AAN Helps Members Prepare for 2013 Coding Changes

In order to accurately report the new 2013 Current Procedural Terminology (CPT) codes when they go into effect January 1, 2013, neurologists should be aware of several changes, including: the establishment of new codes for pediatric polysomnography, intraoperative neurophysiology monitoring, autonomic function tests, chemodenervation for chronic migraine, complex chronic care coordination services, transitional care management and a new coding structure for nerve conduction studies.

Nerve Conduction Tests

Nerve conduction study codes 95900, 95903, 95904, and H-reflex codes 95934 and 95936 have been deleted. Seven new nerve conduction codes (95907-95913) have been established. In the new coding structure, the unit of service in codes 95907-95913 is the number of nerve conduction studies performed; whereas the unit of service in previous codes 95900-95904 was each nerve. For the purposes of coding, a single conduction study is defined as a sensory conduction test, a motor conduction test with an F-wave or without an F-wave test, or an H-reflex test. Each type of nerve conduction study is counted only once when multiple sites on the same nerve are stimulated or recorded. The numbers of these separate tests should be added to determine which code to use.

“CMS is slowly shifting toward bundling of services and requested these changes in coding for nerve conduction testing,” said Neil A. Busis, MD, FAAN, chair of the AAN’s Medical Economics and Management Committee. “The AAN worked tirelessly throughout the process to ensure the best outcome possible for neurologists. The new codes for 2013 build on the 2012 EMG add-on codes that physicians began using this year.”

Continued on page 6

AAN Statement Defines Neurology Subspecialties for Coding New Patient Visits

Determining whether a patient is new or established can be tricky, particularly with regard to whether a patient has been seen during the previous three years within the same group practice. In addition, revisions to the 2012 Current Procedural Terminology (CPT) E/M guidelines now allow a physician of the same group practice to report a new patient encounter if the physician is not of the same subspecialty as the physician who reported an initial encounter.

To assist members in determining whether a new patient encounter may be reported in light of the new guidelines, the AAN has published a new position statement defining neurology subspecialties. Neurologists may refer payers to this position statement to support the validity of a reported new patient visit. The AAN also will proactively share the position statement with insurers.

The Definition of Neurology Subspecialty Position Statement can be read in its entirety on the AAN website at www.aan.com/go/about/position.

Start Building Your Ideal Annual Meeting Experience

Online Registration Available This Month

Beginning later this month, AAN members can start building their ideal 2013 AAN Annual Meeting experience by visiting www.aan.com/go/am13 to take advantage of early registration discounts, make housing arrangements, and completely customize their time in San Diego by selecting from a wide array of top education programs, breakthrough scientific research, and boundless networking opportunities and events.

The 65th AAN Annual Meeting will take place nearly one month earlier than past Annual Meetings—March 16 through 23—so mark your calendars and visit www.aan.com/go/am13 to secure a spot in your favorite programs and build the experience that best matches your interest, career stage, and schedule.

AAN members also should watch their mailboxes in late October for delivery of the Annual Meeting Registration and Advance Program. The publication offers an in-depth look at the upcoming Education Program and other important information to help you plan your Annual Meeting experience.
Opioid Misuse Across the Country Reaches Epidemic Proportions

Increasingly over the past decades, opioids have been prescribed for non-cancer chronic pain. Pain experts have become comfortable with prescribing substantial doses of medications for this population. However, the data supporting the efficacy of these interventions in terms of quality of life and long-term mitigation of symptoms is lacking. In certain conditions such as low back pain and headache, the use of long-term opioids is associated with worsening outcomes, greater pain, and disability. Chronic pain has become a focus of entrepreneurial activities for some. For example, the reimbursement for methadone clinics has resulted in an industry springing up.

There is evidence that the diversion of prescription medications, and in particular opioids, is occurring with disastrous results. Sales over the decade from 1999 to 2010 increased four-fold. The Centers for Disease Control and Prevention estimates that in 2008 there were more than 14,000 deaths related to prescription medications, mostly opioids.

The state I live in, Maine, has the highest rate of diversion of prescription medications in the country. However, no area is exempt. The vast majority of the abused medications are prescription medications, mostly opioids. At the state level, there is increasing pressure for restrictions on prescribers and mandatory education is likely. Sales over the decade from 1999 to 2010 increased four-fold. The Centers for Disease Control and Prevention estimates that in 2008 there were more than 14,000 deaths related to prescription medications, mostly opioids.

The Vision of the AAN is to be inclusive to our members. The Mission of the AAN is to promote the highest quality patient-centered neurologic care and enhance member career satisfaction.

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NEWS BRIEFS

The AAN submitted comments in response to the Society of General Internal Medicine Payment Reform Commission’s request for recommendations on how the Medicare payment system could be reformed to constrain health care costs while optimizing outcomes and increasing quality. The AAN recommended that the payment system should be reformed to recognize the importance of cognitive care services by shifting away from a procedure-centered reimbursement model to a patient-centered system. The Academy also recommended that new care coordination models should give incentives not only to primary care physicians, but also to neurologists and other cognitive specialists who provide the majority of E/M services for patients with complex chronic conditions.

Neurology® continues to be the most-cited journal in the field for the tenth consecutive year. The recently reported Impact Factor for Neurology increased from 8.017 to 8.312 in 2011. The Impact Factor is a measure of the frequency with which the “average article” in a journal has been cited in a given period of time. The Impact Factor is from Journal Citation Reports, a product of Thomson ISI (Institute for Scientific Information), which provides quantitative tools for evaluating journals.

LEGAL ADVICE

In response to the CDC’s report on prescription painkiller overdose deaths, the AAN is addressing this problem by collaborating with the American Pain Society on a Neurom® module on Chronic Opioid Therapy (COT), specifically for non-cancer pain. The measures address strategies neurologists should employ to mitigate opioid misuse for COT patients.

What does this mean for neurologists? We must prescribe few medications with abuse potential. Some, particularly those with an interest in chronic pain, prescribe opioids frequently. Whether an occasional or frequent prescriber, particularly for chronic medications, we need to adopt a proactive strategy to avoid diversion and abuse as much as possible. For example, every patient should be a request that permits random testing and pill counts. The frequency of refills must be carefully tracked. Those caring for the patient should coordinate who will be responsible for the refills. In the past I know that I personally have been manipulated into prescribing opioids. Hopefully, I am smarter now. An individual I cut off years ago died of an overdose about three months later from prescription medications prescribed by others. In addition to falls, medication mix-ups, and other safety concerns, abuse and diversion of narcotics must be a daily consideration.

Going forward, the federal government is likely to place more restrictions on prescribers and mandatory education is likely. Whether these bureaucratic steps have an impact or not, it is our responsibility to be alert to and act when concerned about misuse of opioids.
Introduce Your Research to the World of Neurology

Submit Your 2013 Annual Meeting Abstracts by Earlier October 15 Deadline

The deadline to submit abstracts in key topic areas to round out scientific programming at the 2013 Annual Meeting is earlier this year: October 15, 2012. In addition to abstracts in a wide variety of neuroscience topics, specific abstracts are sought for the following high-profile sessions.

NEW TOPICS for 2013 Abstract Submission
- Global Health
- Sports Neurology

Integrated Neuroscience Sessions

These half-day sessions provide in-depth subspecialty concentration around a topic using a combination of presentations such as invited lectures, data blitz sessions, poster rounds, and discussions.
- Acute Stroke
- Advances in the Biology and Therapy of Gliomas
- Alzheimer’s Biomarkers in Clinical Practice
- Assessing Neurological Disease via the Visual and Ocular Motor Systems
- Brain Stimulation: Clinical and Neuroscience Implications
- Global Impact of Non-communicable Neurological Diseases
- Inflammation in Epilepsy
- New Insights into Molecular Mechanisms in Parkinson’s Disease
- Neuro-ophthalmology/Neuro-otology
- Corresponding Integrated Neuroscience Topic: Assessing Neurological Disease via the Visual and Ocular Motor Systems

Submitters should complete the online form at www.aan.com/go/am13 for their work to be considered. For more information, contact Erin Jackson at science@aan.com or (612) 928-6112.

2013 AAN Awards Applications Deadlines Approaching

The deadlines to apply for the 2013 AAN Awards are quickly approaching. The deadline for all Scientific Awards is October 15, 2012, and the deadline for other awards and fellowships varies. Visit www.aan.com/go/science/awards to view all award descriptions, application criteria, and deadlines.

Minority Scholars and Medical Student Scholarship Applications Due October 15

The American Brain Foundation Minority Scholars Program encourages diversity in the field of neurology by providing minority medical school students the opportunity to attend the 2013 AAN Annual Meeting to augment their education, training, and networking. Minority medical school students are encouraged to visit www.aan.com/view/minorityscholars to apply for the program by the October 15, 2012, deadline.

Medical student scholarships are sponsored through a partnership with the AAN and the Association of University Neurology Programs (AUNP) and provide approximately 40 $1,000 scholarships to US and Canadian medical students to attend the 2013 AAN Annual Meeting. Applicants must be members of the AAN (medical school students can join the Academy free of cost and their Annual Meeting registration is waived) and also be active members of a SGN chapter. For more information and to apply by the October 15 deadline, visit www.aan.com/view/scholarship.

Seeking Entries for Fourth Annual Neuro Film Festival

The American Brain Foundation, the foundation of the AAN, is once again hosting its annual Neuro Film Festival competition, which will be the feature event of the new Closing Party on Friday, March 22, at the 2013 AAN Annual Meeting in San Diego. AAN members, patients, their families, and the public are encouraged to enter a five-minute video telling their story about being affected by a neurolologic disease and why more research is needed to find cures for brain disorders.

The deadline to submit a film is January 31, 2013. Each video entry must include the phrase “Let’s put our brains together to cure brain disease” and be uploaded to YouTube as a reply to the official Call for Entries video, found on the festival’s website at www.NeuroFilmFestival.com.

Three winners will be selected, including one Grand Prize winner who will receive up to $1,000 and a chance to attend the Neuro Film Festival in San Diego on Friday, March 22, 2013. A runner-up will also be designated by the Neuro Film Festival jury, as well as a Fan Favorite which will be voted on by the public. The runner-up recipient also receives $500 and a trip to San Diego.

Help us make a case for why more research is needed to find cures—visit www.NeuroFilmFestival.com today for complete contest details and to submit your videos.

For more information, contact Andrew Halverson at afhalverson@aan.com or (62) 928-6117.

Join the Team, Submit Cases for Neurobowl Quiz Show at San Diego Meeting

Can you rattle off answers to questions on rare and not so rare neurologic cases? Can you make quick diagnoses based on a short video clip or movie segment? If so, you should put your name in the hat to join a team for Neurobowl®, the popular quiz show at the Annual Meeting.

Challenging or unusual cases that may stump the experts or make a teaching point are also needed for the quiz show.

“We’re looking for some fast-thinking diagnosticians who can give these veteran teams a run for their money, along with tricky cases to keep them all on their toes,” said Neurobowl host and former AAN president Thomas R. Swift, MD, FAAN.

Team members plus alternates will be selected to play at the San Diego Annual Meeting. Team candidates should be available from 5:00 p.m. to 8:30 p.m. on Sunday, March 17. Players will receive a $200 honorarium.

To receive an application or submit a case for consideration, email Wendy Yokaty at wvyokaty@aan.com. Applications and cases are due December 1, 2012.

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AAN Helps Members Prepare for 2013 Coding Changes

Continued from cover

• 95930, 95933, 95934 have been deleted. For nerve conduction studies, see 95907-95913.
• 95907 1-2 nerve conduction studies
• 95908 3-4 nerve conduction studies
• 95909 5-6 nerve conduction studies
• 95910 7-8 nerve conduction studies
• 95911 9-10 nerve conduction studies
• 95912 11-12 nerve conduction studies
• 95913 13 or more nerve conduction studies

New code 95941 is reported for all cases in which there was no physical presence by the monitoring professional in the operating room during the monitoring time or when monitoring more than one case while in an operating room.

+ 95941 Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)

PEDIATRIC POLYSOMNOGRAPHY

Two new codes (95782, 95783) have been created to report pediatric polysomnography for children younger than 6 years of age. These patients are typically monitored for a longer period of time than adults (on average, 9 hours) and typically require a 1:1 technologist to patient ratio. Pediatric studies tend to be more complex to review due to longer recordings and more data.

95780 Polysomnography, age 0-2, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
95781 age 3 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95782 age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of positive airway pressure therapy or bi-level ventilation, attended by a technologist
95783 younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of positive airway pressure therapy or bi-level ventilation, attended by a technologist

Intraoperative Neurophysiology

Code 95920 has been deleted. Two new codes (95940 and 95941) for neurophysiology monitoring either inside or outside the operating room.

New code 95940 is reported per 15 minutes of service and requires reporting only the portion of time the monitoring professional was physically present in the operating room providing one-on-one patient monitoring, and no other cases may be monitored at the same time.

+ 95940 Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)

Autoimmunologic Function Tests

A new code 95924 has been created to report when both parasympathetic (92921) and adrenergic function (92922) types of autonomic testing are performed together. It includes the use of a tilt table.

Code 95943 has been established to report when an autonomic function testing does not include heat-to-beat recording, or for testing without the use of a tilt table. This is a simpler, automated procedure compared to the other autonomic codes.

• 95924 combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt
• Do not report 95943 in conjunction with 95921 or 95922

Chemodenervation for Chronic Migraine

Effective January 1, 2013, physicians will be able to report new code 64615 when performing chemodenervation to treat chronic migraine.

• 64615 Chemodenervation of muscle(s): muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)

Evaluation and Management

Three new codes have been created for complex chronic care coordination. Codes 99487-99489 are reported only once per calendar month and include all non-face-to-face complex chronic care coordination services and one or face-to-face office or other outpatient, home, or domiciliary evaluation and management (E/M) visit related to care for the patient's chronic condition(s).

• 99487 Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month
• 99488 first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month
• 99489 each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

Apply by November 2 for Viste Patient Advocate of the Year Award

Applying for the AAN’s Viste Patient Advocate of the Year Award. The AAN will recognize one patient advocate per year who demonstrates VIP’s leadership and commitment to advocating for the patient community, along with individualized recognition at the upcoming AAN Annual Meeting. To learn more about this award and apply, visit www.aan.com/visteaward2013.

CPT Process Manual Available

The AAN plays a active role in the CPT process with physicians and staff representing the Academy three times a year at each CPT Editorial Meeting. To help better explain the AMA CPT process and the AAN’s involvement to members, the Academy has published a CPT Process Manual. The AAN has asked that all specialties consider making such a document available to their members. The AAN document is available for download with the process from start to finish, and explains the AMA’s criteria for considering a new CPT code request, as well as the AAN’s criteria for considering support for such a request from its members. It can be found at www.aan.com/view/CPFprocess.

AAN Practice Management Webinars

Help for Your Practice, CME for Your Career

The AAN’s Practice Management Webinars provide real value to you and your practice at a price you can afford. Attend live or enjoy convenient on-demand recorded sessions available after each webinar.

October 16 ICD-10: Are You Prepared?
November 6 Coding Accurately for Stroke and Critical Care

See the full 2012 schedule and register today at www.aan.com/view/pmweb12.

October 12 AANews
Webinar Provides the Facts on Transition to ICD-10

Even though ICD-10 has been used by many countries in the World Health Organization since 1994, it has not yet been adopted in the United States. That is expected to change on October 1, 2014, as compliance will become mandatory for US providers, payers, and vendors.

To help neurologists begin to understand and prepare for the arrival of ICD-10, the AAN urges doctors and practice managers to attend “ICD-10: Are You Prepared?,” an AAN Practice Management Webinar offered online on Tuesday, October 16, at 12:00 p.m. ET. Registration is online only at www.aan.com/views/jpmw12, and the deadline to register is Monday, October 15.

“The delay in the required switch to ICD-10 gives us a chance to more fully prepare for the transition,” said presenter Jeffrey R. Buchhalter, MD, FAAN, a member of the AAN Coding Subcommittee. “As the neurologist is ultimately responsible for the correct code, we should understand the new system and the required documentation.”

The program begins with 60 minutes of lecture followed by 30 minutes of questions and answers. Recordings will be available free of charge following the webinar for all who register for the live event. Slides will also be available for all participants. Upon completion, participants should be able to:
- Understand the differences between ICD-9-CM and ICD-10-CM
- Be aware of the mechanics of the ICD-10-CM system and its updates
- Evaluate your preparation for ICD-10-CM implementation and if you are on track
- Create a training plan for the October 1, 2014, implementation date

This is the ninth of 10 practice management webinars scheduled for 2012. The discounted cost for members to participate in the webinars is $149 for the first and $50 for each additional webinar—a special 25-percent savings from the pricing for nonmembers. Recordings of the webinars will be provided free of charge for all live webinar participants. Slides are included with all webinar purchases.

For more information, visit www.aan.com/views/jpmw12 or contact Christi Kokaisel at ckokaisel@aan.com.

Upcoming Practice Webinars
- Tuesday, October 16 ICD-10: Are You Prepared?
- Tuesday, November 6 Coding Accurately for Stroke and Critical Care

Avoid Payer Hassles with Improved Payer Relations Toolkit

Creating positive relationships with third-party payers is a smart way to help grease the wheels before payment problems arise. To help AAN members build and nurture these relationships—and take the right steps when coverage or payment does become an issue—the Academy is providing an updated and improved Payer Relations Toolkit.

“We encourage AAN members to look to the toolkit as a great resource when they have problems with payers,” said Joel M. Kaufman, MD, FAAN, a member of the AAN Medical Economics and Management Committee. “The AAN has added tools that can help neurologists work toward patient-centered health care solutions with payers.”

The Payer Relations Toolkit contains helpful insider advice on developing relationships and submitting claims. Template letters include an introduction to payers with whom the neurologist currently does not have relationships and an appeal to insurers when claims are disputed. The toolkit also provides tips on how to avoid an audit, or survive one if audited, and a Payer Feedback Form that members can submit to the AAN so the Academy can gauge if a particular problem or insurer issue is happening more broadly across the country.

The Payer Relations Toolkit is a free member benefit available online at www.aan.com/go/practice/insurertoolkit. For more information, contact Christi Kokaisel at ckokaisel@aan.com.
Neurologists who participate in the PQRS program in 2012 could receive a bonus of as much as $1,000. Members choosing to report on PQRS measures under the registry reporting option should review the reporting criteria required in order to be eligible for the 2012 incentive payment. There are two options available to participants: reporting on 80 percent of all eligible patients seen between January 1, 2012, to December 31, 2012; or reporting on one or more measure groups for 30 unique patients. To learn more about PQRS, visit www.aan.com/go/practice/pqrsindex.

Register by October 15 for $100 Discount on PQRiwizard

The AAN is providing members with an introductory rate that will save them $100 to access PQRiwizard, a new tool to report PQRS measures. PQRiwizard is an online registry that enables members to report on PQRS measures that currently are reportable only through a registry. Measures related to neurology include Parkinson’s disease, dementia, and sleep apnea. PQRiwizard is produced by CECity and is a qualified registry for the PQRS under the Centers for Medicare & Medicaid Services program. AAN members who sign up by October 15, 2012, will be eligible for a $100 discount on use of the PQRiwizard, which normally costs $299 to create an account. Through the PQRiwizard, participating AAN members can quickly and easily enter their data, validate, report, and submit their results on PQRS measures to CMS.

Visit pqriwizard.com for more information, or contact Gina Gjorvad at ggjorvad@aan.com or (612) 928-6213.

Comedian Josh Blue Shares His Positive Approach to Living with Cerebral Palsy in Latest Neurology Now

In an interview for the October/November issue of Neurology Now®, comedian Josh Blue shares his positive—and inspiring—approach to living with cerebral palsy. In the article, the 2006 winner of NBC’s Last Comic Standing shares his experiences of being born in Cameron, West Africa, and at two days old being medically evacuated to the United States after experiencing complications during childbirth. A year later, he was diagnosed with cerebral palsy.

Blue, who is married with two children, also discusses his positive approach to his condition and how that translates to interacting with caregivers, visit www.neurologynow.org. AAN members may receive up to 30 free copies of each issue to distribute to patients.

Deadline Is December 31 to Avoid 2014 eRx Penalty

The reporting period to avoid the 2014 eRx 2.0-percent payment reduction is January 1, 2012, through December 31, 2012. For successful reporting under the 2012 eRx Incentive Program—and to avoid the 2.0-percent penalty in 2014—neurologists must meet or exceed the following reporting standards for each measure group:

- 80 percent of all eligible patients seen during the year’s reporting period
- 80 percent of all eligible patients seen during the year’s reporting period

Those who successfully meet the requirements can earn a 1-percent incentive bonus for successfully reporting in 2012 plus avoid the 2.0-percent penalty in 2014 to the physician fee schedule amount for control and professional services furnished by the eligible neurologist who is not a successful e-prescriber. A neurologist who successfully e-prescribes in the 2012 eRx Incentive Program will be considered exempt from the 2014 payment adjustment.

For more information about the eRx Incentive Program and Academy resources to help members implement the program, visit www.aan.com/go/practice/pqrsindex or contact Christi Koka kised at ckoika ise@aan.com.

Guideline Examines Diagnostic Accuracy of CSF 14-3-3 Protein in Sporadic Creutzfeldt-Jakob Disease

In people with rapidly progressing dementia, testing for the 14-3-3 protein in spinal fluid may aid in the diagnosis of sporadic Creutzfeldt-Jakob disease (sCJD), a rare and always fatal brain disorder that involves quickly progressing dementia. This is the primary finding in “Diagnostic Accuracy of CSF 14-3-3 Protein in Sporadic Creutzfeldt-Jakob Disease,” a new guideline from the AAN that was published electronically ahead of print on September 19, 2012, and appears in the October 2, 2012, print edition of Neurology®.

The test may help when used in cases where doctors suspect sCJD may be present. However, the test lacks the accuracy either to make an sCJD diagnosis with certainty or to rule out the disease completely.

“The 14-3-3 protein assay can be useful in specific instances, namely, when patients present with rapidly progressing dementia suspected to be caused by sCJD but for which diagnosis is uncertain,” said Taim Muayyol, MBBS, FRPC, lead author of the guideline. “Our analysis found that a pretest probability of about 20 percent to 90 percent for diagnostic accuracy should cue the physician that testing may be helpful.”

The guideline states that the usefulness of the 14-3-3 test will largely depend on a clinician’s judgment of the pretest probability of sCJD for a given patient. Such judgments may influence the clinician’s decision about sCJD incidence. Additioncally, the 14-3-3 test result. Further, the test results will not importantly change the probability of sCJD in patients who are unlikely to have sCJD to begin with. “Analyzing test results and understanding them in the context in which they are applied are key to making an accurate sCJD diagnosis,” said Muayyol. “A positive 14-3-3 assay result in patients who are unlikely to have sCJD would not distort the investigator’s decision making, or, more important, a reversible cause of dementia.”

Muayyol added, “when analyzing 14-3-3 test results, it is important to remember that there is significant variation in the way the 14-3-3 protein assays are performed.”

To read the guideline and access clinician and patient summaries, a slide presentation, and a clinical example, visit www.aan.com/go/practice/guidelines. For more information, contact Julie Cox at jcox@aan.com or (620) 928-6069.

Learn and Share EHR Experiences at Fall Conference User Group Meetings

To provide education and networking opportunities for neurologists who use the same electronic health record (EHR) software, the AAN is holding two EHR User Group meetings during the Fall Conference at the Encore at Wynn Hotel in Las Vegas. The meeting will be led by AAN experts who have experience with EHR systems.

For the 2012 Fall Conference, we will be focusing on two EHR systems that are widely used by our membership, and plan on expanding vendor options for EHR User Groups at the 2013 Annual Meeting in San Diego,” said Allison Weathers, MD, member of the AAN Practice Management & Technology Subcommitte. “Attendees of the user group meetings can learn how other neurologists who use the same EHR have optimized their system to provide the best care for their patients. They can discuss the challenges of their EHR system with fellow users, and discover practices and tips about that specific EHR to take back to their office or institution. The event also gives the Academy the opportunity to gather feedback from neurologists to pass on to the EHR vendors.”

Saturday, October 27, 6:30 a.m. – 7:30 a.m.
- eClinicalWorks EHR User Group Meeting, Mizar Room
- Epic EHR User Group Meeting, Chopin Room 2

The user group meetings are free with registration for the Fall Conference. No advance registration for the meetings is required, but RSVPs are needed. For more information or to RSVP, contact Christi Koka kised at ckoika ise@aan.com.
On-site Registration Available for 2012 Fall Conference in Las Vegas

Early online registration may have passed, but you still can register onsite for the 2012 Fall Conference set for October 26 through 28 at the Encore at Wynn Las Vegas. This popular three-day program is a convenient way to access top clinical and practice management education—and earn up to 17.5 AMA PRA Category 1 credits™ before the end of the year.

Registering for one of these two program tracks saves you an additional 10 percent:

Those looking to enhance their clinical knowledge should consider the Neurology Update track:
- Neurology Update I
  - Headache
  - Neuro-ophtalmology
  - Movement Disorders
- Neurology Update II
  - Neuro-oncology
  - Epilepsy
  - Neuromuscular Disease
- Neurology Update III
  - Dementia
- Neurologic Complications of Medical Disease
- Demyelinating Disease
- Stroke Update
- Continuum® Test Your Knowledge: A Multiple-Choice Question Review
  Practitioners looking to focus on coding, reimbursement, incentive programs and other essentials to running a practice in today’s evolving health care environment will want to register for the Practice Management track:
- Practice Management 101: Coding and Billing Today—A Case-based Approach
- Practice Management 201: How to Succeed in an Environment in Transition
- Practice Management 301: Change Management and the Future Practice of Neurology

Additional Programs
Those looking to discover the latest treatment techniques for dystonia and spasticity will want to register for the Dystonia Skills Workshop.

A new physician-led advocacy program has been added to assist those in search of the skills to act as leaders in advocating for changes that benefit their patients and the profession.

For additional information, visit www.aan.com/go/education/conferences/fall2012, or contact Kevin Heinz at kheinz@aan.com or (612) 928-6098.

The 2012 AAN Fall Conference is an ABPN-approved program for maintenance of certification that is geared toward practitioners, academicians, residents, fellows, practice managers, and office administrators.

December 1 Is Registration Deadline for 2013 RITE

The deadline to register for the AAN’s 2013 RITE® is December 1, 2012. The test is scheduled for February 28, March 1, 2, or 3, 2013, as determined by the neurology residency program test sites in your area. On-site registration will not be available, so contact your neurology program director today.

The fee to sit for the examination is $155 for AAN resident members—a savings of more than 50 percent from the nonmember fee of $365. To take advantage of this reduced rate, you must first submit your membership application and dues for the 2013 membership year to the AAN on or before December 1, 2012.

Program Directors will receive an email the first week of October providing registration instructions for their residents. For more information, visit www.aan.com/go/education/residents/rite or contact Lori Starchota at lstarchota@aan.com or (612) 928-6029 or Mary Cress at mcress@aan.com or (612) 928-6034.

Are You Getting Your AANe-news?

Don’t miss the latest news headlines from your Academy! As an exclusive member benefit, you should be receiving AANe-news™ the second and fourth Wednesday of each month if your email address is on file. If not, be sure to set your email filter to accept mail@aan.com as a friendly address. Or update your email address at www.aan.com/go/membership.

It’s Not Spam… It’s AANe-news!
Tame Dizziness, Other Neuro-otologic Symptoms with Continuum

Dizziness is the quintessential symptom presentation in all of medicine, according to Kevin A. Kerber, MD, MS, guest editor of the October Continuum: Lifelong Learning in Neurology on Neuro-otology.

“The effective management hinges on obtaining an informed history and bedside examination, not on laboratory or imaging studies,” Kerber said. “In this issue, an international panel of experts has written articles to equip readers with the knowledge to manage the most common types of dizziness presentations.”

Two articles in the issue, discussing acute constant dizziness and positional dizziness, have video content that can be viewed online or in the Continuum iPad app available to subscribers. In addition to these articles, the issue also covers the history and future of neuro-otology, symptoms and signs of neuro-otologic disorders, recurrent spontaneous attacks of dizziness, migraine and motion sensitivity, chronic subjective dizziness, and less common neuro-otologic disorders. The ethics case discusses disequilibrium in an airline pilot. A practice article on the importance of communication in improving outcomes in anxiety in a dizzy patient and an article on coding for vestibular tests will be included.

Upon completion of the issue, participants will be able to:
• Describe an approach to the evaluation and management of patients who present with dizziness
• Explain how to diagnose and treat benign paroxysmal positional vertigo
• Differentiate stroke from nonstroke in patients presenting with acute dizziness
• Recognize unusual causes of dizziness and when these causes should be considered
• Summarize the current evidence for the diagnosis and management of vestibular migraine

Continuum is the AAN’s highly regarded and convenient review journal. With a total of 72 CME credits available annually, Continuum is published six times per year and includes a multiple-choice self-assessment examination and a patient management problem. Subscribers access CME online by visiting www.aan.com/continuum/cme, where they may complete the CME activities and receive CME credits within two business days. Subscribers who are transitioning to Active or Associate memberships are eligible to receive a 50-percent discount on Continuum subscriptions.

Neuro-oncology Certification Exam Applications Available; Practice Track Expiring

Applications are available for the United Council for Neurologic Subspecialties certification examination in neuro-oncology. The deadline to apply is January 15, 2013.

The practice track pathway for certification will expire after the 2013 application cycle. After the 2013 examination, only those physicians who have completed a UCNS-accredited fellowship program will be eligible to apply for certification in neuro-oncology.

For more information, visit www.ucns.org.
Academy Encourages Members to Attend State Society Meetings

The AAN continues to collaborate with and support state neurological societies, and encourages members to attend their state meetings to work on local issues of concern and share insights on improving their practices and patient care.

With the focus on health care reform over the past several years, many state societies have seen greater activity among concerned neurologists. The California Neurology Society (CNS) is a case in point.

“During these critical and rapidly changing times in health care delivery, the role of state specialty societies could never be greater,” said Steven J. Holtz, MD, FAAN, president of the society. “The number of dollars available to pay for health care is steadily decreasing while rapidly developing technology and sophistication of physician skills for treating patients and improving their lives has increased exponentially in the last two decades. The recent Supreme Court ruling affirming the Affordable Care Act solidifies its provisions for state by state health insurance exchanges. We must strongly advocate to make sure that adequate funds are available for the needs of our highly specialized group of patients, many of whom depend solely on neurologists for primary care.”

The CNS has undergone an impressive transformation in the last two years, according to Holtz. “We have attempted to provide value to our state’s neurologists by utilizing focused committees on such important topics as proposed health care legislation relevant to neurologists and their patients, workers compensation, and mandatory reporting.”

More neurologist involvement in the society has been seen at annual meetings as well. “Last spring, we drew a significant attendance to our annual meeting in Anaheim featuring speakers discussing the novel but relevant issues of neuro-terrorism and neuro-disaster management. This fall, we will be having another educational meeting in San Diego where more traditional subjects such as neuro-rheumatology, autoimmune neuropsychiatric disorders, multiple sclerosis, Parkinson disease, restless leg syndrome, hyperkinetic movement disorders, neuro-radiology, and pediatric/adult epilepsy will be presented.

Fellows, residents, and medical students are invited free of charge to the CNS annual meeting, which is being held October 5 to 7. “It is essential to involve young neurologists in the state advocacy process as they will be most affected by health care delivery’s dynamic changes,” said Holtz. “It is imperative that these young neurologists understand that good patient care does not just involve the tapping of a reflex and eliciting a plantar response. Patient care is all encompassing and increasingly dependent on individual state’s ability to guarantee that care.”

Many state meetings in 2012 will have participation from members of the Academy’s advocacy staff, who often make presentations, answer questions about how the organization is addressing health care policy issues, and assist the state groups. This fall, AAN staff will be on hand at meetings in California, Indiana, Massachusetts, Minnesota, New York, Washington, and Wisconsin.

Now is the perfect time to get involved with your local neurosociety. For more information, visit www.aan.com/go/advocacy/states or contact Dave Showers at dshowers@aan.com.

South Carolina Neurological Association
October 5–6
Grove Park Inn, Asheville, NC
acn.aan.com

California Neurology Society
October 5–7
Coronado Island Marriott, San Diego
acn.aan.com

Washington State Neurological Society
October 11
Hyatt Regency Bellevue, Bellevue
www.washingtonneurology.org

New York State Neurological Society
October 20
Hospital for Special Surgery, New York
nyneuro.aan.com

Hawaii Neurological Society
October 23
John A. Burns School of Medicine, Honolulu
hns.aan.com

Wisconsin Neurological Society
October 26–28
Kalahari Resort, Wisconsin Dells
www.wineuroloc.com

Massachusetts Neurologic Association
November 1
MMS Headquarters, Waltham
mna.aan.com

Minnesota Society of Neurological Sciences
November 3
AAN Headquarters, Minneapolis
msns.aan.com

Indiana Neurological Society
November 9
Neuroscience Center of Excellence, Indianapolis
ina.aan.com

Wouldn’t you rather give a cure than a diagnosis?

CureBrainDisease.org
Grassroots Alliance Rises to Meet Advocacy Challenges

The AAN is seeking members in 10 pilot states to participate in the new AAN Grassroots Alliance. The program aims to help neurologists take a stronger role in the advocacy process by developing and nurturing relationships with their local and national lawmakers to help them understand key neurology issues and how legislation affects patients and constituents.

The Grassroots Alliance is launching in Arizona, Colorado, Georgia, Illinois, Michigan, Minnesota, North Carolina, Ohio, Pennsylvania, and Wisconsin.

“The most important voices elected officials can hear are those of their constituents,” said Pushpa Narayanaswami, MD, FAAN, chair of the Member Relations Work Group of the AAN Government Relations Committee. “By building positive and respectful relationships with policy makers and their staff through the Alliance, we ensure they understand issues affecting our patients, work toward moving the AAN’s legislative goals forward, and halt any bills that do not reflect the AAN’s mission, which is to promote the highest quality patient-centered neurologic care.”

Alliance participants in each participating state will be asked to do one or more of the following:

• Submit letters-to-the-editor to their paper
• Speak to neurology’s issues with legislators and in front of committees
• Speak to neurology’s issues at state neurosociety meetings or state medical associations
• Connect with elected officials through social media
• Host a site visit at their practice
• Attend a local fundraiser on behalf of BrainPAC
• Represent the AAN in front of policymakers at the state capitol

For more information, visit www.aan.com/view/alliance or contact Dave Showers at dshowers@aan.com.

In Memoriam: Dewey K. Ziegler, MD, FAAN

Dewey K. Ziegler, MD, FAAN, who served as AAN president from 1979 to 1981, passed away on September 13, 2012, at his home in Prairie Village, KS. He was 92.

Ziegler’s tenure as AAN president was marked by significant changes to the education activities of the Academy, as he appointed Theodore Munsat, MD, FAAN, to lead the Special Course Committee and modernize offerings for the Annual Meeting and other CME opportunities.

Former AAN President Thomas R. Swift, MD, FAAN, recalled Ziegler as “a great man and a true gentleman. We could use more like him and he will be sorely missed.”

Ziegler was born in Omaha, NE. After receiving both his BA and MD from Harvard University, Ziegler did a three-month internship with Derek Denny-Brown at Boston City Hospital. The experience helped focus his interest on the brain. However, he was drafted and assigned to Navy hospitals in Bethesda, MD, and San Diego, CA. Because of a shortage of psychiatrists, he was assigned to that duty. After his discharge in 1948, he began two years of training with H. Houston Merritt at the New York Neurological Institute. He then did two years of psychiatry training at what is now Boston Mental Health Center. By the conclusion of this training, Ziegler opted for a career in neurology, and joined the faculty at Montefiore Hospital in New York.

In the mid-1950s, Ziegler was recruited by AAN founder A.B. Baker to become assistant professor at the University of Minnesota. But in time Ziegler decided to leave academia and set up private practice in Kansas City, KS. He took a part-time appointment at the University of Kansas Medical Center in 1958. In 1966, he left private practice to work full time at the University of Kansas as chief of the neurology section until 1974, when he was named chair of the department. He served in that capacity until 1985.

Ziegler had an international reputation as an expert in migraine and other causes of headache. As professor emeritus, he continued his research and did teaching rounds with residents. Ziegler served on the editorial boards of Headache and Cephalalgia. Along with his leadership of the AAN, he also served as second vice-president, secretary, and member of the board of directors for the American Neurological Association.
**Demonstrated efficacy and safety**

**Indication**
- COPAXONE® (glatiramer acetate injection) is indicated for reduction of relapses in patients with relapsing-remitting multiple sclerosis, including patients who have experienced a first clinical episode and have MRI features consistent with multiple sclerosis.

**Important safety information about COPAXONE®**
- Most common adverse effects were injection site reactions (including lipoatrophy and, rarely, skin necrosis), vasodilatation, rash, dyspnea, and chest pain. Patients should be advised to follow proper injection technique and to rotate injection sites daily.
- About 16% of patients experienced an immediate postinjection reaction (flushing, chest pain, palpitations, anxiety, dyspnea, throat constriction, and urticaria). The symptoms were transient and self-limited, and did not require specific treatment.
- Transient chest pain was noted in 13% of COPAXONE® patients (vs 6% placebo); no long-term sequelae.

**References:**

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“The Annual Campaign is a critical element of the American Brain Foundation’s fundraising efforts. If you aren’t currently a ‘Foundation Friend’ and haven’t given in the past, there has never been a more critical time to step up and support our vision to cure brain disease. If you have given, thank you—and please consider a larger gift in 2012. Simply put: We can’t do what we do without you.”

—John C. Mazziotta, MD, PhD, FAAN
Chair, American Brain Foundation Board of Trustees
1 INDICATIONS AND USES

COPAXONE® is indicated for the reduction of the frequency of relapses in pa-
patients with Relapsing-Remitting Multiple Sclerosis (RRMS), including patients who have experienced a clinical episode and have MRI features consistent with multiple sclerosis.

2 CONTRAINDICATIONS

COPAXONE® is contraindicated in patients with known hypersensitivity to glatiramer acetate injection.

3 WARNINGS AND PRECAUTIONS

5.1 Immediate Post-Injection Reaction
Approximately 10% of patients exposed to COPAXONE® in the 5 placebo-
controlled trials compared to 4% of those on placebo experienced a transient injection site reaction that included at least two of the follow-

vomiting, injection site reaction, palpitations, increased intraocular pressure, and injection site pain. While some of these episodes occurred in the context of the Immediate Post-Injection Reaction described above, many did not. The temporal relationship of this chest pain to an injection of COPAXONE® was not always known. The pain was transient (usually lasting only a few minutes) often appeared in association with other symptoms, and appeared to have no clinical me-

What is glatiramer acetate injection?

5.2 Lipomatosis and Skin Necrosis
At injection sites, localized lipomatosis and, rarely, injection site skin necro-

Mechanisms of adverse reactions include: metabolic, absorption, and pharmacodynamic. Metabolic adverse reactions are generally infrequent and do not require treatment. In general, these symptoms have their onset several months after the initiation of COPAXONE® therapy, but they may occur at any time during the treatment period. Some patients experienced more than one episode, and episodes usually began at least 1 month after initiation of treatment. The pathogenesis of this symptom is unknown.

5.4 Potential Effects on Immune Response
Because COPAXONE® is a copolymer that does not model any specific immune response, it may interfere with immune function. For example, treatment with COPAXONE® may attenuate the effect of certain follicular lymphomas and mycosis fungoides. Lipomatosis may occur at various times after treatment onset (sometimes after several months) and is thought to be reversible. There is no known therapy for this condition. To assist in possibly minimizing these events, the patient should be advised to follow proper injection technique to create injection site depots.

Table 1 lists treatment-emergent signs and symptoms that occurred in at least 2% of patients treated with COPAXONE® in the placebo-controlled trials. These signs and symptoms were numerically more common in patients treated with COPAXONE® than with placebo.

Adverse reactions observed in 4-5.5% of the COPAXONE® group than in the placebo group (less than 1% difference), but for which a relationship to COPAXONE® could not be excluded, were arthralgia and hump. Adverse events reported by 2% or more of patients and more frequent with COPAXONE® than with placebo are listed in order of decreasing frequency using the following definitions:

- All reported reactions are included except those already listed in the previous table, those too general to be informative, and those not reasonably associated with the drug.
- Numerical frequencies of reported adverse events were not determined in any of the studies included in this summary, but it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

8 USE IN SPECIFIC POPULATIONS

8.4 Pediatric Use
There are no adequate and well-controlled studies in pediatric patients. Because animal reproduction studies are not predictive of human response, COPAXONE® should be used during pregnancy only if clearly needed.

8.5 Nursing Mothers
It is not known if glatiramer acetate is excreted in human milk. Because many drugs are excreted in human milk, special consideration should be exercised when COPAXONE® is administered to a nursing woman.

8.6 Use in Patients with Impaired Renal Function
No complications with glatiramer acetate in patients with impaired renal function have not been determined.

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Neurologist (MS) Specialist - Charlotte NC: The Neurology Department of CMHC is seeking a Neurologist specializing in MS to join our expanding team. CMHC is the only Level I trauma center in the Carolinas and is one of the largest and most comprehensive medical centers in the southeastern United States. The successful candidate will be eligible for academic appointment from the University of South Carolina, and will join a well established practice of 15 neurologists and 5 neurosurgeons under one roof - has the largest hot air balloon festival in the US, American Indian cultural festivals, and is also a key training site for the neurosurgical residency program at the University of NC Chapel Hill. If interested, contact Dee Schafer at dschafer@cvph.org. 75 Beekman St., Plattsburgh, New York 12901. Phone: (518) 562-2222, fax: (518) 562-2224.

Neurologists and Neuro-Psychiatrists - Texas: Central Texas Health System is recruiting BC/BE Neurologists and Neuro-Psychiatrists to join our expanding team. Our health system is a multi-specialty, multi-campus system of 2000 physicians and 11 hospitals. Our system is known for being a hospital system where primary care and subspecialty care meet in a single practice. The successful candidate will be eligible for academic appointment from Texas A&M Health Science Center College of Medicine. The University of Texas, and will join a well established practice of 15 neurologists and 5 neurosurgeons under one roof - has the largest hot air balloon festival in the US, American Indian cultural festivals, and is also a key training site for the neurosurgical residency program at the University of NC Chapel Hill. If interested, contact Dee Schafer at dschafer@cvph.org. 75 Beekman St., Plattsburgh, New York 12901. Phone: (518) 562-2222, fax: (518) 562-2224.

Neurologists - Boston, MA: Massachusetts General Hospital Neurology Department is recruiting BC/BE Neurologists to join our expanding team. Our department includes 100 full time faculty and approximately 1000 admissions per year. The successful candidate will have the opportunity to work in a multi-specialty practice with established neurologists and neurologists. We are committed to the development of a diverse and inclusive environment where individuals can thrive. If interested, contact Dr. John Henson at jhenson@partners.org. 465 Pilgrim Street, Suite 700, Boston, MA 02114. Phone: (617) 726-2322, fax: (617) 726-2323.

Neurologists - Pennsylvania: Albert Einstein Medical Center is recruiting BC/BE Neurologists to join our expanding team. Our department includes 100 full time faculty and approximately 1000 admissions per year. The successful candidate will have the opportunity to work in a multi-specialty practice with established neurologists and neurologists. We are committed to the development of a diverse and inclusive environment where individuals can thrive. If interested, contact Dr. John Henson at jhenson@partners.org. 465 Pilgrim Street, Suite 700, Boston, MA 02114. Phone: (617) 726-2322, fax: (617) 726-2323.

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Neurologists - California: Neurology Opportunities in North Carolina: The Neurology Department at Wake Forest Baptist Medical Center is seeking a Neurologist for a full-time position in the Neuroscience, Sleep Medicine, and Biotechnology program. If interested, contact Dr. John Henson at jhenson@partners.org. 465 Pilgrim Street, Suite 700, Boston, MA 02114. Phone: (617) 726-2322, fax: (617) 726-2323.

Neurologists - North Carolina: Neurology Opportunities in North Carolina: The Neurology Department at Wake Forest Baptist Medical Center is seeking a Neurologist for a full-time position in the Neuroscience, Sleep Medicine, and Biotechnology program. If interested, contact Dr. John Henson at jhenson@partners.org. 465 Pilgrim Street, Suite 700, Boston, MA 02114. Phone: (617) 726-2322, fax: (617) 726-2323.

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would also include attending on the inpatient and consultation neurology and community outreach clinics. Clinical duties dedicated to general neurology in the Department’s general neurology at the University of Wisconsin Hospital and Clinics.

UW Madison General Neurologist

Applications are invited to join the group; we are a growing practice dealing in all aspects of Neurology. Currently, we are doing EMG, EEG, Prolong EEG, neuoradiology, intensive care and cardiovascular specialists. Our location offers easy access to the cultural institutions of Boston, the mountains, the ocean, as well as outstanding private and public school opportunities for children. Send CV to Howard M. Gardner, MD, Medical Director, New England Neurological Associates, P. C., RIVERWALK, 354 Merrimack Street, Lawrence, MA 01843, or email to jtf@neneuro.com. Visit us on the web at www.neneuro.com. The American Academy of Neurology reserves the right to decline, withdraw, or edit advertisements at any time. The same deadline applies to changes/cancellations. The AAN offers a complete package of print, online, and in-person recruitment advertising opportunities. Visit www.aan.com/careers for all AAN options, rates, and deadlines.

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Early Registration Deadline: AAN Fall Conference
www.aan.com/view/2012
Nominations Deadline: Program Director Recognition Award
Lury Penasch. lypensac@aan.com
Application Deadlines: Academic-Research Training Fellowships
Practitioner-Research Training Fellowship
www.aan.com/view/2012fall

OCTOBER 15
Application Deadline: Annual Meeting Abstracts and Scientific Awards
www.aan.com/govmt3
Application Deadline: Minority Scholars Program
Wendy Yokaty, wyokaty@aan.com
Application Deadline: Resident Scholarship to the Annual Meeting
Cheryl Alementi, calementi@aan.com
Application Deadline: Program Director Recognition Award
Lury Penasch, lypensac@aan.com

OCTOBER 16
Webinar: ICD-10: Are You Prepared? (Register by October 15)
www.aan.com/view/pmwebinar
Christi Kokiakel, ckkokakel@aan.com

OCTOBER 19–20
Evidence-based Medicine Toolkit
Training Seminar
www.aan.com/goveducation/online/ehtm
Rebecca Penfold Murray, Openedbmtimurray@aan.com

OCTOBER 26–28
AAN Fall Conference
www.aan.com/view/2012fall

NOVEMBER 2
Application Deadline: 2013 Viste Patient Advocate of the Year Award
www.aan.com/view/vistaward

NOVEMBER 6
Webinar: Coding Accordingly for Stroke and Critical Care (Register by November 5)
www.aan.com/govmt3
Christi Kokiakel, ckkokakel@aan.com

AAN Fall Conference Las Vegas, 2012
October 26–28
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Hotel Reservation Deadline: September 24, 2012
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