AAPC

THE MAGAZINE

FEBRUARY 2025

# 2025 Medical Coding and Billing Salary Report

MINUTE WITH A MEMBER

Alyssa Foster, COC

# Because it's not all about documentation. Until it's all about documentation.

## Join us in person or virtually for a special workshop in March:

### Mastering the Art of Documentation in Office-Based Patient Visits

Author: Jaci Kipreos

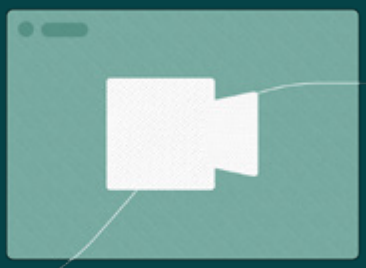
**Live/virtual: 3/20 | On demand: 3/21**
Presenter: Jaci Kipreos

**In person: Atlanta, GA 3/15/25**
Presenter: Leonta Williams

Location: Emory Healthcare
Glenn Building (Level F, Glenn Building Classrooms)
550 Peachtree St NE, Atlanta, GA 30308

**In person: Arlington, TX 3/22/25**
Presenter: Jaci Kipreos

Location: Hilton Arlington
2401 E Lamar Blvd, Arlington, TX 76006



Hope to see you there!
Learn more and register at **aapc.com/workshops**

Webinars
BY AAPC

# Reap the Rewards

Joining a professional association can help you advance your career in many ways. I remember when I first started out, when AAPC had just under 50,000 members. I was so proud when I obtained my first certification, and I'm no less proud today. Over the years, as AAPC has grown, I have grown, too. After beginning my healthcare journey as a file clerk, I went on to work in varied revenue cycle roles before becoming a chief compliance officer, interim CEO, and author. The certifications I have obtained along the way, and the network I have grown, have helped shape my career path — I would not be where I am today without AAPC.

## There's Value in Associations

Associations have long played a vital role in professional development, serving as an interconnection of knowledge, networking, and growth for individuals within an industry. They provide a structured avenue for continuous education, certification, and advocacy, ensuring that professions adapt and thrive in changing environments. In the healthcare industry, particularly in medical coding and billing, associations like AAPC have been instrumental in legitimizing the business side of healthcare, leading to better recognition and remuneration.

## There's Value in AAPC

By developing certification programs, AAPC has standardized the skills and knowledge required for the business of healthcare, ensuring consistency in how medical services and supplies are coded and billed. This standardization has instilled a sense of professionalism and credibility in the field, which in turn has had a substantial impact on salaries over the past three decades, as evidenced by AAPC's annual salary survey report, featured in this issue.

AAPC certifications not only validate your expertise but also enhance your value to employers. Employers recognize AAPC-certified professionals as being both competent and committed to maintaining high standards, which translates to greater efficiency, fewer payment errors, and, ultimately, better financial outcomes for healthcare organizations.

## There's Value in You

Rising salaries in the field are a testament to the value that AAPC-certified members bring to healthcare. The complex and ever-evolving nature of healthcare regulation demands specialized knowledge and skills. As the healthcare landscape has grown more intricate, employers are willing to offer higher compensation to attract and retain skilled individuals who can navigate these complexities with precision.

AAPC's commitment to continuous professional development has allowed its members to stay ahead of industry changes. Through ongoing education and access to resources, members are prepared to tackle new challenges, such as transitioning to ICD-10 coding standards or adapting to new regulations under healthcare reform laws. This adaptability has further cemented their indispensability.

Focusing on continuous growth through training, continued education, and networking is a key strategy for building a successful career. This ongoing commitment not only develops skill sets but also builds a strong foundation for future achievements.

All my best,

Rhonda Buckholtz, CPC, CDEO, CPMA, CRC, CENTC, CGSC, COBGC, COPC, CPEDC, AAPC Approved Instructor

AAPC National Advisory Board President

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By Michelle A. Dick, BS

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"I enthusiastically stepped into the realm of medical coding, eager to merge my scientific background with my commitment to healthcare."

— Jerin James

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- Principal Care Management
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- Coding Quality
- 2025-2026 Chapter Advisory Board

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Availability expires on the 1st, 1 year after cover date.

**On the cover:** Take a minute to learn about AAPC member **Alyssa Foster, COC**. Cover design by Mahfooz Alam.

## Go Green!

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- You will save a few trees.
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- You can read *AAPC the Magazine* on your computer, tablet, or other mobile device—anywhere, anytime.
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**letterstotheeditor@aapc.com**



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FEBRUARY 2025



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# Jerin James, CPC-A

For many years, I found fulfillment as a science educator, sparking curiosity and nurturing a passion for knowledge among my students. However, a deeper yearning for the medical field lingered within me — a desire to make a more tangible impact in healthcare. This inner drive propelled me to take a significant leap in December 2023, when I proudly obtained my Certified Professional Coder (CPC®) certification.

This achievement was not merely a professional benchmark; it signified the start of a transformative chapter in my life. Armed with my new credential, I enthusiastically stepped into the realm of medical coding, eager to merge my scientific background with my commitment to healthcare.

## Navigating a Changing Landscape

In India, the landscape for specialty coding is not as rich as it is in the United States. Nevertheless, the growing implementation of the hierarchical condition category coding system, based on ICD-10-CM, has sparked a rising demand for qualified professionals. My CPC® certification opened the door for me at a progressive company specializing in this niche, allowing me to immerse myself in this dynamic field.

The transition from science teaching to healthcare coding was nothing short of thrilling. The analytical mindset, meticulous attention to detail, and precision I developed as an educator seamlessly translated into my new position. Each day brought fresh challenges, new codes to unravel, and exciting opportunities to make a meaningful impact. It felt akin to piecing together intricate scientific puzzles, and I quickly found myself enchanted by the work.

## Enjoying the Journey

AAPC has played a crucial role in my professional journey, not only by certifying me but also by providing a wealth of educational resources and tools. One particularly valuable resource has been the **AI in Medical Coding and Billing Course** (free for members), which has expanded my understanding of how artificial intelligence is reshaping the medical coding landscape. Engaging with such innovative content has been essential, enabling me to stay ahead of industry developments and better equip myself for the future of healthcare.

Reflecting on my journey from the classroom to this new frontier, I am filled with gratitude for the path I have taken. AAPC

## #iamaapc

> "The transition from science teaching to healthcare coding was nothing short of thrilling."

**What Do You Love About Being an AAPC Member?**

Tell us in 350 to 500 words why you became a member of AAPC, how your AAPC credentials have helped you in your career, and the best part of being an AAPC member. Send your story and a high-resolution digital photo of yourself to iamaapc@aapc.com.

## Final Rule Poses Challenges for Hospitals

The Centers for Medicare & Medicaid Services (CMS) released a hefty final rule, Aug. 24, for the hospital Inpatient Prospective Payment System (IPPS), clocking in at approximately 3,000 pages.

The Low Wage Index Hospital Policy is one of the hot topics of this fiscal year (FY) 2025 IPPS final rule. This policy was adopted in FY 2020 to mitigate the wage disparities between high-wage and low-wage hospitals. It affected hospitals with a wage index in the bottom 25th percentile by increasing their wage index by half the difference between the wage index value for that hospital for a year and the 25th percentile wage index value for the year across all hospitals.

This policy was to be effective for at least four years to allow sufficient time for employee compensation increases implemented by these hospitals to be reflected in the wage index. This policy was made budget neutral by a downward adjustment for the 75 percent of hospitals that did not benefit from it. Many facilities took issue with this, leading some to take CMS to court to litigate the issue. For one case, *Bridgeport v. Becerra*, the Court of Appeals for the D.C. Circuit ruled on July 23 that Health and Human Services Secretary Xavier Becerra lacked the authority to adopt the policy and that the policy, along with its budget-neutral adjustment, must be vacated. Despite this ruling, the final rule maintained the policy, citing that CMS was seeking further review of the decision and that their time to do so had not yet expired.

On Sept. 30, CMS released an Interim Final Action with Comment Period (IFC) to remove the policy. The comment period ended Nov. 29. To minimize the impact of the policy removal on hospitals that were benefiting from it, a transition policy was put into place by the IFC. This policy allows for an affected hospital's FY 2025 wage index to be compared to its 2024 wage index. If the decrease is greater than 5 percent, then the transitional payment exception for FY 2025 for that hospital is equal to the additional FY 2025 amount the hospital would be paid under the IPPS if its FY 2025 wage index was equal to 95 percent of its FY 2024 wage index. Due to the timing of the ruling and the release of the IFC, this transitional policy will not be made budget neutral. It is estimated that 113 facilities will be affected.


adobestock / Voda Productions

The final FY 2025 Unadjusted National Average Hourly Wage is $55.03. This amount was updated using data from cost reporting periods beginning on or after Oct. 1, 2020, and before Oct. 1, 2021.

The FY 2025 Occupational Mix Adjusted National Average Hourly Wage is $54.97. This is based on the FY 2022 Medicare Wage Index Occupational Mix Survey.

To learn more, read the rest of this article at **www.aapc.com/blog.**

## Code Changes for DMEPOS

The fiscal year (FY) 2025 update to the HCPCS Level II code set, used to report durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), adds 169 new codes, revises 56 code descriptors, and deletes 63 codes. Here's an overview of the code changes made by the Centers for Medicare & Medicaid Services (CMS) that are effective Jan. 1, 2025.

There's just one new code added to the Transportation Services section of HCPCS:

**A9615** Injection, pegulicianine, 1 mg

This code for LUMISIGHT replaces discontinued code C9171. There are another 10 codes deleted in the Outpatient Prospective Payment System (OPPS) section of HCPCS — four of which are replaced with new J codes (now that the drugs they represent are FDA approved):

| Discontinued | Added |
|---|---|
| C9169 | J9028 |
| C9170 | J9026 |
| C9172 | J1414 |
| C9290 | J0666 |

You'll find an additional 14 new C codes for various OPPS services and supplies in the FY 2025 update.

To learn more, read the rest of this article at **www.aapc.com/blog.**

# Your Questions, Answered

## Member comments serve to expand the educational value of blog posts.

Members have the opportunity to comment on *AAPC the Magazine* articles that were published online at **www.aapc.com/blog**, and we do our best to answer these questions in a timely manner. Here are two questions we received based on the January 2025 article **"Telehealth 2025: The Final Rule,"** with answers.

## Telehealth Modifiers

**Q:** Can you tell me if modifiers are required for 2025 telehealth services?

**A:** For Medicare, the type of modality used (live video or audio-only) is indicated by affixing a modifier on the CPT® or HCPCS Level II code when filling out the CMS-1500 claim form:

- GQ: Asynchronous telehealth service in an Alaska or Hawaii telehealth demonstration project.
- GT: Critical access hospital (CAH) distant site providers billing under CAH Optional Method II.
- FQ: A Medicare telehealth service furnished using real-time audio-only communication technology.

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- 93: Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system.
- 95: Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system.

Other modifiers that may be used when billing Medicare for telehealth include:

- G0: *Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke.*
- GY: *Notice of liability not issued, not required under payer policy.* Use this modifier to report that an Advanced Beneficiary Notice was not issued because the item or service is statutorily excluded or does not meet the definition of any Medicare benefit. (Only to be used when the patient is not at an eligible originating site.)
- FR: *Supervising practitioner present through two-way audio and video communication.*

The Center for Connected Health Policy (**www.cchpca.org/topic/requirements**) makes it easy to look up federal and state laws that all payers must abide by.

## Audio-Only Mental Health

**Q:** If audio-only services are made permanent for mental health related visits, but the 99441-99443 codes are being deleted, and Medicare is not adopting 16 of the 17 new codes (98000-98015), then what codes should be utilized for audio-only mental health related evaluation and management (E/M) visits after Jan. 1, 2025, when billing for Medicare B client visits?

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**A:** There are services already describing audio/video and audio-only telemedicine E/M codes on the Medicare telehealth services list (**www.cms.gov/medicare/coverage/telehealth/list-services**) that can be furnished via synchronous two-way audio-video communication technology or audio-only communication technology under certain circumstances to furnish Medicare telehealth services in the patient's home for the purpose of diagnosis and treatment of a mental health disorder or substance use disorder.

There are also several new HCPCS Level II codes for 2025 such as G0552-G0554 and safety planning interventions code G0560.

Remember to bill the appropriate place of service code to identify the location of the patient and, when applicable, modifier 93 to identify the service as being furnished via audio-only communication technology. aapc

**Resources**

Billing for telehealth | Telehealth.HHS.gov

CMS-1807-F | CMS


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Hybrid event | April 6-9 | 18+ CEUs |
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# HEALTHCON 2025: A Special Invitation for You

The countdown begins — a new year is underway, and HEALTHCON 2025 is just around the corner. This year, we're meeting in sunny Orlando, Florida, April 6-9, for four days of education, networking, and fun. We hope you can join us!

HEALTHCON offers an incredible chance to connect with your AAPC community, expand your knowledge, earn plenty of CEUs, and grow your professional network — whether you attend in person or virtually. Come discover best practices from industry leaders and gain valuable insights into the ever-evolving world of revenue cycle management.

Our exceptional lineup of speakers will cover a wide range of topics. Get an in-depth look into important updates for 2025, as well as the integration of new technologies and changes you can expect in the foreseeable future. Explore regulatory changes and enforcements, including the False Claims Act, E/M guidelines, telehealth post-PHE, and healthcare compliance strategies. Gain invaluable insights into denial management and revenue cycle optimization. And discover how AI implementation is changing the business of healthcare.

Wherever you work or aspire to work in healthcare business, HEALTHCON is designed to suit nearly everyone, regardless of experience level. Choose a track specific to your setting or specialty or randomly select sessions that interest you. There are tracks for inpatient and outpatient facility settings, as well as auditing, compliance, general coding, and medical billing; and the sessions cover a wide range of topics including anesthesia, orthopedic, complex surgeries, gastroenterology, behavioral health, radiation oncology, and cardiology.

We are excited to bring HEALTHCON to *Walt Disney World*® Resort in Florida! Enjoy discounted room rates at *Disney's Coronado Springs* Resort®. Resort guests also receive complimentary self-parking, and bus service to and from the theme parks. Join us for conference meals, games, and contests with chances to win prizes. Don't miss our free after-hours events, including the Welcome Reception and the Enchanted Garden Party. When sessions end for the day, take time to experience the magic of Disney®. HEALTHCON attendees can enjoy special evening rates, advance-purchase savings on multi-day tickets, and more.

If you plan to join us virtually, enhance your experience by playing games to win prizes, interacting with speakers during sessions, engaging with other attendees in the chat wall, and networking in the virtual café. While the conference is only four days long, the relationships and memories you will form are yours forever.

We're excited for the chance to connect with you — see you this April!

All the best,

**Raemarie Jimenez**

AAPC President, Membership and Content


## Event Details

CONFERENCE VENUE

*Disney's Coronado Springs* Resort®

DATES

April 6-9, 2025

REGISTRATION

Members pay $995 for in-person or virtual through February 28

## Travel

WHERE TO STAY

*Disney's Coronado Springs* Resort® – 1001 West Buena Vista Drive Lake Buena Vista, Florida 32830

Rooms starting at $229* per night.

*Price does not include tax or resort fees.
*Discounted room rate valid through March 7.

## Keynote Speaker

RICH BRACKEN

Known for creating an event experience that audiences love, Rich Bracken is an energetic storyteller who blends data and research with emotion and case studies to share insights and strategies on how to implement sustainable positive change. Remarkably, he does this through a music performance.

As an expert on emotional intelligence, client experience, and leadership, he blends his passion for helping individuals and organizations perform at a higher level both personally and professionally with the entertainment mindset he used as a national touring DJ. This creates an "edutainment" atmosphere where attendees leave better and more empowered, while also having a great time.

He is also an emcee who blends his passion for entertaining audiences with his improvisational background and his desire to be an extension of your brand on stage. Rich has worked with Fortune 100 companies and professional and college sports organizations, as well as other companies and associations. Most notably, he served as the voice of the Kansas City Royals World Series Parade in front of 85,000+ fans.

# General Sessions

## Conference Welcome

Join us for the annual State of AAPC address. Our executive leadership will cover exciting new and upcoming developments within your organization, why we're moving in these directions, and how these evolutions will impact your daily life, both inside and outside of work.

## Legal Trends Panel

Join us for a two-part panel discussion led by AAPC's Legal Advisory Board, offering valuable insights into the most pressing legal challenges facing medical practices and facilities today and what lies ahead. In Part 1, we'll dive into real-world case studies that highlight the impact of increased financial scrutiny and regulation. Part 2 will feature an open Q&A session, giving you the chance to engage directly with our experts. Don't miss this popular annual event!

## E/M Panel

During this session, an expert panel made up of a physician, coder, auditor, and Leslie Prellwitz, director, CPT® Content Management & Development with the American Medical Association (AMA), will answer audience questions about the evaluation and management (E/M) services guidelines.

# Breakout Sessions

### GENERAL CODING TRACK

Shea Lunt
RHIA, CPC, CPMA, PMP

Emily Lomaquahu
CPC, CPMA, CEDC

## Enhancing Provider Education: A Focus on E/M Coding

In this presentation, we will explore effective strategies for delivering provider education, specifically in the area of evaluation and management coding. We'll share proven methods and key insights that have helped shift from a coder-centric mindset to a provider-centric approach. Drawing from our extensive experience, this presentation will include case study findings to validate the impact of these strategies. The discussion will include practical tips for overcoming discomfort to foster trust between coders and providers, managing disagreements, and effectively integrating coding guidelines into provider documentation.

### SPECIALTY CODING TRACK 1

Stephanie Allard
CPC, CEMA, RHIT

## Integration of Behavioral Health Services Into Pediatric, Internal Medicine, and Family Practices

With the continued struggles related to access to behavioral health services, many practices are looking to integrate these services. From a compliance perspective, we must ensure that the providers and staff understand the specific requirements for documentation and billing behavioral health services. Additionally, it is important to be aware of the licensed professionals that are compliantly allowed to render and bill for the services. Join this session to talk through the specifics related to the requirements and what it takes to implement an efficient and compliant behavioral health workflow.

### SPECIALTY CODING TRACK 2

Jessica Miller-Dobbs
CPC, CPC-P, CGIC

## A Whole New World: Navigating GI Coding with AI, Documentation Magic, and Denial Challenges

Join us on an enchanting journey through the realm of GI coding as we blend cutting-edge advancements in AI and essential coding practices. In this immersive session, we'll explore how AI can enhance your coding accuracy, tackle common denial challenges with strategic solutions, and discover the secrets to improving your documentation to ensure successful claims. Whether you're a seasoned coder or new to GI coding, this session offers valuable insights and practical strategies to elevate your coding practices and achieve your "happily ever after" in the world of GI coding.

### INPATIENT FACILITY TRACK

Leigh Poland
RHIA, CCS, CDIP

## Advanced ICD-10-PCS Coding for Inpatient Orthopedic Procedures

Orthopedic injuries are highly prevalent in the United States, affecting millions of people each year and leading to significant healthcare utilization. According to the National Safety Council, in 2020 alone, there were more than 3.6 million emergency department visits for musculoskeletal injuries, including

fractures, dislocations, and soft tissue injuries such as sprains and strains. These injuries occur across all age groups and can result from a variety of causes, including sports activities, falls, motor vehicle accidents, and occupational hazards. Specific types of orthopedic injuries are particularly common. Approximately 300,000 hip fractures occur annually, predominantly affecting older adults due to falls. Knee injuries, such as ACL tears, are common among athletes, with an estimated 100,000 to 200,000 ACL reconstructions performed each year. Join us for an informative session on ICD-10-PCS coding for inpatient orthopedic procedures. This session will provide in-depth review of coding for complex orthopedic surgeries, including bone biopsies, joint replacements (hip and knee), prosthesis removal/replacement, and more. Learn how to apply appropriate PCS guidelines and accurately assign ICD-10-PCS codes.

### OUTPATIENT FACILITY TRACK

Stacie Buck
RHIA, CCS-P, CPCO, CCC, CIRCC, RCC, RCCIR

## Safeguarding Revenue: Mastering Medical Necessity for Diagnostic Radiology Services

Now more than ever it is critical for providers to not only collect every dollar for services rendered, but to hold on to those dollars under the scrutiny of an audit. In particular, providers of diagnostic radiology services face a unique set of challenges, with documentation supporting medical necessity topping the list. This session will provide guidance to help you audit-proof your claims by gaining an understanding of the requirements for diagnostic test orders as spelled out in the Medicare Conditions of Participation, as well as digging into often overlooked details in local coverage determinations.

### PRACTICE MANAGEMENT TRACK

MariaRita Genovese
MHA, CPC, PCS

## Managing the Challenging Patient

Behaviorally challenging patients present a multitude of issues for all staff with whom they interact. Many of these patients have difficulty processing information, poor problem-solving and interpersonal skills, and a history of self-destructive responses to stress. These patients tend to be chronically unsatisfied with care and are high utilizers of staff time, energy, and resources, often depleting the staff caring for them. When working with such patients there is a tendency to engage in nonproductive redundant efforts which do little to improve the situation. This session will teach you how to manage the challenging patient.

### BILLING TRACK

Shannon DeConda
CPC, CPMA, CPC-I, CEMC

## Innovative Approaches to Incident-to Billing

The standard advice regarding incident-to billing has been clear for years: Avoid it because of the high risk for noncompliance. This perspective is shifting, however, as healthcare organizations grapple with ongoing reimbursement cuts. Many are now taking a fresh look at incident-to billing, implementing an educate, audit, and monitor strategy, and moving forward. If you are considering this strategy to capture a15 percent reimbursement increase to help offset financial losses, a plan is required. This session will arm you with the way to roll out a plan for your organization that includes education, auditing, and monitoring, in an effort to minimize risk and promote compliance.

### AUDITING TRACK

Michael Miscoe
JD, CPC, CASCC, CUC, CCPC, CPCO, CPMA, CEMA, AAPC Fellow

## Identifying/Avoiding Audit Errors in Fraud Investigation

After a brief review of the definitions for the terms fraud, waste, and abuse, this presentation will expose attendees to issues impacting identification of potentially fraudulent conduct: material misrepresentation and intent. Attendees will also be exposed to the appropriate role of experts and, finally, through a series of case examples, attendees will be exposed to a number of common audit errors that compromised the government's fraud allegations.

### OTHER ESSENTIALS

Keisha Wilson
CPC, CPCO, CPMA, CRC, CPB, CCS, AAPC Approved Instructor

## Telehealth's Impact on Social Determinants of Health

This session will explore how telehealth revolutionizes healthcare delivery by addressing critical social determinants of health. Explore how telehealth initiatives are bridging gaps in access to care, improving health outcomes for underserved populations, and creating a more equitable healthcare system. We'll discuss innovative strategies, real-world examples, and the future potential of telehealth in mitigating social and economic barriers to healthcare.

COMPLIANCE TRACK



### Colleen Gianatasio
CPC, CPCO, CPC-P, CDEO, CPMA, CPPM, CRC
AAPC Approved Instructor

### Edward Baker
JD

### Khushwinder Singh
MD, MHA, CDIP, CPC, CPCO, CPMA, CRC

## Bad, Better, and Best Practice: Avoiding FCA Liability for False or Invalid HCC Diagnoses from HRAs

Health risk assessments (HRAs) are an effective tool to ensure that Medicare Advantage (MA) members are accurately diagnosed and receive the treatment they need. It is also a way for MA plans to increase member risk adjustment factor (RAF) scores and payments. Hear from three distinct perspectives — an experienced health plan clinical documentation integrity (CDI) expert, an MA coding compliance consultant, and a whistle blower attorney and former AUSA — about the bad, better, and best practices when using HRAs to capture hierarchical condition categories (HCCs). What are the red flags that can trigger False Claims Act liability when it comes to using HRAs to increase RAF scores? What are the best ways to ensure your organization uses HRAs appropriately? What are the potential consequences if you don't? Learn the answers to these questions in this informative session.

# Additional Events

$195 | 8 CEUS/CTUS

## Teach the Teacher

### April 5, 2025 | 8:00 AM - 4:00 PM

This workshop provides certified instructors with tools to improve their teaching and communication skills. This is also a great opportunity to network with other instructors. Topics include missed CPC® concepts with eBooks on the exam platform, harnessing the power of AI in the classroom, and an E/M deep dive.

$99 | 4 CEUS/CTUS

## E/M Deep Dive

### April 5, 2025 | 12:00 PM - 4:00 PM

During this workshop, we will take a deep dive into the more challenging documentation concepts to support the E/M guidelines. Over the past few years, we have seen significant revisions and refinements of the E/M guidelines that have prompted a lot of questions. In this very interactive workshop, we will work through redacted coding cases to help attendees gain confidence in applying the E/M guidelines. What you will learn: How the complexity of the condition impacts medical decision making; how to determine the level of risk based on treatment options; understand there is not always one right answer based on a diagnosis alone; tips to improve documentation.

FREE FOR CURRENT CHAPTER OFFICERS
IN-PERSON ONLY | 3 CEUS

## Chapter Officer Leadership and Appreciation Meeting and Breakfast

### April 6, 2025 | 8:00 AM – 11:00 AM

As a local chapter officer, you are cordially invited to be our guest at the Officer Leadership and Appreciation Meeting and Breakfast at HEALTHCON 2025! The AAPC Chapter Advisory Board will hold a leadership and idea exchange networking meeting for all officers. Please plan on coming for some great tips on serving as a local chapter officer and networking with fellow officers.

FREE | IN-PERSON ONLY | 1 CEU

## AAPC Wants Thought Leaders – That Means You!

### April 6, 2025 | 11:00 AM – 12:00 PM

Share your knowledge — learn how to become an AAPC content contributor from AAPC's head of publishing, Leesa Israel. Healthcare is a vast and ever-changing area, and we continually learn. The best way to learn is from each other! Each AAPC member has knowledge and experience from which other members can benefit – including you! If you have news or know-how that can help other healthcare business professionals share it with AAPC's membership by becoming an author for *AAPC the Magazine* or *Revenue Cycle Insider*! Along with the satisfaction of helping your peers, authoring an article is a great way to raise your professional profile. And it can earn you continuing education units (CEUs) to support your AAPC credentials. You don't have to be an experienced writer: Our editors will work with you to translate your ideas to the page and screen. Not a writer? Explore other ways to share your knowledge and become a thought leader! Leesa will tell you how! Join this pre-conference session to learn more and start your journey as an AAPC content contributor.

IN-PERSON ONLY | 1 CEU

## Explore the Magical World of Your AAPC Membership

April 6, 2025 | 12:00 PM – 1:00 PM

Come be our guest as we soar to infinity and beyond to unlock the untold treasures of your AAPC membership. Join your CAB and NAB teams as they lead you through this interactive, magical journey.

IN-PERSON ONLY

## Ask the Expert Series

Held throughout the event.

The Ask the Expert Series will feature five different panel sessions for attendees to sit in our lounge and ask the best in the business for advice, answers, and solutions. We will have a Coder Panel, Biller Panel, Auditor/Compliance Panel, Practice Manager Panel, and a CDI & Risk Adjustment Panel — all at different times throughout the event.

FREE | 0.75 CEUS

## HEALTHCON Rookies – Learn the Ropes

April 6, 2025 | 1:00 PM – 1:45 PM

Is this your first HEALTHCON? Then this is the session for you! This session will be as informative as it is interactive. Learn about using the Conferences app, logging CEU codes correctly, networking best practices, and other information that will help you get the most out of your HEALTHCON experience.

FREE | IN-PERSON ONLY

## Anatomy Expo

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Celebrate the wonders of human anatomy at our very popular AAPC Anatomy Expo. This fast-paced event offers an in-depth look into the complex machine we call the human body. Physicians and clinical experts from a variety of specialties will use anatomical models, devices, and videos to provide an insider's look at the anatomic and physiologic nuances of the body. Novice and expert alike will find this session fun, informative, and exhilarating.

# The After-Hours

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## Welcome Reception

April 6, 2025 | 4:30 PM – 6:30 PM

Come join exhibitors and sponsors at the Welcome Reception! This is your chance to see all the latest and greatest services, products, and other resources that will help you be the best you can be at your job. Meet, mingle, and munch while you take in the entertainment. You may even win something! This is a not-to-be-missed event!

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**February 25-26, 2025**
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**June 10-11, 2025**
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**September 9-10, 2025**
Virtual only

**AUDITCON BY AAPC**

**October 9-10, 2025**
San Diego, CA | Hybrid event


adobestock / KOTO

BY LETICIA COHENS, CPC, AAPC APPROVED INSTRUCTOR

# Join Your Local Chapter

## What to expect when attending local chapter meetings.

Becoming a part of your AAPC local chapter offers a range of professional benefits, including free or low-cost in-person and virtual educational meetings, networking with other healthcare professionals, exposure to job opportunities, and much more.

Chapter meetings are usually held monthly, virtually and/or in person, and often feature a speaker who presents on a timely topic. Attending chapter meetings allows you to connect with other members about jobs, credentials, challenges, and triumphs, often resulting in new friendships and professional connections.

Seminars and chapter reviews are also provided as additional educational benefits, which can help you progress in your career in the business of healthcare. Learning from certified peers and instructors and other experts in the healthcare field can help you not only stay on the path to career success but also forge ahead.

### Become a Chapter Officer

Attending meetings is one thing, running them is another. Yearly appointed officers provide chapter members with education, guidance, connections, mentorship, and more. They facilitate meetings, arrange for speakers, and provide information regarding AAPC credentials, the perks AAPC has to offer, conferences, and more. Officers also receive discounts on HEALTHCON and other AAPC conferences.

If you are interested in becoming an officer, ask a current officer if you can shadow them. Shadowing will give you a better idea about the ins and outs of an officer's job and will help alleviate any hesitation you may have about running

"Learning from certified peers and instructors and other experts in the healthcare field can help you not only stay on the path to career success but also forge ahead."

for the position. It's a great way to help an officer, too!

## Your Local Chapter Belongs to You

Attending local chapter meetings and engaging with your fellow chapter members and officers ensures a robust chapter that benefits everyone. You can also attend other U.S. chapters virtually to gain the knowledge and education you seek, but it all starts with your local chapter.

We hope that you join your local chapter and support it as an active member. Volunteer to speak on topics you know well, mentor others if you can, or simply attend for increased professional knowledge and support. For additional information or assistance, you can reach out to your **regional Chapter Advisory Board representative.** AAPC

**Leticia Cohens, CPC, AAPC Approved Instructor**, is an ED coder at the University of Florida Jacksonville Physicians, Inc. She began her career in 2010 as a medical coder. Cohens has served as education officer, vice president, and president of her Jacksonville, Fla., chapter. Her passion is being a trusted resource to others and helping them succeed in their careers.

BY STEPHANI SCOTT, RHIT, CPC

# Bill G2211 With Confidence (and Modifier 25)

## Providers and patients both reap the benefits when this add-on code is used correctly.

HCPCS Level II add-on code G2211 recognizes the ongoing relationship between patient and physician. It also provides additional reimbursement for the extra time and effort it takes to manage the unique complexities of a patient's needs for the long-term through conversations, comprehensive care plans, and collaborative decision making. Let's look at the complexities of billing this code with office and outpatient evaluation and management (E/M) services (CPT® 99202-99215), what's changed for 2025, and how to integrate this service into your practice.

## Recognizing Relationships

The purpose of G2211 is to compensate physicians and nonphysician practitioners (NPPs) for the time and practice expense involved in building long-term relationships with patients. This visit complexity is not the same as medical decision making, which is used for leveling E/M services. Nor is this visit complexity associated with clinical conditions. For G2211, visit complexity is the cognitive load of the continued responsibility of the physician to provide ongoing care to a patient. The act of proactive and relationship care management that goes beyond acute care is what makes up the visit complexity.

## Billing and Coding Requirements

Although G2211 was added in 2021, Medicare Part B didn't begin reimbursing it until Jan. 1, 2024. Many Medicare Advantage plans have also approved coverage; however, coverage varies depending on the specific plan. Medicaid and commercial payers are not required to pay for services associated with G2211. To ensure proper reimbursement, you will need to regularly review your payer contracts and fee schedules to understand which payers allow reimbursement.

In the 2024 Medicare Physician Fee Schedule (MPFS) final rule, the Centers for Medicare & Medicaid Services (CMS) was adamant that G2211 was not payable when the associated E/M visit was appended with modifier 25 *Significant, separately identifiable E/M service*. After hearing from the medical community, however, CMS changed its policy in the 2025 MPFS final rule to allow payment for G2211 when the E/M base code (99202-99205, 99211-99215) is reported by the same practitioner on the same day as:

- An initial preventive physician examination or annual wellness visit,
- A vaccine administration, or
- Any other Medicare Part B preventive service.

There are no restrictions on the frequency with which G2211 may be billed. Any physician or NPP who may report an E/M service is allowed to report add-on code G2211 in office/outpatient settings. G2211 is not payable, however, when furnished to a patient in a rural health center or federally qualified health center.

Physicians should bill G2211 if:

- They are the continuing focal point for all needed services, such as a primary care practitioner, or

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- They provide ongoing care for a single, serious, or complex condition.

## Documentation Requirements

CMS still has not outlined specific documentation requirements for reporting G2211, but states that medical reviewers will look for documentation that includes:

- The reason for the visit,
- Medical necessity for the E/M service, and
- Medically reasonable and necessary care to support G2211, which may include a detailed medical history, claims history for ongoing diagnoses, assessment and plan details, and other relevant service codes.

## Audit Checklist

When auditing claims for G2211, identify the required elements and visit complexities that support a continuous relationship between provider and patient. AAPC Services has developed a list of possible visit complexities, which auditors can use as a guide.

| Required elements: | Examples of visit complexity: |
|---|---|
| • Reason for visit<br>• Medical necessity for E/M service<br>• Assessment and plan<br>• Intent for on-going, continued care<br>- Focal point management<br>- Care management beyond routine acute care | • Recommendations<br>• Impact of existing co-morbid conditions<br>• Coordinating care<br>• Patient education<br>• Importance of following instructions/ plan of care<br>• Shared decision making<br>• Shared commitment toward goals<br>• Follow-up plan (when, where, who with, and what to bring) |

## Training, Implementation, and Monitoring

To ensure the accurate and effective use of G2211 in a medical practice, a three-pronged approach of training, implementation, and monitoring is needed.

1. Train providers how to document the services described by G2211 appropriately. While providers need guidance on capturing visit complexities of ongoing patient relationships in their notes, coders must learn to identify eligible visits and ensure proper documentation aligns with CMS' guidelines.
2. Update electronic health record templates, refine workflows to integrate the services captured with G2211, and establish clear understanding of capturing long-term relationship building.
3. Establish regular audit intervals, analyze claim patterns including utilization by provider, and provide feedback to stakeholders to improve accuracy.

By integrating these three elements, healthcare organizations can maximize the benefits of G2211, maintain compliance, and enhance patient outcomes. AAPC

**Stephani Scott, RHIT, CPC**, vice president of AAPC Services, has over 25 years of experience in the healthcare industry, working closely with physicians and staff in health information management. She has worked in a variety of settings including hospital, long-term care, large multispecialty physician practice, and electronic health record software design and development. Scott has extensive experience in inpatient and outpatient auditing and coding compliance and is responsible for overall project performance and client satisfaction. Scott was also a part-owner of a consulting company for many years, providing services in best practices for physician practice management services including coding, billing, and revenue cycle management audits.

### Resources

MM13473 - How to Use the Office and Outpatient Evaluation and Management Visit Complexity Add-on Code G2211

Calendar Year (CY) 2025 Medicare Physician Fee Schedule Final Rule | CMS

BY SUZANNE BURMEISTER, CPC, COBGC


adobestock / natali_mis

# Ob-Gyn CPT® Changes for 2025

The update includes new and deleted codes and chapter guideline revisions.

With January 1 came a variety of CPT® 2025-related headaches your ob-gyn practice will have to deal with, including tumor/cyst excision additions and guideline revisions and additions — some of which cast mystery as to their rationales. Check out these top ob-gyn changes to prevent your claims from landing in limbo this year.

## Excision of Tumors or Cysts

CPT® 2025 deletes codes 49203-49205, which were based on the size of the largest tumor/cyst. Instead, you will report a code according to the total size of all tumor/cysts removed that fit into the definitions of the following new codes:

**49186** Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less

**49187** ... 5.1 to 10 cm

**49188** ... 10.1 to 20 cm

**49189** ... 20.1 to 30 cm

**49190** ... greater than 30 cm

"These new codes will enable surgeons to more specifically report destruction or excision of intra-abdominal tumors based on sum of the maximum length of the tumor or cyst," says **Stephanie Stinchcomb Storck, CPC, CPMA, CUC, CCS-P, ACS-UR**, longtime coder and consultant in Summerfield, Florida.

**TABLE 1**

| Old note | New note |
|---|---|
| For excision or destruction of endometriomas, open method, see 49203-49205, 58957, 58958 | For excision or destruction of endometriomas, open method, use 58999 |
| | Do not report 58943 in conjunction with 49186, 49187, 49188, 49189, 49190 |
| For resection of recurrent ovarian, tubal, primary peritoneal, or uterine malignancy, see 58957, 58958 | For resection of recurrent ovarian, tubal, primary peritoneal, or uterine malignancy, use 58958 |
| | Do not report 58950, 58951, 58952 in conjunction with 49186, 49187, 49188, 49189, 49190 |
| | Do not report 58953, 58954 in conjunction with 49186, 49187, 49188, 49189, 49190 |
| Do not report 58956 in conjunction with 49255, 58150, 58180, 58262, 58263, 58550, 58661, 58700, 58720, 58900, 58925, 58940, 58957, 58958 | Do not report 58956 in conjunction with 49186, 49187, 49188, 49189, 49190, 49255, 58150, 58180, 58262, 58263, 58550, 58661, 58700, 58720, 58900, 58925, 58940, 58958 |
| Do not report 58957, 58958 in conjunction with 38770, 38780, 44005, 49000, 49203-49215, 49255, 58900-58960 | Do not report 58958 in conjunction with 38770, 38780, 44005, 49000, 49186, 49187, 49188, 49189, 49190, 49215, 49255, 58900-58960 |
| | Do not report 58960 in conjunction with 49186, 49187, 49188, 49189, 49190, 58958 |

You also no longer have 58957 *Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed* as a possible option.

Instead, for "resection [tumor debulking] of recurrent ovarian, endometrial, tubal, or primary peritoneal gynecological malignancies, with omentectomy, if performed, without lymphadenectomy," you should refer to codes 49186-49190, according to the parenthetical note listed before 58958 *Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed, with pelvic lymphadenectomy and limited para-aortic lymphadenectomy.* This means that claims for 58957 with dates of service on or after Jan. 1, 2025, will result in a denial.

## New and Revised Guidelines

Codes aren't the only areas tweaked by CPT® 2025. The code set also takes aim at guidelines. If you don't follow these specific instructions, your claims are likely to be denied. Check out the old notes, new notes, and revisions in **Table 1**.

**Heads up**: One of these new instructions above is to bill an open removal of an endometrioma using unlisted code 58999 *Unlisted procedure, female genital system (nonobstetrical).*

"An endometrioma is a manifestation of endometriosis and is referred to as a chocolate cyst of the ovary," says **Melanie Witt, RN, MA**, an independent coding expert based in Guadalupita, New Mexico. "This happens when endometrial tissue forms on the ovary. In reality, it can be any formation of endometriosis outside of the uterus that forms a mass. Usually, the treatment is a cystectomy when it is on the ovary."

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Witt noted that we can no longer report codes 49203-49205 for this because they are deleted, and the replacement codes do not mention endometrioma removal. *CPT® Changes: An Insider's View* 2025 offers no explanation other than "to code 58999 to report the excision or destruction of endometriomas via an open method." AAPC

**Suzanne Burmeister, CPC, COBGC**, is a medical writer and former editor of *Ob-gyn Coding Alert*. She has a Bachelor of Arts degree from North Carolina State University and an international master's degree from Trinity College Dublin.

This article was originally posted online Nov. 27, 2024, in *Revenue Cycle Insider*. Subscribe online for more articles like this, as well as other specialty-specific articles.

BY WILLIAM C. FIALA, BS, MA, CPC, CCS-P, RMA

# Legitimizing Psychedelic Medication Therapy

New Category III codes enable providers to report continuous in-person monitoring and intervention.


adobestock / surasak

The CPT® 2024 code set gained 82 new Category III codes, including three new codes (0820T-0822T) for continuous in-person monitoring and intervention during psychedelic medication therapy. Commenting on the new codes, Tom Valentino, digital managing editor for *Behavioral Health Executive*, said the new codes will "facilitate access to psychedelic therapy in the United States." This article will review the purpose and use of Category III codes through a look at these three new codes.

## The Purpose of Category III Codes

Category III codes were first introduced by the American Medical Association's CPT® Editorial Panel in 2001 and published in the CPT® code book for the first time in the 2002 edition. Category III codes maintain the five-character architecture with extenders (modifiers) inherent to CPT® Category I and II codes. However, these codes differ in appearance from traditional five-digit Category I codes in that they are four digits with an alpha character, the letter T (for temporary), as the fifth character.

The February 2001 issue of *CPT® Assistant* explained the purpose of the new category:

> CPT Category III codes are a temporary set of tracking codes to identify new and emerging technologies. Category III CPT codes are intended to facilitate data collection for, and the assessment of, new services and procedures to substantiate widespread usage, clinical efficacy, or in the FDA approval process.

In the case of the three new psychedelic therapy codes, that last part is important. Per CPT®, applications for Category III codes are evaluated using the following criteria:

> The procedure or service is currently or recently performed in humans; and at least one of the following additional criteria has been met:

- The application is supported by at least one CPT or Health Care Professionals Advisory Committee (HCPAC) advisor representing practitioners who would use the procedure or service; or

- The actual or potential clinical efficacy of the specific procedure or service is supported by peer reviewed literature which is available in English for examination by the CPT Editorial Panel; or
- There is (a) at least one Institutional Review Board approved protocol of a study of the procedure or service being performed; (b) a description of a current and ongoing United States trial outlining the efficacy of the procedure or service; or (c) other evidence of evolving clinical utilization.

## MDMA-Assisted Therapy

In December 2023, Multidisciplinary Association for Psychedelic Studies (MAPS) Public Benefit Corporations (PBC) filed a new drug application to the U.S. Food and Drug Administration (FDA) for MDMA-assisted therapy in the treatment of post-traumatic stress disorder (PTSD). MDMA is known more commonly as Ecstasy. The application included data from two published phase 3 trials. A 2023 study, "MDMA-assisted therapy for moderate to severe PTSD: a randomized, placebo-controlled phase 3 trial," published in *Nature Medicine*, suggested that "MDMA simultaneously induces prosocial feelings and softens responses to emotionally challenging and fearful stimuli, potentially enhancing the ability of individuals with PTSD to benefit from psychotherapy by reducing sensations of fear, threat and negative emotionality." Those trials, studies, and the FDA application are consistent with the intent of Category III codes.

MAPS PBC was created in 2014 as a 501(c)(3) non-profit research and educational organization based in California. Writing for *Smartasset* in 2023, Mark Hendricks noted that 36 states now allow the creation of PBCs — entities that are "for-profit businesses whose charters commit them to social or environmental missions, not just maximizing shareholder value," with no special tax status. In January 2024, the company announced fundraising, its rebranding, and name change to Lykos Therapeutics. MAPS PBC, and its successor Lykos Therapeutics, are part of a growing area of medicine that includes psychedelics and referred to as interventional psychiatry.

In January 2024, *The Wall Street Journal* summarized the work:

> Compass Pathways plc [a biotechnology company based in the United Kingdom] … is seeking to be the first to receive FDA approval for a synthetic formulation of psilocybin, the psychoactive compound in magic mushrooms. Johnson & Johnson's Spravato, a chemically related version of ketamine that was approved by the FDA in 2019 for treatment-resistant depression, is carving out a new business model. Sales of Spravato, which must be administered in a treatment center, are expected to climb to about $1 billion this year. Matthew Perry's recent death from acute effects of ketamine sparked controversy around the drug, though the concentration in his system suggested he had taken it at home without supervision. Ketamine can produce out-of-body hallucinogenic sensations. If the number of sites administering Spravato continue to grow they will help expand the new world of 'interventional psychiatry.'

## Coding Psychedelic Medication Therapy

The February 2023 *CPT Editorial Summary of Panel Actions*, released on March 3, 2023, revealed the three new Category III codes, 0820T-0822T, for continuous in-person monitoring and intervention during psychedelic medication therapy. The new codes were released July 1, 2023, have an effective date of Oct. 1, 2024, and were published in the 2024 CPT® code book.

**0820T** Continuous in-person monitoring and intervention during psychedelic medication therapy; first physician or other qualified healthcare professional, each hour

**+0821T** second physician or other qualified healthcare professional, each hour (list separately in addition to code for primary procedure)

**+0822T** clinical staff under direction of a physician or other qualified healthcare professional, concurrent with first physician or other qualified healthcare professional, each hour (list separately in addition to code for primary procedure)

Per CPT®, these services are intended to be rendered by physicians, other qualified healthcare professionals, and directed clinical staff during and following patient self-administration of a psychedelic medication in a therapeutic setting. The presence of healthcare staff is essential to the patient's well-being because, according to CPT®, "Psychedelic medications induce distinctive alterations in perception that may place a patient at risk for emotional vulnerability and physiologic instability."

As indicated in the code descriptions, there is a time component to these codes. In its *Guide to CPT and HCPCS Codes for*

"The new codes also accommodate reporting more than one healthcare provider assisting the patient during the encounter."

*Psychedelic-Assisted Therapy* (J. Glastra & D. Esselman, eds.), *BrainFutures* explains, "Psychedelic medicines are administered during a multi-hour appointment." Subsequent to the administration, CPT® 2024 coding guidelines indicates that the "pharmacologic risks may persist for multiple hours, and during this time, the patient may require continuous in person monitoring and intervention by a physician or other qualified healthcare professional (QHP) to support the patient's physical, emotional, and psychological safety and to optimize treatment outcomes."

The new codes also accommodate reporting more than one healthcare provider assisting the patient during the encounter. *BrainFutures*' guide notes that the patient is "typically under the supervision of two healthcare practitioners, at least one of whom is licensed to provide psychotherapy [and] the care team remains with the patient until the effects of the psychedelic drug have resolved." CPT® coding guidelines indicate, however, that "it is unlikely that more than two personnel need to be in the room at the same time with the patient."

Given the intensity of the healthcare providers' attention and duration of the service, it is unlikely that services in addition to the continuous in-person monitoring and intervention during psychedelic medication therapy would be provided on the same day. CPT® coding guidelines reflect this: Psychotherapy, psychotherapy for crisis, neurobehavioral status examination, adaptive behavior assessments, adaptive behavior treatment, and prolonged clinical staff services (99415, 99416) may not be reported on the same date of service as 0820T-0822T.

## Data Collection Leads the Way

While the primary purpose of Category III codes is to facilitate data collection for study, they also facilitate claims processing for third-party payers that decide to use the codes to report services. There may be interest amongst employers and benefits companies in psychedelic medication therapy. A 2023 survey by NFP, a benefits consulting firm, revealed that 17 percent of employers said they are spending money on psychedelic-assisted clinical therapy to support their employees' mental health. As such, these new codes will serve to help report services to payers when benefits are available.

Those benefits may not be available soon for the MDMA therapy for PTSD, however. In an Aug. 10, 2024, *Wall Street Journal* article, "FDA Rejects Ecstasy-Based Drug for PTSD," journalist Liz Essley-White noted that the FDA turned down the use and asked Lykos Therapeutics to complete additional testing. Nonetheless, other companies, including Compass Pathways plc — now completing final stage testing of its psilocybin — and Tactogen — a company that is working on a drug similar to MDMA — are moving forward with psychedelic medication therapy options. Category III codes will continue to play an important role in tracking and reporting the advancement of healthcare treatments. AAPC

**William C. Fiala, BS, MA, CPC, CCS-P, RMA**, is a professor of practice at the University of Akron, teaching in its healthcare administration program. His background includes several decades providing coding audits and analyses, and he has been writing coding articles since 2000. His background balances an academic approach with practical experience gained from over 30 years in healthcare.

### Resources

Valentino, T. (July 6, 2023). AMA Releases Full Language of New CPT Code for Psychedelic Therapies. *Behavioral Health Executive.*

CPT-5: Categorizing the Codes. (February 2001). *CPT® Assistant.*

CPT® 2024 Professional Edition (2023)

Mitchell, J.M., Ot'alora G., M., van der Kolk, B. et al. (2023). MDMA-assisted therapy for moderate to severe PTSD: a randomized, placebo-controlled phase 3 trial. Nature Medicine 29, 2473–2480.

Henricks, Mark. (Sept. 5, 2023). What Is a Public Benefit Corporation? *Smartasset.*

Wainer, D. (Jan. 6-7, 2024). Is Wall Street Ready for Psychedelics? Wall Street Journal.

Davis, J. and Lampert, J. (2023, August). A Guide to CPT and HCPCS Codes for Psychedelic-Assisted Therapy (J. Glastra & D. Esselman, Eds.) *BrainFutures.*

Bindley, Katherine. (April 12, 2024). Employers Warm to Psychedelic Therapy. *Wall Street Journal.*

Essley-White, L. (Aug. 10, 2024). FDA Rejects Ecstasy-Based Drug for PTSD. *Wall Street Journal.*

BY DEBORAH MARSH, JD, MA, CPC, CHONC

# Create Your Ideal Code Details Page

## Speed your workflow in Codify by customizing the display of tools.

Having a lot of coding data at your fingertips is great, but having it organized in a way that suits you is even better. You can do that in **Codify by AAPC!** On code details pages, for example, you can change the default layout by minimizing/maximizing tools and rearranging them. Here's an example using a default CPT® code details page for 99213, shown in **Figure 1**. (The boxes and tools available to you will vary based on your Codify package.)

**Minimize/maximize:** Minimize a tool you don't use often or that takes up a lot of space by clicking the minus sign at the top left of the box. The next time you need to use the tool, simply click on the top left of the box to maximize it.

**Drag and drop:** You can also change the order of the tools on a code details page. Simply click and drag a tool higher or lower on the details page. This option allows you to move your most used resources to the top of the page.

**Bonus:** To change the order of the tabs in each toolbox, simply click on Set Order, located at the top-right corner of the toolbox. In the resulting window, specify the order for each tab and whether to show or hide the tab. Click Save Setting to keep your changes.

**Save:** When you are done arranging the tools to your liking, click the Save icon at the top right of the details page to save your new default layout (ours is shown in **Figure 2**). A popup box will appear to let you know the settings have been saved.

Repeat these steps for all the code sets you use to customize Codify the way you work and to optimize your productivity.

**Deborah Marsh, JD, MA, CPC, CHONC**, is a senior development editor at AAPC. She has explored the ins and outs of coding for multiple specialties, particularly radiology, cardiology, and oncology.

**FIGURE 1:** Default CPT® code details page for 99213.

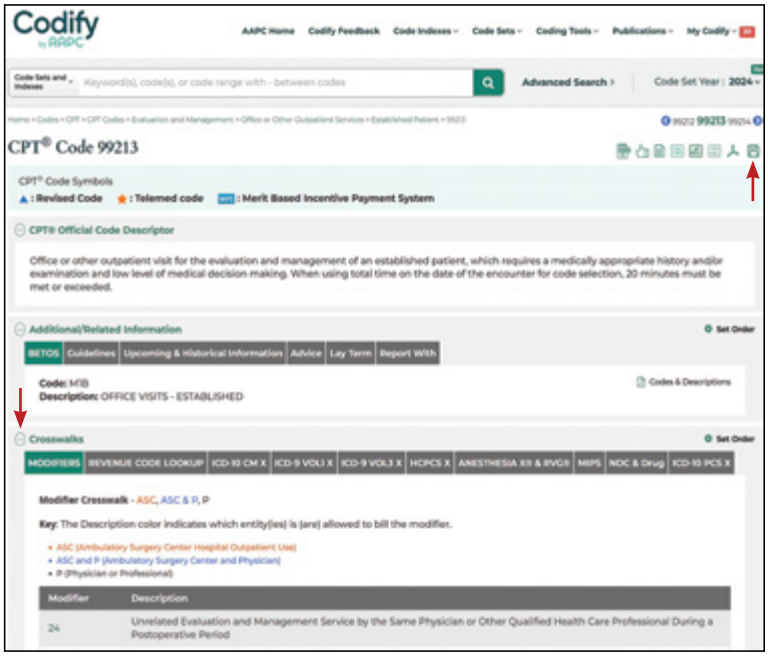
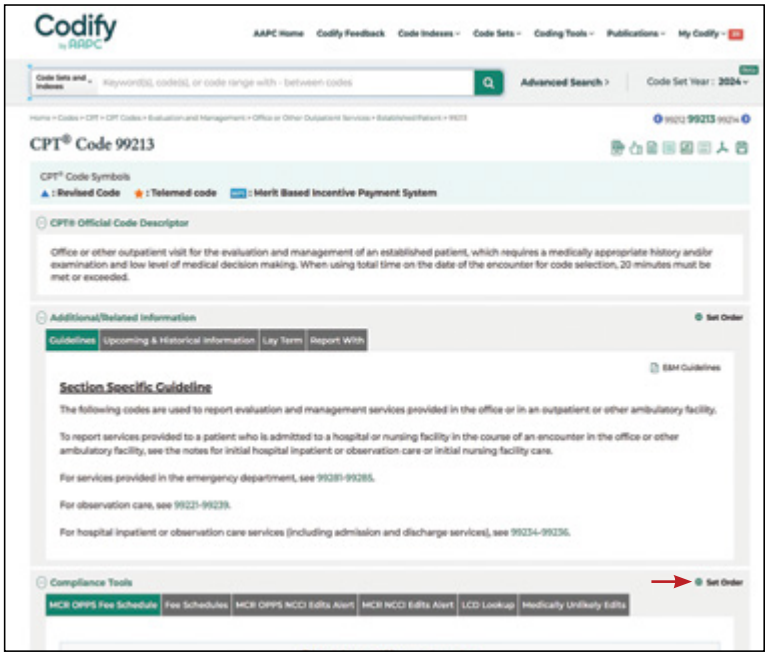



**FIGURE 2:** Customized details page in Codify.



BY ALVIN R. CURETON, JR., CPC, COC, CPMA

# Hypertension With Heart Failure and CKD

adobestock / Pcess609

## Get a handle on diagnosis coding this deadly trifecta.

Hypertension (HTN), congestive heart failure (CHF), and chronic kidney disease (CKD) are three diseases so interlinked that the ICD-10-CM Official Guidelines for Coding and Reporting instruct us to assume a causal relationship, even if the medical practitioner does not document a link between these diseases in a patient's medical record. In fact, the practitioner must explicitly state that one or all three diseases are unrelated for the coder not to link them. On the surface, this guideline seems easy enough to understand, but looks can be deceiving. How certain are you of your coding HTN with CHF and/or CKD? Even if you answered, "100 percent," a quick review will either improve or confirm your coding accuracy.

## Chapter-Specific Coding Guidelines

Regarding diseases of the circulatory system, Section I.C.9.a of the Official Guidelines states, "The classification presumes a causal relationship between hypertension and heart involvement and between hypertension and kidney involvement … unless the documentation clearly states the conditions are unrelated." The key here is that the documentation must "clearly state" that there is no relationship between the patient's hypertension and heart failure and/or kidney disease.

Without that statement, when a physician's documentation states the patient has hypertension and a heart condition classified to I50.-, I51.4 - I51.7, I51.89, or I51.9, first look for a code from category I11 *Hypertensive heart disease*. Second, code the type(s) of heart failure.

When the documentation states the patient has hypertension and CKD, assign a code from category I12.- *Hypertensive chronic kidney disease*. Also assign a code from category N18 *Chronic kidney disease* for the stage of the patient's CKD.

When documentation states the patient has hypertension with both heart and kidney involvement, code from category I13 *Hypertensive heart and chronic kidney disease*. If the physician documents heart failure, use an additional code from category I50 to identify the type. Also code the stage of CKD (N18.-).

End stage renal disease (ESRD) is the final stage of CKD. At this stage, the patient's kidneys no longer filter wastes and fluids from the body. The patient in this stage will require dialysis or a kidney transplant to stay alive.

## HTN and CHF

Heart failure is a major disorder where damage to the heart prevents it from adequately pumping blood. As heart function decreases it becomes unable to handle excess fluid. Telltale signs of CHF are fatigue, difficulty breathing, and edema in the appendages. There are various types of heart failure such as systolic (I50.2-), diastolic (I50.3-), and combined systolic and diastolic (I50.4-). High blood pressure (hypertension) causes damage to the heart through increased strain on the heart muscle and blood vessels and is a major contributing factor to

heart disease and heart failure. Here are scenarios for coding HTN and CHF:

**Scenario 1:** Primary hypertension with diastolic heart failure

I11.0 Hypertensive heart disease

I50.30 Unspecified diastolic (congestive) heart failure

**Scenario 2:** Primary hypertension with heart failure

I11.0

I50.9 Heart failure, unspecified

**Scenario 3:** Heart failure following abdominal surgery, hypertension

I10 Essential (primary) hypertension

I97.131 Postprocedural heart failure following other surgery

## HTN and CKD

CKD is a progressive, irreversible disorder resulting in loss of kidney function. It's closely linked with heart failure because as kidney function decreases, fluid cannot be effectively removed from the body. This puts a greater strain on the heart. In turn, patients with heart failure are at greater risk for CKD due to a decrease in blood flow to the kidneys. CKD and CHF share the same risk factors, with hypertension being among these.

**Scenario 1:** Stage one CKD and HTN

I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease or unspecified chronic kidney disease

N18.1 Chronic kidney disease, stage 1

**Scenario 2:** ESRD and HTN

I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end state renal disease

N18.6 End stage renal disease

**Scenario 3:** Stage 3b CKD and HTN that is unrelated to the CKD

I10

N18.32 Chronic kidney disease, stage 3b

For patients with ESRD, assign additional codes Z99.2 *Dependence on renal dialysis* and Z94.0 *Kidney transplant status*, if noted.

## HTN, CHF, and CKD

When the physician documents that the patient has hypertension, heart failure, and CKD, turn to the combination codes under category I13 — unless the practitioner "clearly states" in the medical record that the conditions are nonrelated.

**Scenario 1:** HTN, stage 4 CKD, and heart failure

I13.0 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through 4 chronic kidney disease, or unspecified chronic kidney disease

N18.4 Chronic kidney disease, stage 4 (severe)

I50.9

**Scenario 2:** HTN, stage 5 CKD, and systolic heart failure

I13.2 Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease

N18.5 Chronic kidney disease, stage 5

I50.20 Systolic heart failure

## Practice Makes Perfect!

Official coding guidelines and clinical documentation are keys to successful HTN, CHF, and CKD coding. Pay close attention to whether or not the practitioner specifically states the conditions are unrelated, or related to something else, and if the patient has two or all three of the conditions. Finally, code any additional conditions stated in the documentation such as diabetes, kidney or heart transplant, and dialysis status if the patient is receiving it. Keep these things in mind to become proficient in coding this deadly trifecta.

**Alvin R. Cureton, Jr., CPC, COC, CPMA**, is a clinical provider auditor and medical coding professional with 15 years of healthcare experience. He began as an EMT in 2009 and then transitioned to the business side of healthcare in 2015, where he started in patient registration, insurance verification, and financial assistance screening. After earning his CPC in 2016, he spent 8 years as a coding specialist for outpatient facilities. His experience includes coding emergency department and clinic claims, E/M auditing, and claims examination. Cureton is a member of the Baltimore East local chapter in Baltimore, Maryland.

### Resources

Heart_Failure_and_CKD_2018.pdf

CKD-CHF-Patient-Education-PDF_Sno.pdf

Chronic Kidney Disease in the United States, 2023

Cardiovascular Disease in Chronic Kidney Disease

About Heart Failure | Heart Disease | CDC

BY RENEE DUSTMAN, BS

# AMD: Code It Right to Help the Fight

A cure for age-related macular degeneration relies on quality data.

adobestock / Andrey Popov

Age-related macular degeneration (AMD) is a progressive disease that diminishes central vision and, if left untreated, can result in severe vision loss or even blindness. AMD affects approximately 19.8 million Americans aged 40 years and older and is the leading cause of blindness in the United States in patients 65 and older. February is Low Vision Awareness Month to increase awareness of this disease. For medical coders and auditors, it's a good time to check your understanding of the disease and how to code it.

## What Is AMD?

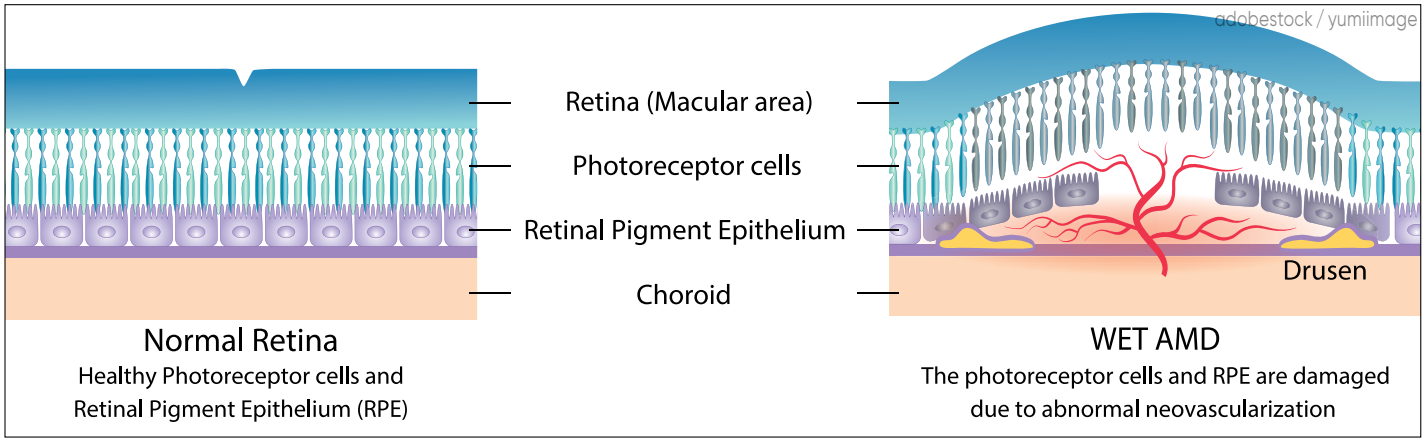
The part of the eye affected by AMD is the *macula* — the sensitive part of the retina responsible for sharp central vision. Vision loss is gradual and often goes undetected until it is too late. If detected early, however, the progression of this disease can be delayed or possibly prevented.

Risk factors for AMD include:

- Smoking
- Caucasian descent
- Family history

Dry AMD progresses in stages: early, intermediate, and late. Wet AMD is always considered late stage. Early dry AMD is asymptomatic, whereas intermediate and late stage AMD symptoms include:

- Written words or type may appear blurry (intermediate stage)
- A dark or empty spot may block the center of vision (late stage)




- Straight lines such as a flagpole or streetlight may appear wavy (late stage)

In addition to staging, it's important for medical coders to know that there are two types of AMD: nonexudative (dry, non-neovascular, or atrophic) and exudative (wet, neovascular).

## Diagnosing AMD

Diagnosis of AMD is made after a comprehensive eye exam. Screening tests usually include the Amsler grid and a dilated retinal exam (2022F *Dilated retinal exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)*). If AMD is suspected, a dye-injection test (CPT® 92240 *Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral*) may be ordered.

ICD-10-CM coding depends on documentation. You might start out with H35.3- *Degeneration of macula and posterior pole* and a family history of AMD (H35.5- *Hereditary retinal dystrophy.*) If documentation supports the type of AMD, however, you may be able to code with more specificity. For example, early dry AMD of the right eye is coded with H35.3111 *Nonexudative age-related macular degeneration, right eye, early dry stage* and bilateral wet AMD with active choroidal neovascularization is coded with H35.3231 *Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization*.

## Treating AMD

Treatment depends on the type of AMD. For dry AMD, treatment focuses on delaying or lessening progression of the disease. Studies show vitamins C and E as well as beta-carotene and zinc delay progression. For wet AMD, procedures such as photocoagulation and macular translocation provide variable results. Anti-vascular endothelia growth factor (anti-VEGF) injectable medications are also an option.

Research projects for new AMD treatment options offer hope for patients. For example:

- The University of Minnesota Medical School announced Aug. 20, 2024, that a U of M research team has identified small molecules that can reduce the production of proteins linked to AMD.
- New research published in the journal *Developmental Cell* is being conducted by the University of Rochester Medical Center to "identify novel therapeutic targets that could potentially halt the progression of this disease," states Ruchira Singh, PhD, lead author of the study at the U of R Flaum Eye Institute and Center for Visual Sciences.
- In an Oct. 28, 2024, press release, the National Eye Institute announced that it's funding a project led by Rensselaer Polytechnic Institute professors to develop a new treatment for dry AMD.

Accurate medical coding aids researchers in their quest to cure AMD. AAPC

**Renee Dustman, BS**, is the managing editor of content and editorial for AAPC's Publishing Department. She is a member of the Flower City Professional Coders local chapter in Rochester, N.Y.

### Resources

Age-Related Macular Degeneration (AMD) | National Eye Institute

VEHSS Modeled Estimates for Age-Related Macular Degeneration (AMD) | Vision and Eye Health Surveillance System | CDC

U of M researchers discover potential new pathway to prevent age-related macular degeneration | Medical School

Human iPSC-based disease modeling studies identify a common mechanistic defect and potential therapies for AMD and related macular dystrophies | ScienceDirect

Rensselaer Researcher Seeks New Treatment For Blindness-Causing Diseases | News

BY RENEE DUSTMAN, BS

# AAPC Highlights Alyssa Foster

Read about this member's fascinating journey in the business of healthcare.

Introducing **Alyssa Foster, COC** – an AAPC certified member, a business owner, a published writer, and now the feature of this month's Minute With a Member column. Take a minute to learn about Foster and her ambitious and somewhat unconventional career path.

## How did you get your start in the business of healthcare?

I got my start as a mental health clinician but realized fairly quickly it wasn't a profession I would enjoy for 10, 20, or 30 years. I didn't have a long-term plan at the time but was fortunate to find a corporate job at UnitedHealth Group's behavioral health arm that required a master's degree in mental health. While in that role, I was recruited by a pharmaceutical company for a position working with payers to help patients gain access to the company's medications. That experience landed me a position at a consulting firm, where everything opened up for me.

My job at the consulting firm was to help medical device and pharmaceutical manufacturers secure coding, coverage, and payment for their technologies. I also developed and managed teams that operated coding hotlines and coverage programs to support our client's providers. At that time, I had the opportunity to work with and learn from several incredible mentors who taught me the foundation I still use and lean on today.

After consulting for several years, I took a detour and worked as a field reimbursement manager and then as a reimbursement director for a pharmaceutical company. In that role, I had a manager who pushed me to get my coding certification, which has helped me in my career ever since.

## What is your current occupation and what does that entail?

I now co-own a consulting firm that specializes in helping medical device and pharmaceutical manufacturers develop access and reimbursement strategies. A large part of developing an effective strategy is assessing the coding and payment landscape, which may result in recommending that our client apply for new codes. When this is the case, I also help our clients with their coding applications and then educate their sales teams and customers. Another part of my current role is growing the business, which includes finding other consultants with expertise in coding and reimbursement. I'd love to help develop our own consultants the way my mentors helped me.

## What has been the biggest challenge in your career?

Taking the leap to start my own business was terrifying. I was working for a pharmaceutical company with a group of people I adored but the company just couldn't meet the clinical trial endpoints and had to make substantial layoffs. I found myself at a crossroads where I needed to decide whether I would find another industry job with a salary and benefits (the safe route) or follow my dream to start a consulting business (extremely risky).

Fortunately, I quickly got a few consulting roles from the employer who laid me off, as well as from other companies where my pharmaceutical colleagues had landed. I also reconnected with my now business partner, who ultimately decided to take the leap with me. It turned into the best decision I have ever made in my life.

## What do you like best about your current occupation?

My favorite part of my job is that no single day looks the same. Over the years, I have worked with hundreds of manufacturers across every specialty with wildly different technologies and therapies. I am constantly amazed by the advancements being developed, and I love that I can be part of the process that provides access to these products for patients.

I also love developing training content and educating others about the broad reimbursement and access systems. I feel rewarded when I can explain something that is incredibly complex in a more simplified manner and observe the person I am training when they have their "aha" moment.

## What are your future career plans/aspirations?

As we approach our consulting firm's fifth year, my business partner and I are looking at additional ways to grow and gain a broader reach in the industry. This year, I authored several articles for AAPC and was interviewed by an industry podcast. I would like to continue to push myself to take advantage of more opportunities like that in the future.

## What advice would you give someone just starting out in the business of healthcare?

I would advise someone just starting out to try as many different jobs as possible. Because I was able to work briefly as a clinician, for a health insurance company, for several pharmaceutical companies, and for several consulting firms, I was able to find my niche and build well-rounded expertise that helps me now as a consultant. AAPC

**Renee Dustman, BS**, is the managing editor of content and editorial for AAPC's Publishing Department. She is a member of the Flower City Professional Coders local chapter in Rochester, N.Y.

BY MICHELLE A. DICK, BS

# Survey Says: AAPC Credentials Insulate Members From Inflation

AAPC's 2025 Medical Coding and Billing Salary Report confirms that certified members are valuable assets in the business of healthcare.

Over the past few years, we've seen continuous inflation hikes on gas, interest rates, groceries, real estate, and just about everything else. Despite this, salaries have generally kept up with inflation in the United States. "In October 2024, inflation amounted to 2.6 percent, while wages grew by 4.6 percent," according to Statista. For a more accurate depiction of how medical records specialists are faring in this generalization, AAPC presents the 2025 Medical Coding and Billing Salary Report.

AAPC has been surveying members, collecting data, and interpreting it each year since 2008. That's 17 years of salary data for medical records specialists, which is a broad term the U.S. Bureau of Labor Statistics (BLS) uses to describe anyone who works with medical records for reasons other than practicing medicine. More than 25,000 of AAPC's approximate 260,000 members responded to the 2024 Salary Survey.* The resulting report looks at how salaries are impacted by education, years of experience, certification, location, and workplace.

Overall, the 2025 Medical Coding and Billing Salary Report confirms that medical records specialists are a vital part of the healthcare industry. 2024 data show AAPC members earn, on average, $65,401** annually; there's been a steady decline in the unemployment rate since 2023; and salaries are on the rise.

**The 2025 salary report is based on 2024 data. Although AAPC is a global company, only U.S. participant data was considered in this report to provide more accurate U.S. dollar salary results.*

***2024 Salary Survey respondents have an average 13.2 years of experience.*

## How to Use the Data

Medical records specialists can use the data in the 2025 Medical Coding and Billing Salary Report to bolster their careers in many ways, such as:

- **Benchmarking:** Use the Report to compare your salary with others in the same field. This can help you determine a fair wage for your current position or one you are considering.
- **Negotiation:** Use the Report in salary negotiations. It provides a solid reference point for discussions about pay raises or job offers.
- **Career planning:** The data provide insights into salary trends and potential growth areas in the business of healthcare. This information can help you plan your career development and education paths.
- **Industry trends and marketability**: The data highlight industry trends such as the demand for certain coding specialties or the impact of certifications on salary. This information helps you stay current and competitive in the job market.
- **Advocacy:** Professional associations can use this Report to advocate for better pay and working conditions for medical records specialists.

## Unemployment Is the Lowest It's Been in 6 Years

The unemployment rate for medical records specialists continues to recover since the spike caused by the COVID-19 pandemic. As shown in **Table 1**, the overall unemployment rate was a record low 4.4 percent in 2018. When COVID-19 caused a nationwide shutdown in 2020, the overall unemployment rate rose quickly and hovered around 10 percent in years 2020–2022. In 2023, the overall unemployment rate dropped 2.9 percent from 10.6 percent in 2022 to 7.7 percent in 2023. In 2024, the overall unemployment rate for medical records specialists dropped another 1.2 percent to 6.5 percent.

Although Certified Professional Coder-Apprentices (CPC-As®) have the highest rate of unemployment among medical records specialists due to lack of demonstrated experience, they report the lowest rate since 2018 at 13.5 percent. That's down 4.2 percent from 2023.

Certified Professional Coders (CPCs®) saw a 0.8 percent decrease in the unemployment rate, from 3.3 percent in 2023 to 2.5 percent in 2024. This is well below the national unemployment rate of 4.2 percent in November 2024, according to the BLS.

**Table 1:** Unemployment rates for medical records specialists.

| Unemployment | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|
| Overall | 6.0% | 4.4% | 6.9% | 10.5% | 9.4% | 10.6% | 7.7% | 6.5% |
| Apprentice | 14.1% | 11.9% | 15.5% | 22.7% | 16.8% | 21.3% | 17.7% | 13.5% |
| CPC® | 2.2% | 1.9% | 2.9% | 4.3% | 3.2% | 4.5% | 3.3% | 2.5% |

## Credentials Solidify Expertise and Value

AAPC credentials demonstrate subject matter expertise, making certified professionals more valuable to employers.

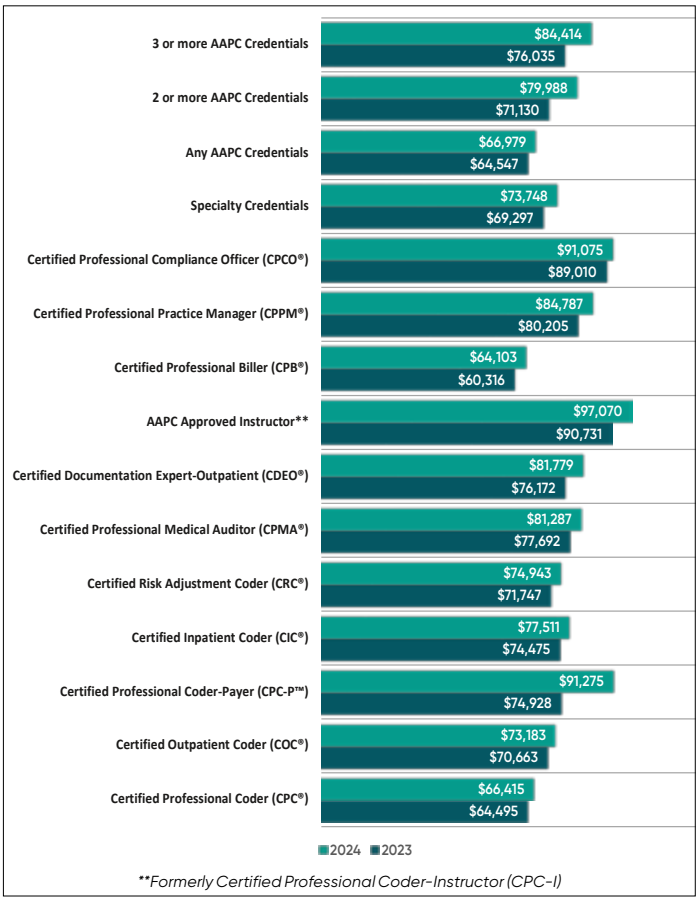
> "The unemployment rate for medical records specialists continues to recover since the spike caused by the COVID-19 pandemic."

This is evident in AAPC's Medical Coding and Billing Salary Report, which shows, year after year, that certified members have greater earning potential. As shown in **Graph A**, which compares salaries in 2023 and 2024 by core credential, medical records specialists without certification report an average $61,021 annually, while certified medical records specialists with any AAPC credentials average $66,979 annually — 8.9 percent more than their noncertified colleagues.

The number of credentials held can affect salaries, too. AAPC's 2024 Salary Survey shows:

- Members with two or more AAPC credentials average $79,988 annually.
- Members with three or more AAPC credentials average $84,414 annually.

Which AAPC credentials hold the most value? In 2024, members with the AAPC Approved Instructor credential reported earning an average $97,070 — an increase of $6,339 or 7 percent from 2023. There was also a dramatic salary increase of 21.8 percent from 2023 to 2024 for members with the Certified Professional Coder-Payer (CPC-P®) credential, making it an outlier of previous years and other credentials. Salaries skyrocketed from $74,928 to $91,275, for a pay increase of $16,346. (It's important to note that AAPC's 2024 Salary Survey only had 51 responses for CPC-P® salaries, so this increase is not a reasonable expectation for everyone who holds this credential.)




**Graph A:** Average Salary Based on Certification

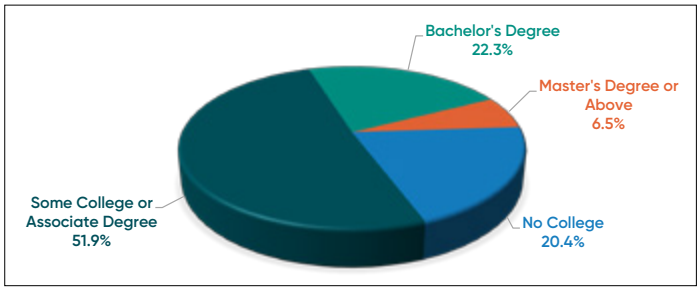
## Education Is a Wise Investment

Medical coding and billing certifications carry a lot of weight with employers who are looking for expertise in the field, but an academic degree can influence employment and compensation, as well.

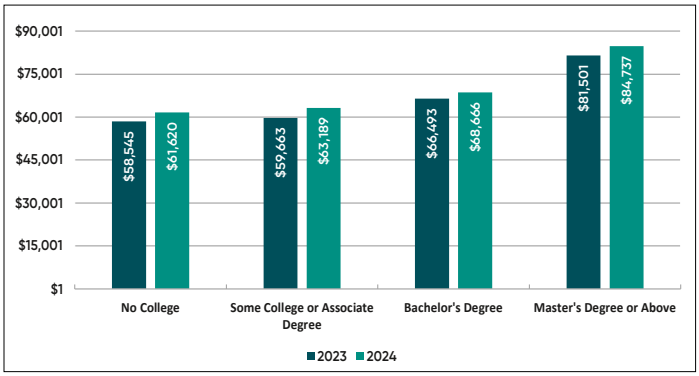
2024 Salary Survey data show that members with an undergraduate degree or higher command higher salaries year over year. One theory for this is that individuals with college degrees are more likely to be promoted to higher-paying management roles. Examples of management and leadership roles are **billing managers, compliance officers, revenue cycle management specialists,** and **coding instructors.**

**Graph B** shows slightly more than half of members who responded to AAPC's 2024 Salary Survey have some college or an associate degree and only 6.5 percent have a master's degree or higher.

**Graph C** shows the average salary for a medical records specialist with no postsecondary education in 2024 was, on average, $61,620 in 2024, while those with a master's degree earned an average $84,737, which is 27.3 percent greater earnings.




**Graph B:** Percentages of Respondents With Higher Education




**Graph C:** Average Income by Education Level

This graph also shows that salary increases for medical records specialists — college or no — are keeping up with the 4.6 percent national average.

## Experience Earns the Big Bucks

In addition to education and certification, years of experience influences salaries. The 2025 Medical Coding and Billing Salary Report shows that medical records specialists just starting out (0-1 years) make an average income of $48,204, while those with 15-plus years of experience average $76,988, and those with 31-plus years of experience average $83,544.

**Table 2** reveals that the biggest salary increases occur between five and 15 years of job experience, with yearly increases at 8 percent. Incomes grow 42.3 percent on average from entry-level to late career.

## Place of Service Influences Pay

Workplace and organization size affect the income of a medical records specialist, as well. The great news is that the 2025 Medical Coding and Billing Salary Report shows salary increases across the board for all places of services, no matter the size of the organization. There is, however, an interesting change from previous years.

Between 2022 and 2023, there were big pay increases in large group practices (8 percent) and health systems (7.6 percent), while solo and small practices saw little increases (0.4 percent). In 2024, solo and small practice salary increases were heftier than ever before. As shown in **Table 3**, solo and small practices saw an 11.7 percent increase, from $51,722 in 2023 to $57,797 in 2024. This could mean any number of things, and will be interesting to watch in coming years. Regardless of the increase, members who work for solo practices continue to be paid less than those who work for health systems.

Keep in mind that **Table 3** only reflects physician offices, hospitals, and health systems. Other medical records specialist workplaces include walk-in clinics, ambulatory surgery centers, assisted living facilities, home health agencies, hospice groups, long-term care facilities, durable medical equipment companies, consulting firms, telehealth companies, labs, imaging centers, etc.

**Table 3:** Average income by workplace.

| | 2023 Average Salary | 2024 Average Salary | Percent Increase |
|---|---|---|---|
| Solo/Small Group Practice | $51,722 | $57,797 | 11.7% |
| Medium Group Practice | $55,147 | $59,411 | 7.7% |
| Large Group Practice | $62,354 | $65,042 | 4.3% |
| Hospital Inpatient | $59,190 | $66,048 | 11.6% |
| Hospital Outpatient | $56,623 | $60,313 | 6.5% |
| Hospital Inpatient and Outpatient | $61,220 | $65,502 | 7.0% |
| Health System | $64,666 | $68,290 | 5.6% |

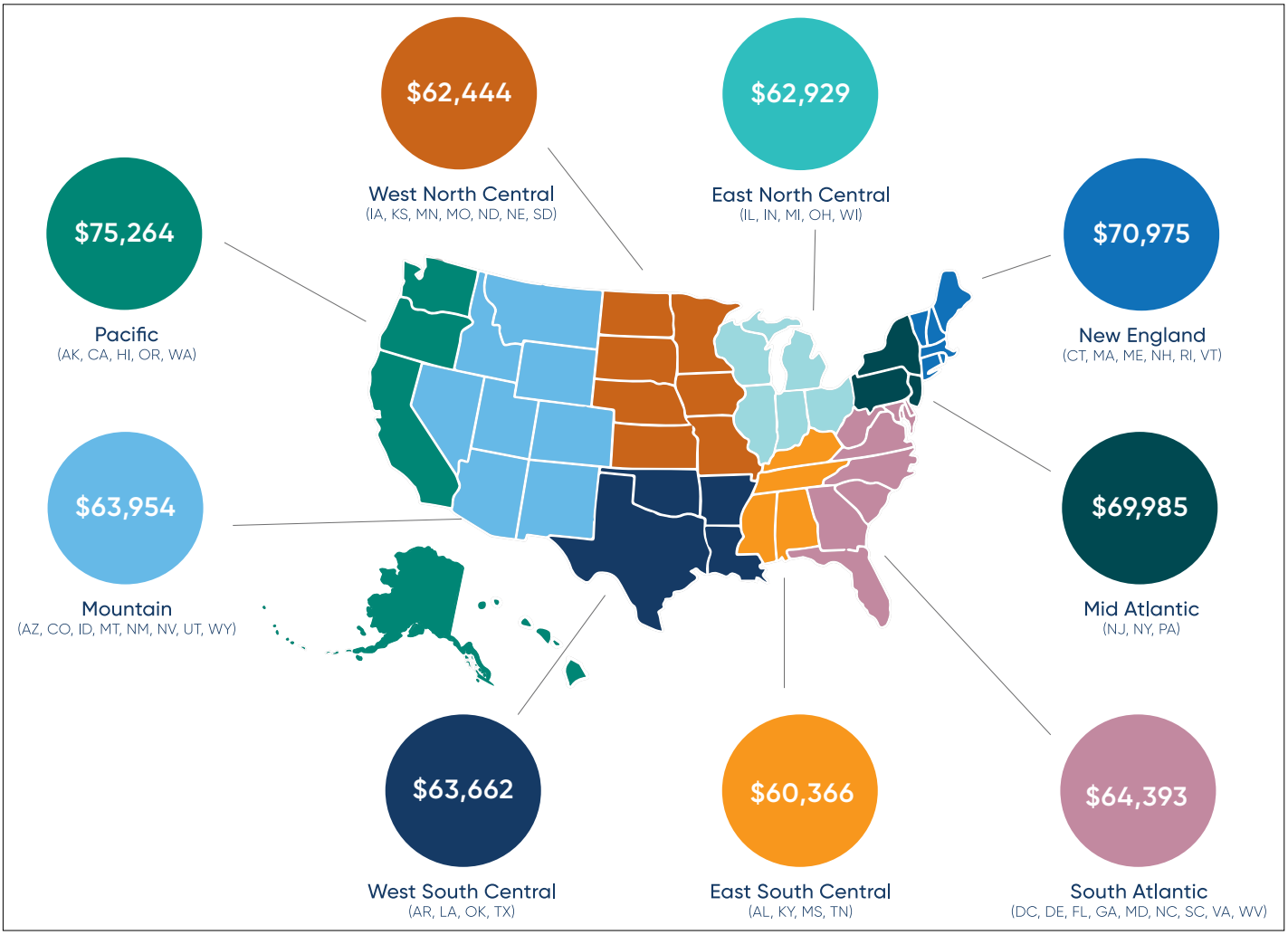
## Geographic Location Dictates Pay Scale

In addition to a medical records specialist's experience, job title, types and number of credentials held, and education level, where they live in the United States also influences their salary. Workers in large metropolitan areas, where the cost of living is higher, will typically earn more than those who work in rural areas, for example.

**Graph D** shows the differences in income across the nation's regions. As you can see, the Pacific Region (Alaska, Calif., Hawaii, Ore., and Wash.) has the highest yearly average salaries for medical records specialists at $75,264, while the lowest average salaries for medical records specialists are in the East, South Central Region (Ala., Ky., Miss., and Tenn.), earning $60,366 a year, on average.

**Table 2:** Salary based on work experience.

| Years on the Job | Average Income for Medical Records Specialists in 2024 | Average Income for Medical Records Specialists in 2025 | Percent Increase From Previous Year |
|---|---|---|---|
| 0 - 1 | $44,969 | $48,204 | 6.7% |
| 2 - 4 | $49,307 | $52,615 | 9.2% |
| 5 - 9 | $57,604 | $60,223 | 14.5% |
| 10 - 15 | $64,312 | $68,221 | 13.3% |
| 16 - 20 | $68,768 | $73,295 | 7.4% |
| 21 - 25 | $73,049 | $76,983 | 5.0% |
| 26 - 30 | $76,696 | $80,025 | 4.0% |
| 31+ | $78,746 | $83,544 | 4.4% |

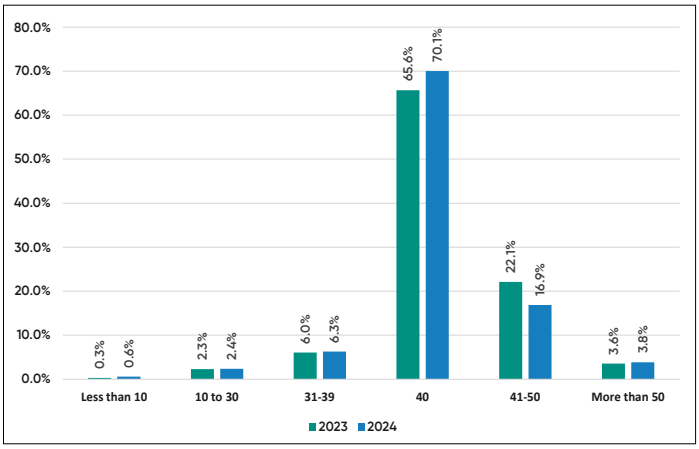



**Graph D:** Salary by Region

Income also reflects each individual state's economy. For example, California has higher employment costs and consumer price indices compared to Mississippi. The highest salary average for medical records specialists is in California at $80,189, and the lowest is in Mississippi at $56,166. That equates to a $33.04 hourly wage in California and $27.00 per hour in Mississippi.

## There Is No Shortage of Work

Nearly all medical records specialists are working full time or overtime, with 90.8 percent of members who participated in AAPC's 2024 Salary Survey saying they work 40 or more hours per week. As shown in **Graph E**, 70.1 percent work 40 hours per week, which is a slight increase from last year's 65.6 percent; however, fewer are working 41-50 hours with a decrease of 16.9 percent in 2024 from 22.1 percent in 2023. There are also the 3.8 percent who work 50+ hours a week — these outliers may skew salary ranges some, depending on whether they are paid by the hour or salary.



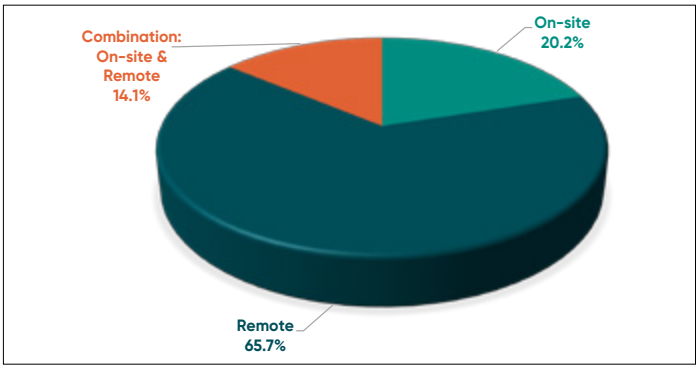

**Graph E:** Hours Worked Per Week

## Working Remotely Is Commonplace

In 2020, working remotely jumped from 33.8 percent to 57 percent due to the COVID-19 public health emergency requiring

social distancing. Since then, there has been a steady increase of medical records specialists working exclusively remotely or in a combination of onsite and remote work (hybrid).

See **Graph F** for the 2024 percentage breakdown of medical records specialists who work on-site, remotely, or hybrid. Data show that 65.7 percent of medical records specialists work remotely exclusively, up 2 percent from 2023. In all, 79.8 percent of medical records specialists work remotely in some capacity.



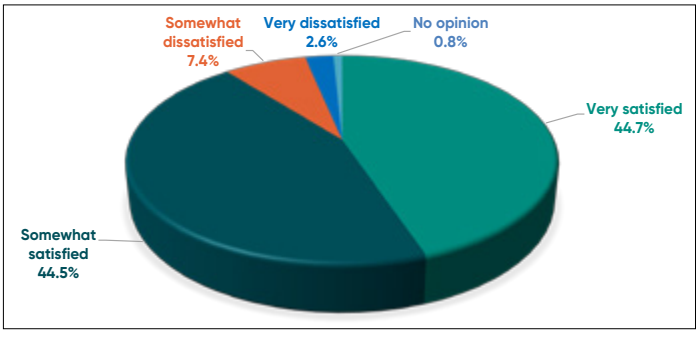

**Graph F:** Percentage of On-Site and Remote Workers

Both employees and employers have discovered that working at home has financial, timesaving, and flexibility advantages over commuting to and working in an office. Remote work has also shown to improve work/life balance, lessen environmental impact, and increase productivity.

## AAPC Members Are More Satisfied Than Ever

Satisfaction rates have stayed consistent over the years. As shown in **Graph G**, 44.7 percent of members who responded to the 2024 Salary Survey say they are very satisfied with their job and 44.5 percent say they are somewhat satisfied. That is 89.2 percent of medical records specialists with a reasonable amount of job satisfaction.

What's more, 75.6 percent of respondents say they are so happy or satisfied with their job and income that they are not seeking other employment opportunities. This is the highest percentage of AAPC members not looking for a job in Salary Survey history. Perhaps this has something to do with the ability to work remotely.




**Graph G:** Job Satisfaction

## Gauge Your Wage

The data compiled in AAPC's Salary Survey are vast and comprehensive. The accumulated details regarding employment, earnings, certification, education, location, and all other aspects discussed in this article contribute to populating AAPC's Medical Coding Salary Calculator, which can be accessed at: www.aapc.com/tools/medical-coding-salary-calculator.aspx. Both employers and employees can use this salary calculator to appropriately compensate medical records specialists.

Among the 24.4 percent looking for employment elsewhere, the top five reasons for job dissatisfaction are:

1. I want more money.
2. I want advancement opportunity.
3. I want to work remotely.
4. I want to make better use of my skills and knowledge.
5. I don't enjoy the work environment where I am.

Healthcare providers who hire and rely on medical records specialists should take note of the above reasons that create high turnover rates for employees.

## Providers Value Medical Records Specialists

The steady increase in yearly salaries and low unemployment rates prove that medical records specialists are significant to healthcare providers. The healthcare industry relies on medical records specialists to capture revenue for provider services so they can concentrate on delivering quality care to patients. Providers can focus on treating patients with their clinical expertise, while leaving coding changes, payer billing, compliance rules, and maintaining profitable margins to the medical records specialists.

To see AAPC's complete *2025 Medical Coding and Billing Salary Report*, go to **www.aapc.com/tools/medical-coding-salary-survey.**

**Michelle A. Dick, BS**, is a development editor for AAPC. She has over 17 years of experience writing and editing for the healthcare arena.

### Resources

Wage growth vs inflation U.S. 2024 | Statista

CPS Home: U.S. Bureau of Labor Statistics

BY SABRINA SKELDON, JD, CPC, CPB, CPMA, CRC, CFE

# Give Your Physicians a Financial Literacy Checkup

adobestock / holwichaikawee

The success of your medical practice hinges on everyone understanding their role in the revenue cycle.

Physicians need to understand billing and coding within their practices so they can evaluate the efficiency of their revenue cycle processes and, more importantly, improve their revenue through better accounts receivable (AR) practices. Monitoring these functions is necessary for discovering changes in a practice's income, so the practice can effectively manage its financial operations.

In this article, we'll review the importance of monitoring denials as a strategy for achieving compliance, reducing billing errors,

> "The goal of any medical practice should be to increase its first pass claims rate."

and improving practice revenues, as well as cite common errors made by the revenue cycle team and best practices for collections.

## Avoid Denials by Identifying Errors

Frequently, physicians view the handling of claim denials as a back-end process managed by a collections team. This approach is misguided and creates a negative overall effect on collections. The focus should be on avoiding denials, not managing collections.

Denied claims contribute to a negative financial impact in three ways:

- Lost revenue
- Cost of reworking claims (approx. $25 to $117 per claim)
- Delay in receipt of revenue

According to the Optum 2024 Revenue Cycle Denials Index, the national average denial rate in 2023 was 12 percent. A staggering 84 percent of those denials were "potentially avoidable," and 22 percent of those denials were unrecoverable due to lack of prior authorization, referral, eligibility, etc. Front-end oversights made up 44 percent of the denials, with registration and eligibility denials accounting for 24 percent of those denials.

### Front Desk Errors

The goal of any medical practice should be to increase its first pass claims rate. And with front desk errors making up the bulk of denials, the success of achieving a high pass rate depends on a strong denial prevention strategy.

**Perform audits:** Perform prospective audits to catch errors before claims are submitted. Perform retrospective audits to identify gaps and breakdowns in processes and establish corrective action plans to address the deficiencies. Focus retro audits on identifying the root cause of front desk errors and examining patterns in denials.

**Implement a corrective action plan**: Assign responsibilities to members of the revenue cycle collection team such as checking that prior authorizations have been obtained and verifying insurance and benefits at least annually. Your plan should establish a methodical process for working authorizations.

**Create measurable benchmarks:** Track front desk performance and implement best practices for increasing front desk staff productivity:

- **Set clear performance expectations.** This includes setting goals, targets, and deadlines for completing tasks.
- **Provide adequate training.** Provide training on pre-authorization, referrals, and insurance copay and deductible requirements.
- **Monitor performance.** Regularly audit the front desk's practices to identify areas for improvement. This includes tracking key performance indicators such as percentage of rejected claims and denial rates.

### Clinical Documentation Errors

Coding accuracy depends on the coordination of physicians and medical coders. Denials are often due to incomplete clinical documentation and/or inaccurate coding. Methods used by coders for abstracting physician encounter notes can be used to educate physicians on how to improve their clinical documentation. The goal is for physicians to adequately document the patient's conditions they are actively treating, the status of those conditions, and the treatment plan for the patient's care.

Physicians should never rely on coder initiative to determine what is meant in clinical documentation. Common coding errors unwittingly caused by physicians include:

- Failure to recognize that each encounter note is a standalone document and that documentation from a prior encounter cannot be used by a coder to code the current encounter note.

- Failure to use the narrative box to add specificity instead of choosing a default diagnosis from a pull-down menu.
- Using unspecified diagnosis codes when anatomic location and laterality codes would result in a more specific diagnosis.
- Using terms such as "history of," which has different meanings to physicians and coders.
- Failure to adequately identify the causal relationship between conditions.

The role of the medical coder is to accurately and completely code the clinical encounter note and to assign appropriate modifiers to ensure proper payment. Coders must:

- Follow ICD-10-CM guidance to code all supported diagnoses (not incidental findings, conditions integral to the disease process, patient reported, ruled out, or not confirmed).
- Code diagnoses that are actively being treated — including all conditions, comorbidities, complications treated during an encounter — or that may impact patient treatment.
- Code only the services and supplies that are documented in accordance with payer guidelines.
- Stay current with payer policies and bulletins, quarterly payer edits, coverage determinations, and code set updates.

Clinical coding and charting must align, and the treatment plan must fall within payer-covered indications. Things that could lead to coding errors and improper payments: Confusion as to what is an acute or chronic condition; lack of specificity as to anatomic location or laterality of condition; misidentification as to whether a visit is an initial encounter, subsequent, or sequelae; and incomplete documentation of all conditions, comorbidities, and complications.

## Modifier Errors

Medically unlikely edits (MUEs) and National Correct Coding Initiative (NCCI) edits are used by payers during claims processing to catch certain errors:

- MUEs set a maximum number of units that a provider may bill under most circumstances for a single beneficiary on a single date. Date of service MUEs apply to multiple procedures that are extremely unlikely to be performed on the same date. Drugs administered are a separate MUE category, where the HCPCS Level II code determines the number of units administered. A code modifier may be appropriate to distinguish repeat services from maximum number of services or indicate anatomic differences.
- NCCI edits prevent improper payment when unallowed code combinations are reported together. They are intended to prevent unbundling of component codes. Bundling edits occur when Medicare deems a procedure integral to another primary procedure.

If your practice sees frequent MUE and NCCI denials, the physician and biller must review the reasons for the denials. Check to make sure the correct CPT® codes were reported, the number of units were counted correctly, appropriate modifiers were used, and the number of services reported were medically reasonable and necessary.

## Avoid Denials by Identifying Billing Errors

While errors at every stage of the revenue cycle may slow the collection of revenue or limit collections, the biller controls the process. The biller manages the claim submission, resubmission, and filing of appeals from denied claims.

The biller provides a final review as to whether the following information on the claim is correct:

- The patient's insurance coverage was in effect on the date of service.
- The patient's insurance covers the service provided.
- The claim is submitted to the primary insurer.
- The claim submission includes all the required patient information (e.g., full name, correct spelling of name, mailing address, and date of birth).
- The claim identifies the correct payer identification number, group number, and mailing address.
- All required information is in the correct fields.
- The claim is submitted within the timely filing window.

A claim with incorrect information will be rejected or denied by the payer, slowing collection.

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> "Physicians should never rely on coder initiative to determine what is meant in clinical documentation."

## Establish Benchmarks

It's important for the medical practice to establish performance benchmarks for the biller/AR department.

**Monitor number of days in AR.** Days in AR is a metric for measuring the number of days it takes to collect accounts receivable. The industry performance metric is 40-50 days. Anything greater than 60 days indicates a below average revenue cycle process. It indicates that claims are requiring more than one touch to move them through the revenue cycle process. A deeper dive is required to identify where the bottleneck in the process lies.

**Monitor the percentage of rejected claims.** Rejected claims are an indicator of errors by the front desk but also indicate a breakdown in the clean claim review the biller is responsible for performing.

**Monitor the percentage of denied claims.** This is an indicator of a breakdown of many aspects of the revenue cycle, but the biller is the only member of the revenue cycle team able to improve revenue by filing clean claims, corrected claims, and appeals. The speed with which accounts receivable are collected is directly tied to their role — they are the collection arm of the practice.

Set internal deadlines for daily performance targets:

- Set a 24- to 48-hour turnaround time for rejected claims.
- Run a daily report of rejected and denied claims.
- Establish a process to prioritize the working of claims, identifying and working those approaching the timely filing deadlines and/or that have the highest dollar amount.
- Run a claim status report to identify activity in the collection cycle. This provides the biller with a roadmap as to where their focus should be.
- Perform a line-item review of explanation of benefits to detect denials at the line-item level (partial payments) that should be addressed with a corrected claim or that require an appeal.

Each payer has its own deadlines for filing claims and appeals. Failure to meet the timely filing deadlines results in denials that are not appealable. Rejected claims that are not resubmitted to the payers may also be time barred under the timely filing rules.

## Financial Reporting Is Key

The improved effectiveness of your procedures should be reflected in an increase in first pass rates and a decrease in denials. Financial reporting will assist you in identifying the root cause of a pattern or increase in denials. Financial reports provide a basis for evaluating whether the processes in place for the handling of corrected claims, requests for reconsideration, and appeals are effective. Reports should capture the average number of claims resubmitted, the percentage of claims appealed, and the percentage of claims never collected. This provides the physician with an overview of their AR and the effectiveness of their revenue cycle team.

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BY YEDDA EVANS, CPC, AND ELIZABETH HERBERT, CPC, CDEO, CPMA, CPMS, CRC, CCC, CEMC, AAPC APPROVED INSTRUCTOR

# Making Care Primary: Let's Talk

## Codes G9037 and G9038 compensate model PCPs for collaboration of patient care among specialists.

Clinicians participating in the Making Care Primary (MCP) model gained two HCPCS Level II codes, G9037 and G9038, in fiscal year (FY) 2024 that expand the scope of existing interprofessional consultation codes. Learn more about the MCP model and proper use of the new G codes for e-consults and ambulatory co-management in this article.

## First, Some Background

The Center for Medicare and Medicaid Innovation (CMMI) was founded in 2010 to transition the U.S. healthcare system to value-based care. The CMMI develops, tests, and evaluates new alternative payment models (APMs) in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). These APMs offer a different way of compensating providers for delivering high-quality, cost-effective patient care versus the traditional fee-for-service model.

Incentives for providers to participate in APMs include receiving a higher Medicare conversion factor beginning in 2026, exception from the Merit-Based Incentive Payment System (MIPS), and eligibility for model-specific performance payments such as the new MCP model.

The MCP model is an advanced primary care model that launched July 1, 2024, and will run through Dec. 31, 2034, in eight states: Colorado, North Carolina, New Jersey, New Mexico, Minnesota, Massachusetts, Washington, and New York. The model has three participant tracks to provide different pathways for primary care providers (PCPs) to gradually adopt prospective population-based payments.

## MCP G Codes

More than 40 percent of Medicare beneficiaries see five or more physicians. This makes it difficult for PCPs to conduct effective interprofessional collaboration and communication. Many report they do not feel the information and communication from specialists is helpful. The reasons range from the provider not receiving data in a timely manner, to the provider lacking the depth of knowledge to incorporate the data received from the specialist about the patient's general treatment/care.

It's imperative the PCP, specialist, and other qualified healthcare professionals communicate to ensure a wholistic view of a patient's

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needs and treatment plan. A patient's medical team should be equipped to discuss every aspect of their treatment/care. To that end, the Centers for Medicare & Medicaid Services (CMS) created HCPCS Level II interprofessional consultation codes G9037 and G9038, in effect for dates of service on or after Oct. 1, 2024.

**G9037** Interprofessional telephone/internet/electronic health record clinical question/request for specialty recommendations by a treating/requesting physician or other qualified health care professional for the care of the patient (i.e. not for professional education or scheduling) and may include subsequent follow up on the specialist's recommendations; 30 minutes

This is a model-specific e-consult code that allows clinicians participating in Track 2 or 3 of the MCP model to bill for the time spent consulting a specialist when providing care and developing a treatment plan for a qualifying patient. E-consults can be performed via asynchronous phone communication, audio/video synchronous technology, electronic health record, or a HIPAA-compliant application that allows two-way communication and secure sharing of patient records between the PCP and specialist.

An e-consult is distinct clinical work separate from pre-visit planning for a follow-up visit. As there is a time component to this code description, the time spent by the clinician should be clearly documented, along with the response of the consultant, and any changes to the patient's comprehensive care plan.

"An e-consult is distinct clinical work separate from pre-visit planning for a follow-up visit."

The e-consult is meant to improve the communication and collaboration with specialists before referrals, which in turn will reduce overall cost of specialty care and improve specialty wait times. Specialists responding to the e-consult may use any of the appropriate existing interprofessional communication codes (CPT® 99446-99452) for reimbursement.

Conditions for coverage of G9037 include:

- Bill only once per consultation (or clinical question), regardless of how many times the clinician and specialist exchange information.
- Do not bill G9037 more than once per week per qualifying patient, regardless of the number of e-consultations the MCP-participating clinician performed.
- The MCP-participating PCP cannot bill G9037 within seven days of billing 99452 for the same qualifying patient.

Participants in Track 2 of the MCP model receive the full reimbursement rate for this service. Participants in Track 3 are paid prospectively.

G9038 Co-management services with the following elements: new diagnosis or acute exacerbation and stabilization of existing condition; condition which may benefit from joint care planning; condition for which specialist is taking a co-management role; condition expected to last at least 3 months; comprehensive care plan established, implemented, revised or monitored in partnership with co-managing clinicians; ongoing communication and care coordination between co-managing clinicians furnishing care

Specialty physicians who furnish services under the Taxpayer Identification Number of a Specialty Care Partner may bill G9038 for time spent co-managing care of an MCP-attributed patient with MCP clinicians. This service is similar to other care coordination codes already in place, with one exception: G9038 does not have the requirement that the patient's condition places them at significant risk of death, acute exacerbation, or functional decline.

This code supports coordination and communication between participating clinicians, allowing for co-management of the attributable patient for stabilization of a new or exacerbated chronic condition, or at times when a patient's care may be rapidly changing.

Conditions for coverage of G9038 include:

- The patient is attributed to an MCP participant in Track 3.
- The date of service falls within the time frame the patient is attributed to in the MCP model.

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- Bill up to three times per year by the same specialty type for the same patient (includes the initial consult).
- Claims for G9038 by the same specialty type for the same MCP beneficiary must be at least 30 days apart.

These codes add to a long list of primary care services eligible for attribution in the MCP model, including evaluation and management services, complex chronic care management services, and principal care management services.

## Closing the Gap

New codes G9037 and G9038 give space for primary care providers and the specialists they co-manage patients with to report and capture the work involved with interprofessional communication, e-consults, and co-management. Healthcare professionals can now schedule time for these collaborations and have a definitive way to capture payment. Complete details of the MCP model participation and billing requirements are available at the website listed in the Resources section. AAPC

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Edited by **Elizabeth Herbert, CPC, CDEO, CPMA, CPMS, CRC, CCC, CEMC, AAPC Approved Instructor.**

### Resources

MAKING CARE PRIMARY: PAYMENT AND ATTRIBUTION METHODOLOGIES PY 2025

Making Care Primary (MCP) Model | CMS

BY RENEE DUSTMAN, BS

# Bicuspid Aortic Valve

## New codes enable you to report this condition with greater specificity.

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In the fiscal year (FY) 2025 update to the ICD-10-CM code set, three new codes differentiate bicuspid aortic valve (BAV) from congenital mitral valve disease. To take advantage of this improved specificity, make sure your understanding of this new coding is current.

## What Is BAV?

Bicuspid aortic valve (BAV) — the most common type of congenital cardiac malformation — is when the aortic valve has two cusps (leaflets) instead of the usual three. This difference increases the risk of aortic valve calcification and aortic aneurysm. As such, individuals with BAV should receive lifelong surveillance and care to treat co-incident hypertension and heart failure. "Patients with BAV may never have signs or symptoms or symptoms may not appear until adulthood," according to the American Heart Association's *ICD-10 Coding Clinic* (2024, Vol. 11, No. 4). Common symptoms include chest pain, shortness of breath, and fainting.

The American Heart Association and American College of Cardiology Guidelines recommend longitudinal imaging (ECG, CT, MRI) of the aortic valve and ascending aorta. The Guidelines also recommend ECG imaging of first-degree relatives (parents, siblings, and children) when the patient is the first person in their family to be identified with BAV. (The first person in a family with a hereditary disease is called a "proband.")

## Coding BAV

Prior to the FY 2025 update to the ICD-10-CM code set, both a cleft mitral valve leaflet — a congenital heart valve abnormality that causes mitral regurgitation — and BAV were coded to Q23.8 *Other congenital malformations of aortic and mitral valves*. The following new diagnosis codes, effective Oct. 1, 2024, separately identify BAV and congenital mitral valve disease, when known.

**Q23.81** Bicuspid aortic valve

**Q23.82** Congenital mitral valve cleft leaflet

**Q23.88** Other congenital malformations of aortic and mitral valves

When coding BAV, code also, if applicable, any acquired aortic valve disorders, such as:

- Aortic (valve) insufficiency (nonrheumatic) (I35.1)
- Aortic (valve) stenosis (nonrheumatic) (I35.0)
- Aortic (valve) stenosis with insufficiency (nonrheumatic) (I35.2)

An Excludes2 note lets you know not to code functional bicuspid aortic valve (with stenosis) (I35.0) with Q23.81 unless the provider documents both conditions.

As a result of this new coding, "Bicuspid aortic valve" is deleted under Q23.1 *Congenital insufficiency of aortic valve*; under I35 *Nonrheumatic aortic valve disorders* you are now instructed to code also Q23.81, if applicable; and the Excludes1 note for I08.-, Q23.0, Q23.1, I06.-, and I42.1 is now an Excludes2 note.

## The Future of BAV

The new codes are expected to improve identification of patients with BAV, improve follow-up, assist in the identification of first-degree relatives of BAV probands, and enable electronic health record-based research of BAV and its morbidities. AAPC

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### Resources

Fedak PWM, Verma, S, David TE, et al. Clinical and pathophysiological implications of a bicuspid aortic valve. Circulation 2002: 106:900-904. www.ahajournals.org/doi/10.1161/01.CIR.0000027905.26586.E8

Body, Simon C. Boston University School of Medicine. ICD-10 Coordination and Maintenance Committee Meeting. Sept. 12-13, 2023.

BY RENEE DUSTMAN, BS


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# 10 Skills That Attract Employers

Job descriptions hold the answer to the question, "What do I need to do to get a medical coding job?"

A job post on AAPC's CareerHealth® website indicates an opening for an in-house, full-time medical coder. The employer says they "are seeking a detail-oriented and organized medical coder." That's your first clue to what the employer wants. But if you read further, this employer lists 10 requirements and qualifications they are looking for in a suitable candidate.

## 10 Medical Coder Requirements and Qualifications

The following is a fairly standard list of what employers are looking for in a medical coder, and suggestions for showing them you have what it takes to do the job.

### 1. High school degree or equivalent

An undergraduate degree may improve your chances of getting an interview, but this employer isn't requiring one. Based on

> "New diagnosis codes, effective Oct. 1, 2024, separately identify BAV and congenital mitral valve disease."

AAPC's 2025 Medical Coding and Billing Salary Report (see pages 34-39), however, medical coders with a bachelor's degree earn an average 10.2 percent more per hour.

## 2. Medical coding certificate is a plus but not required

This employer isn't requiring certification but, as with higher education, it may improve your chances of getting an interview and earning more money. AAPC's 2025 Medical Coding and Billing Salary Report indicates that certified medical coders earn an average 8.5 percent more than their noncertified colleagues.

## 3. Understanding of medical terminology, anatomy, and physiology

There will be no doubt in the employer's mind that you meet this requirement if you have the Certified Professional Coder (CPC®) credential. Not certified? AAPC also offers prerequisite medical training courses on the fundamentals of medicine, anatomy, medical terminology, and pathophysiology. Go to **aapc.com/training-and-events/prerequisites** to learn more.

## 4. Ability to work independently or as an active member of a team

Provide examples in your resume that illustrate your ability to fulfill this requirement.

**Tip:** Did you know that AAPC offers resume writing services? Who better to help you land a coding job than professional coders? Check out this service at **aapc.com/resources/aapc-resume-writing-service**.

## 5. Strong computer skills in data entry, coding, and knowledge of electronic medical record software; Microsoft Office Suite

Include a skills section in your resume and list your experience with various coding and office software. Avoid vague terms like "familiar with" or "basic knowledge." Include relevant certifications and training.

## 6. Accurate and precise attention to detail

To illustrate this in your resume, make sure your cover letter and resume are error-free. Also include any relevant experience which required attention to detail. Need some help in this area? Check out AAPC's Member Professional Development Library (must be signed in), where you can access 25 FREE online courses every year — including "All About Details: Paying Attention to Detail."

## 7. Ability to multitask, prioritize, and manage time efficiently

These skills are hard to portray in a resume but if you have any job experience that developed or honed these skills, include it in your resume. If you need to develop these skills, consider taking a course such as "Using Your Prime Energy Time for Priority Tasks" in AAPC's online Member Professional Development Library.

## 8. Excellent verbal and written communication skills

The quality of your resume and cover letter will be the first indication of your written communication skills. You can wow potential employers with your verbal skills in the interview. Need to brush up on your communication skills? There are several communication courses in AAPC's Member Professional Development Library, such as "Customer Service Communication Skills: Maintaining a Positive Service Attitude."

## 9. Goal-oriented, organized team player

Use specific examples to emphasize skills and achievements that align with these traits such as "Developed a new filing system that increased efficiency by 25 percent."

## 10. Must have 5 years of coding experience

You either have coding experience or you don't, but don't shortchange your other experience. If you have performed any of the duties or held any of the responsibilities requested by the employer, include them in your resume, even if it wasn't in a coding capacity. For example, if the job requires you to be able to meet daily coding production, and you held a factory job where you consistently met a production standard, point that out.

Looking through the help wanted ads is a great way of learning what qualifications and skills you will need to land your dream job. For more tips, head over to the Career Center at **aapc.com/resources/career-center**. Career counseling is available!

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BY RACHEL DORRELL, MA, MS, CPC-A, CPPM

# 4 Crucial Elements to Boost Your Compliance Program

## A log of issues is a means of troubleshooting — and insurance.

**CJ Wolf, MD, M.Ed., CPC, COC, CHC, CHPC, CHRC, CIA,** described the new voluntary compliance guidance released by the Office of Inspector General (OIG) during his presentation "Understanding the New OIG Compliance Program Guidance" at AAPC's HEALTHCON Regional 2024. Even if you're already familiar with the seven elements of an effective compliance program, Wolf's explanations of each aspect can take your organization's compliance to the next level.

"This guidance is all voluntary, but they're what the government is going to use if you get into trouble," Wolf said. If your organization is found to be noncompliant and enforcement actions are brought against you, such as having to sign a corporate integrity agreement, then your organization will have to follow this guidance.

### 1. Compliance Issue Logs

Some organizations have hotlines where people can call or boxes — sometimes in bathrooms, where people ostensibly have privacy — for people to report issues. Making sure folks have a mechanism for reporting is key — but anonymity can be important, too, especially if people are worried about reporting issues because they fear retaliation.

Having a log is crucial because you then have evidence that your compliance system is working. A log shows people feel comfortable reporting any issues or suspected issues and that the compliance officer or committee looked into the issues, determined whether it was a valid complaint and/or appropriate for compliance to resolve, and what measures they took after looking into the report(s).

"With the latest updated guidance, the OIG has recognized the increasing importance of formal compliance risk assessment processes being incorporated into compliance programs."

"You should be able to tell that story years after the fact," Wolf said, pointing out that such logs can save organizations from larger enforcement actions if they can effectively show, through evidence such as a compliance log, that the issues were with a single bad apple.

## 2. Motivation

An effective compliance program should have appropriate consequences for noncompliance, as well as incentives for compliance. Consequences such as firing individuals who use technological privileges to access medical records of people who aren't patients under their care are perhaps easier to bring to mind, but incentives aren't too difficult to imagine, such as structuring a manager's bonus, so it relies on all of the employees they oversee completing their compliance trainings by a certain time. One could add consequences to underscore the incentives too; for example, folks who don't complete their trainings on time having repercussions. It may also make sense for your organization to incorporate compliance into employee or department annual reviews.

## 3. Risk Assessment

With the latest updated guidance, the OIG has recognized the increasing importance of formal compliance risk assessment processes being incorporated into compliance programs. Having a formal policy every year, including naming people responsible for completing the process, is helpful, and it's important to do a risk assessment annually; because, for example, the services your organization offers may expand or detract, and thus your risks may change.

"If you're not really doing a formal risk assessment, I would encourage you to do that," said Wolf. "It'll kind of up the level of your compliance program."

## 4. Medical Necessity

In the newest guidance, the OIG says that medical necessity needs more emphasis in compliance programs beyond common coding and billing audits. One way to think about the difference between coding and billing audits and the determination of medical necessity is not just whether the service or item was provided but whether it was necessary. The OIG is "not saying that the coder auditor has to do it, but the organization needs to somehow involve somebody with some clinical background to at least start that," Wolf explained. Medical necessity can cover so many kinds of situations in healthcare, from providers performing more and unnecessary or inappropriate surgeries to securing more pay to providers ordering tests that are redundant. Wolf warned that he has "tons of clients who are getting audited and getting nailed to the wall" over medical necessity noncompliance, so make sure your program has systems in place to evaluate whether items and services provided are indeed appropriate. AAPC

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This article was originally posted online Dec. 2, 2024, in *Revenue Cycle Insider*. Subscribe online for more articles like this, as well as other specialty-specific articles.

# Abbreviations in Hypertension Coding

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February is American Heart Month, a time when we spotlight heart disease, the leading cause of death in the United States. The term "heart disease" refers to several conditions, including hypertension (high blood pressure). Hypertension is the top risk factor for death globally, affecting 1.3 billion people, and accounts for half of all heart disease and stroke-related deaths worldwide. Hypertension is often called the silent killer since it does not cause any symptoms on its own but, rather, slowly damages the blood vessels, leading to cardiovascular disease and organ damage. Here are some of the common acronyms you may come across in a provider's documentation when coding for hypertension.

| | |
|---|---|
| **ACEI** | Angiotensin-converting enzyme inhibitors |
| **ARB** | Angiotensin II receptor blockers |
| **CCB** | Calcium channel blockers |
| **CKD** | Chronic kidney disease |
| **DASH** | Dietary approaches to stop hypertension |
| **DBP** | Diastolic blood pressure |
| **ECG/EKG** | Electrocardiogram |
| **EH** | Essential hypertension |
| **HCTZ** | Hydrochlorothiazide |
| **HR** | Hypertensive retinopathy |
| **HTN** | Hypertension |
| **PH** | Pulmonary hypertension |
| **SBP** | Systolic blood pressure |
| **SH** | Secondary hypertension |
| **SMBP** | Self-measured blood pressure (monitoring) |
| **TIA** | Transient ischemic attack |
| **TOD** | Target-organ damage |

BY LISA MEANEY, BS, RHIT, CPC, CEDC

# A Layman's Guide to CMS Pub 100

## Learn about Pub 100 and how it can help with your coding and billing tasks.

The Centers for Medicare & Medicaid Services (CMS) publishes a huge amount of material annually. One of its most well-known and useful publications is commonly referred to as "Pub 100." Short for Publication 100, Pub 100 is a compilation of electronic manuals called Internet-Only Manuals (IOMs). The formal name of this collection of web-based manuals is the CMS Online Manual System. It was created by CMS in 2003 when the federal agency officially transitioned from a paper-based manual system to a web-based system.

## The Purpose of Pub 100

Pub 100 is a large, multi-sectioned instruction manual that provides information about many of CMS' programs. It covers CMS' program issuances, day-to-day operating instructions, policies, and procedures that are based on statutes, regulations, guidelines, models, and directives.

Providers, contractors, Medicare Advantage organizations, and state survey agencies all use Pub 100 to administer CMS programs. Coders and billers also use this information when they need to know details about benefits, claims, and coverage.

## Crosswalk Paper to Electronic Manuals

CMS developed Pub 100 from multiple paper manuals, each with its own unique name and number. CMS also developed a paper-to-electronic-manual crosswalk to help users locate information within the new system. You can find these crosswalks online alongside the respective sections within Pub 100.

Note: While almost all the paper-based manuals have been converted to IOMs within Pub 100, a few paper-based manuals remain and are in the process of being transitioned over to IOMs. These include Pubs 15-1, 15-2, and 45. Technically, these are still referred to as paper-based manuals, but you can access them electronically on CMS' website.

## Manuals Most Useful to Coders and Billers

Each of the IOMs are useful to different people depending on their job and the information they are looking for. When it comes to coding and billing, you'll likely reference the following manuals the most:

**Pub 100-02 Medicare Benefit Policy Manual** – This manual includes detailed instructions and policies about Medicare benefits. It's based on statutes and regulations and focuses primarily on Medicare Part A benefits.

**Pub 100-03 Medicare National Coverage Determinations (NCD) Manual** – This manual describes whether specific medical items, services, treatment procedures, or technologies can be paid for under Medicare. It's organized by categories such as medical procedures, supplies, and diagnostic services.


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**Pub 100-04 Medicare Claims Processing Manual** – This manual provides detailed instructions about claims processing. It contains rules and guidelines to help correctly submit and process a Medicare claim.

To explore all of the IOMs yourself (100-01 to 100-25), go to **www.cms.gov/medicare/regulations-guidance/manuals/internet-only-manuals-ioms.**

## Future IOM Updates

CMS also publishes an interactive PDF file listing planned future updates to the IOMs. The document lists the formal transmittal number, which IOM the change will occur in, the scope of the change, the change request number, and the implementation date. Clicking on the transmittal number allows you to see the planned change — as it will appear in the IOM — in red text. This file can be found at **www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/futurepdf.pdf.** aapc

**Lisa Meaney, BS, RHIT, CPC, CEDC**, has worked in the health information technology field for the past 15 years. Her areas of expertise include emergency department coding, E/M level assignments, and infusion and injection coding. She currently serves as a senior development editor for AAPC. Prior to joining AAPC, Meaney worked as a senior content editor at The Coding Institute, preparing and editing content for a variety of instructional resources and official code books.

BY LAURA MANSER, CPC, CDEO, CPMA, CEMC, CIRCC, RCC

# Take a Surgical Report From Chaos to Order

## Use these six steps to correctly code complex procedures.

Every surgical coder can relate to this: You're sitting at your desk, tackling routine cases with confidence. Each report is like a puzzle, the pieces fitting neatly together. Then, unexpectedly, you receive a long, complex surgical procedure report, full of medical jargon and anatomy that sends your brain into overdrive. Now you have stepped into the unknown, where you must navigate through the complexities of surgical procedures, decoding every step to find clarity. It may feel overwhelming at first, but the secret lies in turning chaos into order, one step at a time. Transforming a seemingly impossible report into a neatly coded masterpiece starts with breaking down the chaos into six manageable parts.

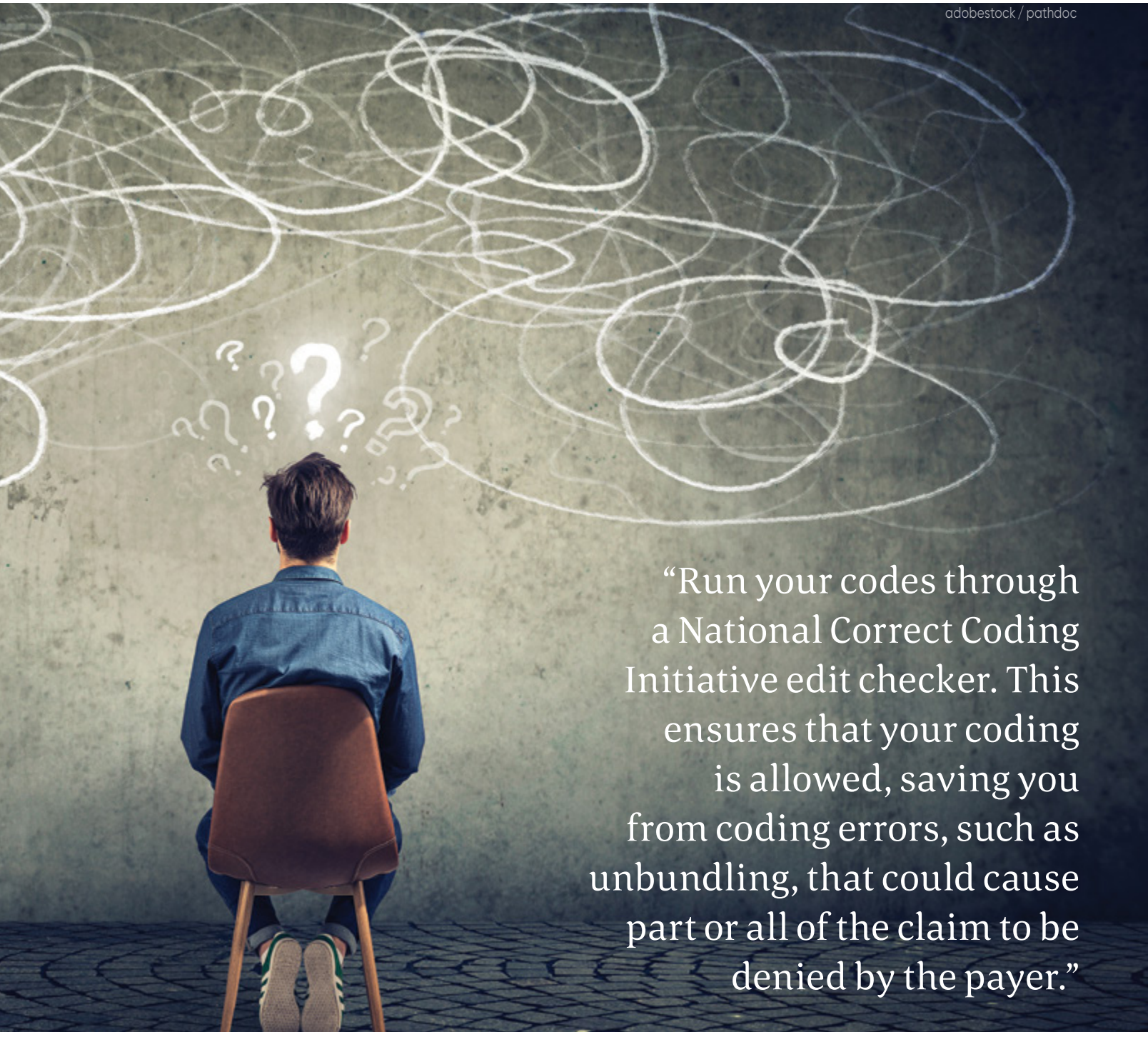
## Step 1: Understand the Terminology

Every surgical procedure report is filled with medical terminology that may seem overwhelming. The key is to break down the language into bite-sized pieces. Take time to familiarize yourself with the terms in the report. When you encounter something unfamiliar, do not just gloss over it: Look it up, make notes, and add it to your mental library. Understanding each term will bring clarity and help you piece together the overall procedure. For example, if a report mentions "anastomosis," you should not only know what it is (a connection between two structures) but also understand how it affects the coding decisions you will make.

## Step 2: Visualize the Procedure

The next step is to visualize what is happening in the operating room. Visualizing the procedure connects the dots between the language and the actions in the report. Imagine yourself watching the surgeon perform each step of the procedure.

- What is the surgeon doing at each stage?
- What anatomy is involved?
- What surgical devices or tools are being used?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"Run your codes through a National Correct Coding Initiative edit checker. This ensures that your coding is allowed, saving you from coding errors, such as unbundling, that could cause part or all of the claim to be denied by the payer."

By creating a mental movie of the procedure, you will begin to see patterns emerge. These patterns will guide you through the coding process, helping you to understand where each code belongs. The more clearly you can visualize a procedure, the more easily you can translate it into organized, actionable codes.

To take this a step further, consider shadowing a surgeon during actual procedures. Physically seeing a procedure performed provides a level of understanding that can be difficult to achieve from even the most detailed reports. If shadowing isn't an option, another great alternative is watching the procedures online. Platforms like YouTube often have real or animated videos of surgeries that can help bridge the gap between reading about a procedure and understanding it. This step is not easy, but it is well worth your time if you code for providers who perform this complex surgery on a regular basis.

We've got more great articles at: www.aapc.com/blog.

> "If the surgical report still feels chaotic in your mind, then take a step back and physically map it out."


adobestock / alfa27

## Step 3: Understand the Surgical Technique

Now that you have grasped the language and visualized the procedure, it's time to dive deeper into the surgical techniques being used. Every action in the operating room matters, whether it's a simple incision or a complex reconstruction. Understanding how and why a surgeon chooses certain techniques will help you assign the right codes. For instance, knowing the difference between laparoscopic surgery and open surgery can drastically change how you approach the coding. Be familiar with the techniques surgeons use and you will find it easier to break down multi-step reports into smaller, organized parts.

## Step 4: Use Tools to Bring Order

Sometimes, the complexity of a report makes it hard to keep track of all the details in your head. That's where tools such as Microsoft Word come in handy.

To help you organize the information in the surgical report visually, copy and paste it into a Word document, and make it your own. Highlight key terms, procedures, and anatomy using assorted colors or typing in the codes next to the paragraphs they align with. Add comments or notes for yourself as you go along.

**Important compliance note**: While organizing a report in a Word document can be helpful, never save patient health information (PHI) to your computer or any non-secure platform. Always follow your organization's compliance guidelines for working with PHI. This method is for real-time organization and should be cleared from your screen after use.

With this method, you can easily track everything in one place without losing sight of the overall picture or exposing PHI.

## Step 5: Write Out Codes on a Dry-Erase Board

If the surgical report still feels chaotic in your mind, then take a step back and physically map it out. Use a dry-erase board (traditional or electronic) to write down the potential codes you are working with. Arrange them into groups based on procedure steps, anatomy, or devices.

One effective strategy is to use different colored markers to represent various aspects of the procedure. For example:

- Red for the main surgical procedure
- Blue for access points (arterial, venous, etc.)
- Green for any devices or surgical tools used or placed

This color-coded approach makes it easier to visually separate the different components of the procedure, helping you see where each code fits in and identify any missing details. Once you have mapped everything out, you can easily look up each code in your coding reference. If you use the traditional method, take a picture of the board for future reference.

## Step 6: Use an NCCI Edit Checker

Finally, to bring ultimate order to the chaos, run your codes through a National Correct Coding Initiative edit checker. This ensures that your coding is allowed, saving you from coding errors, such as unbundling, that could cause part or all of the claim to be denied by the payer. By taking this last step, you can be confident that the chaotic report you once dreaded is now an orderly, correctly coded claim. AAPC

**Laura Manser, CPC, CDEO, CPMA, CEMC, CIRCC, RCC**, is the director of provider education at PBS Radiology Business Experts. With 24 years of experience specializing in coding and auditing, she has also served as a coding manager and developed a clinical documentation improvement program for her company. Manser is vice president of the Reno, Nevada local chapter.

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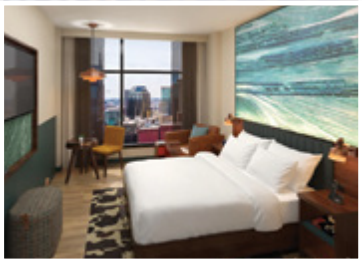

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BY LEE FIFIELD, BS

# Advice From a COPC®

AAPC member **Christine Killeen, CPC, CPB, COPC**, has worked in ophthalmology and optometry for more than 20 years in clinics ranging from a solo practitioner to a large multi-state, multispecialty group. Her resume includes front desk representative, call center manager, office manager, biller, clinical coder, surgical coder, and, currently, revenue integrity auditor. "Each position has provided different experiences, resulting in a broad understanding of ophthalmic conditions and procedures," said Killeen.

AAPC asked Killeen about her experience with earning the Certified Ophthalmology Coder (COPC®) credential, how it has helped her career, and what sort of advice she has for anyone considering the specialty coding certification.

*What led you to obtain the COPC® credential?*
I felt that it was important to earn a credential pertinent to my field of expertise. A specialty credential indicates you are dedicated to maintaining an understanding of your field, continually learning about conditions and diseases, and keeping up with evolving treatments and medications.

*Do you have any tips for individuals preparing for the COPC® exam?*
Despite its small size, the human eye is a complex organ with many unique parts and the possibility for many complications. Fluency in the anatomy of the eye aids in understanding its complexities. While ophthalmic experience is not required to sit for the exam, students with history and basic knowledge of ophthalmology will find themselves at an advantage. Be sure to take the practice exam to learn where to strengthen your focus.

*How has the COPC® credential helped you in your job/career?*
Earning my COPC® confirmed that I was fluent in the field of eye care and allowed me to continue to pursue new and different opportunities. In my day-to-day work, I have confidence that I am asking pertinent questions and providing accurate information. Maintaining this credential requires me to find education relevant to ophthalmology, which ensures my continued growth in this specialty.

*Who do you think would most benefit from the COPC® credential?*
Anyone working in ophthalmology, whether clinical or administrative, will benefit from earning this credential, not just coders. Keeping abreast of additions and changes in

CPT® and ICD-10-CM is imperative for efficient and successful revenue cycle management operation.

*What resources do you use most to earn your continuing education units (CEUs)?*
AAPC local chapter meetings are a great resource for CEUs, and many chapters around the country welcome members virtually from outside their area. I also tune in to Medicare Administrative Coordinator (MAC) webinars. Several of the MACs have educational webinar schedules covering a wide variety of topics. The education keeps current on CMS policies and guidelines and focuses on specialties.

**Lee Fifield, BS**, is a development editor at AAPC. She has a Bachelor of Science degree in communications from Ithaca College, Ithaca, N.Y., and has worked as a writer and editor for 18 years.

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Fathima J A, **CPC-A**
Fathima Parveen, **CPC-A**
Fathima Rajah V, **CPC-A**
Fathima Rushda K T, **CPC-A**
Fathima Saeeda K, **CPC-A**
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Fathima Selma T N, **CPC-A**
Fathima Sumaira S, **CPC-A**
Fatima Tajah Harris, **CPC-A**
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Fida Thasni C, **CPC-A**
Froid Prasad Kuruppam Veettil, **CPC-A**
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Gajji Bhanu Priya, **CPC-A**
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Gandamalla Hemalatha, **CPC-A**
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Ganesh Devidas Jadhav, **CPC-A**
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Gattikoppula Sony, **CPC-A**
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Gavaji Harish, **CPC-A**
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Glory M, **CPC-A**
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Goode Sumathi, **CPC-A**
Gopisetti Yela Susmitha, **CPC-A**
Gosala Keerthi, **CPC-A**
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Govind Yadav, **CPC-A**
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Grace Drury, **CPC-A**
Gracy Rose, **CPC-A**
Grandhi Eswar, **CPC-A**
Greeshma P, **CPC-A**
Grisel Simon, **CPC-A**
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Katrina Simbulan, **CPC-A**
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Kerry Powell, **CPC-A**
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Latara Durant, **CPC-A**
Latorese Jackson, **CPC-A**

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Lauren Wingrove, **CPC-A**
Lavanya D, **CPC-A**
Lavanya R, **CPC-A**
Lavanya Venu C, **CPC-A**
Leah Salucci, **CPC-A**
Leanne Dodson, **CPC-A**
Likhitha Panchakarla, **CPC-A**
Linsay O'Neal, **CPC-A**
Lisa Renee Cearnal, **COC-A**
Liya Babu, **CPC-A**
Lori Churchill, **CPC-A**
Lori Cummins, CPB, **CPC**
Lori Ingraham, **CPC-A**
Lydia Sadler, **CPC-A**
Lynda Mariani, **CPC-A**
M Elakkiyakumar, **CPC-A**
M Evanjalin Mesiba, **CPC-A**
M Gayathri, **CPC-A**
M Soundarya, **CPC-A**
Md Afreed, **CPC-A**
Madalyn Beckham, **CPC-A**
Madelynn Hill, **CPC-A**
Madhura Abhijeet Bhatt, **CPC-A**
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Maheshwaram Sreevalli, **CPC-A**
Maheswari Manthiramoorthy, **CPC-A**
Mai Salama, **CPC-A**
Maitreyee, **CPC-A**
Maizey Corrette, **CPC-A**
Makepeace Thao, **CPC-A**
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Mandy Lyn Elthorp, **CPC-A**
Mandy Peterson, **CPC-A**
Manikandan Kanniyappan, **CPC-A**
Manisankar Tamilvanan, **CPC-A**
Manish Kumar Singh, **CPC-A**
Manjima M L, **CPC-A**
Manjiri Manojkumar Thakur, **CPC-A**
Manmath Suresh Davalbaje, **CPC-A**
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Mary Durai, **CPC-A**
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Mary Eggers, **CPC-A**
Mary Hodge, **CPC-A**
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Mary Thomas, **CPC-A**
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Mathankumar P, **CPC-A**
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Mayuri Shrihari Saindre, **CPC-A**
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Megan Nicole Roberts, **CPC-A**
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Megha Anna George, **CPC-A**
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Mekala Sucharitha, **CPC-A**
Mekapothula Pavani, **CPC-A**
Melanie Nowlin, **CPC-A**
Melissa Hoeft, **CPC-A**
Melissa Murdock, **CPC-A**
Melissa Sommer, **CPC-A**
Melissa Thompson, **CPC-A**
Melissa Young, **CPC-A**
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Melynda Clarke, **CPC-A**
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Meraj Begum, **CPC-A**
Mercedes Guterz, **CPC-A**
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Michelle Watson, **CPC-A**
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Mohammed Yoonus Ali P, **CPC-A**
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Pydakula Dileep, **CPC-A**
Quedetria McMillon, **CPC-A**
Queen Esquijarosa, **CPC-A**
Rachana M, **CPC-A**
Rachel Cooper, CPB, **CPC**
Rachel Michael, CRC, **CPC**
Rachel Taylor, **CPC-A**
Rachel Wenner, **CPC-A**
Radhe Omar, **CPC-A**
Raghavendra K V, **CPC-A**
Raghavi Kandhi, **CPC-A**
Ragil T R, **CPC-A**
Rahul Phopse, **CPC-A**
Rahul Shivaji Bhonde, **CPC-A**
Rajasree G, **CPC-A**
Rajendra Lalaso Sodmise, **CPC-A**
Rajesh Behera, **CPC-A**
Rakhimol M C, **CPC-A**
Ramasahayam Rishitha, **CPC-A**
Ramon Vazquez Rosado, **CPC-A**
Ramona George, **CPC-A**
Rampaka Anusha, **CPC-A**
Ramya Sengodan, **CPC-A**
Rasiya, **CPC-A**
Ravuri Sathya Sudha, **CPC-A**
Ravyn Whitson, **CPC-A**
Rayagonda Ramadevi, **CPC-A**
Rayi Karuna Sree, **CPC-A**
Rayonna Pittard, **CPC-A**
Rebecca Blaine, **CPC-A**
Rebekah G Pickett, **CPC-A**
Reisz Serna, **CPC-A**
Renee Mackay, **CPC-A**
Renjith Vo, **CPC-A**
Rennie Malbrough, **CPC-A**
Reshma Nisham Shoukathali Kalliparambil Aboobacker, **CPC-A**
Reshma Rajesh R, **CPC-A**
Reyna Cabaya Thomas, **CPC-A**
Rhonda Nelson, **CPC-A**
Rhonda Townsend, **CPC-A**
Rianna Toupal, CPB, **CPC**

# NEWLY CREDENTIALED MEMBERS

Richa, **CPC-A**
Richelle Thoensen, **CPC-A**
Rilynn Smith, **CPC-A**
Rinsha E, **CPC-A**
Rishana K K, **CPC-A**
Rithwiklal K K, **CPC-A**
Riyanshi Maheshwari, **CPC-A**
Robin Gainous-Ingram, CPB, **CPC**
Robyn Merys, **CPC-A**
Rohini Patil, **CPC-A**
Rohit Trimbak Bhapkar, **CPC-A**
Rohith Kumar A, **CPC-A**
Roman A Martinez Hernandez, **CPC-A**
Rosalie Naco, **CPC-A**
Rosalinda Van Nynatten Barszczuk, **CPC-A**
Rosemarie Briseno, **CPC-A**
Rosemol Rony, **CPC-A**
Roshan Surana, **CPC-A**
Roshan Wakchoure, **CPC-A**
Ruban Kubenthiran, **CPC-A**
Ruby Albert, **CPC-A**
Ruchi Kumari, **CPC-A**
S Athira, **CPC-A**
S Nikitha, **CPC-A**
S Parimala, **CPC-A**
Sabitha Ashiq Babu, **CPC-A**
Sabrita Gordon, **CPC-A**
Safna M, **CPC-A**
Safna Sherin M P, **CPC-A**
Sahla P, **CPC-A**
Sajitha Mariyam, **CPC-A**
Sakthivel Raji, **CPC-A**
Saleekha Shireen Kalariyullathil, **CPC-A**
Salest Madrigal, **CPC-A**
Samana Pavankumar, **CPC-A**
Samantha Crawford, CRC, **CPC**
Samantha Gilliam, **CPC-A**
Samantha Naomi Medina, **CPC-A**
Samanthakurthi P S J Pranav, **CPC-A**
Samatha Chittemsetti, **CPC-A**
Sambangi Sireesha, **CPC-A**
Samuel Gebhard, **CPC-A**
Sana Ashraf P P, **CPC-A**
Sana Dilber, **CPC-A**
Sana Momin, **CPC-A**
Sandeep Yadav, **CPC-A**
Sandhya K, **CPC-A**
Sandhya M K, **CPC-A**
Sandra Kosling, **CPC-A**
Sandra Macpherson, **CPC-A**
Sandramol K S, **CPC-A**
Sandy Bailey-Pascal, **CPC-A**
Sangeeta Rawat, **CPC-A**
Sangeetha N, **CPC-A**
Sangeetha Maruthappandian, **CPC-A**
Sangishetti Swetha, **CPC-A**
Sanika M, **CPC-A**
Sanjana Bv, **CPC-A**
Sankeerthana Rapolu, **CPC-A**
Santhiya Anatharaj, **CPC-A**
Santosh Arvind Shinde, **CPC-A**
Sara Martnick, **CPC-A**
Sarah Jones, **CPC-A**
Sarah Weissman, **CPC-A**
Saran Smith, **CPC-A**
Saranya A T V, **CPC-A**
Saranya Mol P, **CPC-A**
Saranya Subish, **CPC-A**
Saranya V, **CPC-A**
Saraswathi A, **CPC-A**
Sareddy Madhusudhan Reddy, **CPC-A**
Saritha L, **CPC-A**
Sashi Kumar S, **CPC-A**
Sathya C, **CPC-A**
Sathya Packirisamy, **CPC-A**
Satira Jones, **CPC-A**
Saurabh Kumar, **CPC-A**
Saurabh Maruti Sawant, **CPC-A**
Savanna Gray, **CPC-A**
Savitha Ms, **CPC-A**
Sawyer Dunn Parlier, **CPC-A**
Sayli Sanjay Awate, **CPC-A**
Sayooj N, **CPC-A**
Scott O'Brien, **CPC-A**
Sean Littlecook, **CPC-A**
Sean Penix, **CPC-A**
Seela Gayathri, **CPC-A**
Seenia Rose V Saji, **CPC-A**
Selvapriya Nehru, **CPC-A**
Serena Ventura-Baltazar, **CPC-A**
Shabana Banu M, **CPC-A**
Shabana Sherin, **CPC-A**
Shabeeb K P, **CPC-A**
Shabna Parayamparambil, **CPC-A**
Shabnabanu P T V, **CPC-A**
Shafna Rifayinkutty, **CPC-A**
Shahana Sherin A K, **CPC-A**
Shaharbanu N U, **CPC-A**
Shahima A T, **CPC-A**
Shahzana P S, **CPC-A**
Shaik Anished, **CPC-A**
Shaik Azaan, **CPC-A**
Shaik Gousia Anzum, **CPC-A**
Shaik Haseena, **CPC-A**
Shaik Shaheena, **CPC-A**
Shainas Shajudeen, **CPC-A**
Shakeerudeen P P, **CPC-A**
Shalvin Jude, **CPC-A**
Shameema Shabnam C A, **CPC-A**
Shamida Gulzar, **CPC-A**
Shamilee Tupper, **CPC-A**
Shamna Sherin, **CPC-A**
Shana Dallvechia, **CPC-A**
Shaniba Sharin K K, **CPC-A**
Shanigaram Mamatha, **CPC-A**
Shanmuga Sundari Senthilvel Murugan, **CPC-A**
Shanmugaraj Siva, **CPC-A**
Shanna Rabion, **CPC-A**
Shannon Leslie, **CPC-A**
Shannon Miller, **CPC-A**
Shannon Wakefield, **CPC-A**
Sharad Pathote, **CPC-A**
Sharath P, **CPC-A**
Shareena Subair, **CPC-A**
Sharon Jackson, **CPC-A**
Shashi Gupta, **CPC-A**
Shauna Busch, **CPC-A**
Shehna Farvin, **CPC-A**
Shekinah Thomas, **CPC-A**
Shelby Tilley, **CPC-A**
Shelly Nakabayashi, **CPC-A**
Shelsi Stolworthy, **CPC-A**
Shemeema P, **CPC-A**
Sheree Dozier, **CPC-A**
Sherna T S, **CPC-A**
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Sherry De La Cruz, **CPC-A**
Sherry Gordon, **CPC-A**
Shifa Fathima N, **CPC-A**
Shifna N, **CPC-A**
Shimeki Nicole Jenkins Smith, **CPC-A**
Shino Sarun, **CPC-A**
Shital Mayappa Mote, **CPC-A**
Shivani Pawar, **CPC-A**
Shraddha Sampat Kamble, **CPC-A**
Shreya Sudhirrao Deshmukh, **CPC-A**
Shruthi Thadisina, **CPC-A**
Shweta Sharma, **CPC-A**
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Siju C Saji, **CPC-A**
Silia Randall, **CPC-A**
Silpa Scaria, **CPC-A**
Silpa V V, **CPC-A**
Sindhuja Devaraj, **CPC-A**
Smita Sen, **CPC-A**
Smita Shinde, **CPC-A**
Smrithi Rakesh, **CPC-A**
Sneha Thomas P A, **CPC-A**
Snehal Shivaji Shingote, **CPC-A**
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Soni Kumari, **CPC-A**
Sonia Renae Hodges, **CPC-A**
Sonika, **CPC-A**
Soniya Jadhav, **CPC-A**
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Soniya Sabu, **CPC-A**
Sornalakshmi, **CPC-A**
Soundhar S, **CPC-A**
Sourav Kumar Parija, **CPC-A**
Sowmiya, **CPC-A**
Sowmiya S, **CPC-A**
Soyam Sathish, **CPC-A**
Sree Parvathy S, **CPC-A**
Sreekala Abhijith, **CPC-A**
Sreelakshmi S, **CPC-A**
Sreelakshmi Vp, **CPC-A**
Sreelekha E V, **CPC-A**
Sreeparvathi K S, **CPC-A**
Sri Ramoju Uday Kumar, **CPC-A**
Srinivasan R, **CPC-A**
Sripada Geethapavan, **CPC-A**
Sriramula Manisha, **CPC-A**
Srivanya K, **CPC-A**
Srushti Kumbhar, **CPC-A**
Sruthy C Satheesh, **CPC-A**
Sruthy Ravikumar, **CPC-A**
Staci Douglas, **CPC-A**
Stacy Eblin, **CPC-A**
Stefanie Howdyshell, **CPC-A**
Stefanie Richards, **CPC-A**
Steffy Jose, **CPC-A**
Stephanie Bennett, **CPC-A**
Stephanie Coombs, **CPC-A**
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Stephanie Hannan, **CPC-A**
Stephanie Soutullo, CPB, **CPC**
Stephanie Vences, **CPC-A**
Suchitra Kumari, **CPC-A**
Sudhi Krishnan K, **CPC-A**
Sudhin M, **CPC-A**
Sudhin V T, **CPC-A**
Suganya, **CPC-A**
Suguna D, **CPC-A**
Sujata Narayan Bole, **CPC-A**
Sujit Chandrakant Kale, **CPC-A**
Sulaikha C M, **CPC-A**
Sulthana Sudheer, **CPC-A**
Suman Barolia, **CPC-A**
Sumit Shukla, **CPC-A**
Sumithra Jayaraman, **CPC-A**
Sunnam Hemanth Kumar, **CPC-A**
Sunsol Grace, **CPC-A**
Suraj Gautam, **CPC-A**
Suraya Abruzzi, **CPC-A**
Surbhi Kumari, **CPC-A**
Suresh, **CPC-A**
Suriya Suresh, **CPC-A**
Surumi T S, **CPC-A**
Susanne Gillam, **COC-A**
Suzan Thomas, **CPC-A**
Suzanne Flanagan, **CPC-A**
Swagatika Dandsena, **CPC-A**
Swetha G K, **CPC-A**
Syamily P S, **CPC-A**
Syamraj R, **CPC-A**
Syed Salman Ali, **CPC-A**
Syeda Majreha Nazneen, **CPC-A**
Synethea Donaldson, **CPC-A**
T R Infanta Vaishali, **CPC-A**
Tabitha Autrey, **CPC-A**
Tahmeena Nawabi, **CPC-A**
Tammy Defour, **CPC-A**
Tammy L Peery, **CPC-A**
Tanisha Thurmond-Parker, **CPC-A**
Tanya Hagedorn, **CPC-A**
Tanya Pierson, **CPC-A**
Tapkir Kiran Vasant, **CPC-A**
Tarra Swathi, **CPC-A**
Tejal Ghulaxe, **CPC-A**
Tejaswini Dilip Patil, **CPC-A**
Temeaka M Johnson, **CPC-A**
Thakkallapally Nikitha, **CPC-A**
Thaslima Parveen T, **CPC-A**
Thatikonda Anusha, **CPC-A**
Theertha A S, **CPC-A**
Thesni T K, **CPC-A**
Thin Nu Nu Htet, **CPC-A**
Thiruveedi Sreelakshmi, **CPC-A**
Thota Akanksha, **CPC-A**
Thota Kranthi Kumar, **CPC-A**
Thota Sowmya, **CPC-A**
Thumala Prathyusha, **CPC-A**
Tiffany Beasley, **CPC-A**
Tiffany Kelly, **CPC-A**
Tina Bryant, **CPC-A**
Tom Conard, **CPC-A**
Toni Williams, **CPC-A**
Tonie Yarbrough, **CPC-A**
Tonya Fortner, **CPC-A**
Tushar Krushna Hole, **CPC-A**
Uma U, **CPC-A**
Usharani, **CPC-A**
Utthameshwaran Sivakumar, **CPC-A**
V Indu, **CPC-A**
V Subha, **CPC-A**
Vadduri Shivashree Harshitha, **CPC-A**
Vaibhav Arjun Ahire, **CPC-A**
Vaibhav Vyankatesh Patil, **CPC-A**
Vaishnavi Prashant Gaikwad, **CPC-A**
Valerie Susan Sherman, **CPC-A**
Valiyakath Mansoorali Neethu, **CPC-A**
Vanapalli Durga Devi, **CPC-A**
Vandhana T V, **CPC-A**
Vanessa Faysal, **CPC-A**
Vanessa Nazaire, **CPC-A**
Varikuppala Raghavendar, **CPC-A**
Varsha David, **CPC-A**
Varsha Namdev Pawar, **CPC-A**
Varsha Sankar N S, **CPC-A**
Vasantha Kumar K, **CPC-A**
Veena Vijayan, **CPC-A**
Veeranti Vipanchi, **CPC-A**
Veerisetti Sravani, **CPC-A**
Vempati Madhukar, **CPC-A**
Vempati Sunil, **CPC-A**
Vemunuri Pallavi, **CPC-A**
Venkata Sai Nethri Kilari, **CPC-A**
Venna Satish Reddy, **CPC-A**
Verroju Anusha, **CPC-A**
Vichithra Manojkumar, **CPC-A**
Victoria Stevenson, **CPC-A**
Vidhya R, **CPC-A**
Vidya K A, **CPC-A**
Vidya R, **CPC-A**
Vidyareshmi Sivathas, **CPC-A**
Vijaya Kannan M, **CPC-A**
Vijayashanthi P, **CPC-A**
Vijeesh Kumar M, **CPC-A**
Vincey Vincent, **CPC-A**
Vinodhini K, **CPC-A**
Vinothini Ravi, **CPC-A**
Violeta Kostadinovska, **CPC-A**
Visakh M R, **CPC-A**
Visakh Mohan K, **CPC-A**
Vishnu Kant Sharma, **CPC-A**
Vishnu O, **CPC-A**
Vivian Johnson, **CPC-A**
Vrinda Das Kottillath Ramdas, **CPC-A**
Vrushali Sanjay Pawar, **CPC-A**
Vrushali Shashikant Agashe, **CPC-A**
Vurukonda Nagendar Reddy, **CPC-A**
Wendi Crawford, **CPC-A**
Wendi Dillon, CRC, **CPC**
Wendy Mae Apostol, **CPC-A**
William R Toner, **CPC-A**
Winafred McCollum, **CPC-A**
Windi Kirsch, **CPC-A**
Xiomara Lopez, CPB, **CPC**

# NEWLY CREDENTIALED MEMBERS

Y Chandra Kala, **CPC-A**
Yalamaddi Ramya, **CPC-A**
Yalamandala Naveen, **CPC-A**
Yamini G, **CPC-A**
Yamna Portelles, **CPC-A**
Yanapu Naveen, **CPC-A**
Yanet Naranjo Gutierrez, **CPC-A**
Yanin Morales, **CPC-A**
Yaremi Aguirre, **CPC-A**
Yashik Y, **CPC-A**
Yasir K M, **CPC-A**
Yasmeen Esmeralda Joya, **CPC-A**
Yedukrishnan K V, **CPC-A**
Yeenaboina Sai Sree, **CPC-A**
Yellappasetty Vamsikrishna, **CPC-A**
Yerram Kavya, **CPC-A**
Yewte Ashutosh Ashok, **CPC-A**
Yimay Crespo Reinoso, **CPC-A**
Yogeshwari Rameshbabu, **CPC-A**
Yokesh Sekar, **CPC-A**
Yuderkys Arteaga Martin, **CPC-A**
Yuvraj Gorakh Kute, **CPC-A**
Yvonne Torres-Douglas, **CPC-A**
Zaman K Aldawoodi, **CPC-A**
Zobeida Rodriguez, **CPC-A**

## Specialties

Abigail Rose Gournic, **CPMA**
Abinaya, **CRC**
Adriana Jurado, CPC, CRC, **CPMA**
Alexandria Michelle Shepherd, CPC, **CRC**
Alexis White, **CRC**
Alicia Delgado, CPC, CRC, **CPMA**
Allison Richardson, CPC, COPC, **CPCO**
Aloima Martinez, **CRC**
Amanda Erhardt, CPC, **CPB**
Amber Dorland, CPC-A, **CRC**
Amber Ovalles, **CPB**
Amy Menchaca, CPC, **CRC**
Amy Wood, CPC, **CRC**
Anand Babu A, **CRC**
Anay Suse Baldaji, CPC, **CRC**
Andrea Lacsina, **CEDC**
Angelica Carrillo, CPC, **CEMC**
Anna Christina Homer, **CPB**
Annette J Graham, CPC, CPMA, CRC, **CDEO**
Annette Rahming, **CPPM**
Anushiya J, **CRC**
Arden Edelen, CPC-A, **CRC**
Ardhra U R, **CRC**
Arrif N, **CRC**
Arunachalam K, **CRC**
Asha N, CPC, **CGSC**
Ashley Nagy, **CRC**
Audrey F Portis, CPC, CPMA, CRC, Approved-Instructor, **CDEO**
Aylen Hernandez, CDEO, CRC, **CPMA**
Baddigum Veeramohanreddy, CPB, CPMA, CPPM, **CPCO**
Barbara Pena, **CRC**
Bavitha V, **CRC**
Beatriz Rodriguez Alvarez, CPC, CRC, **CPMA**
Bethany Crowley, CPC, **CDEO**
Betty Harris, CPC, CCC, **CCVTC**
Beulah A, **CPB**
Billie Sunderland, CPC, CPMA, CANPC, **CDEO**
Blessy S, **CRC**
Bobbala Navya, **CRC**
Bolaveni Shiva Kumar, **CRC**
Briana Lindsey, **CRC**
Bridget Miller, CPC, CPPM, CCC, CEMC, **CPMA**
Brittany Marie Carnes, **COPC**
Brittany Miskelly, CPC, **CRC**
Brittany Nelson, CPC, CPMA, **CRC**
Brittany Sullivan, CPC, **COSC**
Brittney McCarty, CPC-A, **CPB**
Cameron Hardwick, **CPB**
Carletta Reyes, **CRC**
Carmen L Hernandez, CPC, CDEO, CPMA, CGIC, **CRC**
Carolee Washington, **CRC**
Carrie Darling, CPC, CPMA, CRC, CEMC, CPCD, **CDEO**
Carrie Goforth, **CPB**
Caryn O'Haire, CPC, CIC, **CEMC**
Cassandra Schenkenberg, CPC, CIC, CPMA, **CPCO**
Cassondra B Bonner, CPC-A, **CPB**
Cathy Supple, **CPB**
Catina L Flagg, CPC, CPMA, Approved-Instructor, **CPB**
Challurkar Prasad, **CRC**
Charity Holladay, CPC, CRC, **CPMA**
Charlotte Mrazik, CPC-A, **CPB**
Chenumalla Sindhuja, **CRC**
Chidinma Ibe, CPC, CDEO, CPMA, CRC, **CIC**
Chikati Venkata Sravani, **CRC**
Chinthabathini Purushotham Roy, **CRC**
Chona Gutierrez, CPC, **CEMC**
Chris Chapman, CPC, **CPMA**
Christelle Ndandu Kalulu, CPC, **CPMA**
Christian Paul Alaba, **CIC**
Christina Banavong, **CPPM**
Christine Jugan, CPC-A, **CPB**
Christine Marie Brooks, CPC, CPMA, **CRC**
Christine Murray, CPC, **CRC**
Christine N Henry, CPC, **CDEO**
Christine Sparks, **CPB**
Ciara Mae Galinato Curammeng, **CEDC**
Cierra Robinson, CPC-A, **CPB**
Citha Rahulkumar, CPC, **CRC**
Claudia Contreras Rodriguez, CRC, **CPMA**
Claudia Mattox, CPC-A, **CPB**
Conseulo Marie Dalton, CPC, **CEMC**
Cristina O'Connor, CPC, **CPB**
Cristy Coste, **CRC**
Cynthia Mosley, CPC, **CEMC**
Dana Tolman, CPCO, **CPPM**
Danielle DaSilva, COC, **CRC**
Danielle Ulshafer, CPC, **CRC**
Dannette Hollinger, **CPMA**
Danney Sanchez Pompa, CPC-A, CPMA, **CRC**
Darahi Chediak Gonzalez, CPC, CPMA, **CRC**
Darlene Wright, CPC, **CRC**
Dasetti Kusuma, **CRC**
Daymara Fernandez, CPC, CDEO, CRC, **CPMA**
Dawn Houston, CPC, CASCC, **COSC**
Deborah L Wickware, CPC, CRC, COBGC, **CPB**
Deborah Minor, **CPB**
Deborah Sanchez Palomino, CPC-A, **CRC**
Denise Warner, CPC, CPMA, CRC, **CPCO**
Diane Nicca Paruli, **CPMA**
Divya M, **CRC**
Divya Prakash Singh, **CRC**
Divyabharathi M, **CRC**
Donnamarie Williams, CPC, CPMA, **CPCO**
Dr Betty Seltzer, **CPB**
Dr Menaka Natarajan, CPC-A, CPMA, **CIC**
Eega Tirupatamma, **CRC**
Eileen Kosor, **CRC**
Elena Tokhyan, CPC, **CPB**
Elizabeth Parker, CPC, CFPC, **CRC**
Ellen Connick, CPC, **CPB**
Emily Hawk, CPC, CRC, **CEMC**
Emily Humphreys, CPC, **CDEO**
Emily Schmidt Barnette, CPC, CPC-P, CDEO, CPB, CPMA, CPMS, CRC, CPC-I, **CPCO**
Emma Lee Fici, CPC-A, **CPB**
Eric Robert Donald Kroetsch, **CPB**
Erica Aguilar, CPC, CGIC, **CUC**
Erica Marie Platas, CPC, CRC, **CDEO**
Erica Maxwell, **CPB**
Erik Gilgen, **CRC**
Felix Sanso, CPC, CPCO, CRC, **CPMA**
Florence Duncan, CPC-A, **CPB**
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Gadekar Vishal Raosaheb, **CRC**
Gamalapati Naveen, **CRC**
Ganaveni Manjula, **CRC**
Geeta Kachchhawah, CPC, **CEDC**
Gerica Danielle Wicks, CPC, **CPMA**
Gladdys Tala, **CEDC**
Golla Saikumar, CPC, **CRC**
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Guelsy Fernandez, CPC-A, **CRC**
Guguloth Ashok, **CRC**
Hailee Buehler, **CRC**
Hannah Carter, **CPB**
Hannah Gordon, CPC, **CPMA**
Hariharan Subbaiah, **CRC**
Hayley Keyse, CPC, COPC, **CPB**
Heather Jefferson, **CPB**
Heather Mae Gilham, CPC, CPB, CEMC, **CPMA**
Heather Morrone, CPC, **CRC**
Heather Woodard, **CPB**
Heilyn Garcia, CPC-A, CPMA, **CRC**
Hema Mariammal M, CPC, **CIRCC**
Hermenegildo Morejon, CPC, CPMA, CRC, **CDEO**
Iliana M Gonzalez, CPC, CDEO, CPMA, **CRC**
Irela Linares, CPC, CDEO, CPMA, **CRC**
Isabell Aragon, CPC-A, **CRC**
J Ansalam Jackson, CPC-A, **CIC**
Jacqueline Sue Gilbert, CPC, **CRC**
Jaeda Lynn Turner, CPC, **CPMA**
Jagdish Sanjay Cheke, **CRC**
Jamie Chrimes, **CRC**
Jamie Marie Shamshudeen, CPC, **CPMA**
Jampula Rajesh, **CRC**
Jane F Larmore, COC, CPC, CDEO, CPMA, CEMC, **CASCC**
Janell Mitchell, **CPB**
Janelle Finnie, COC, CPC, **CANPC**
Janelle Foster, **CRC**
Janelle L Love, CPC, CDEO, CPMA, **CRC**
Janice Denette Foreman, CPC, **CRC**
Jasmin Jafarali, CPC, **COSC**
Jasmin Ochava, **CEDC**
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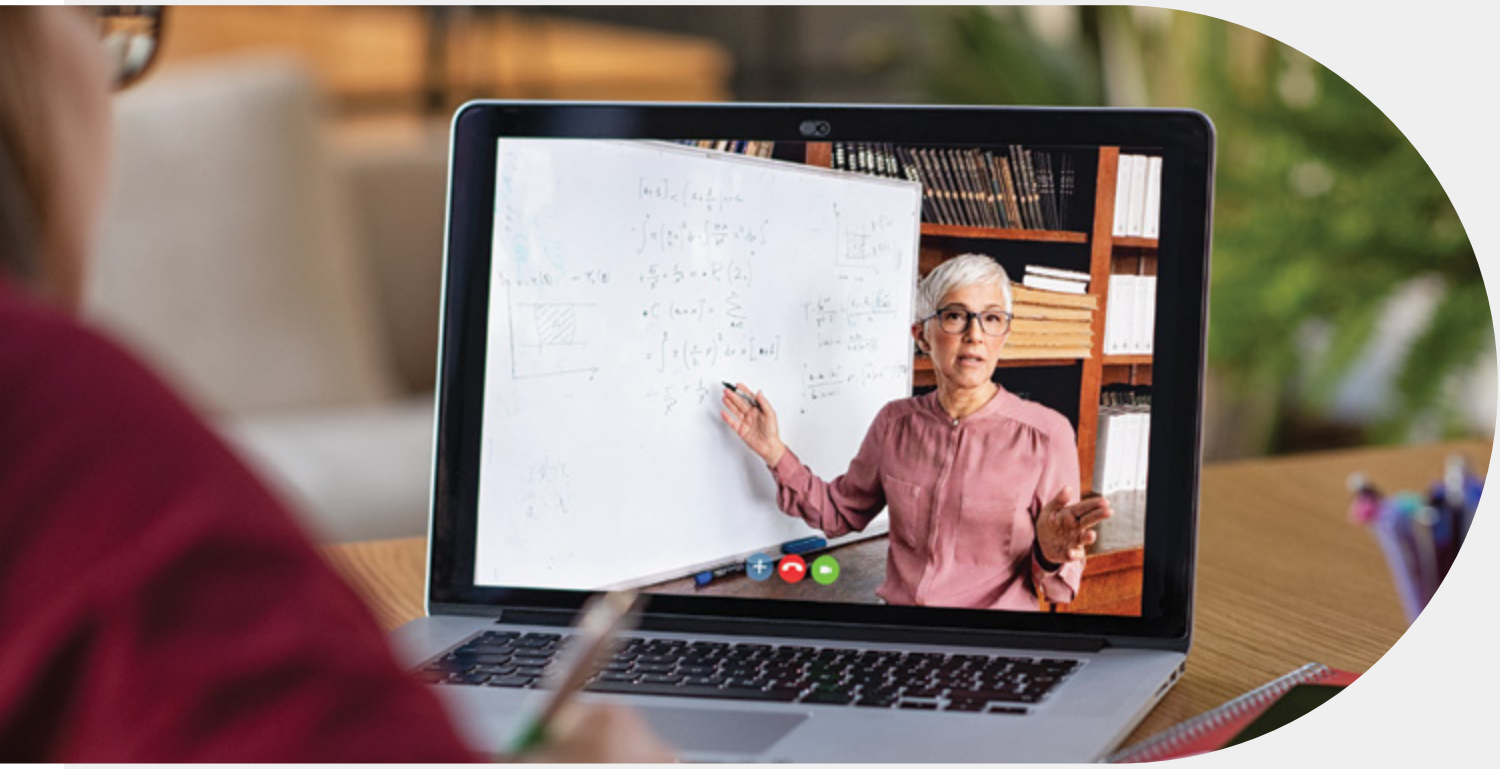

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