



Mental Health – Part 2

Documentation and CERT

Presented by Medicare Part B
Provider Outreach and Education (POE)

July 2017

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Acronyms

<http://www.cms.gov/apps/acronyms>

ACRONYM	DESCRIPTION
ABN	Advance Beneficiary Notice
CERT	Comprehensive Error Rate Testing
CFR	Code of Federal Regulations
IOM	Internet Only Manual
MLN	Medicare Learning Network
MR	Medical Review
OIG	Office of Inspector General
RAC	Recovery Audit Contractor

Agenda

- Advance Beneficiary Notice (ABN)
- Health Behavior Assessment Intervention (HBAI)
- Incident To
- Psychotherapy Documentation
- Post Pay Review Contractors
- Telehealth
- Q/As and Resources

Part B – CMS 1500 Webinar

- If you missed the Mental Health Basics yesterday, then download PDF in the bottom right side menu
- If you're from Part A, FQHC, RHC or not from a Noridian state, you're welcome to listen
 - However, we will not entertain questions
- Part A websites (JE/JF) have their own Mental Health presentations

Thank you for your understanding....



Advanced Beneficiary Notice of NonCoverage (ABN)

Complete Presentation with Q/A:

JE <https://med.noridianmedicare.com/web/jeb/education/event-materials>

JF <https://med.noridianmedicare.com/web/jfb/education/event-materials>

Claim Denial and ABN Role

- Service/procedure may deny due to medical necessity, frequency, etc.
- ABN must be provided to patient **BEFORE** services rendered
 - With specific procedure/service
 - Written/typed out legibly; CPT codes optional
 - Reflect details why Medicare won't pay
 - Copy to patient and bill with modifier GA

NEW

Revised ABN Form

- Effective June 21, 2017 dated 3/2020
 - Only update: Informs beneficiaries of nondiscrimination rights and how to request alternative ABN format
- <https://www.cms.gov/medicare/medicare-general-information/bni/abn.html>

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

ABN Denial Modifiers

Modifier	Description
GA	<p>Expect Medicare will deny item/service not reasonable and necessary</p> <ul style="list-style-type: none"> -Signed ABN on file -Beneficiary liable
GY	<p>Item/service statutorily non-covered (excluded) from Medicare</p> <ul style="list-style-type: none"> -No ABN or billing needed -Auto-denied by Noridian -Beneficiary liable

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Health Behavior Assessment Intervention (HBAI)

HBAI Overview

- To assist beneficiaries with overcoming perceived social and/or emotional barriers to disease self-management related to a particular mental illness
- Only Clinical Psychologist, NP or MD may provide
 - Patient needs referral, unless MD, NP
 - Never used “incident to”
- LCSW, physical/occupational therapist may not
 - Per CFR Title 42, Part 410.73(b)(1)/SSA 1861(hh)(2)
- Predominant service performed on same date
 - HBAI or 90832-90899

HBAI Covered

All must be met for Medicare coverage:

- Patient has underlying physical illness or injury
- Indications that biopsychosocial factors significantly affecting treatment or medical management
- Patient alert, oriented and capacity to understand
- Respond meaningfully during F2F encounter
- Documented need for psychological evaluation/intervention to successfully manage his/her physical illness

HBAI Non-Covered

- Not used just for mental illness diagnosis/treatment
- Documentation does not indicate biopsychosocial factor affecting treatment
- Patient has no capacity to understand/respond during F2F (e.g., impaired mental status)
- Disorientation to time, place
- Recall location of own room, names and faces
- Inability to recall that s/he's in nursing home/SNF
- Does not require psychological support to successfully manage his/her physical illness

HBAI Non-Covered ₂

- Provide family psychotherapy or mediation
- Maintain patient's/family's existing health/well-being
- Provide personal, social, recreational & general support
- Individual/group social activities
- Teaching social interaction skills; simple self-care
- Vocational or religious advice
- Tobacco or caffeine withdrawal support
- Weight loss management
- Maintenance of behavioral logs
- *Although valuable to care, these are not medically necessary psychological interventions*

Billing

- **96150** ~ Health and behavior assessment (e.g., health-focused clinical interview, psychophysiological monitoring, behavioral observations, health-oriented questionnaires), each 15 minutes face-to-face with patient; initial assessment
- **96151** ~ each 15 minutes face-to-face with the patient; re-assessment
- **96152** ~ each 15 minutes, face-to-face; individual
- **96153** ~ each 15 minutes, face-to-face; group (2 or more patients)
- **96154** ~ each 15 minutes, face-to-face; family (with the patient present)

Psychologist Documentation

- Initial assessment includes all:
 - Date of initial diagnosis of physical illness
 - Clear rationale why assessment required/performed
 - Assessment outcome (mental status)-ability to understand
 - Goals/expected duration of specific psychological intervention(s)
- Re-assessment, detailed progress notes to include all:
 - Date of change in mental or physical status
 - Sufficient rationale for why re-assessment required
 - Clear indication of events that necessitate re-assessment
- Intervention service:
 - Evidence that patient has capacity to understand and respond
 - Clearly defined psychological intervention planned
 - Goals of psychological intervention
 - Improve compliance with medical treatment plan/response
 - Rationale for frequency and duration of services

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“Incident To”

Complete Presentation with Q/A

JE <https://med.noridianmedicare.com/web/jeb/education/event-materials>

JF <https://med.noridianmedicare.com/web/jfb/education/event-materials>

“Incident To” Overview

- Specific to Medicare only
- Services/supplies furnished as integral, *although incidental*, part of physician’s professional services
 - Diagnosis/treatment of injury/illness
- Billing under “on site” physician’s NPI providing direct supervisory services
- Applies to office/home setting/outpatient clinic
 - **Never** SNF, NH, hospital inpatient
- IOM 100-04, Chapter 12, Section 110

“Incident To” Criteria

- Direct supervision
 - Physician must be in office suite
 - Immediately available to furnish assistance and direction throughout the visit
- Established (never New) patient
 - Physician/NPP must first evaluate/see patient and continue treatment plan
- Recommend: Informing patient of qualified practitioner providing services that visit

“Incident To” Practitioners

- Within state law scope of clinical practice
 - Clinical Psychologist (CP)
 - Clinical Social Worker (CSW)
 - Clinical Nurse Specialist (CNS)
 - Nurse Practitioner (NP)
 - Physician Assistant (PA)
 - Advanced Registered Nurse Practitioner (ARNP)
 - Other Psychotherapists licensed, registered or certified by state to perform psychotherapy only

Auxiliary Personnel

- Auxiliary personnel may provide services with direct supervision
 - Registered nurses
 - Clinical/licensed professional counselors
 - Independent/leased contractors of physician
- Must meet CPT/HCPCS criteria and state scope of license
- Not appropriate for any unlicensed behavioral technicians to provide services direct or under “incident to”
- Special Edition (SE) 0816

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Psychotherapy Documentation

Psychotherapy Documentation

- Beneficiary name, date of service, session length
- Encounter reason – mental status
- Relevant interval history
- Service type (individual, group, family, interactive, etc.) and pertinent themes discussed
- Type of therapy or interventions used
- Patient assessment (progression/regression)
- Treatment plan/diagnosis/medication change
- Expected treatment outcomes on periodic basis

Psychotherapy Documentation ²

- High risk factors (S/I, H/I) if applicable
- Modalities/frequency of treatment furnished
- Clinical note for each encounter
 - E/M and Psychotherapy may be on same report; but specifically, separately identifiable within note
- Signature (name/credentials) legibly signed
- CMS/Noridian do not have sample templates; however, professional associations may
 - Each provider must develop their own

Documentation/Time Spent

- E/M **separate** from time for psychotherapy
- Providing psychotherapy **not** used to meet criteria for E/M service
- Time indicated in psychotherapy code
- ***IMPORTANT: Provider to clearly document in the patient's medical record, time spent providing psychotherapy service, rather than entering one time period (including E/M service)***

E/M and Psychotherapy

Alone	Psychotherapy + Interactive	E/M + Psych.	E/M + Psychotherapy Add On + Interactive
90832	90832 + 90785	E/M + 90833	E/M + 90833 + 90785 (30 mins)
90834	90834 + 90785	E/M + 90836	E/M + 90836 + 90785 (45 mins)
90837	90837 + 90785	E/M + 90838	E/M + 90838 + 90785 (60 mins)

Psychotherapy Notes

- If combined information excluded from psychotherapy notes (e.g., symptoms)
 - Provider responsibility to extract information to support Medicare claim
 - Providers exempt from submitting psychotherapy notes without patient authorization when notes fit Privacy Rule definition - 45 CFR, Part 164.501

Appeals Documentation Insight

- Date, patient name and time component
- Reasonable dx (why patient is requiring psychotherapy)
- How often patient is seen (weekly, every 2 weeks, etc.)?
- Anyone else attending session (family member, caregiver, etc.)?
- What they did during session (imagery, any interventions)?
- What did therapist assess at individual session? Objective treatment plan to determine how patient benefits from sessions.
- Expected treatment outcomes with objective outcomes for specific patient. No specific time frame necessarily, but how this patient is benefiting from the current treatment schedule?
- Is patient seeing a decrease in symptoms with timeframe, since different for each patient?
- Is patient making progress toward their goals set either initially or since the previous assessment?

Documentation Summary

- Clinical note for each encounter includes:
 - Diagnosis, symptoms, functional status, focused mental status examination, assessment, treatment plan, prognosis and progress to date
 - Documented, updated and available to review
- Provider performing service(s) identity and professional credentials

Noridian Documentation Checklist

- Mental Health Requirements
- JE
<https://med.noridianmedicare.com/web/jeb/topics/documentation-requirements/mental-health>
- JF
<https://med.noridianmedicare.com/web/jfb/topics/documentation-requirements/mental-health>

Mental Health Documentation Requirements	
<p>It is expected that patient's medical records reflect the need for care/services provided. Such records are not routinely submitted; however, they must be available upon request. They shall include:</p>	
Check	Brief Description
	Correct Beneficiary and Date of Service
	Relevant and/or current records from physician's office, e.g., office notes, history and physical, labs, etc. as supporting documentation of medical necessity for service provided
	Physician Certifications
	Physician or Non-Physician Practitioner (NPP) Order and/or Intent (*Note intent [i.e. progress notes] should be properly authenticated by ordering provider)
	Time based codes - Send documentation to support time spent and /or time frame. Example: Psychotherapy (Because time is indicated in code descriptor for psychotherapy CPT codes, it is important for providers to clearly document in patient's medical record time spent providing psychotherapy service rather than entering one time period including E&M service.)
	Documentation contains valid signature of every attendant and Physician (legible and complete)
	Documentation to support indications and/or criteria as specified in Local Coverage Determinations (LCDs), National Coverage Determinations (NCDs), or coverage article for service(s) billed, if applicable

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Post Pay Review Contractors

CERT, MR, RAC, OIG, ZPIC

Mental Health CERT Errors

- Not clearly documenting
 - Time spent only on psychotherapy services
 - E/M separated (hx, exam, medical decision)
- Missing treatment modalities
- No progress or updated treatment plan
- Wrong level of service selected
- Billing codes inappropriately
 - Can **not** bill less than 16 minutes
- Special Edition (SE) 1407 – Psychiatry and Psychotherapy Services

Improper CERT Payment Examples

Example 1: Insufficient documentation

- 45 minutes psychotherapy (**90834**)
 - 1) case note dated 09/23/2015 with no time duration
 - 2) safety plan
 - 3) medication list
- CERT reviewer scored as overpayment
 - Due to insufficient documentation
 - Noridian recouped payment from provider

Improper CERT Payment Examples ²

Example 2: Insufficient Documentation

- Billed Level 4 E/M (**99214**) and 60 minutes of psychotherapy (**90838**)
 - Office visit statement “..more than 50% of time spent counseling or coordination of care lasted 60 minutes.”
 - No other documentation submitted
 - Psychotherapy documentation did not indicate time in minutes or adequately describe service billed
- CERT reviewer scored 90838 as overpayment
 - Noridian recouped payment from provider
- Allowed E/M

Improper CERT Payment Examples ³

Example 3: Insufficient Documentation

- Psychiatrist (physician) billed E/M new patient (**99205**) and 60 minutes psychotherapy (**90838**)
 - Documentation submitted did not include amount of time spent in psychotherapy encounter
 - Additional requests made and addendum to the record (dated seven months after DOS) received
 - Did not contain specific goals/treatment plan
- CERT reviewer scored as overpayment
 - Due to insufficient psychotherapy documentation
 - Noridian recouped payment from provider

Improper CERT Payment Examples 4

Example 4: Documentation Not Supporting Level

- Geriatric psychiatrist (physician) billed level 3 E/M (**99213**) and 45 minutes of psychotherapy (**90836**)
 - Detailed office notes supported both E/M service and psychotherapy services provided
 - Stated “35 minutes of cognitive-behavior therapy.”
- CERT reviewer scored as overpayment
 - Due to psychotherapy service incorrectly coded
 - Downcoded to 90833 (30 minutes w/patient with E/M)
 - Noridian recouped payment differential

Improper CERT Payment Examples

Always be mindful of basic billing issues:

- If visit does not occur, don't bill Medicare
- When sending addendum, confirm beneficiary information in documentation
- Make sure correct code is billed
- Altered documentation without identity

2016 OIG Case

- Don't let this happen to your office!
- From Office of Inspector General (OIG):
 - OIG settlement with behavioral health entity
 - Employed “residential counselor”
 - Billed as other provider
 - Residential counselor excluded from Medicare
- Retribution \$90,000+ to Medicare

FYI

2017 OIG Psych Testing Fraud

- Psychological testing services that nursing home residents did not need or receive
 - Throughout 8 nursing homes in Southeastern U.S.
- Involved two owners of psychological services companies (including clinical psychologist)
 - Sentenced in \$25.2 million Medicare fraud scheme
 - 264 months imprisonment
- <https://www.justice.gov/opa/pr/clinical-psychologist-and-owner-psychological-services-centers-sentenced-264-months-roles-25>

HIPAA Concerns?

- Per CMS, patient authorization is not required to release information excluded from psychotherapy note definition
- May release non-psychotherapy note material to demonstrate medical necessity
- See 3 minute video on YouTube!



CMS Provider Minute: Psychiatry and
Psychotherapy
CMSHHSgov

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Telehealth

Complete Presentation with Q/A:

JE <https://med.noridianmedicare.com/web/jeb/education/event-materials>

JF <https://med.noridianmedicare.com/web/jfb/education/event-materials>

What is Medicare Telehealth?

- Permits real-time interactive audio/video communication between physician/patient
- Search beneficiary eligibility
 - https://datawarehouse.hrsa.gov/tools/analyzer_s/geo/ShortageArea.aspx
- Beneficiary = “originating site”
- “Distant site” = provider location

Telehealth POS – CR 9726

- Telehealth place of service (POS) = **02**
 - Furnished from **DISTANT SITE** only
 - Use on/after January 1, 2017
- POS 02 does **NOT** apply to Originating site or the Beneficiary location

Telehealth Psychiatric Services

CPT/ HCPCS	Description
90791-90792	Psychiatric diagnostic interview exam
90832-90834	Individual psychotherapy; 30-60 mins.
90836-90838	Individual psychotherapy with E/M
90845	Psychoanalysis
90846	Family psychotherapy w/o patient present
90847	Family psychotherapy w/patient present

Telehealth Psychiatric Services ²

CPT/ HCPCS	Description
G0442- G0443	Annual alcohol misuse screening Behavioral counseling-alcohol abuse
G0444	Depression screening; annual
96116	Neurobehavioral Status Exam
96150- 96154	Health/Behavior Assessment/Intervention (HBAI)

Reminder: Telehealth Non Billing

- Psychologists and clinical social workers (CSW/LCSW) **cannot** bill and/or receive payment for services with E/M
- Telepsychiatrist (MD) may bill

CPT/ HCPCS	Description
90792	Psychiatric diagnostic interview exam
90833	Individual psychotherapy; 30-60 minutes
90836, 90838	Individual psychotherapy with E/M

Telehealth Across State Lines

- **Can an eligible distant site telehealth provider (licensed in his/her state) bill for a patient in another state, if they are not licensed to treat in that other state?**
- No. Provider must be licensed/enrolled with Medicare in the state where the beneficiary is located for telehealth treatment. Item 32 must reflect provider's address, city, state and zip code.

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Q/As and Resources

Miscellaneous Q/As

Question	Answer
Does Medicare approve G0176 for art, dance or music therapy?	No. The HCPCS manual states these codes are not covered by Part B.
Does Medicare cover G0177 for training and education for substance abuse?	No. See IOM 100-01, Chapter 3, Section 30
Does Medicare allow certain HCPCS codes for substance abuse treatments?	Yes. See SBIRT slide in Part 1 – Basics for HCPCS G0396/G0397

Question	Answer
<p>Is 96127 for tests like Beck Depression Inventory (BDI), Sheehan Disability Scale (SDS), Taylor-Johnson Temperament Analysis (T-JTA) personality test and mood disorder questionnaire (MDQ), etc.?</p>	<p>Yes. 96127 includes brief emotional and behavioral assessment with scoring and documentation for attention-deficit/hyperactivity disorder (ADHD), depression inventory, suicidal risk, anxiety, eating disorders, etc. The first three (3) meet that definition.</p>
<p>Would 96110 include the Copeland mental health recovery model with developmental screening and documentation?</p>	<p>No. Medicare does not recognize 96110 (developmental screening; per standardized instrument).</p>

Question	Answer
<p>Can a Qualified Mental Health Professional {QMHP or QMP} perform group psychotherapy incident to a psychiatrist?</p>	<p>Yes, if the “incident to” direct supervision criteria is met and it’s within their state scope of license. However, let patient know in advance that they will be billed direct and are financially responsible as a QMHP is not a recognized Medicare provider.</p>
<p>Does Medicare allow “pre/post interns or psychological assistants” to conduct psychotherapy and/or assist “incident to” of a licensed psychologist?</p>	<p>No. Psychological assistants, trainees and interns are not recognized by Medicare.</p>

Question	Answer
<p>Can a Licensed Marriage Family Therapist (LMFT) or a Licensed Professional Counselor (LPC) provide psychotherapy "incident to" a psychiatrist or physician services (e.g. depression)?</p>	<p>Yes. If the diagnosis has a medical indication and if the state allows other types of psychological counseling. Medicare does not cover marriage or pastoral counseling. The documentation must explain who performed the services and supervising physician, who signs the notes.</p>
<p>Can Marriage/Family Therapist (MFT) interns treat Medicare patients under LMFT, LCSW or psychologist supervision?</p>	<p>No. Interns are not recognized by Medicare.</p>

Beneficiary Education

- Beneficiary website at <https://www.medicare.gov/coverage/outpatient-mental-health-care.html>
- Explains care with psychiatrist or other doctor, clinical (psychologist, social worker or nurse specialist), nurse practitioner and physician assistant) covering counseling or therapy as outpatient mental health services.
 - One depression screening per year
 - Screening treatments (alcohol/drug use, behavioral counseling, etc.)
 - Psychiatric evaluation and testing if needed
 - Performed at a clinic, doctor's office, hospital's outpatient department or therapist's office

CMS Mental Health Resources

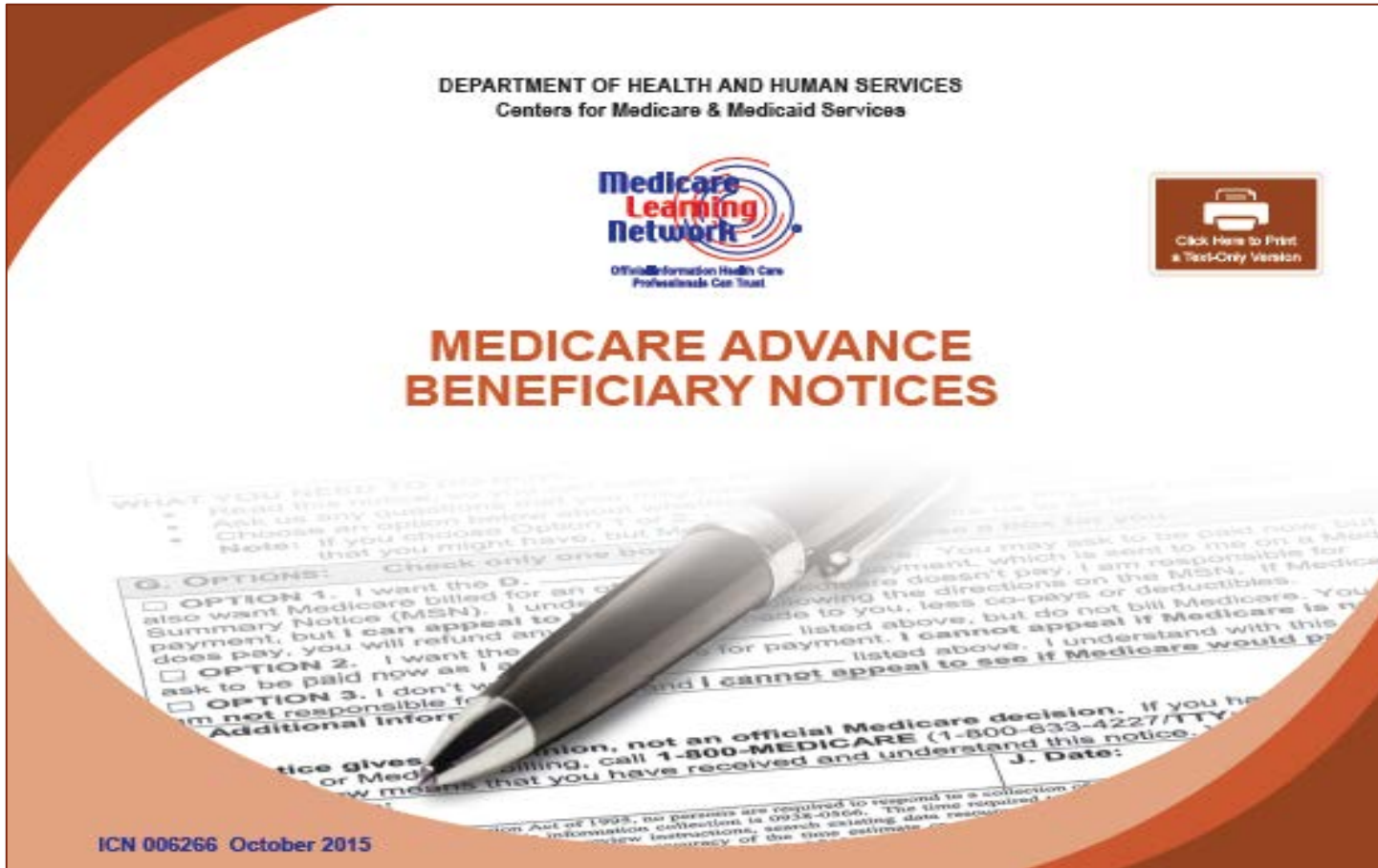
- SE1407 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1407.pdf>
- CR7637 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7637.pdf>
- CR7633 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7633.pdf>
- IOM Publication 100-02, Chapter 13 and 15
 - <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c13.pdf>
- IOM Publication 100-04, Chapters 9 and 12
 - <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf>
 - <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104C12.pdf>

CMS Educational Materials

- MLN products
 - Downloadable or shipped free of charge/shipping
- Brochures, fact sheets, MLN dedicated Web pages
- General Information
<http://www.cms.gov/MLNGenInfo>
- Products
<http://www.cms.gov/MLNProducts>
- Web Guides
<http://www.cms.gov/MLNEdWebGuide>



https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/ABN_Booklet_ICN006266.pdf



CMS Mental Health Booklet

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Mental-Health-Services-Booklet-ICN903195.pdf>

- 19-page informative booklet from CMS MLN
- January 2015
 - Current July 2017
- Contains:
 - Specialty overview (PA, CNS, Psychologist, etc..)
 - Inpatient/Outpatient psychiatric hospital services



Post Pay Claim Review Booklet

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MCRP_Booklet.pdf



Noridian Resources

- Mental Health specialty webpage

The screenshot shows the 'Browse by Specialty' page on the Noridian website. The 'Medical Review' tab is selected. The page is organized into three columns of specialty links. A red arrow points from the 'Browse by Specialty' tab to the 'Mental Health' link in the 'Evaluation and Management (E/M)' category.

BROWSE BY SPECIALTY		
Ambulance	End Stage Renal Disease (ESRD)	Nonphysician Practitioners
Ambulatory Surgical Center (ASC)	Evaluation and Management (E/M)	Oncology / Hematology
Anesthesia & Pain Management	Independent Diagnostic Testing Facility (IDTF)	Optometry / Ophthalmology
Cardiology	Laboratory	Outpatient Therapy
Chiropractic	Locum Tenens and Reciprocal Billing	Podiatry
Chronic Care Management (CCM)	Mental Health	Radiology and Radiation Oncology
Dental	Nephrology	Surgery
Diabetic, Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT)		

Browse By Specialty – Mental Health

Attend a Webinar



- [Mental Health - Part 1](#)
- [Mental Health - Part 2](#)

Mental Health

[View requirements](#)

- [Outpatient Psychiatric Hospital Services](#)
- [Partial Hospitalization Program](#)
- [Community Mental Health Centers](#)
- [Inpatient Psychiatric Hospital Services](#)

Covered Services

Mental health services that may be covered under the Medicare Program

- [Psychiatric diagnostic interviews;](#)
- [Individual psychotherapy;](#)
- [Interactive psychotherapy;](#)
- [Family psychotherapy \(with patient present and primary purpose of which is treatment of individual's condition\);](#)

Educational Resources

- [Documentation Requirements](#)
- [Enrollment on Demand Tutorials](#)
- [Presentation !\[\]\(8ba0a8bc08cfb681721719303df69bb8_img.jpg\)](#)
- [Workshop Q&A](#)
- [CMS Mental Health Services - Booklet !\[\]\(33b903febf51b8cea076831f447c997e_img.jpg\)](#)

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Thank you!

Continuing Education Unit (CEU)

- Take short polling survey
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- PDF presentation emailed again with CEU
- Q/A posted 30 business days