Marina Walker, **CPC-A**
Mariz Gutierrez, **CPC-A**
Marjory Miller, **CPC-A**
Marilyn Folk, **CPC-A**
Marina Walker, **CPC-A**
Mariz Gutierrez, **CPC-A**
Marjory Miller, **CPC-A**
Marilyn Folk, **CPC-A**
Marna Bogan, **CPC-A**
Marripally Manasa, **CPC-A**
Martha Wilson, **CPC-A**
Mary Ann Lopez Reyes, **CPC-A**
Mary Briggs, **CPC-A**
Mary Carolyn Escarcha, **CPC-A**
Mary Christy Koothur, **CPC-A**
Mary Cullen-Addison, **CPC-A**
Mary Divine Grace Madrazo, **CPC-A**
Mary Flynn Rice, **CPC-A**
Mary Goodell, **CPC-A**
Mary Gregoire, **CPC-A**
Mary Harter, **CPC-A**
Mary J King, **CPC-A**
Mary Jane Ledesma, **COC-A**
Mary Lakatta, **CPC-A**
Mary Mabry, **CPC-A**
Mary O'Dell, **CPC-A**
Maryrose Santos, **CPC-A**
Maryssa St Fort, **CPC-A**
Marzen Ablog Miguel, **CPC-A**
Matthew Walters, **CPC-A**
Max Hysmith, **CPC-A**
May Ann Aileen Malong, **COC-A**
May de Lara Reginaldo, **CPC-A**
May Rejoyce Ayunon, **CPC-A**
Mayelin Labrador, **CPC-A**
Mayrhel Gumban, **CPC-A**
Meagan Schwartz, **CPC-A**
Mebae Sakai, **CPC-A**
Megan Barney, **CPC-A**
Megan De Leon, **CPC-A**
Megan Gillette, **CPC-A**
Megan Graafls, **CPC-A**
Megan Graham, **CPC-A**
Megan Hentze, **CPC-A**
Megan Robinson, **CPC-A**
Megan Whittlinger, **CPC-A**
Megan Wilkins, **CPC-A**
Megha Nayak, **CPC-A**
Mehak Kaushal, **CPC-A**
Melanie Duenow, **CPC-A**
Melanie Duke, **CPC-A**
Melanie LaChaine, **CPC-A**
Melba Arthur, **CPC-A**
Melinda Hill, **CPC-A**
Melinda Manbeck, **CPC-A**
Melinda McNaughton, **CPC-A**
Melinda Perry, **CPC-A**
Melissa A Andrews, **CPC-A**
Melissa Burdick, **CPC-A**
Melissa Capo-Murray, **CPC-A**

Melissa Casale, **CPC-A**
Melissa Crawford, **CPC-A**
Melissa Fleming, **CPC-A**
Melissa Johnson, **CPC-A**
Melissa Kampmeier, **CPC-A**
Melissa Mitchell, **CPC-A**
Melissa Ochs, **COC-A**
Melody Hertzog, **CPC-A**
Melonee Lorraine Cain, **CPC-A**
Melonie Polson, **CPC-A**
Melva Redden, **CPC-A**
Memry Thompson, **CPC-A**
Meredith Ritchie, **CPC-A**
Methuku Sujatha, **CPC-A**
Michael Crater, **CPC-A**
Michael Crouch, **CPC-A**
Michael Manzo, **CPC-A**
Michael Murphy, **CPC-A**
Michael Scott, **CPC-A**
Michael Sorezo Tubel, **CPC-A**
Michael Tonkinson, **CPC-A**
Michele Caswell, **CPC-A**
Michele Pisapia, **CPC-A**
Marlan Walker, **CPC-A**
Michele Zeises, **CPC-A**
Michelle Cantey, **CPC-A**
Michelle Curto, **CPC-A**
Michelle Hewitt, **CPC-A**
Michelle Jackson, **CPC-A**
Michelle Landry, **CPC-A**
Michelle McGuffey, **COC-A**
Michelle Moorman, **CPC-A**
Michelle Quivers, **CPC-A**
Michelle Rhead, **CPC-A**
Michelle Scott, **CPC-A**
Michelle Sullins, **CPC-A**
Michelle White, **CPC-A**
Midhun Murali, **COC-A**
Midori Scheble, **CPC-A**
Miguel Angel Terrazas, **CPC-A**
Migy George, **CPC-A**
Mikenzie C Geiger, **CPC-A**
Mina Chan, **CPC-A**
Minh Nguyen, **CPC-A**
Minnika Ray, **CPC-A**
Miranda King, **CPC-A**
Mirleny Reinoso, **CPC-A**
Mirpathy Ranjitha, **CPC-A**
Misty Tackett, **CPC-A**
Mitch Strong, **CPC-A**
Mohammed Ehtesham Uddin, **CPC-A**
Mohan Raj Nagappan, **CPC-A**
Mohit Sharma, **COC-A**
Mohsinu Rasheed Ahmed, **COC-A**
Monica Napier, **CPC-A**
Monica Sycuro, **CPC-A**
Monique Allen, **CPC-A**
Monique E Smart, **CPC-A**
Monique Norris, **CPC-A**
Motta Lavanya, **CPC-A**
Munmun Dey, **CPC-A**
Myra Price, **CPC-A**
Myrtilene Jean-Francois, **CPC-A**
Mystic Hunt, **CPC-A**
N Nithish Reddy, **CPC-A**
N Sukanya, **CPC-A**
Nabusabugari Hussain Basha, **CPC-A**
Nagababu Bolla, **CPC-A**
Nagaraju Kontham, **COC-A**
Nagarani P, **CPC-A**
Nagendar Suryavamsa, **COC-A**
Naja Davis, **CPC-A**
Namitha Elimane Nagaraj, **CPC-A**
Nancy Hannah, **CPC-A**
Nancy Myers, **CPC-A**
Nancy Rivera, **CPC-A**
Nancy Sanchez, **CPC-A**
Naomi Lynn Weierich, **CPC-A**

Nasir Moghal, **CPC-A**
 Nasirali Mugutsab Nadaf, **CPC-A**
 Natalie Vasquez, **CPC-A**
 Naveena Kollu, **CPC-A**
 Nazia Sultana, **CPC-A**
 Neena Nath P S, **CPC-A**
 Neetu Shetty, **CPC-A**
 Neetu Singh, **CPC-A**
 Nehru Poluri, **CPC-A**
 Nelmore Lovete, **CPC-A**
 Nicholas Landini, **CPC-A**
 Nichole Brownell, **CPC-A**
 Nichole Novak, **CPC-A**
 Nicole Barber, **CPC-A**
 Nicole Cabral, **CPC-A**
 Nicole Daley, **CPC-A**
 Nicole Downer, **CPC-A**
 Nicole Erin Hibbard, **CPC-A**
 Nicole Gates RN, CCDS, **CPC-A**
 Nicole Laughlin, **CPC-A**
 Nicole McDonell, **CPC-A**
 Nicole Munson, **CPC-A**
 Nicole Vallejos, **CPC-A**
 Niju Sugresh, **CPC-A**
 Nikita Goradia, **CPC-A**
 Nikita Sudhir Melekar, **CPC-A**
 Nikki Doller Velos, **CPC-A**
 Nikki Jones, **CPC-A**
 Nikki Stone, **CPC-A**
 Nina Sonevongxay, **CPC-A**
 Nita Gail Bell, **CPC-A**
 Nivedita Naik, **CPC-A**
 Noelia Leon-Martinez, **CPC-A**
 Nora Rayner Washington, **CPC-A, CPC-P-A**
 Norma Escobar, **CPC-A**
 Nutan Kokare, **CPC-A**
 Obianuju A Berry, **CPC-A**
 O'Langa Fitzgerald, **CPC-A**
 Olga Lourdes Fraga, **CPC-A**
 Olivia N Kitelinger, **CPC-A**
 Olukayode Adebiji Akinsola, **CPC-A**
 Oyindamola Fasanya, **CPC-A, CPB**
 Paige Mertz, **CPC-A**
 Paka Shailaja, **CPC-A**
 Pallavi Dema, **CPC-A**
 Pam Osiecki, **CPC-A**
 Pamela Johnson, **CPC-A**
 Pankaj Soam, **CPC-A**
 Panuganti Sowbhagya, **CPC-A**
 Paras Issar, **CPC-A**
 Paripurna Palle, **CPC-A**
 Parshuram Deepak Balekundri, **CPC-A**
 Parthiban Arjunan, **CPC-A**
 Parveen Fatima, **CPC-A**
 Patricia Batcho, **CPC-A**
 Patricia Branson, **CPC-A**
 Patricia Dean, **CPC-A**
 Patricia Dougherty, **CPC-A**
 Patricia Dow, **CPC-A**
 Patricia First, **CPC-A**
 Patricia Houston, **CPC-A**
 Patricia Isabel Sanchez, **CPC-A**
 Patricia Persaud, **CPC-A**
 Patricia Sonya Jones, **CPC-A**
 Patrick Putt, **CPC-A**
 Pattanam Karthik R, **CPC-A**
 Patty Scalise, **CPC-A**
 Patty Mims, **CPC-A**
 Paul Jason Cruz Torres, **CPC-A**
 Paul Mundy, **CPC-A**
 Paula Campbell, **CPC-A**
 Pauline Bianca Torres, **CPC-A**
 Payal Joshi, **CPC-A**
 Peeyush Gupta, **CPC-A**
 Peggy Ellis, **CPC-A**
 Peggy Pieper, **CPC-A**
 Penn Christensen, **CPC-A**
 Penney Tierney, **CPC-A**

Phoebe Wood, **CPC-A**
 Phuong Le, **CPC-A**
 Phyllis Rodriguez, **CPC-A**
 Pilar Chiodo, **CPC-A**
 Pinky Jane Pasion, **CPC-A**
 Piyal Deb, **CPC-A**
 Poola Suryakala, **CPC-A**
 Poornima Radhakrishnan, **CPC-A**
 Prachibahen Patel, **CPC-A**
 Pradeep Ganga, **CPC-A**
 Pradeep Kumar Jeelugula, **CPC-A**
 Pragya Shrivastava, **CPC-A**
 Prajitha Puthiyaveetil, **CPC-A**
 Prasanna J, **CPC-A**
 Prashant Ragade, **CPC-A**
 Prashant Totare, **CPC-A**
 Prashanthi Cheppala, **CPC-A**
 Praveen D'Souza, **CPC-A**
 Princess Pauline Dela Serna, **CPC-A**
 Princess Tompkins, **CPC-A**
 Priscilla Best, **CPC-A**
 Pritom Mitra, **CPC-A**
 Priyanka Jyothi Carodoza, **CPC-A**
 Priyanka R, **CPC-A**
 Pulluru Supriya, **CPC-A**
 Pusunala Padma, **CPC-A**
 R Jay Frayalde, **CPC-A**
 R. Mounika, **CPC-A**
 R. Sai Pavan Chary, **CPC-A**
 Rachel Keesbury, **CPC-A**
 Rachel Schultz, **CPC-A**
 Radha Poola, **CPC-A**
 Rahul Kore, **CPC-A**
 Rahul Togari, **CPC-A**
 Raiza Panga Carranza, **CPC-A**
 Raiza Perez, **CPC-A**
 Rajasekar Shanmugam, **CPC-A**
 Ralph Les Johnson, **CPC-A**
 Rama Krishna, **CPC-A**
 Ramagiri Santhosh, **CPC-A**
 Ramaprabha Saminathan, **CPC-A**
 Ramesh Potlappalli, **CPC-A**
 Ramona Ali, **CPC-A**
 Ramona Harvey, **CPC-A**
 Randella Marie Elston, **CPC-A**
 Randolph Gerald Rodriguez Garrido, **CPC-A**
 Rania Rabie, **CPC-A**
 Ranjitha Sahukari, **CPC-A**
 Rapelli Swetha, **CPC-A**
 Rashida Abdullah, **CPC-A**
 Raundena Johnson, **CPC-A**
 Ravi Teja, **CPC-A**
 Ravikumar Korra, **CPC-A**
 Ravish Kumar, **CPC-A**
 Rebecca Collins, **CPC-A, CPPM**
 Rebecca Edgerly, **CPC-A**
 Rebecca Flickinger, **CPC-A**
 Rebecca Heather Fath, **CPC-A**
 Rebecca Holt, **CPC-A**
 Rebecca Jean Bateman, **CPC-A**
 Rebecca Martin, **CPC-A**
 Rebecca Nunez, **CPC-A**
 Rebecca Timmerman, **CPC-A**
 Rebecca White, **CPC-A**
 Reddygari Raghavendra Kumar, **CPC-A**
 Regan Wilcox, **CPC-A**
 Regina McDonald, **CPC-A**
 Rejan Reghu, **CPC-A**
 Rekha Ravi, **CPC-A**
 Rene Johnson, **CPC-A**
 Renee Chisholm, **CPC-A, CPC-P-A**
 Renee Gauthier, **CPC-A**
 Renee Harris, **CPC-A**
 Renee McClendon, **CPC-A**
 Renee Rainey, **CPC-A**
 Renee Zellar, **CPC-A**
 Renuka Thiruthippully, **CPC-A**
 Reshae Griffith, **CPC-A**

Reshma Tauro, **CPC-A**
 Rhonda Evans, **CPC-A**
 Rhonda Kaye Scruggs, **CPC-A**
 Rhonda Smids-Osborne, **CPC-A**
 Rita Saidel, **CPC-A**
 Rita Weaver, **CPC-A**
 Ritika Sinha, **CPC-A**
 Rizwana Manika, **CPC-A**
 Rob Frigon, **CPC-A**
 Robbie D Davis, **CPC-A**
 Robert James Wigard, **CPC-A**
 Roberta Burden, **CPC-A**
 Roberta Yvonne Edie, **CPC-A**
 Roberto Salanga Carlos, **CPC-A**
 Robin Barber, **CPC-A**
 Robin Black, **CPC-A**
 Robin Campbell, **CPC-A**
 Robin Doran, **CPC-A**
 Robin Foster, **CPC-A**
 Robin Lynn Young, **CPC-A**
 Robin Palileo, **CPC-A**
 Robin Spiegel, **CPC-A**
 Rochoanda Y Santoriello, **CPC-A**
 Rochelle J Hall, **CPC-A**
 Rohit Kumar, **CPC-A**
 Roma Cristina Bernardo, **CPC-A**
 Ronda Maronge, **CPC-A**
 Roop Kumar Sangubotla, **CPC-A**
 Roopa Rani B J, **CPC-A**
 Rori Berardi, **CPC-A**
 Rosalis Diaz, **CPC-A**
 Rosanna Williams, **CPC-A**
 Rose Laur, **CPC-A**
 Rose Nantaba, **CPC-A**
 Roshina Chittilapilly Babu, **CPC-A**
 Rovi Anjela Manaid, **CPC-A**
 Roxanne Jane Vaillette, **CPC-A, CPC-A**
 Royann L Schmidgall, **CPC-A**
 Ruthanne Romero, **CPC-A**
 Sabrina Dean, **CPC-A**
 Sabrina Lewis, **CPC-A**
 Saeid Tabatabaee, **CPC-A**
 Safna C S, **CPC-A**
 Sagar Sidhing Bolegaonkar, **CPC-A**
 Saheer I, **CPC-A**
 Sai Bhargav Veladineni, **CPC-A**
 Saiduolu Nakka, **CPC-A**
 Saif Obaid Al Malaay, **CPC-A**
 Salini Varada, **CPC-A**
 Sally Jeanne Miesen, **CPC-A**
 Samantha Astrid Langley, **CPC-A**
 Samantha Halley, **CPC-A**
 Samantha Jo Lamar, **CPC-A, CPC-A**
 Samantha Marie Phinney, **CPC-A**
 Samantha Naber, **CPC-A**
 Samantha Smith, **CPC-A**
 Samantha Walker, **CPC-A**
 Samara Rios, **CPC-A**
 Sandeep A, **CPC-A**
 Sandeep Kumar K, **CPC-A**
 Sandra Annette Johnson-Dillman, **CPC-A**
 Sandra Blizard, **CPC-A**
 Sandra Eddit Valdes, **CPC-A**
 Sandra Hayes, **CPC-A**
 Sandra Lawrence, **CPC-A**
 Sandy L Ford, **CPC-A**
 Sangeetha Nair Sumesh, **CPC-A**
 Sanjiv Kumar Sahoo, **CPC-A**
 Sara L Knutson, **CPC-A**
 Sarah L Pisano, **CPC-A**
 Sarah Marie Lackmann, **CPC-A**
 Sarah Nave, **CPC-A**
 Sarah Poe, **CPC-A**
 Sarah Ramos, **CPC-A**
 Sarah Wagner, **CPC-A**
 Sarah Widner, **CPC-A**
 Saranya Murugan, **CPC-A**
 Sarath Kumar R, **CPC-A**

Saravanan Radhakrishnan, **CPC-A**
 Sathish Kumar, **CPC-A**
 Savannah Stirm, **CPC-A**
 Savannah Thrasher, **CPC-A**
 Scott Wayne Mazzarini, **CPC-A**
 Seetha naga lakshmi. P, **CPC-A**
 Senthilpriya Kariyamal, **CPC-A**
 Seshapu Sailaja, **CPC-A**
 Shaik Karimunnisa, **CPC-A**
 Shaik Masum Basha, **CPC-A**
 Shaik Sanam, **CPC-A**
 Shaik shakeer Basha, **CPC-A**
 Shaikh Sahajan Mohammed, **CPC-A**
 Shaina Begum, **CPC-A**
 Shaista Akram, **CPC-A**
 Shakti Shriya Rout, **CPC-A**
 Shalini K S, **CPC-A**
 Shameika Allison, **CPC-A**
 Shamika Manchekar, **CPC-A**
 Shanda McMinn, **CPC-A**
 Shaneka Coleman, **CPC-A**
 Shanna Burgans, **CPC-A**
 Shanna Farrell, **CPC-A**
 Shannel Holit, **CPC-A**
 Shannon A Murray, **CPC-A**
 Shannon Coupas, **CPC-A**
 Shannon Fowler, **CPC-A**
 Shannon Robbins, **CPC-A**
 Sharada C.H., **CPC-A**
 Shari Meyer, **CPC-A**
 Sharon Cody, **CPC-A**
 Sharon Moore, **CPC-A**
 Sharon Mulvihill, **CPC-A**
 Shawn Gerber, **CPC-A**
 Shawna B Britt, **CPC-A, CPB**
 Shawna Bradshaw, **CPC-A**
 Sheela Shivalingam, **CPC-A**
 Sheetal KM, **CPC-A**
 Sheila Goodell, **CPC-A**
 Sheila May, **CPC-A**
 Shelby L Engelbart, **CPC-A**
 Shellanie P Nordenstrom, **CPC-A**
 Shelley T. Jacobs, **CPC-A**
 Shelli Miller, **CPC-A**
 Shellesea Waite, **CPC-A**
 Shelly Hill, **CPC-A**
 Sheralin Groves, **CPC-A**
 Sheridal Skelton, **CPC-A**
 Sherri Copenhaver, **CPC-A**
 Sherrie Lynn Oertel, **CPC-A**
 Sherrill Humphrey, **CPC-A**
 Sherry Clayton, **CPC-A**
 Sherry Hampton, **CPC-A**
 Sherry Hanson, **CPC-A**
 Sherry Moore, **CPC-A**
 Sherry Thomas, **CPC-A**
 Sheryl Lucero, **CPC-A**
 Shirley Daniels, **CPC-A**
 Shri Beyagudem, **CPC-A**
 Shwetali Jankar, **CPC-A**
 Shwetha Banoor, **CPC-A**
 Sibel Kirdar, **CPC-A**
 Siera Blume, **CPC-A**
 Simon Chhetri, **CPC-A**
 Sindhuja Battina, **CPC-A**
 Sintia Montgomery, **CPC-A**
 Sirikanlaya Chanprasert, **CPC-A**
 Skyler Favri, **CPC-A**
 Sneha Mohite, **CPC-A**
 Somnath Subhash Mhetre, **CPC-A**
 Sonal Dasherath Shedage, **CPC-A**
 Sonda Gravit, **CPC-A**
 Sonia Bowers, **CPC-A**
 Sonia Merck, **CPC-A**
 Sonia Charochak, **CPC-A**
 Sonya Moody, **CPC-A**
 Soomi Cho, **CPC-A**
 Sophia Velez, **CPC-A**

Sowjanya Garikimukkula, **CPC-A**
 Sravankumar Yadav, **CPC-A**
 Srilakshmi Pottimurthi, **CPC-A**
 Stacey Castiglia, **CPC-A**
 Stacey Gruly, **CPC-A**
 Stacey Schuler, **CPC-A**
 Stacey Snider, **CPC-A**
 Stacey Topasna Gofigan, **CPC-A**
 Stacia Stewart, **CPC-A**
 Stacy Cogar, **CPC-A**
 Stacy Ester, **CPC-A**
 Stacy Laverne Sylvester, **CPC-A**
 Stefanie Greene, **CPC-A**
 Stella Kwetey-Aryeetey, **CPC-A**
 Steninek Augustine, **CPC-A**
 Stephanie Bobkoskie, **CPC-A**
 Stephanie Bowen-Earnhardt, **CPC-A**
 Stephanie Collins, **CPC-A**
 Stephanie Countoul, **CPC-A**
 Stephanie Hinton, **CPC-A**
 Stephanie Honest, **CPC-A**
 Stephanie Hughes, **CPC-A**
 Stephanie Lucius, **CPC-A**
 Stephanie Luton, **CPC-A**
 Stephanie M Snow, **CPC-A**
 Stephanie Montgomery Troyer, **CPC-A**
 Stephanie Parker, **CPC-A**
 Stephanie Rechter, **CPC-A**
 Stephanie Williams, **CPC-A, CPB**
 Stephen Sonnenfeldt-Goddard, **CPC-A**
 Steven Tambini, **CPC-A**
 Stuthi Sadanala, **CPC-A**
 Subathra VG, **CPC-A**
 Sue Cotton, **CPC-A**
 Sue Keeton, **CPC-A**
 Suraj Singh, **CPC-A**
 Suresh Anjaiah, **CPC-A**
 Suresh Pathro, **CPC-A**
 Susan Kunnert, **CPC-A**
 Susan Regan, **CPC-A**
 Susan Siebenthaler, **CPC-A**
 Susan Siores Antonio, **CPC-A**
 Susan Walstead, **CPC-A**
 Susan Waters, **CPC-A**
 Susan Wester, **CPC-A**
 Suzanne Hadfield, **CPC-A**
 Suzanne Docimo, **CPC-A**
 Suzanne Perry, **CPC-A**
 Suzanne Shelton, **CPC-A**
 Suzette Bulla RN CPC, **CPC-A**
 Swapna Balaji, **CPC-A**
 Swathi Devarshetty, **CPC-A**
 Sydney Coffey, **CPC-A**
 Syed Rizvi, **CPC-A**
 Syeda Shaheen Fatima, **CPC-A**
 Tabitha May, **CPC-A**
 Taiba Rashid, **CPC-A**
 Talia Carter, **CPC-A, CHONC**
 Tamala Mathis, **CPC-A**
 Tamar Caulkins, **CPC-A**
 Tamara Niccum, **CPC-A**
 Tamaria Thomas, **CPC-A**
 Tami Williams, **CPC-A**
 Tamika M Osbourne Bennett, **CPC-A**
 Tamisra Jana, **CPC-A**
 Tammy Lynn Inman, **CPC-A**
 Tammy Beuthien, **CPC-A**
 Tammy Lee Long, **CPC-A**
 Tammy Luckett, **CPC-A**
 Tammy Przemielewski, **CPC-A**
 Tanya Chester, **CPC-A**
 Tanya Fontaine, **CPC-A**
 Tapobrata Sen, **CPC-A**
 Tara Genay, **CPC-A**
 Tara Haggard, **CPC-A**
 Tara Lynn Bruce, **CPC-A**
 Tara Stepzinski, **CPC-A**

NEWLY CREDENTIALLED MEMBERS



Tauseeb Tamboli, **CPC-A**
Taylor Jackson, **CPC-A**
Taylor Kennedy, **CPC-A**
Taylor Lipsey, **CPC-A**
Taylor McQueen, **CPC-A**
Taylor Nance, **CPC-A**
Teeja E Mancikathan Martin, **COC-A, CPC-A**
Tegan Simmons, **CPC-A**
Tejaswini Dornala, **CPC-A**
Teneka Billups, **CPC-A**
Teresa Adams, **CPC-A**
Teresa Apodaca, **CPC-A**
Teresa Devone Allah, **CPC-P-A**
Teresa Dusharm, **CPC-A**
Teresa Hazel Fraker, **CPC-A**
Teresa Keeter, **CPC-A**
Terese Joshua Pena, **CPC-A**
Teri Pittman, **CPC-A**
Terri Evans, **CPC-A**
Terri Fields-Sheehan, **CPC-A**
Terri Kachadurian, **CPC-A**
Terri Moody, **CPC-A**
Terri Mosher, **CPC-A**
Terri Skaggs, **CPC-A**
Terri Wells, **CPC-A**
T'gra Althizer, **CPC-A**
Thalysia Moore, **CPC-A**
Theresa Barnhill, **CPC-A**
Thomas Agrusti, **CPC-A**
Thomas James Lentini, **CPC-A**
Thota Jyothi, **CPC-A**
Thumu Ranjith, **CPC-A**
Tiffany Burton, **CPC-A**
Tiffany Marie Payne, **CPC-A**
Timmy Lulu, **CPC-A**
Timotheus Dill, **COC-A**
Timothy Proctor, **CPC-A**
Tina Baker, **COC-A**
Tina Brown, **CPC-A**
Tina M Delmatto, **CPC-A**
Tina Newhouse, **CPC-A**
Ting Zeng, **CPC-A**
Toccarra Addison, **CPC-A**
Tonah Ortiz, **CPC-A**
Tony Hira, **CPC-A**
Torie Holder, **CPC-A**
Traci Gillispie, **CPC-A, CRC**
Traci Piazza, **CPC-A**
Tracy Nicole Andrews, **CPC-P-A**
Tricia Callahan, **CPC-A**
Trinae Joler, **CPC-A**
Trinna Smith, **CPC-A**
Tyler Fletcher, **CPC-A**
Tynisha Bernard, **CPC-A**
Usha Madda, **CPC-A**
Val Luedke, **CPC-A**
Valerie Tucker, **CPC-A**
Van Tuong Nguyen, **CPC-A**
Vanessa Armwood, **CPC-A**
Vanessa Eisen, **CPC-A**
Vanessa Ortiz, **CPC-A**
Vanessa Plaza, **CPC-A**
Vanessa S Alberta, **CPC-A**
Yarnika Prabha P, **CPC-A**
Venkatarjun Enugala, **CPC-A**
Venkatesh Naik Bukke, **CPC-A**
Vera Poulos, **CPC-A**
Verlene L Lewis, **CPC-A**
Victoria Ramirez, **CPC-A**
Veronica Torres, **CPC-A**
Vicky Berg, **CPC-A**
Victoria Duricek, **CPC-A**
Victoria Winter, **CPC-A**
Vidyasagar N, **CPC-A**
Vignesh Prabhu, **CPC-A**
Vijay Saini, **CPC-A**
Viji Parambath, **CPC-A**
Vincent Hart, **COC-A**

Vinitha Vijayan, **CPC-A**
Vinod C, **CPC-A**
Vishal Chakor, **CPC-A**
Vishnu S A, **COC-A**
Vishnuvandana Marri, **CPC-A**
Vivek Anandan K A, **CPC-A**
Wakesha Young, **CPC-A**
Waketha Allen, **CPC-A**
Wendy Anne Eileen McMayon, **CPC-A**
Wendy Despain, **CPC-A**
Wendy Hileman, **CPC-A**
Wendy Kowitz, **CPC-A**
Wendy Langley, **CPC-A**
Wendy Miller, **CPC-A**
Wendy Shihara, **CPC-A**
Whitney Cisneros, **CPC-A**
Whitney McIntyre, **CPC-A**
Whitney Smith, **CPC-A**
Wilfred Srileenju, **CPC-A**
Wilhelmina Tiller, **CPC-A**
William Kelley, **CPC-A**
William Martin, **CPC-A**
William Mckee, **CPC-A**
Yanique Myrick, **CPC-P-A, CPMA**
Yaswanth Pathipati, **CPC-A**
Yissel Rodriguez-Moreno, **CPC-A**
Yulieanna Martinez, **CPC-A**
YuriTanabe C Nelson, **CPC-A**
Yvonne Garrard, **CPC-A**
Zahra K Pierce, **CPC-A**
Zalonda Arrington, **CPC-A**
Zaneta Popstefanova, **CPC-A**
Zelma Sotelo, **CPC-A**
Zenda Masi, **CPC-A**
Zuri Toral, **CPC-A**

Specialties

Abhilash Mallepogu, **CIC**
Abinaya Alagar, **CIC**
Abinayaa Annathurai, **CIC**
Abitha Venkatesan, **CPC-P, CIRCC, CEDC**
Adele Marie Davis French, **CPC, CEMC, CUC**
Aimee Butel, **CPB**
Alejandrina Acevedo, **CPMA**
Algani Sai, **CIC**
Alicia Ledo, **CRC**
Alicia Shevokas, **CPC, CEDC**
Alicia Wilbur, **CPC, CRC**
Alisa Orgill, **CPB**
Allison J. Hogan, **COC, CPC, CPCO**
Amaechi Lawrence Ofunne, **CPC, CPMA, CRC, CCVTC, CEDC, CEMC, CENTC, CGSC, CPRC**
Amanda Beach, **CPC, COSC**
Amanda Rimmer, **CPC, CPMA**
Amber Humphrey, **CPB**
Amber Michell Williams, **CPC, CPMA, CEMC**
Amenze Oni, **CPB**
Amy Carr, **CPC, CPMA**
Amy Smith, **CPC-A, CPB**
Ana Ordonez, **CRC**
Anastacia Danielle Chapman, **CPC, CPMA, CPC-I**
Anastashia Shillito, **CPMA**
Andie Zurbrick, **CPC, CDEO, CRC**
Andrea Anderson, **CEDC**
Andrea Dawn Caperton, **CPC, CPEDC**
Andrea Elizabeth Neace, **CPC, CPMA**
Andrea Sandefur, **CPPM**
Andres M Gutierrez, **CPC, CPMA, CRC**
Andrew Montaruli, **COC, CPC, CPCO, CPC-P, CDEO, CPB, CPMA, CPPM, CANPC, CEDC, CEMC, CHONC, CPRC**

Anela Forrest, **CRC**
Angela A Croft, **CPC-A, CRC**
Angela Brazelton, **COC, CPC, CRC**
Angela D Henderson, **CPC, CRC**
Angela Frost, **CPC, CPCO**
Angela Lee Morales, **CPC, CDEO, CRC**
Angela M Jordan, **CPC, COBGC**
Angela Paine, **COC, CPC, CPCO, CPB, CPMA, CPPM, CRC, CPC-I, CEMC, CRHC**
Angela Wroten, **CPB**
Angeline Ford, **COC, CPC, CRC**
Angie Thomas, **CPC-A, CUC**
Angie Weed, **CPMA**
Anil Kumar Anandan Pillai, **CPC-9-A**
Anisia L Torres, **CPC, CRC**
Anita Bhatia Higgins, **CPC-A, CRC**
Ann Brogitt, **CIC, CRC**
Ann Margaret Kaiser, **CPC, CPMA, CCVTC, CEMC**
Anna McAdam, **COC, CPC, CPC-P, CRC, CCC, CEMC**
Anne Aldinger, **CRC**
Annette Conlon Barnes, **CPC, CPMA, CEMC**
Annette M Soss, **CPC, CPMA**
Anthony Demaree, **CPPM**
Anthony Hunter, **CRC**
Antoinette Nicole Branch, **CPC, CPMA, CEMC**
Anu Priya, **CIC**
April Fernando Torres, **CPC, CRC**
Arlen Falcon, **CPC, CRC**
Arlene Jacobson, **CPPM**
Arthur Victor Raj, **CIC**
Arun Kumar Meher, **CPC, CIRCC**
Arunjunai Kannan Udhayakumar, **CIC**
Ashokkumar Chaudhari, **COCA, CPC-A, CPC-P-A, CPB, CPMA, CASCC**
Audra Beauchamp, **CPCO**
Autumn Abel, **CPB**
B Sanford Crenshaw, **COC, CRC**
Babette Mortell, **COC, CPC, CEMC**
Badrinath Panda, **CIC**
Balaji Shanmugavelu, **CIC**
Balamurugan Ramesh, **CIC**
Balaramu Asi, **CIC**
Barbara A Wilkins, **CPC, CEMC**
Barbara Brock, **CPC-A, CPB**
Barbara C Rodriguez, **CPC, CPMA, CRC**
Barbara Del Rio, **CPC, CPMA, CRC**
Barbara Jean Laberge, **CPC, CPMA**
Barbara Rosenberg, **CPC, CPMM**
Becky D Alston, **COC, CPC, CDEO**
Becky Mills, **COSC**
Belinda L Bradley, **CPCO**
Belkis Garcia Vazquez, **CPC, CPMA, CRC**
Benjamin A Tecler, **CPC, CCC, CPCD**
Bernetta Riffle, **CPC, CIRCC**
Beth A Seyer, **CPMA**
Beth Brause, **CPPM**
Beth M Barnett, **COC, CPC, CEMC, CFPC**
Bethanne Thomas, **CPMA**
Bethany Sharrett, **CPB**
Betty J Foskett, **CPC, CPMA**
Beverly Calvert, **CPC, CFPC**
Beverly L Olin, **COC, CPC, CRC**
Bharath Podila, **COC, CIC**
Bharathi Manjyaran, **CIC**
Bhuvaneshwari Nagarajan, **CIC**
Bhuvaneshwari Sridharan, **CRC**
Bommakanti Swetha, **CIC**
Boobalan Nagarajan, **CIC**
Brandi Bollack, **CPB**
Brandy Ann George, **CPC, CRC**
Brenda Edwards, **CPC, CDEO, CPB, CPMA, CRC, CPC-I, CEMC**
Brenda Gould, **CPC-A, CIRCC**

Brenda Kay Hughes, **CPC, CIRCC**
Brenda Orr, **CDEO, CEMC**
Brenda Young-Waldron, **CPB**
Bria Ashley Council, **CPB**
Brian Matthew Cogdill, **CPC, CPCO, CRC**
Bridget Garrett, **CPC, CPMA**
Bridgot Peters, **CPC, CPB, CPMA**
Brittany Coyne, **CPC, CEMC**
Brittany Sears, **CPB**
C M Bremya Bremya Manoharan, **CPC, CRC**
Candice Garcia, **CRC**
Candice M Fenildo, **CPC, CPB, CPMA, CPC-I, CENTC, CRHC**
Cara Erlenwein, **CPC, CPB, CHONC**
Caren Springer, **CPB**
Cari Tobar, **CPC-A, CRC**
Carla Ann Hindman, **CPC, CEMC, CFPC, CPEDC**
Carmela Burke, **CIC**
Carmen Rosa Arniella, **CRC**
Caroline Naud, **CPC, CRC**
Carolyn Crane, **CPPM**
Carolyn Landquist, **CPC, CPC-I, CEDC, CEMC**
Carrie A Lawrence, **CPC, CANPC**
Carrie McDaniel, **CPC, CPB**
Carrie Smith Christy, **CPC, CPMA, CEMC**
Catherine Lydia Nolin, **CPC, CGSC**
Cecilia Harris, **CPC, CPMA**
Chaitanya Chandupatla, **CIC**
Chakradhara Rao Yandava, **CIC**
Chandra Lynn Stephenson, **COC, CPC, CPCO, CDEO, CIC, CPB, CPMA, CPPM, CRC, CPC-I, CANPC, CCC, CEMC, CFPC, CGSC, CIMC, COBGC, COSC**
Chandramohan Chandrakasan, **CIC**
Charles Solomon Raja, **CPC, CPMA, CPMM, CGSC**
Charmaine Dalusung, **CPC, CPMA**
Chelsea Kemp, **COC, CDEO, CEDC**
Cherryann Trayler, **CRC**
Cheryl Cyrus, **CPMA**
Cheryl F Williams, **CPC, CRC**
Cheryl L Thomas, **CPC, CPB**
Cheryl Marie DeSarno, **CPC, CPB**
Chirashree Lahiri, **CPC, CPMA, CEMC**
Chris Poole, **CPPM**
Christina M Walker, **COC, CPB**
Christina Rae McClellan, **CPC, CEMC**
Christine Knight Bailey, **CPC, CPMM**
Christine Marie Tatman-Massie, **CPMA**
Christine Sicely, **CPC, CPMA**
Christopher Waugh, **CPC, CRC**
Cindra Linton, **CPC, CPMA**
Cindy Hardman, **CPPM**
Cini Menon, **COC, CPMA**
Claudia G Garcia, **CPB**
Claudia Vilchis Velazquez, **CRC**
Connie Lynn Cook, **CPC, CPMA**
Corina Bucsi, **CPC, CPB, CPMA, CGSC**
Cortney Colling, **CPC, CPMM**
Courtney Philbrick, **CPC, CHONC**
Cowana Larkin-Neco, **CPC, CPMA, CPC-I**
Crystal Brooks, **CPC, CPMA**
Crystal L Brewer, **CPC, CIC, CEMC, CGSC**
Cynthia De Leon, **CPC, CRC**
Cynthia Earley, **CPMA**
Cynthia K Heffner, **CPC, CEDC**
Cynthia Kangos-Baker, **CPC, COSC, CPRC**
Cynthia R DeLappe, **CPC, CEMC**
Cynthia Richardson, **CPC, CPB, CPMA, CEMC**
Daiana Varela, **CPC, CPMA, CRC**
Daja Brown, **CPC, CPMA, CPC-I**
Danielle A VanNes, **CPC, CPMM**

Danielle Nelson, **CPC, CPMM**
Daraga Narasimhulu, **CRC**
Darci Fleury, **CPC, CANPC**
Davi Konkol, **CEDC**
David Zetterman, **CPC-A, CPPM, CEMC, CFPC**
Dawn Luevano, **CPC, CASCC**
Dawn Marie Lagmay Gabriel, **CPC, CPMA, CEMC**
Dawn Michelle Delano, **CPC, CFPC**
Deanna Agnello, **CPC, CENTC**
Deanna Blalock-Polley, **COC, CPC, COBGC, COSC**
Deanna Niles, **COC, CPC, CPCO, CPMA**
Deanna Stevens, **COC, CPB**
Debbie Frazier, **CIRCC**
Debbie Worth, **CPCD**
Debra Santiago, **CPC, CPMA, CRC**
Deborah A Carruthers, **CPC, CRC**
Debra Bradford, **COC, CPC, CRC**
Debra E Reid, **CPC, CSFAC**
Debra J Haney, **CPC, CPMA, CGIC**
Debra Segedy, **CPC, CRC**
Debra Vitale, **CPC, CPMA, CPMM**
Deepa Muthusamy, **CPC-A, CIC**
Delphin Lazar, **CIC**
Demetria McKenzie, **CPC, CPMA**
Denise Fimple, **CPMM**
Denise Wolfe, **CPC, CRC**
Devica Pittman, **CPC, CRC**
Dhanalakshmi Panchadarla, **CIC**
Dhasarathan Shanmugam, **CRC**
Dialma Miranda, **CPC, CPMA**
Diana Corina Cunningham, **CPC, CGSC**
Diana J Murphy, **CPC, CPMA**
Diana Moresi, **COC, CPC, CPC-P, CPB**
Dianelis Macaya Perez, **CPC, CPMA, CRC**
Dianna Grunsky, **CRC**
Dianne Osborne, **CPC-A, CRC**
Dileep Paul, **CPC, CPMA**
Dolores A Garcia, **COC, CPB**
Don Roberts, **CPC, CPB, CIMC**
Donbinoy Anuranga Abayweera, **CPC-A, CPMA**
Donna Cufaude, **CPC, CANPC**
Donna Libby, **CPC, CPMA**
Donna Tedone, **CPC, CRC**
Doris V Branker, **CPC, CIRCC, CPMA, CPC-I, CANPC, CEMC**
Dorothy Bouton, **CRHC**
Doug Shepherd, **CPMM**
Duc Nguyen, **CPC-A, CSFAC**
Earnestine Weems, **CIRCC**
Earnestine Weems, **CIRCC**
Echo Thomas, **COBGC**
Edward Selvadurai Dayalan, **CIC**
Elango Gunasekaran, **CIC**
Elisa Beatriz Chao, **CPC, CPMA**
Elizabeth Donovan, **CPCO**
Elizabeth Gowen, **CPB**
Elizabeth Hluska, **CPC, CRC**
Elizabeth Simonsen, **CPC, CPB**
Elvira Scalzitti, **CIRCC**
Elyse Foust, **CPB**
Emilie David, **CPB**
Emily Bennett, **CPC, CPMA**
Emma Saylor, **CPC-A, CPB**
Eric Eichline, **CPC-P-A, CPMA**
Erica Naseef, **CPB**
Ernesto Nunez, **CPC, CPCO, CPMA, CRC**
Evelin Piedra, **COC, CPC, CPB**
Ferdinand Halamuda, **CPB**
Gayathri Balasubramaniam, **CIC**
Gayathri Kumar, **CRC**
Gaynor E Hartley, **CPC, CPMA**
Geetha Karri, **CIC**
Gena Marie Dupee, **CRC, CCC**

Genova Monique Brunson, CPC, **CPCO**
 Geri Moritz, CPC, **CRC**
 Gianina Silvia Echevarria, CPC, CFPC, **CHONC**, COBGC
 Gina Ruys, CPC, **CRC**
 Gina Vega, CPC-A, **CPMA**
 Gireesh Kollipara, **CRC**
 Gladys Nugent, CPC, CPC-I, **COSC**
 Gloria A Jueneman, CPC, **CPMM**
 Gloria Ann Rodriguez, CPC, CDEO, CPMA, **CRC**, **CHONC**
 Govindasamy Alagappan, CPC, **CRC**
 Gowri Rajamohan, **CIC**
 Gowshiga Deenathaiyalan, **CIC**
 Grace Josselyn, CPC, **CFPC**, CSFAC
 Gracelyn Chatterpaul, CPC, **CPMA**
 Graciela A Serevich, CPC, **CRC**, CEDC
 Greg Zobel, **CRC**
 Grether Elias, CPC, CPMA, **CRC**
 Heather Ann Marie Pare, CPC, **CCC**
 Heather Marie Thompson, CPC, **COSC**
 Heather R Colton, CPC, **CPMA**
 Heidi Adams, CPC, **CPMA**, CHONC
 Heidi Albrecht, **CRC**
 Idolka Zoe Mesa, CPC, CPMA, **CRC**, CEMC
 Isaelaine Arroyo, **CPMM**
 Ivonne Atanacio, CPC, CPB, **CPMA**, CPC-I
 Jacob Nelson, CPC-A, **CIRCC**
 Jaleel Pasha Mohd, **CIC**
 James D Murphy Jr. MD, **CPB**
 Jamie L Klymn, CPC-A, **CPCO**
 Janine Getchell Bouchard, CPC, CEMC, **CPRC**
 Janine O'Brien Smith, COC, CPC, CPCO, **CEMC**, CENTC
 Janine Switzer, **CPB**
 Janis M Bishop, CPC, **CPMA**
 Jasmeen Saleem, **CIC**
 Jasmine Leguillou, CPC, **CRC**
 Jason Nario, **CRC**
 Jean Arlauckas, CPC, **CPMA**
 Jean Bruening, CPC, **COSC**
 Jeevitha Sampath, **CRC**
 Jeffrey Schneider, **CEMC**
 Jena L O'Connor, CPC, **CIC**
 Jeni Danielak, CPC, **CPMM**
 Jennifer Shively, **CIC**
 Jennifer Ann Cash, COC, CPC, **CPMA**
 Jennifer C Williams, CPC, CPMA, **CPMM**
 Jennifer Cabral, **CPMM**
 Jennifer Cobb, **CRC**
 Jennifer Hernandez, **CPMA**, **CRC**
 Jennifer Jones, CPC-A, **CPMA**
 Jennifer Kasper, CPC, **CRC**
 Jennifer L Beaudry, CPC, CCC, CCVTC, **COSC**, **CSFAC**
 Jennifer Marie Stiefel, CPC, **CIRCC**
 Jennifer Marie Warner, CPC, **CPMM**
 Jennifer McMillan, **CGIC**
 Jennifer Schreiber, **CPMM**
 Jennifer Steinlauf, CPC-A, **CRC**
 Jennifer Whitworth, CPC, **CPMA**
 Jennifer Woodruff, CPC, **CPB**
 Jennifer Yonis, **CRC**
 Jeromonica Sagayaamtharoché, **CIC**
 Jessica Ash, CPC-A, CPB, **CPMA**
 Jessica Bilinski, CPC, **CRC**
 Jessica L Vazquez, CPC, CPC-P, **CRC**
 Jessica Meischen, CPC, **CPCD**
 Jessica Phillips, CPC, **CRC**
 JessieRae Baker, CPC, **CEMC**
 Jiayi Ni, CPC-A, **CPB**
 Jill Culpepper, **CPB**
 Jill Henry, CPC, **COBGC**
 Jill Yehl, CPC, **CPMM**
 Jisha Koshy, **CIC**

Jo Ann Lemmert, CPC-A, **CRC**
 Joan Kegerize, CPC, **CPMA**
 Jo-Anne Brown, CPC, **CPCO**
 Joni Halvorson, **CUC**
 Joseph Francis Girone, **CRC**
 Joseph Gries, CPC, **CPMA**, CPC-I
 Joseph Heaphy, **CPMM**
 Joshua Dalton, CPC, **CPCO**, **CRC**
 Jothi Rajagopal, **CIC**
 Joyce Ann Kiracofe, CPC, **CPMA**
 Joyce Ehrlich, **CPMA**
 Juan Gerardo Zuleta, CPC, **CRC**
 Juanita Maria Salas, **CPB**
 Jude Jennings, CPC, **CPB**
 Judith Bernstein, CPC, **CPMA**
 Judith Ward, COC, CPC, **CPMA**
 Judith Wiegand, CPC, **CEMC**, CGIC, CPCD
 Julia Pepe, COC, CPC, **CANPC**
 Julia R Blanton, COC-A, CPC-A, **CPMA**
 Julianne Foley, CPC, **CPMA**
 Julie Wallen, CPC, **CCC**
 Julie Ann Erickson, CPC, CPMA, **CRC**, CEMC
 Julie Turner, CPB, **CPMA**
 June T Bergman, CPC, **CPMA**
 Kalaiselvi Arumugam, **CIC**
 Kalaivani (VANI) Ashokprabhu, CPC, **CRC**
 Kaley Maccagnano, **CPMM**
 Kali Walters Sivret, CPC-A, **CRC**
 Kalwa Santoshkumar, **CIC**
 Kamalakannan Ramakrishnan, **CIC**
 Kammi Barrett, **CRC**
 Kanaka Santhosha Lakshmi Pariti, **CIC**
 Karen Bernhardt, **CPB**
 Karen C Shiner, CPC, **CRC**
 Karen G Waller, CPC, **CANPC**
 Karen Hall, CPC, **CENTC**
 Karen Jean Bradshaw, CPC, **CPMA**, CENTC
 Karen L King, CPC, **CCC**
 Karen Moody, **CPCO**
 Karen Stoltz, **COSC**
 Karen Tinoco, CPC, **CDEO**, CPMA, **CRC**
 Karin Bourque, CPC, **COBGC**
 Karnakar Bura, **CIC**
 Karrine Yvette Price, COC, CPC, **CPCO**
 Kartheek M, **CIC**
 Karthika Jayachandran, **CIC**
 Karthika Ramamoorthy, **CIC**
 Katherine Klimper, CPC, **CHONC**
 Katherine Von Laven, CPC, **CPMM**, COBGC
 Kathleen L Keller, CPC, **CPMA**, CEMC
 Kathleen M Powell, **CPB**
 Kathleen Menzimer, CPC, **CPMM**
 Kathleen Palik, **CRC**
 Kathy Beams, CPC, **CCVTC**
 Kati L Achey, CPC, **CPMA**
 Katie Denton, CPC, **CPMA**
 Katrina Jacobs, CPC-A, **CEDC**
 Katsue Whately, CPC-A, **CRC**
 Katya isabel Stanczak, CPC-A, **CPMA**
 Kaveri Radhakrishnan, **CRC**
 Kavitha Mani K, **CRC**
 Kay Zeigler, **CRC**
 Kayla Jenkins, CPC, **CGSC**
 Kayonnie Kitto, **CPB**
 Kellie Steele, CPC, **CCC**, **CEMC**
 Kelly Arace, **CPMM**
 Kelly Clodfelter, **CRC**
 Kelly Doran, **CPMM**
 Kelly Sue Bauer, CPC, **CRC**
 Kelly Zerlin, CPC, **CCC**
 Kenia Valle Boza, COC, CPC, **CPCO**, CDEO, CPB, CPMA, CPMM, **CRC**
 Kerry Chakon, **CPMM**
 Kevin Mansfield, CPC, **CIRCC**

Kevin Thompson, CPC-A, **CPMA**
 Kevin Timp, COC, CPMA, **CRC**
 Kim Burgen, CPC, **CPMA**
 Kim Cowdrey, CPC, **CPCO**, CEMC
 Kim L Taylor, CPC, **CPMA**
 Kim Montenegro, CPC, CPB, CPMA, **CPMM**, CPC-I, **COSC**, CSFAC
 Kim Rachelle Stamper, CPC, **CEMC**
 Kim Smith, CPC, **CRC**
 Kimberly Renwick, CPC-A, **CPMA**
 Kimberly Ann Cesar, CPC, **CPMA**
 Kimberly Ann Telesco, CPC, **CPMA**, **CRC**
 Kimberly Feldman, **CPB**
 Kimberly K Travis, **CPMA**
 Kimberly Oates, CPC, **CPMA**
 Kimberly Watson, CPC-A, **CPB**
 Kimberly West, CPC-A, **CPMA**
 Kiren Garcia, **CPB**
 Kodathala Vidyarani, CPC, **CIC**
 Komala Devi Yenuganti, **CIC**
 Korrie Heather Manning, CPC, CPB, **CPMA**
 Kripa S John, CPC-A, **CRC**
 Kristen Golding, **CIC**
 Kristen Hurst, CPC, CPMA, **CRC**, CEMC, **CGIC**, CGSC, **COSC**, CSFAC
 Kristen Muldoney, **CPMM**
 Kristen Worden, CPC, **CANPC**, CEMC, CPCD
 Kristin Marie Diorio, CPC, **CPB**
 Kristina Marie Schaab, CPC, CPMA, **CRC**, CPC-I
 Kristine Gammer, CPC, **CRC**
 Kristine Joy Bartolome, CPC, CPCO, **CDEO**, CPMA, **CRC**
 Kumar Ekta, **CIC**
 Kumaresan Rakiyhanan, **CIC**
 Kym Everett, CPC, **CPMA**
 Lacie Heston, CPC, **CPMA**
 Lacy Wilson, CPC, **CPMA**
 Lakema E Browne, CPC, **COBGC**
 Lakshmi Kanth Konathala, **CIC**
 Lalitha Niharika Pasupulati, **CIC**
 Lanita Cash, **CPB**
 Lashonta Annette Iseley, CPC, **COSC**
 Latha Prabhu, CPC-A, **CPB**
 Laura Michelle Barnhill, CPC, **CCVTC**
 Laura Orfanelli, **CIC**
 Laura Ortega, CPC, **CPMA**
 Laura Ringland, **CIC**
 Lauren Jandroep, COC, CPC, **CDEO**, CPMM, CPC-I
 Lauren E Bocklage, COC, CPC, **CIC**, CPMA, CPC-I, **CASCC**
 Lauren White, CPC, **CPMM**
 Lavanya Daggupati, **CIC**
 Lawrence J O'Brien, COC, CPC, CPC-P, **CPMA**
 Lawrence Master, **CPB**
 Le Kearney, CPC-A, **CHONC**
 Leela Rani, **CIC**
 Leenus Patrick Obed, CPC-A, **CPMA**
 Lela Ollilia, **CPCO**
 Lesley Susan Wagner, CPC, CPB, **CPMA**, CPC-I
 Leslie Borsdorf, **CIRCC**
 Leslie Bush, **CPMA**
 Leslie Roos, COC, CPC, **CPMA**
 Leslie Slater, **CIC**, **CRC**
 Lina Bello, CPC-A, **CRC**
 Linda Guerra, **CHONC**
 Linda Haake, CPC, **CHONC**
 Linda Hallstrom, CPC, **CDEO**, CPMA, CPC-I, CEMC
 Linda S Hall, CPC, **CHONC**
 Lindsay Garfield, CPC-A, **CPMA**, **CRC**
 Lindsay Walker, CPC, **CPMA**
 Lindsay Whalen, COC-A, **CEDC**

Lindsey Vines, CPB, **CRC**
 Lisa Cabana, **CDEO**, **CIRCC**
 Lisa Cunnagin, CPC-A, **CRC**
 Lisa D Brooks, CPC, **CPMA**
 Lisa D Orsello, **CGIC**
 Lisa Gebhardt, CPC, CPB, **CPMA**, CEMC
 Lisa Kaneshige, **CPB**
 Lisa M Haines, CPC, **CRC**
 Lisa McGrew, CPC, **CPMA**
 Lisa Rickert, CPC, **COSC**, **CSFAC**
 Lizabeth Molina, **CPCO**
 Loganathan S, **CRC**
 Lola Burke, CPC, **CPMA**
 Lorena Saucedo, **CPB**
 Lori D Fiandra, CPC, **CPMA**, CFPC
 Lori Gruel, CPC-A, **CRC**
 Lorrie A Westbrook, CPC, **CPB**
 Luz Londono, **CPMA**
 Luz M Cruz, CPC, CPC-P, **CRC**
 Lynda Cozad, CPC-A, **CHONC**
 Lynette Crumble, **CHONC**
 M Srinivasa Chakravarthy, **CIC**
 Ma Richelle Tan, CPC, **CPMA**
 Madeline Elizabeth Thornberg, CPC, **CPMA**
 Madhan Tamilarasan, **CRC**
 Madhavi Chelluri, CPC-A, **CRC**
 Madhavi Yerra, **CIC**
 Madhesh Veeramani, **CIC**
 Madgalene Prechi Ranganathan, **CRC**
 Magela D Arrillaga, CPC, **CPMA**
 Mahesh Chintapalli, COC-A, **CIC**
 Mahesh Maganti, **CIC**
 Malarvizhi Gunasekar, **CIC**
 Malathi Marimuthu, **CRC**
 Malinda Angel, **CPMA**
 Mani K, **CIC**
 Manigandan Panneerselvam, **CRC**
 Manikandan Rajendran, **CRC**
 Marcia Pena Pino, CPC, **CPMA**
 Marcie Danielle Sumner, CPC, **CPMA**, **CRC**
 Marendria Ikie Rashall, CPC, **CRC**
 Margaret Price, CPC, **CRC**
 Margarita Santiago, CPC, CPMA, **CEDC**, CEMC
 Maria E Beltran, CPC, **CPMA**
 Maria E Torres, CPC, CPMA, **CRC**
 Maria Escobar, CPC, **CHONC**
 Maria Hernandez, **CPMA**
 Maria Robles, CPC, **CPB**
 Marie Shuttleworth, CPC, **CEMC**
 Marisa A Nash, CPC, **CCC**
 Marisa Bates, CPC-I, **CPMA**
 Marka Ashishbabu, **CIC**
 Marlies Kamin, CPC, **CGSC**
 Martha Bonnett, **CRC**
 Martha J Moss, **CRC**
 Martha Mauricio, CPC, **CENTC**
 Mary Bechtel, CPC, **CPCD**
 Mary Beth Visniski, CPC, **CPMM**
 Mary Borodawka, **CPB**
 Mary Conyne, CPC, **CPCO**, CEMC
 Mary Lieb, CPC, **CIC**
 Massiel Pichardo, CPC, **CCC**
 Maureen Winters-Swan, **CPB**
 MD Naimethullah, **CIC**
 Meda Sunitha, CPC, **CPMA**
 Megan DeLiberis, CPC, **CPMA**
 Meghan Bull, COC-A, **CEDC**
 Melissa Ann Wilson, CPC, **CRC**
 Melissa Grob, CCS, CPC, **CASCC**
 Melissa Hanley, CPC, **CPCO**, CPMA
 Melissa Link, **CPCO**
 Melissa Roe, **CEMC**
 Melissa Sartin, CPC, **CPMA**
 Meng Ling Hsieh, CPC, **CCC**
 Mercilla Selvarani Santhanam, **CIC**

Michael Alan Carpenter, CPC, **CIRCC**, **CPB**, **CGIC**, **CGSC**, **COSC**
 Michael Joe Halasan Montalvo, CPC, **CPMA**
 Michael Morse, CPC-A, **CPMA**
 Michael Shema, CPC-A, **CPMA**
 Michele DeLeon, CPC, **CRC**
 Michele Lee Dichiaro, CPC, **CPCO**, CPMA
 Michele Whetstone, CPC-A, **CRC**
 Michelle B Gann, CPC, CPMA, **CRC**
 Michelle Borchardt, CPC, **CEMC**
 Michelle Cook, CPC, CPMA, CEMC, **CGSC**, **CPEDC**
 Mildred Khiong, **CRC**
 Mildred M Gacuma, CPC, **CRC**
 Mildrey Martinez, CPC-A, **CRC**
 Misha Cole, CPC, **CPMM**
 Missy Anne Diamond-Koehler, CPC, **CPMA**, CPC-I
 Misty Jo Fearday, CPC, **CPMA**, COBGC
 Misty Vazquez, **CEDC**
 Mohammed Abdul Zubair, **CIC**
 Mukesh Sollarajan, **CIC**
 Muthu Mariyappan, **CIC**
 Nadine A Crowley, CPC, **CRC**
 Nahed Ibrahim, CPC, **CRC**
 Nanci Babb, **CPMM**
 Nancy Elliot, **CPB**
 Nancy J Goulet, CPC, **CRC**
 Narani Rajini, **CIC**
 Nazeem Banu S.M., CPC, **CIC**
 Neeraja Rayana, **CIC**
 Nicole Hernandez, CPC, **CPB**
 Nicole Long, **CPMM**
 Nidhin Mukundan CCS, **CPMA**
 Nimittha Elsa Philip, **CPC-9-A**
 Nithya Ravichandran, **CIC**
 Nora Busby, COC, CPC, CPC-P, **CCC**
 Odalys Garcia, CPC, CPMA, **CRC**
 Olha Labert, CPC-A, **CEDC**
 Omozee Uwaifo, CPC, **CRC**
 Packialakshmi Sivanandi, **CIC**
 Pahua Thao, CPC-A, **CCC**
 Pam Nelson, CPC, **COBGC**
 Pamela Schulman, CPC, CPCO, **CPMA**
 Parampogu Shanthappa, **CRC**
 Patricia A Kulis, COC, CPC, **CEDC**
 Patricia Gomez, CPC, **CPMA**
 Patricia Salyer DeVoy, CPC, **CPMM**
 Patricia Seabolt, CPC, **CPCO**, CPMA
 Patriona Dickens, CPC, **CPGO**
 Paul Chandler, COC, CPC, CPCO, CPC-P, CPB, CPMA, CPMM, **CRC**, CPC-I, **CANPC**, **CASCC**, **CCC**, **CCVTC**, **CEDC**, **CEMC**, **CENTC**, **CFPC**, **CGIC**, **CGSC**, **CHONC**, **CIMC**, **COBGC**, **COSC**, **CPCD**, **CPEDC**, **CPRC**, **CRHC**, **CSFAC**, **CUC**
 Paula Lenard, CPC-A, **CRC**
 Penny Lynn Griffin, CPC, **CPMA**
 Penny S Crandall, **CPMA**
 Phillip J. Whitehurst, CPC, **COSC**
 Phyllis Johnson, CPC, **CRC**
 Prakash Ravi, **CRC**
 Pratima Sukuru, **CIC**
 Priscilla Bilinski, CPC, **CRC**
 Priyadharsini Anandan, **CIC**
 Priyajothi K, **CIC**
 Rae Ann Vance, CPC, **CPMA**
 Rahman Malone, CPC-A, **CPMA**
 Rahul Ragi, **CIC**
 Rajani Kunchi, **CIC**
 Rajaperumal Subbaiah, **CIC**
 Rajasankar Ramalingam, **CIC**
 Rajathi Muthusamy Muthusamy, **CIC**
 Rajeev Dusi, **CIC**
 Rajesh Ramanathan, **CIC**
 Ramanna Akkineni, **CIC**
 Rameshkumar Ramamoorthy, CPC, **CIC**

NEWLY CREDENTIALLED MEMBERS



Rameshkumar Vijayakumar, **CIC**
 Rebecca Diane Burd, **CPC, CPPM**
 Rebecca Jean Kozell, **CPC, CRC**
 Rebekah A Evans, **CPC, CPB, CPC-I**
 Rebekkah A Clair, **CPC, CCC**
 Regina Kabigting McGee, **CPC, CPCO, CPMA**
 Rekha T.D., **CPMA**
 Renee Senior, **CPCO**
 Renette Bailey-Nolan, **CPMA**
 Rhonda Blatt, **CEDC**
 Rhonda Lynne Fletcher, **CPC, CPCO, CDEO, CPMA, CEMC, CENTC, CFPC, CIMC, COBGC, CPCD, CPEDC**
 Rimanda Stender, **CPC-A, CRC**
 Riyas Ismail, **CIC**
 Robin M Lopez, **CPC, CPMA**
 Rosalinda Alaniz, **CIRCC**
 Rosario Canete, **CPC, CPMA**
 Roseanne Martinez, **CPC, CPMA**
 Rosemarie Cooley, **CPPM**
 Roshan P Sunny, **CIC**
 Roxann Gomez, **CPC, CPMA**
 Sachin Dubey, **CPC, CIC**
 Sagarika Golagani, **CIC**
 Sakura Koumarn, **CPC, CPMA**
 Salim Basha Mohamed Ali, **CPC, CRC**
 Sally Marie Cookman, **CPC, COSC**
 Sally Wheeler, **CPC, CPMA**
 Sameena Ishrath, **CPC-A, CRC**
 Samia Tamaica Jennings, **CPC, CRC**
 Sampoorana Kondakindi, **CIC**
 Sandra Denier, **CPC, CPMA**
 Sandra M Rodriguez, **CPC, CPMA**
 Sandra Scala-Osborn, **CPC, CRC, CEMC**
 Sandy M Binnig, **CPC, CIRCC**
 Santhoshprabu Chelladurai, **CRC**
 Sara Mayorga, **CPC, CPMA**

Sarah Collinson, **CPC, CPMA, CRC, CCVTC, CEMC, CGSC, COSC, CPCD, CPEDC, CPCR**
 Sarah Elizabeth Tolbert, **CPC-A, CPB, CEDC**
 Sarah I Curtis, **CPC, CIC**
 Sarankumar Bhogi, **CIC**
 Saravanan Vasudevan, **CPC, CRC**
 Sarojini Priya Shanmugam, **CIC**
 Sasikala Chakrapani, **CRC**
 Sathish Kumar Nanthakumar, **CIC**
 Sathish Kumar Shanmugam, **CRC**
 Sathya Devi Mohanraj, **CIC**
 Sathya Lakshmanan, **CIC**
 Seethalakshmi Velusamy, **CIC**
 Sephora Machlus, **CPC, CDEO, CPMA**
 Shamili Krishnan, **CIC**
 Shannon Gommer, **CPMA**
 Shannon Martinez, **CPC, CGSC**
 Sharon Denice Robertson, **CPC, CRC**
 Sharon Rogers, **CDEO**
 Shaun A Anderson, **CPC, CRC**
 Shawn Fedner, **CPC, CHONC**
 Sheila Joyce Colvin, **CPB**
 Sheila R Lemons, **CRC**
 Shelby Sweat, **CRC**
 Shelby Washington, **CPB**
 Shelly Griffith, **CRC**
 Sheri Sheptak, **CRC**
 Sherlet Tavares, **CPC, CPMA**
 Sherri Lynn Gronbach, **CPC, CRC**
 Sherrill E Godfrey, **CPC, CPPM**
 Sherry Johnson, **CIC, CPMA, CRC, CEDC**
 Sheryll Sanchez Labuzon, **CPC, CRC**
 Silvia Sanchez, **CRC**
 Sindhuja Ramanathan, **CIC**
 Sivaji Gopal, **CPC, CRC**
 Sivakumar Natarajan, **CIC**

Sivaranjani Ramadoss, **CIC**
 Sivasankar Thirumalaisamy, **CIC**
 Sonidevi Bai, **CIC**
 Sonya Denise Floyd, **CPC, CPB, COBGC**
 Spoorthi Vishwanath, **CIC**
 Sridhar Arumugam, **COC, CPC, CIC**
 Srihitha Jungaveni, **CIC**
 Srikrishna Priya, **CIC**
 Srilata Killamsetty, **CPC, CIRCC**
 Srinivas Reddy Nadide, **CPC, CIC**
 Srinivas Venni, **CIC**
 Sripathi Tatipamula, **CIC**
 Stacey Courter, **CPB**
 Stacey Czarnopis, **CPC-A, CEDC, COSC**
 Stacie Watie, **CPC, CPMA**
 Stacy Ann Girard, **CPC, CPPM**
 Steffany Newsome, **CPB**
 Stephanie Hunt, **CPC-A, CGSC**
 Stephanie Koopmann, **CPC, CPMA**
 Suganiya Venugobalan, **CIC**
 Suhasini Chilakala, **CIC**
 Suji Rathinam, **CIC**
 Suman Thiagarajan, **CIC**
 Sunil Amgoth, **CIC**
 Sunitha Davuluri, **CPMA**
 Surender Meda, **CPMA**
 Suruthi Rengaraj, **CRC**
 Susan D Whittaker, **CPC, CPMA**
 Susan E Kimball, **CPC, CEMC, CGSC**
 Susan Haley, **CRC**
 Susan M Burke, **CPC, CPC-P, CRC**
 Susan Mors, **COC-A, CRC**
 Susan O'Brien, **CPMA**
 Susan Sproat, **CPC, CHONC**
 Susan Tillman, **CPC, CPCD**
 Susan Valentini, **CRC**
 Susan Woznica Somerson, **CPC, CDEO**
 Svetlana Zhukovskaya, **CPB**

Syreeta Williams Parker, **CRC**
 Tamara Detillo, **COC, CPC, CPMA**
 Tamara Farmer, **CPC-A, CPEDC**
 Tamara Johnson, **CCC**
 Tamil Selvi Muruganatham, **CIC**
 Tammy Boland, **CHONC**
 Tammy Dee Rangel, **CPC, CRC**
 Tanya Davis, **CPCD**
 Tanya Nicole Medley, **COC, CPC, CPC-P, CIC**
 Tasha L Dick, **CPC, CPMA**
 Tasha Sheffield, **CPB**
 Tatiana A Vargas, **CPCO**
 Tatyana Trent, **CPC, CRC**
 Teresa B Deas, **CPC, CGIC, CGSC**
 Teresa Hernandez, **CPMA**
 Teresa M Macias, **CPC, CPMA**
 Teresa Maceri, **CPC, CDEO, CRC**
 Teresa Royston, **CPB**
 Terri B Pawliski, **CPC, CPMA, CEMC**
 Theresa Buell, **CRC**
 Theresa Foushee, **CPC, CHONC, CRHC**
 Tiffany Drake, **CPB, CPPM**
 Tiffany N Bingham, **CCC**
 Tina Deiter, **CPC, CFPC**
 Tina Knotts, **CPC, CPMA**
 Tina Marie Gaworecki-Galler, **CPC, CPPM, CEMC, COSC**
 Tina Marie Hudson, **CPC, CRC**
 Tina Thompson, **CRC**
 Todd Kaprak, **CPPM**
 Tracey Morehart, **COC, CPC, CDEO**
 Tracy B Brock, **CPC, CCVTC**
 Tracy Nicole Garner, **CPC, CRC**
 Tracy Rankin, **CPC, CENTC**
 Tracy T Hembry, **CRC**
 Tricia Lee Menard, **CPC, CDEO, CPMA, CRC**

Tristina Salko, **CPC, CPMA**
 Tylane Brown, **CEDC**
 Umar Ali, **CIC**
 Umesh Kumar Katare, **CIC**
 Valerie Wolfe, **CRC**
 Valerie G Smith, **CPC, CDEO, CPMA, CEMC**
 Valorie B Payne, **COC, CPC, CPRC**
 Vania Zamorano, **CPB**
 Venkat Devineni, **CPPM**
 Venkata Gayatri Akella, **CIC**
 Venu Gopala Rao Sagi, **CIC**
 Vera E Josey, **CPC, CANPC**
 Vergiling Charles, **CRC**
 Victoria J Phillips, **CPMA**
 Vigneshwaran Ravichandran, **CRC**
 Vijayakumar Thangavel, **CPC, CRC**
 Viji Lawrence, **CIC**
 Vinodh Kumar Vemala, **CIC**
 Vinoth Thangaraj, **CIC**
 Vinothiny Nagasamy, **CIC**
 Yajaira Fabian, **CPB**
 Yanique Myrick, **CPC-P, CPMA**
 Yolanda Keen, **CIRCC**
 Yolanda M Grundhoffer, **CPC, CRC, CPC-I**
 Yolanda Y Williams, **CPMA**
 Yuki Fukui, **CPC, CRC**
 Zaib un Nisa, **CPB**



ALPHABET SOUP

Make deciphering clinical documentation for the skin easier by recognizing common medical terms and acronyms:

iStockphoto /levonigal



**BECOME FAMILIAR
with Clinical Lingo**

- AK** Actinic keratosis
- BCC** Basal cell carcinoma
- BMK** Birthmark
- Bx** Biopsy
- HPV** Human papilloma virus
- I&D** Incision and drainage
- ID** Interdermal
- LE** Lupus erythematosus
- MM** Malignant melanoma or multiple myeloma
- MMS** Mohs micrographic surgery
- PUVA** Psoralens ultraviolet A treatment
- SCCA** Squamous cell carcinoma
- SG** Skin graph
- SQ, SC, subcut, subq** Subcutaneous
- TBSA** Total body surface area
- TRAM** Transverse rectus abdominis myocutaneous

Healthcare's Human Capital Network

New technology helping to connect healthcare professionals with organizations that need them.

Whether you're a company looking for resources, or a professional looking for work, READYMED quickly and efficiently connects top healthcare business talent with organizations who need their skills in:



Medical Coding



Auditing



Education & Training



Medical Billing



Clinical Documentation



Revenue Cycle Management



EMR/EHR



Operations Improvement



LEARN MORE AT [READYMED.com](https://www.readymed.com)
Launching March 2017

American Heart Awareness Month

**SAVE
50%**

on the
**Certified
Cardiology
Coder
Credential**





Announcing

AAPC's MEMBER RECOGNITION PROGRAM



Recognizing Ongoing Excellence and Commitment in the Healthcare Revenue Cycle Profession

You have dedicated yourself to your career and the healthcare community. You have never stopped learning. You push yourself to be the best. We think that effort is worthy of merit and distinction – plus a little help to make it easier for you to stay on top.

Three designations will be offered:



FELLOW



PROFESSIONAL



ASSOCIATE

These designations are earned and require proof of sustained excellence in your job performance within the healthcare revenue cycle profession and community engagement.

To learn more, or to submit an application for consideration visit:

aapc.com/recognition