

2021 CPT®/HCPCS Updates and Impact on Billing

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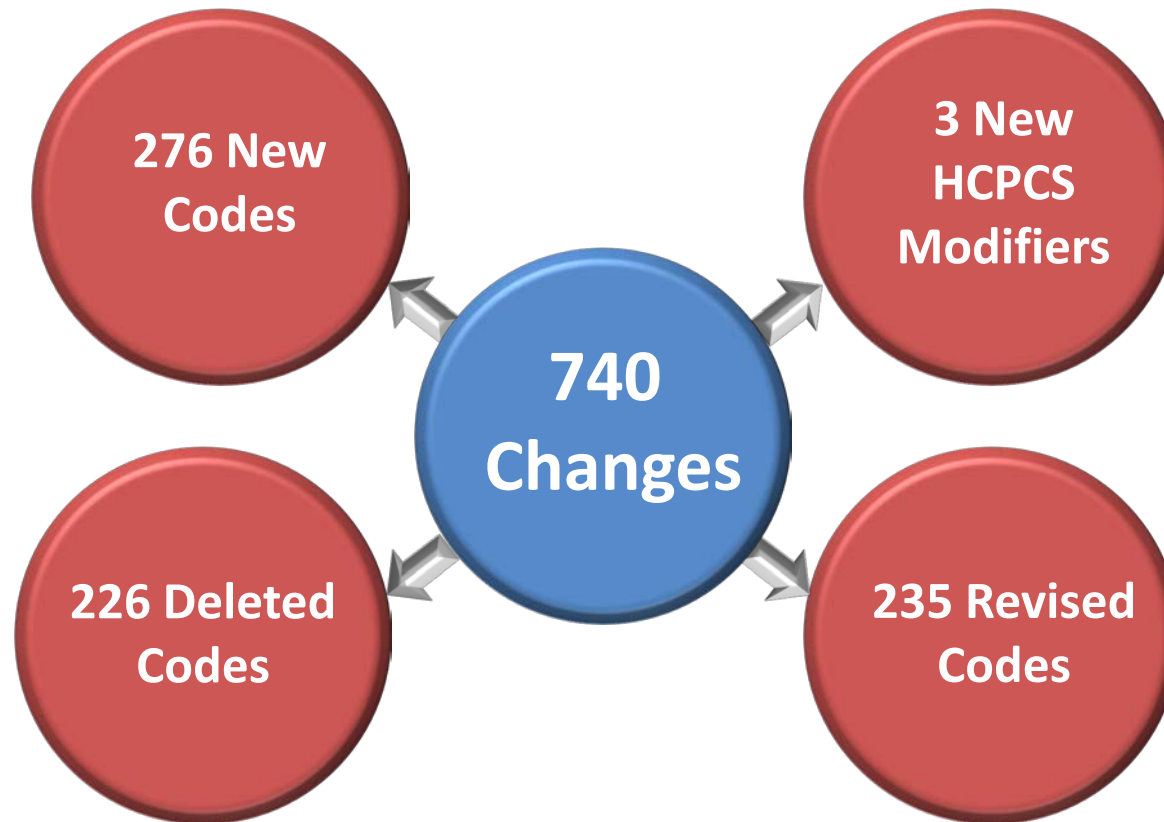
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- Changes to Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) Codes
- Effective Dates and Symbols for 2021 CPT® Code Changes
- Proposed Action for Code Changes
- Overview of the new, revised, and deleted 2021 CPT®/HCPCS Codes
- Impact of New, Revised, and Deleted CPT®/HCPCS Codes on the MHS Revenue Cycle
- Billing Guidelines
- Billing Best Practices for New, Revised, and Deleted CPT®/HCPCS
- Billing for New and Revised CPT®/HCPCS Codes – Prior Authorization
- Denials from New, Revised and Deleted CPT®/HCPCS Codes Tips for Tracking Denials
- Billing Frequently Asked Questions for New, Revised, and Deleted CPT®/HCPCS
- Summary
- Background
- Resources

There are over 740 code changes. Changes to CPT®/ HCPCS are effective January 1st, 2021



- American Medical Association (AMA) updates CPT® codes annually, effective *1 January*
- Centers for Medicare & Medicaid Services (CMS) updates HCPCS codes on a *quarterly* basis
- Military Health System (MHS) Coding Guidelines were recently updated in December 2020
- DHA Uniform Business Office (UBO) Outpatient rates for 2021 CPT®/HCPCS codes are *generally effective 1 July*
 - **The DHA UBO Program Office has not yet updated Outpatient rates for new codes** released as of 1 January 2021 to MHS GENESIS and all legacy systems except AHLTA, which is scheduled for completion by the end of January 2021. **Update to the rates is forthcoming due to a later release of TRCARE rates in CY 2021.**
 - DHA UBO rates cannot be applied retroactively

- **Bullet symbol** - located to the left of CPT® codes that identifies new procedures and services
 - ▲ **Triangle symbol** - located to the left of CPT codes that identifies revised/modified code descriptions
 - + **Plus symbol** - located to the left of CPT codes that identifies add-on codes (also located in Appendix D of CPT®) for procedures that are commonly, but not always, performed at the same time and by the same surgeon as the primary procedure
 - ★ **Star symbol** - Indicates a telemedicine code
 - ⚡ **Flash symbol** - located to the left of CPT codes that identifies vaccines pending FDA approval but that have been assigned a CPT code
- Codes with a ~~strike through~~ are **deleted codes**
- Words with a ~~strike through~~ are called **“changed codes”** and can alter the use of the code
- Added wording in a **revised/modified** code is underlined and can also alter the use of the code
- ⊘ **Cancel Sign**- indicates a code that is exempt from the use of modifier 51 but is not designated as a CPT add-on procedure or service
 - ▶◀ **Green text within green arrows** - indicates revised guidelines, cross-references, and/or explanatory text
 - # **Pound sign** - indicates a resequenced code
 - ⌘ **Duplicate PLA Test symbol** - indicates a duplicate PLA test
 - ↕ **Category I PLA symbol** - indicates a Category I PLA



Proposed Action for Code Changes Coding and Billing Personnel

Coding Department Supervisors:

- Order 2021 codebooks
- Archive previous year manuals

Coders:

- Review 2021 CPT® code changes
 - Review all changes to guidelines, rules and policies
 - Highlight and review all changes in the index and tabular sections that pertain to specialty
 - Review updates in coding tools (e.g., CCE, EncoderPro, CPT® Assistant, Find-A-Code)
 - Seek access to tools from specialty groups (e.g., American College of Obstetrics and Gynecology (ACOG))
- Attend local, regional and national conferences to stay abreast of changes
- Review American Hospital Association (AHA) Coding Clinic® determinations of updated ICD-10-CM/HCPCS code use
- Follow the MHS Professional Services and Specialty Medical Coding Guidelines for MHS specifics and any exceptions to industry rules (e.g., CMS)
- All current MHS Guidance can be found on the Coding Workgroup MilSuite page
 - <https://www.milsuite.mil/book/community/spaces/dha-pad/coding-work-group>

Clinical Documentation Improvement (CDI) Specialists:

- Create a documentation 'cheat sheet' of 2021 updates that impact provider documentation and distribute to providers, coders, and billing personnel
- Provide formal training on new, modified and deleted codes and the MHS policies impacted
- Review internal audit processes to ensure that 2021 updates are evaluated for accuracy as well as the Coding Compliance Plan, e.g., Review and update internal audit processes and plans to ensure that all documents are consistent with 2021 updates

Billing Personnel:

- Review new payer policy changes that pertain to the 2021 updates
 - Determine if payer rules apply
 - Ensure payer requirements are understood by all billers
- Formulate and improve processes for coordinating with Health Information Management (HIM) department to track provider and coder queries
- Review updates and changes in online billing software tools
- Review claims prior to submission and query coders on any inconsistent utilization of codes



Overview of the New, Revised, and Deleted 2021 CPT[®]/HCPCS Codes

Revised:

- 0154U,0155U,0577T,11970,11971,19318,19325,19328,19330,19340,19342,19357,19361,19364,19367,19367-19371,19380,23466,29822,29823,3170F,33990-33993,64455,64479,64480,64480,64483,64484,71250,71260,71270,74425,76513,78130,80415,82075,82670,86318,87451,92227,92228,94617,95070,98970-98972,99202-99205,99211-99215,99354-99356,99415,99416,99487,99489,99490,C9760,D2960,D2960D2962,D5225,D5226,D5282,D5284,D5285,D5286,D5730,D5731,D5740,D5741,D5750,D5751,D5760,D5761,D5820,D5821,D6011,D6091,D9971,0601T,87301,87305,87320,87324,87327-87329,87332,87335-87341,87350,87380,87385,87389-87391,87400,87420,87425,87427,87430,87499,87451,87802,87803,87804,87806-87810,87850,87880,87899,92270,92284,92270,92284,99232,G0396,G0387,G2011,G9643,G9655

New:

- 30468,32408,33741,33745,33746,33995,33997,55880,57465,69705,69706,71271,76145,80143, 80151,80161,80167,80179,80181,80189,80193,80204,80210,81168,81191,81192,81193,81194,81278,81279,81338,81339,81347,81348,81351,81352,81353,81357,81360,81419,81513,81514,81529,81546,81554,82077,82681,86409,86413,87426,87636,87637,87811,90377,91300,91301,92229,92517,92518,92519,92650,92651,92652,92653,93241,93242,93243,93244,93245,93246,93247,93248,94619,99072,99417,99439,0001A,0002A,0011A,0012A,0015M,0016M,0203U,0204U,0205U,0206U,0207U,0208U,0209U,0210U,0211U,0212U,0213U,0214U,0215U,0216U,0217U,0218U,0219U,0220U,0221U,0222U,0223U,0224U,0225U,0226U,0240U,0241U,0614T,0620T-0639T, D0701-D0709,D1321,D1355,D2928,D3471-D3473,D3501-D3503,D5995,D5996,D6191,D6192,D7961,D7962,D7993,D7994,M0239,M0243,Q0239,Q0243,Q4249

Deleted:

- 0058T,0085T,0111T,0126T,0228T-0231T,0295T-0298T,0381T-0386T,0396T,0400T,0401T,0405T,19324,19366,32405,49220,57112,58293,61870,62163,63180,63182,69605,76970,78135,81545,92585,92586,92992,92993,94250,94400,94750,94770,95071,99201,G0297,D3427,D5994,D6052,D7960,87450,0009M

Vaccines/Administration

- Pfizer BioNTech COVID-19 Vaccine**

91300	(COVID-19) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3mL dosage
0001A	Immunization Administration - Coronavirus disease (COVID-19) vaccine: (30 mcg/0.3mL dosage, first dose)
0002A	Immunization Administration - Coronavirus disease (COVID-19) vaccine: (30 mcg/0.3mL dosage, second dose)

- Moderna COVID-19 Vaccine**

91301	(COVID-19) vaccine, mRNA-LNP, spike protein, 100 mcg/0.5mL dosage
0011A	Immunization Administration - Coronavirus disease (COVID-19) vaccine: (100 mcg/0.5mL dosage, first dose)
0012A	Immunization Administration - Coronavirus disease (COVID-19) vaccine: (100 mcg/0.5mL dosage, second dose)

*Effective date for additions is from 6/25/20 thru 01/01/21

Antibody Infusion

Q0239	Injection, bamlanivimab-xxxx, 700 mg (ELI Lilly monoclonal antibody)
M0239	bamlanivimab-xxxx, includes infusion and post administration monitoring
Q0243	Injection, casirivimab and imdevimab, 2400 mg (Regeneron)
M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring

Lab/Pathology

- 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, 86408, 86409, 86413, 87426, 87636, 87637, 87811

Summary:

- Laboratory services include antibody and antigen testing utilized to differentiate COVID-19 from other respiratory services
- DNA/RNA COVID-19 testing is also included in the above-mentioned code listing
- Future COVID-19 codes will be loaded into production systems, (once approved), with an out of cycle update as they are released

Revised:

- 98970, 98971, 98972, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99354, 99355, 99356, 99415, 99416, 99487, 99489, 99490, C9760, 99232, G0396, G0397, G2011, G9643, G9655

New:

- 99417, 99439, 99072

Deleted:

- 0405T, 99201

Summary:

- 99201- (Outpatient Office Visit- New Patient), has been deleted with no replacement code
- E&M criteria for determining levels of care for new and established patients has changed. Clinicians may use either total practitioner time on the date of service or medical decision making to select a code
- The DHA Medical Coding Program Branch (MCPB) has provided training on new criteria to coders and providers.
- Reference materials for new E&M criteria are available on MilSuite.

Integumentary

- **Breast Augmentation-Implant Insertion/Repair:** 17 codes (11970, 11971, 19318-19380) were revised
 - Terminology updates included changing “prosthesis” to “implant” and removal of “mammoplasty”, also references to types of surgical flaps
- 2 Codes deleted: (19324, 19366)

Musculoskeletal

- **Orthopedics:**
 - 3 revised shoulder procedure codes: (23466, 29822, 29823)
 - New descriptions differentiate between a limited and extensive shoulder debridement
 - 1 code deleted: (0396T)-Intra-operative use of kinetic balance sensor for knee implant stability

Respiratory

- 2 new procedure codes:
 - (30468)- Repair of nasal valve collapse with implants
 - (32408)- Percutaneous needle biopsy of lung, w/wo guidance
- 1 code deleted: (32405)-Biopsy, lung or mediastinum, percutaneous needle

Cardiovascular

- **Interventional Cardiology:**
 - 7 new codes: (0614T, 0632T, 33741, 33745, 33746, 33995, 33997)
 - Procedures include insertion/removal of Ventricular Assist Devices and removal of substernal implantable defibrillator
 - Also includes transcatheter shunt creation and insertion of stent
 - 5 codes revised: (0577T, 33990, 33991, 33992, 33993)
 - Code description updated to reflect left or right heart as applicable
 - 2 codes deleted: (92292, 92293); atrial septectomy/septostomy procedures

Digestive

- **Abdomen:**
 - 1 deleted code (49220)- Staging laparotomy for Hodgkins disease

Male Genital

- 1 new code: (55880)- Ablation of malignant prostate tissue
- 1 code revised: (3170F)- Baseline flow cytometry studies performed at time of dx/prior to initial treatment

GYN

- 2 codes deleted: (57112, 58293)
- 1 new code: (57465)- Computer mapping of cervix during colposcopy

Nervous

- **Spine and Spinal Cord:**
 - 8 deleted codes: (61870, 62163, 63180, 63182, 0228T, 0229T, 0230T, 0231T)
 - Deletions include laminectomy and section of donate ligaments, (various levels), and epidural steroid injections, (trans foraminal), with ultrasound guidance
 - 5 revised codes: (64455, 64479, 64480, 64483, 64484)
 - New descriptions add imaging guidance to transforaminal epidural procedure

ENT

- 1 deleted code: (69605)- Revision of mastoidectomy, with apicectomy
- 2 new codes:
 - (69705)- Nasopharyngoscopy scope with dilation of eustachian tube
 - (69706)- Nasopharyngoscopy scope with dilation of eustachian tube, bilateral

Eye and Ocular Adnexa

- 2 new codes:
 - (0621T)- Trabeculectomy AB interno by laser
 - (0622T)- Trabeculectomy AB interno by laser, with use of Ophthalmic Endoscope

Revised:

- 71250, 71260, 71270, 74425, 75613

New:

- 0620T, 0623T, 0624T, 0625T, 0626T, 0627T, 0628T, 0629T, 0630T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0639T, 71271, 76145

Deleted:

- 0126T, 76970, 78135, G0297

Summary:

- CT Thorax procedure description revised to include the term “diagnostic”
- 1 new code 71271: (CT Thorax, low dose, for cancer screening). Replaces G0297
- 6 new codes for CT Breast with 3D imaging
- 4 new codes for computerized evaluation of plaque in the coronary arteries

Revised:

- D2960, D2961, D2962, D5225, D5226, D5282, D5283, D5284, D5286, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5820, D5821, D6011, D6091, D9971

New:

- D0701, D0702, D0703, D0704, D0705, D0706, D0707, D0708, D0709, D1321, D1355, D2928, D3471, D3472, D3473, D3501, D3502, D3503, D5995, D5996, D6191, D6192, D7961, D7962, D7993, D7994

Deleted:

- D3427, D5994, D6052, D7960

Summary:

- 6 new codes for repair of root resorption
- 2 new codes for cranio-facial and zygomatic implants, (D7993 & D7994)

Revised:

- 0154U, 0155U, 80415, 82075, 82670, 86318, 87451, 87301, 87305, 87320, 87324, 87327, 87328, 87329, 87332, 87335, 87336, 87337, 87338, 87339, 87340, 87341, 87350, 87380, 87385, 87389, 87390, 87391, 87400, 87420, 87425, 87427, 87430, 87449, 87451, 87802, 87803, 87804, 87806, 87807, 87808, 87809, 87810, 87850, 87880, 87899

New:

- 80143, 80151, 80161, 80167, 80179, 80181, 80189, 80193, 80204, 80210, 81168, 81191, 81192, 81193, 81194, 81278, 81279, 81338, 81339, 81347, 81348, 81351, 81352, 81353, 81357, 81360, 81419, 81513, 81514, 81529, 81546, 81554, 82077, 82681

Deleted:

- 0058T, 0085T, 0111T, 0400T, 0401T, 81545, 87450, 0009M

Summary:

- 56 New codes
 - 11 new Screening Drug Assays codes: (80143, 80151, 80161, 80167, 80179, 80181, 80189, 80193, 80204, 80210, 82077)
 - 23 new molecular pathology codes specific to gene analysis for various cancers, epilepsy, and pulmonary diseases
 - 1 new Chemistry profile: 82681- direct measurement of free estradiol (hormone)
 - 22 new codes were added to the Proprietary Laboratory Analyses subsection
 - 40 revisions to codes specific to Infectious Antigen Detection

Revised:

- 78130, 92227, 92228, 94617, 95070

New:

- 0631T, 90377, 92229, 92517, 92518, 92519, 92650, 92651, 92652, 92653, 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248, 94619

Deleted:

- 0295T, 0296T, 0297T, 0298T, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T, 92585, 92586, 94250, 94400, 94750, 94770, 95071

Vaccines, Toxoids

- 1 new code (in addition to COVID vaccine updates):
 - (90377) - Rabies immune globulin, heat-and solvent/detergent treated

Ophthalmology

- 1 new code:
 - (92229)- Point of Care (POC) Retinal testing, w/ analysis and report, uni-and bilateral
- 2 revised codes: (92227, 92228)

Special Otorhinolaryngologic Services

- 6 new codes: (92517, 92518, 92519, 92650, 92651, 92652, 92653)
 - Codes capture Vestibular evoked myogenic potential and auditory evoked potentials testing. All codes include analysis and reporting
- 2 deleted codes:
 - (92585) - Auditory evoked potentials, comprehensive
 - (92586) – Auditory evoked potentials, limited

Cardiovascular

- 8 new monitoring codes: (93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248)
 - Codes cover continuous external EKG capture for periods of up to 7 days and 7 to 15 days
 - Differentiating codes for scanning, review, analysis, and reporting as applicable
- 11 deleted codes: (0295T, 0296T, 0297T, 0298T, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T, 0631T)
 - Deleted codes include: (External EKG recording- 2 to 21 days) and (External HR and 3 axis accelerometer data recording, analysis, and reporting)

Pulmonary

- 2 revised codes: (94617, 95070)
- 1 new code: (94619)- Exercise test for bronchospasm, without ECG
- Following 5 codes were deleted:
 - (92450)- Expired gas collection, quantitative single procedure
 - (94400)- Breathing response to CO₂, CO₂ response curve
 - (94750)- Pulmonary compliance study
 - (94770)- Carbon dioxide, expired gas determination
 - (95071)- Inhalation bronchial challenge testing, with antigens or gases

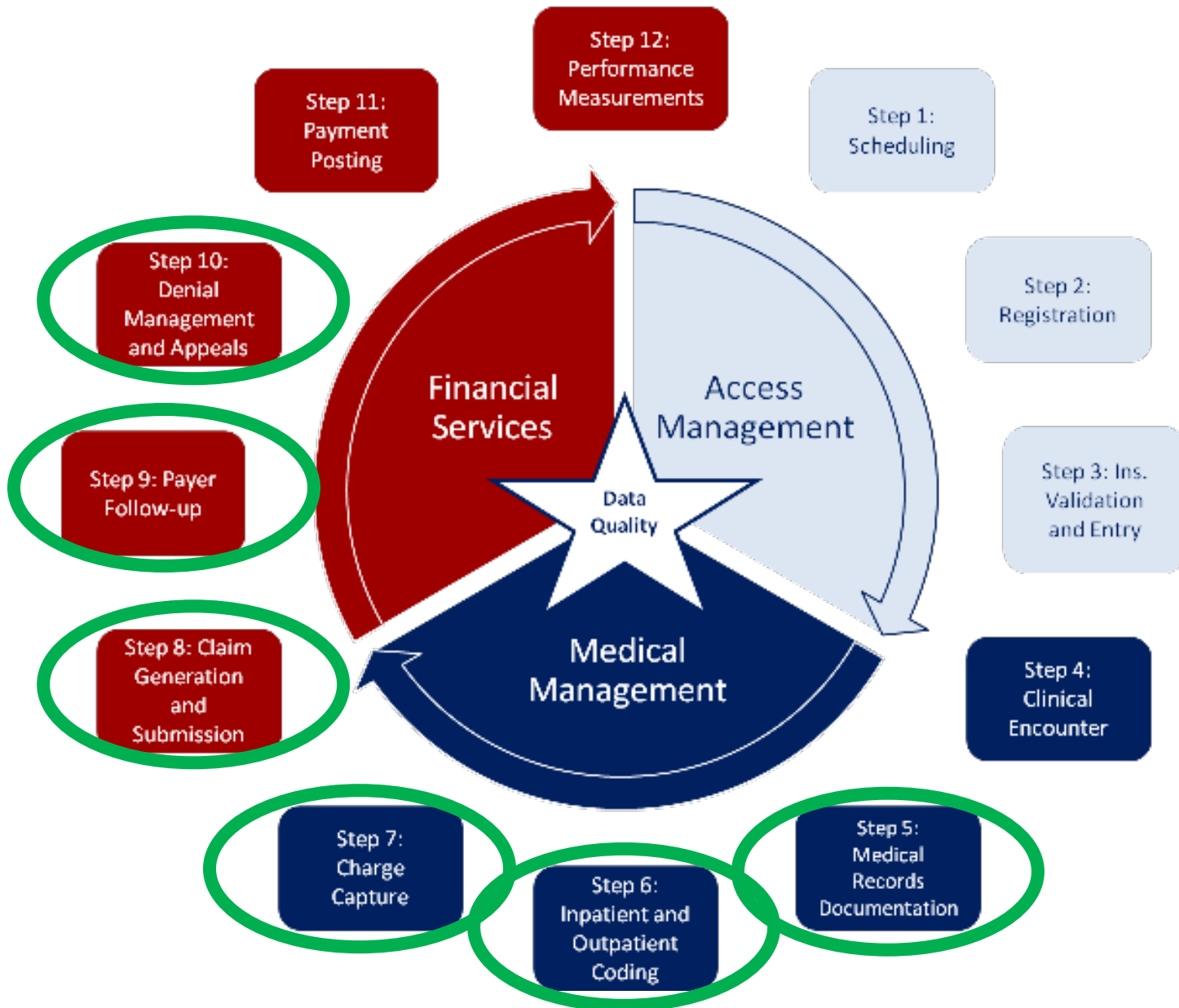
HCPCS modifiers added:

- **J5:** Off the shelf orthotic subject to DMEPOS competitive bidding program that is furnished as part of a physical therapist or occupational therapist professional service
- **V4:** Demonstration modifier 4

Recycled/Re-instated modifiers:

- **QQ:** Ordering professional consulted a qualified clinical support mechanism for this service and the related data was provided to the furnishing professional

Impact of New, Revised, and Deleted CPT®/HCPCS Codes on the MHS Revenue Cycle





Impact of New, Revised, and Deleted CPT®/HCPCS Codes on the MHS Revenue Cycle, Cont.

- Each year code changes impact both coding and billing functions
- New, revised and deleted CPT®/HCPCS codes have multiple impacts within the revenue cycle
- Share this information with your providers through cheat sheets and other established and informative communication
- Providers document the patient encounter and then pass the *billable encounters* on to coders, then billers, then third-party insurance companies, pay patients, other government agencies, or other parties tortuously liable for the cost of the medical care
- MTF UBOs must produce true and correct bills
- Each area of the Revenue Cycle works together to collect the information that pertains to the patient encounter

Action Steps:

- Share CPT®/HCPCS changes and updates with all *relevant personnel*
- Providers *document patient encounter(s)*; pass the billable encounters on to coders -> billers -> third-party insurance companies -> pay patients -> other government agencies or other parties tortuously liable for the cost of the medical care
- Ensure that the MTF UBOs *produce true and accurate bills*
- Promote *collaboration*: each area of the Revenue Cycle works together to collect the information that pertains to the patient encounter
- Crucial skill: effective communication
- Enforce Compliance and Accuracy: Rules and guidelines must be followed
 - Insurance companies often deny claims when they contain old/outdated/deleted codes
- Understanding and knowledge of the coding, billing and payer guidelines help claims get paid compliantly, accurately and timely

Billing guidelines for new and revised CPT®/HCPCS Codes

- Individual payer manuals, usually available on payer websites
- Electronic Resources
 - Coding and Compliance Editor (CCE)
 - The Uniform Billing (UB) Editor (gives information on what data elements are required/situational for each field locator on the UB-04) (Published by: Optum)
 - EncoderPro
 - nThrive
- DHA UBO User Guide:
<http://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office>
- DHA UBO self paced on demand web-based trainings entitled:
 - Data and Billing in Sync: UB-04/837I
 - Data and Billing in Sync: CMS 1500 (02/12) 837P



Billing Best Practices for New, Revised and Deleted CPT®/HCPCS Codes

- Each line item must match medical coding data
- “Bundling” may lead to denials from the payer
 - Refers to coding related medical services as one inclusive procedure, in contrast to submitting claims for separate services
- Individual MTF UBOs are not authorized to make coding changes
 - If claim is denied due to bundling, biller encouraged to request a review of the encounter and update as necessary
- Create manual bills for “missed opportunities”
 - Incorrect Patient Categories, expired benefits, etc.
- For new and revised codes, do not bill services, supplies and pharmaceuticals if there is no DHA UBO rate assigned
- Submit codes with justification to DHA UBO Program Office for review and possible rate assignment to the DHA UBO Helpdesk (UBO.Helpdesk@IntellectSolutions.com)



Billing for New and Revised CPT® HCPCS Codes – Prior Authorizations

- Payers require prior authorization for certain new and revised CPT® and HCPCS codes
 - Claims without authorization may be rejected by payers
 - Potential impact to Third Party Collection Program revenue, Medical Services Account collections (e.g., Veterans Affairs) and Medical Affirmative Claims
- Prior authorization code list varies depending on payer
 - Contact each payer to obtain specific requirements and recommended procedure
- CMS 1500 / 837P - Item 23 Prior Authorization Number, Required, if applicable
 - [Prior authorization number for those procedures requiring prior authorization such as referral number, mammography pre-certification number, as assigned by the payer for the current service]

- Unique case: TRICARE maintains its own comprehensive Prior Authorization and Medical Necessity List for pharmaceutical codes
- Available Online at: <https://www.express-scripts.com/frontend/open-enrollment/tricare/fst/#/>

TRICARE Formulary Search

View current coverage, prices, and fill locations for medications.

Medicine name

Patient biological sex **Patient age**

Select... Select... **Search**

- If a new code is not listed in the DHA UBO rate table(s), how is a code added?
 - If you have a new code that is not in the applicable rate table send an e-mail to the UBO.Helpdesk@IntellectSolutions.com with the specific code information and date of service in question. We will research whether there is or should be a rate for that code.
- If a patient's date of service was in CY 2019, but the claim is filed in CY 2021, what codes are used?
 - Use the CPT[®]/HCPCS codes that are effective on the date of service

- What do I do if a claim is denied because the code has been deleted in CY 2021 or an incorrect code was used?
 - If a code is deleted, replacement code(s)/rates will determine if you have to accept the denial
 - New codes effective rates for DHA UBO are 1 July, annually
 - The exception is the out of cycle update for CMAC codes from the new 2021 CPT/HCPCS release, **effective date forthcoming**
 - If an incorrect code is used, billers will not change the codes, but work with the coding department to determine the correct code to be used AND the code must be effective on the date of service

- Changes in CPT®/HCPCS codes in 2021
- Proper billing codes are required for payers to reimburse claims
- New and revised codes can impact reimbursement and create denials
- Implement billing best practices
- Know the rules for Prior Authorizations, EOBs and Denials
- Focus on effective communication with coders and payers
- Develop a strategic plan for managing individual claim denials
- Utilize all available resources



- Refer to industry guidelines found on payer websites
- Refer to DHA UBO guidance:
 - DHA UBO User Guide
 - DHA UBO Website:
- DHA UBO Helpdesk
 - [Email: UBO.Helpdesk@IntellectSolutions.com](mailto:UBO.Helpdesk@IntellectSolutions.com)
- MHS Coding Guidance can be found on the Coding Workgroup MilSuite page.
 - <https://www.milsuite.mil/book/community/spaces/dha-pad/coding-work-group>



- American Medical Association: *Current Procedural Terminology (CPT®)2021*, Professional Edition, Chicago, 2019.
- Centers for Medicare & Medicaid Services, 2021 Healthcare Common Procedure Coding System (HCPCS). www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/index.html



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 - Complete a post-test available *within* the archived webinar
 - E-mail answers to webmeeting@federaladvisory.com
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- For additional information or questions regarding AAPC CEUs, please contact the AAPC.

- Other organizations, such as American Health Information Management Association (AHIMA), American College of Healthcare Executives (ACHE), and American Association of Healthcare Administrative Managers (AAHAM), may also grant credit for DHA UBO Webinars. Check with the organization directly for qualification and reporting guidance.