Christine Taxin

Christine Taxin is the founder and president of Links2Success, a practice management consulting company to the dental and medical fields. Prior to starting her own consulting company Ms. Taxin served as an administrator of a critical care department at Mt. Sinai Hospital in New York City and managed an extensive multi-specialty dental practice in New York. With over 25 years’ experience as a practice management professional she now provides private practice consulting services, delivers continuing education seminars for dental and medical professionals and serves as an adjunct professor at the New York University (NYU) Dental School and Resident Programs for Maimonides Hospital.

Ms. Taxin is passionate about helping dental practices reach their highest potential and increase their profitability. In her consulting work she focuses on helping practices strengthen their communication skills, their ability to work as a team and their capacity to set goals. She helps team members develop their latent strengths and improve their effectiveness and job performance. Ms. Taxin's specialties are creating highly efficient administrative systems, consulting on valuable internal and external marketing efforts, providing strategies for successful financial planning and educating practices on advanced dental and medical billing techniques.

As a provider of continuing dental education, Ms. Taxin has been a guest speaker for Henry Schein, Kodak Dental, Sirona and Goetze Dental. She has presented programs to the American Association of Dental Office Managers, the Pennwell Dental Group and the New York Academy of General Dentistry. The AGD has approved her company Links2Success as a national provider of PACE continuing education credits. Since she collaborates with many of the country's top management consultants and lecturers, Ms. Taxin's powerful networking ability directly benefits her clients and seminar attendees. She stays well informed on key issues at the forefront of dentistry and medicine and passes this information on to her clients. In her monthly e-newsletter, The Ultimate Office Planner, Ms. Taxin offers subscribers practice management tips, help with insurance billing, marketing aids and webinars – all crafted with the goal of providing doctors and their teams with the essential tools and knowledge to obtain the practice of their dreams.
2015-2016

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Tips2Success
Medical-Dental Cross-Coding: A Smart Solution for Your Practice

Should you add medical insurance to your dental practice? The answer is simple: Absolutely. While you may be wary of launching your team into the throws of the medical insurance storm, trust me when I tell you it will pay off in dividends. The learning curve can be steep however, so knowing the basics and where to go for help is where every office needs to begin.

The Difference between Medical and Dental Insurance

If your practice has only been accepting dental plans, you may not be familiar with the differences between the two types of policies. Medical insurance is a traditional form of insurance where policyholders contribute monthly premiums. These premiums are used to pay for any statistically unlikely events that arise, such as catastrophic medical expenses. It is a safety net program, and pays large amounts of money when needed. The amount of money a policyholder needs to pay in the form of deductibles and co-pays is relatively small in comparison.

Dental insurance, on the other hand, is an employer benefit or personal benefit a person buys for themselves. It is not designed to pay for statistically unlikely events. Rather, it is made to help people offset the cost of their dental expenses. Therefore, most dental insurance plans have yearly caps on what they will pay, usually around $1,000 or $2,000 a year. This means your patients have to be judicious with how they spend their dental dollars. Accepting medical insurance may make it possible for them to get treatments they need that their dental policy would not pay for, as long as the circumstances of their dental condition fall under one of the medical billing codes for dental procedures.

What Types of Dental Procedures Does Medical Insurance Cover?

There are four medical billing code categories that dental procedures can fall under. Depending on your individual patients’ circumstances, you may be able to bill a medical insurance policy under these codes, whereas you would not be able to bill under a dental policy (or the dental policy would not pay enough to cover the procedure).

1. Diagnostic Procedures

Any diagnostic procedures that are medically necessary to determine a cause of pain, whether an infection is present, whether some other dental disease is present, or whether the patient has congenital dental deformities can usually be billed to medical insurance as medically necessary procedures using medical billing codes.

2. Dental Surgery
Tooth extractions due to injuries or underlying diseases can be billed using medical codes if you accept medical insurance. Biopsies and excisions of hard and soft tissues in the mouth are usually done for medical reasons and can be billed under surgical codes on medical insurance. Implant surgery and surgery involving hard or soft mouth tissues are also medically billable. The only surgeries that are not billable under medical insurance are cosmetic procedures.

3. Medical Treatment of Dental Issues without Surgery

Treatment for abscesses and infections can be billed under this medical coding group. Tooth restoration treatment for people with eating disorders can also be billed this way. Appliances for TMJ, sleep apnea, and teeth grinding are also considered medically necessary and can be billed medically, when most dental policies will not pay for these things.

3. Treatment of Oral Injuries

Teeth and surrounding tissues that are injured in any kind of accident are usually considered medical issues and are billed as such. This includes restoration of teeth, placement of implants, and tissue repair.

If you are wondering whether a procedure can be covered by medical insurance, ask yourself the following questions:

- Is surgery required?
- Is there an injury?
- Does a medical condition need to be diagnosed?
- Are the patient's teeth, soft or hard mouth tissues, or jaw working improperly to the impairment of normal function to the patient?
- Is there an infection?
- Is there inflammation?

If the answer to any of these questions is yes, then the procedure can usually be billed under medical.

Medical-Dental Cross-Coding

When you add medical insurance acceptance to your practice, you will be faced with cross-coding medical and dental procedures in order to properly bill. You will be using codes found in the Current Procedural Terminology book as well as the International Classification of Disease 9th Edition book (and soon, the ICD-10). There are also comprehensive resources available that will augment your training. If you plan to add medical billing for implants, CT scans or other general procedures make sure you have done your homework in order to see successful reimbursement.
The procedures, medicines, diagnostics, and other services performed by the dentist must be carefully analyzed and the appropriate billing codes selected. In complex cases, some codes may be purely dental and be billed to the patient’s dental policy. Others that are deemed medically necessary can be coded and sent to the patient’s health insurance. Calling the health insurance ahead of time for a list of benefits the policy will pay for will assist you greatly in selecting the correct codes and billing the correct insurance. The most important element when medical billing is to let the insurance company know why and how the procedure will affect the patient’s overall health and wellbeing.

The process can seem complicated at first, and often teams feel the ‘hassle’ of learning to cross-code is not worth the benefit. However, with the proper training—any team can learn the basics and start saving their patients significant amounts of money.

Links2Success.com, a leading cross-coding consulting group has helped many teams realize the benefit of cross-coding. Christine Taxin can train any dental team how to bill properly in order to see the success.

Can Your Practice Accept Medical Insurance in the First Place?

Yes. Any dental practice can choose to accept medical insurance. Many do not, because of the time and training in new codes involved in accepting medical insurance. However, accepting it is a smart move for dental practices. Not only will you be able to adequately serve all or most of your patients, you will increase your client base by making medical insurance an available option.

Further, most dental insurance policies are actually recommending dental offices bill to medical for the following things:

- Extractions
- TMJ treatment
- CT scans
- Sleep apnea treatment
- Any patient who needs collaborative treatment between a dentist and a medical doctor for a dental-related issue

Accepting Medical Insurance Helps Your Practice and You’re Patients

Not only does accepting medical insurance benefit your practice by bringing you more clients, it also helps your clients’ lead healthier, happier lives. As a dentist, you know that excellent and regular oral care prevents a wide variety of diseases. Treatment is more affordable when conditions are caught quickly, which is more likely when someone is getting regular dental care.
Not every employer offers dental insurance. It is a highly requested benefit, because people generally recognize the need for good dental care. While many employers do not offer dental insurance, most do offer medical insurance. Many dental procedures can be coded medically if they are deemed medically necessary. The most common are:

- Extractions due to infections or abscesses
- Treatment of injuries to teeth or tissues in the mouth
- Treatment of dental problems due to underlying medical conditions
- Repairing teeth with congenital deformities or enamel problems
- Treatment of sleep apnea or TMJ
- Periodontal procedures caused by or worsening because of a medical condition

Additionally, if you start learning the ropes now, you will be way ahead of the game when (as experts foresee) all dental practices will be required to cross-code in order to stay in business. As medical benefits are required by law for everyone under the age of 19 and more and more companies are purchasing embedded plans with ‘family deductibles’ it is only a matter of time before billing medical for certain dental procedures will be the way it has to be.

The bottom line: An office proficient in billing medical insurance will be sought after by smart patients. You will see more reimbursements and best of all; improve the oral and physical health of your patients.
Dear Medical Colleague: Please evaluate this patient and provide any medical information that will assist us in providing dental treatment as described below. Dental treatment may be delayed pending your written recommendations. Thank you for your prompt return of this consult.

The patient presents with the following oral diagnoses:

___ Gingivitis  ___ Dentures
___ Periodontal disease  ___ Impacted teeth
___ Gingivitis  ___ Gingivitis
___ Infection or other pathology (Differential Diagnosis): ____________________________________

____________________________________________________________________________________

Other Findings, Comments: ________________________________________________________________

____________________________________________________________________________________

Dental Treatment Planned: ________________________________________________________________

____________________________________________________________________________________

Medical Reason for Evaluation:

___ Diabetes Mellitus  ___ Pregnancy  ___ Hypertension: BP__/____ Date: ___
___ Joint replacement  ___ Heart murmur  ___ Anticoagulant therapy
___ Cardiovascular disease  ___ Bisphosphonate Therapy  ___ Other (describe below):

____________________________________________________________________________________
Please complete medical evaluation on the reverse of this form

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Phone:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<th>Patient Address:</th>
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<table>
<thead>
<tr>
<th>Consult requested by (Medical Provider):</th>
<th>Date:</th>
</tr>
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<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Office Phone Number:</th>
<th>Office Fax:</th>
<th>Office Email:</th>
</tr>
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### Oral Health Evaluation Request

**Dear Dental Colleague:** Please evaluate this patient and provide any information that will assist us in providing medical care as described below. Medical treatment may be delayed pending your written recommendations. Thank you for your prompt return of this consult.

- [ ] Patient scheduled for medical consult:
  - Date: _____________
  - Time: _____________
- [ ] Patient will call to schedule an appointment

**Reason for Evaluation:**

- [ ] Dental pain or swelling
- [ ] Oral Pathology/biopsy
- [ ] Dental trauma:
- [ ] Missing teeth
- [ ] Lost or defective restoration
- [ ] Needs dentures
- [ ] Evidence of dental decay
- [ ] Cancer/Radiation Treatment
- [ ] Impacted teeth/partially erupted teeth
- [ ] Cardiovascular surgery
- [ ] Suspect periodontal disease
- [ ] Transplant

Other: __________________________________________________________

**The patient presents with the following medical diagnoses (problem list):**

1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
4. ________________________________________________
5. ________________________________________________
6. ________________________________________________

**Medications:**

1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
4. ________________________________________________
5. ________________________________________________
You have the right and the obligation to make decisions regarding your healthcare. Your dentist can provide you with the necessary information and advice, but as a member of the healthcare team, you must participate in the decision-making process. This form will acknowledge your refusal of treatment recommended by your dentist.

Dr. __________________________ has recommended the following treatment to me: __________________________

This treatment has been recommended to me for the purpose of:

______________________________

The possible benefits of proceeding with the recommended treatment include:

______________________________

The possible risks and complications of refusing the recommended treatment could include but are not limited to:

______________________________
These potential risks and complications could result in additional medical or dental treatment or procedures, tooth loss, hospitalization, blood transfusions, or, very rarely, permanent disability or death.

I have chosen to refuse this treatment after considering both the recommended and alternative forms of diagnosis and/or treatment for my condition. Each of these alternative forms of diagnosis or treatment has its own potential benefits, risks and complications.

I have chosen to have the recommended treatment after being educated as to the risks and complications will arise without treatment.
I certify that I have read or had read to me the contents of this form. I understand the possible advantages of proceeding with the recommended treatment and the possible risks and consequences of refusing the recommended treatment.

I have decided to refuse the treatment recommended by my dentist. I hereby release Dr. ____________________________ and his/her employees, partners, agents or corporation from any liability for any and all injuries and damages I may sustain as a result of my refusing recommended dental treatment. I attest that I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

Patient signature declining treatment__________________________________________ Date ____________________________

Patient signature accepting treatment__________________________________________ Date ____________________________

Printed name if signed on behalf of patient&relationships)__________________________________________ Date ____________________________

Witness signature__________________________________________ Date ____________________________
Dentist signature__________________________________________ Date ________________
Dear (new patient),

Dr. (name) and staff at (practice name) welcome you to our Oral Health and Wellness Center. This new concept in oral health care is based on emerging scientific evidence of the connection between dental and whole-body health.

Some details about your care at our Oral Health and Wellness Center:

• Practice hours are ___________.
• New patients are always welcome!
• Emergencies are addressed or seen immediately.

We look forward to meeting you at your new patient appointment on ____________.

Dr. (name) has advanced training in the connection between overall health and the health of the oral cavity. Our Oral Health and Wellness Center promotes top notch preventive care, drawing patients from our community and surrounding counties and states for consultations. Our staff prides itself on establishing excellent communication with our patients’ health care providers. This collaboration about your health ensures that you receive the best possible care and can make informed health choices.

At your new patient appointment you will receive a complete oral examination by Dr. (name). He/she will make you fully aware of all your dental needs. He/she conducts testing to provide more complete information about how to treat your individual smile. Dr. (name) will fully discuss your treatment options, using an interactive program to review his/her recommendations for getting you the best possible outcome for health and wellness.

Our practice offers a wide range of services including:

• Regular preventive check-ups
• Fillings
• Crown & bridge restorations
• Implants
• Full and partial dentures
• Laser gum treatments
• TMD and sleep apnea treatments
• 6 Month Smiles orthodontia

Please keep in mind that before treatment for any illness or condition it’s advisable to visit our Oral Health and Wellness Center. We can provide treatment that protects your teeth and prevents long-term oral health issues. We can also recommend a home-care package to assist you in maintaining good oral health throughout your treatment.
Patients with diabetes, heart disease, sleep apnea, TMD and pregnancy all have special oral care needs. Please inform us if you have one of these conditions on your health history forms, and bring the contact information for your doctors and specialists, and a list of your medications and dosages, to your first appointment. Our team takes ongoing training and has the most advanced equipment on the market. If you have any questions about your upcoming visit, please call our office at (phone number). If you want more information about our Oral Health and Wellness Center, please visit us on the Web at (web site address) or on Facebook at (FB fan page address).

Thank you for your time. We look forward to meeting you and helping you stay healthy!

Sincerely,

The Wellness Team at (practice name).
Team Hand-Off “Wellness Team”

Scientific Process

Implementing New Job Roles
Administration: Ask new questions on phone, follows up with questions in person, and starts the risk assessment.
Medications, Medical Insurance, Health History Questions
Assistants: Ask the same questions since some patients do not think they need to disclose medical information. Make sure everything important towards patient care is repeated to provider before you leave room.

Hypothesis

What new tests will our office include?
What treatments will our office provide?
Risk Assessments
Saliva Tests
Oral DNA
Oral Cancer
Irrigation
Blood Tests
Referral to MD or Sleep Lab

Materials

Handoff to doctor:
Before any work is provided a doctor must do exam and order tests to develop a diagnosis for treatment plan.
Assistant can then perform within the scope of state rules any of the following:
Blood Pressure
Saliva Tests
Oral DNA
Weight Intra Oral Diagnostic Walk
X-rays
Have all of this ready for doctor to set up treatment plan with hygienist.
After Subjective, Objective, Assessment is completed with proper handoff we are ready to provide patient with a complete treatment plan. If patient is low risk and will need just hygiene for regular treatment hygienist can provide treatment with a signed consent and financial form.

Planning treatment:
Always add what the outcome of treatment will be if they receive treatment and what the outcome is if they do not.
Let them know that the fee of treatment will be higher and that the infection or issue will not just go away.
Make sure to have patient sign consent form.
Do not let patient leave without a follow up appointment to either talk on phone, do a join me with Guru or to come back to office.

**Dental coding ICD-10CM - Time to prepare your practice now!**

Tick-toc, tick-toc, tick-toc. Hear that? It’s the sound of time passing. On October 1, 2015, the United States will implement a new, updated diagnosis code set. ICD-10 CM (International Classification of Disease, Volume 10) will become the new code set for all medical claims submitted with a date of service after October 1, 2015.

You may be thinking, *I don’t submit medical claims, so I don’t have to know about this.* As a dental office you may not submit medical claims often, but I can guarantee you, there will be times when it will benefit both you and your patients if you submit some services to medical carriers. For example, did you know that many patients have coverage for dental-related trauma under their medical plans? If you can get some claims paid under a medical plan rather than using dental benefits, you may be saving patients money and saving their benefits so they can use those benefits for other procedures in your practice.
What does all this have to do with ICD-10 CM? One of the biggest differences between a medical claim form and a dental claim form is the required reporting of diagnosis codes. **Medical insurance carriers** pay their claims based on medical necessity. It becomes our job to provide the carrier with the reason or medical necessity for the procedure. We do this by using diagnosis codes. I teach my clients that diagnosis codes help us tell the story to the insurance carrier. We are not making up a story to get a claim paid; we are telling the story of why the procedure was performed by using codes. No narratives, no extra paperwork, just one claim form submitted one time. How cool is that?

We are currently using ICD-9 CM here in the U.S. How we use the codes, how we look them up, and their purpose, will remain the same as we move to ICD-10 CM. What will be very different are the way the codes will look and the number of codes we will have to submit come next October.

Here is a comparison of the two code sets:

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 characters in length</td>
<td>3-5 characters in length</td>
</tr>
<tr>
<td>Approximately 14,000 codes</td>
<td>Approximately 69,000 codes</td>
</tr>
<tr>
<td>First character may be alpha (E,V) or numeric</td>
<td>First character may be alpha or numeric</td>
</tr>
<tr>
<td>Characters 2-5 are numeric</td>
<td>Characters 2-7 are alpha or numeric</td>
</tr>
<tr>
<td>Limited space for new codes</td>
<td>Flexible for adding new codes</td>
</tr>
<tr>
<td>Lacks laterality</td>
<td>Has laterality</td>
</tr>
<tr>
<td>Difficult to analyze due to non-specific codes</td>
<td>Specificity improves coding accuracy and depth of data for analysis</td>
</tr>
<tr>
<td>Codes are non-specific and do not adequately define diagnoses needed for medical research</td>
<td>Details improve the accuracy of data used in medical research</td>
</tr>
<tr>
<td>Does not support interoperability because it is not used in other countries</td>
<td>Supports interoperability and the exchange of health care data between other countries and the United States</td>
</tr>
</tbody>
</table>

As you can see, the number of codes will increase significantly, as will the specificity of the codes. A mapping has been created to help map us from ICD-9 CM to ICD-10 CM and back from ICD-10 CM to ICD-9 CM. These mappings are called General Equivalency Mappings, or GEMS. While these are great tools to start with, GEMS are not a replacement of learning ICD-10 CM. For some codes in ICD-9 CM, there is only one code in ICD-10 CM, and for other codes in ICD-9 CM, there are multiple code choices in ICD-10 CM. You can easily see the level of specificity that is going to be required as we move toward next October.

That’s a lot of information and we haven’t even reported a procedure code yet! Take a step back and look at all that was accomplished by reporting diagnosis codes. Didn’t we tell the entire story to the medical carrier – who got hurt, how the injury happened,
when it happened, what the person was doing at the time of the injury, and why the person was doing it. I think this is fascinating and awesome, and when done correctly, it can save a lot of grief and paperwork when dealing with medical insurance carriers. My intention is not to scare you. To be honest, I was somewhat afraid of ICD-10 CM before I became acquainted with it and learned how to use it. Now I’m a raving fan. The level of specificity in the code set actually makes our jobs easier because there is literally a code for everything. No more guessing, and no more listing of unspecified codes. Once I got over the new look, I was a fan.

I hope this article plants the seed for you to start the learning process. Become acquainted with the codes and learn how they’re to be used in your dental practice. We’re not able to use these codes until next October, but we don’t want to wait until next September to prepare for them. Start learning now so you won’t be overwhelmed next fall.

We’re here to help you with this transition. If you need training on this new code set, please do not hesitate to reach out to me.

You Be the Coder:
Trouble Reporting Implant Placement to Medical Carriers? Use These Tips

When submitting your claims to medical insurance carriers, you should provide proper documentation that supports the medical necessity for performing the procedure. This documentation should contain the proper ICD-9 (or the ICD-10 codes once they come into vogue) codes that support the necessity of your claim. You should also provide the proper operative report that also contains the same list of diagnosis codes that support your claim.

Take note that some carriers might require you to obtain pre-authorization prior to performing the procedure or else your claim might be rejected even though you are submitting proper documentation with the procedure. So, check with the payer if you need to obtain prior authorization before your surgeon performs the procedure. If prior authorization has been obtained, make sure that you record this in box 23 of the 1500 form that you submit for your claim.

You will need to provide specific ICD-9 codes to support medical necessity of the procedure. For instance, if your surgeon is replacing extracted teeth for a patient who suffered an accident while firing a hunting rifle, you will have to submit the following codes to support necessity of the implant placement:
• 959.09 (Other and unspecified injury to face and neck)
• 525.51 (Partial edentulism, class I)
• 525.11 (Loss of teeth due to trauma)
• E922.2 (Accident caused by hunting rifle).

ICD-10:

When you begin using ICD-10 codes post Oct. 1, 2015, you should use the following codes:

• S09.93XA (Unspecified injury of face, initial encounter) instead of 959.09
• K08.411 (Partial loss of teeth due to trauma, class I) instead of 525.51 and 525.11
• W33.12XA (Accidental malfunction of hunting rifle, initial encounter) instead of E922.2.

Medical Conditions Damaging to the Teeth

Damage to dental structures, from simple erosion of the enamel to deeper injury involving the dentin and pulp, can be caused by several conditions. Examples include:

1. Gastroesophageal reflux disease (GERD) and bulimia
2. Xerostomia
3. Side effects of medication prescribed during tooth formation
4. Sjögren’s syndrome and dry mouth
5. Side effect of methadone use
6. Recreational drug use

Can you code to Medical? YES!

Addressing these conditions one by one, along with the coding required to bill medical plans for the corresponding dental treatment, helps to explain how and why medical benefits can be used to pay for the restoration of teeth in cases of medical necessity.
Note that the International Classification of Diseases (ICD) establishes the diagnosis codes that are applied in these situations, which are used to classify a wide variety of signs, symptoms, complaints, external causes of injury or disease, and other factors determining an individual’s health condition.

Along with a CMS 1500 (02/12) medical claim form, clinical progress notes or a letter of medical necessity (LMN) from the dentist should be submitted to the insurance company for reimbursement. An LMN or script from the treating physician, confirming diagnosis of an applicable medical condition or history of drug use, strengthens the case for medical necessity and is highly recommended for claim submission as well. In Box 19 of the claim form, use code PWKPYBM to indicate documentation from the treating dentist and PWKOZBM to indicate documentation from a physician.

GERD AND BULIMIA

GERD, or acid reflux disease, is a systemic problem typically associated with the regurgitation of stomach acids up into the esophagus and, frequently, into the mouth. Bulimia is a condition in which the patient is driven to self-induce vomiting by a psychological or mental disorder, such as a severe fear of weight gain or body dysmorphic disorder. In both conditions, the teeth are repeatedly exposed to stomach acids that can cause an "etching," of the tooth structures over time, leading to eventual breakdown of the enamel, which, when left untreated, can progress into the dentin. A personal history of GERD would be reported with the diagnosis code.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V12.79</td>
<td>Personal history of other diseases of the digestive system</td>
</tr>
<tr>
<td>Z87.19</td>
<td>Bulimia would be reported as (V11.8)</td>
</tr>
<tr>
<td>Z86.59</td>
<td>Personal history of other mental and behavioral disorders</td>
</tr>
</tbody>
</table>

In either case, the specific condition should be identified in the LMN.

THANK YOU!

Contact Ann Hayes @ 724-216-3733

Christine Taxin 914-450-2906
ctaxin@links2success.biz