



## NPI: Get It. Share It. Use It

Over 2 million providers have their NPIs – do you have your NPI yet? Covered entities (including health plans, covered health care providers and clearinghouses) across the country are making decisions regarding their need for contingency plans for NPI implementation. It is more important than ever to obtain an NPI as soon as possible and begin testing it on claims, as directed by your health plan.

Medicare providers should pay special attention to the Medicare information section below for important news on the

### Medicare FFS Contingency Plan.

### New Compliance Contingency Guidance FAQs

CMS has posted new FAQs related to the previously posted NPI Compliance Contingency Guidance. Questions include:

- What are the exact dates for the National Provider Identifier (NPI) contingency plan?
- If a complaint is filed against me for not being in compliance with the National Provider Identifier (NPI) after May 23, 2007, what will happen?
- What happens if a complaint for not being in compliance with the National Provider Identifier (NPI) is filed against me after May 23, 2008?
- Is it acceptable for a health plan to announce their National Provider Identifier (NPI) contingency now?
- Is the National Provider Identifier (NPI) contingency plan voluntary?
- Am I allowed to give my National Provider Identifier (NPI) to other providers as well as to the health plans with which I exchange transactions?

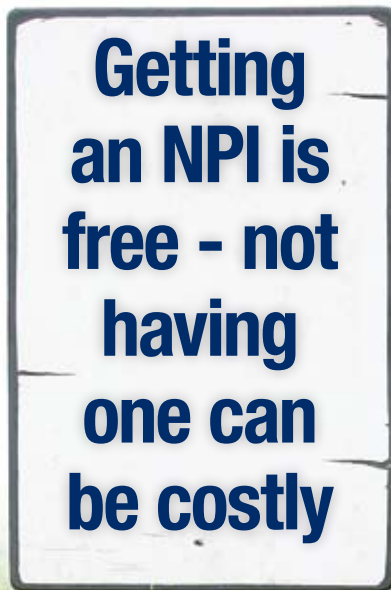
To view these FAQs, you should:

1. Go to the CMS dedicated NPI web page at [www.cms.hhs.gov/National-ProviderStand](http://www.cms.hhs.gov/National-ProviderStand)
2. Scroll down to the section that says "Related Links Inside CMS"
3. Click on NPI Frequently Asked Questions. To find the latest FAQs, click on the arrows next to "Date Updated". Look for the word "NEW" in red font to appear beside the most recent FAQs.

### Obtain Information on Contingency Plans

CMS strongly urges providers to pay attention to information from the health plans they bill so that they are aware if, and when, a specific health plan announces its own contingency plan.

*NPI continued on page 2*



## Inside...

Healthcare Reform Legislation . . . . 3

The Doctors Company Announces the Tribute Plan for CSP Members . . . . 5

Bill Advances on Cytology Screening Limits for Automated Devices . . . . 5

Balance Billing Prohibition Bill Not Set for Hearing . . . . . 5

The Doctors Company Announces Divdend for California Members . . . 6

Blue Cross Delays Implementation of New Fee Schedule . . . . . 6

Bill on Direct Billing of AP Advances . . . . . 6

New Members . . . . . 8



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## SOCIETY MEMBERSHIP

Applications for membership can be obtained by writing: CSP Central Office, One Capitol Mall, Suite 320, Sacramento, CA 95814. The Society offers four categories of membership. You can access membership information on-line at [www.calpath.org](http://www.calpath.org).

*NPI continued from page 1*

## Reminder – Sharing NPIs

Once providers have received their NPIs, they should share their NPIs with other providers with whom they do business, and with health plans that request their NPIs. In fact, as outlined in current regulation, providers who are covered entities under HIPAA must share their NPIs with any entities that need them for billing purposes -- including those who need them for designation of ordering or referring physician. Providers should also consider letting health plans, or institutions for whom they work, share their NPIs for them.

## Reminder – Enumerating a Group Practice

A group practice that conducts any of the HIPAA standard transactions is a covered healthcare provider (a covered entity under HIPAA) and, as such, must obtain an NPI. The physicians employed by the group practice, on the other hand, are furnishing services at the group office(s) but they are not conducting any of the HIPAA standard transactions (such as submitting claims, checking eligibility and claim status). As such, the physicians would not be covered health care providers and are not required by the NPI Final Rule to obtain NPIs. However, as the employer, the group could require these physicians to obtain NPIs and use the NPIs to identify them as the rendering providers in the claims that the group submits. If these physicians prescribe medication, the pharmacies may require their NPIs in the claims that the pharmacies submit to health plans. Additionally, health plans can require enrolled physicians to obtain NPIs in order to participate in that plan. Medicare is an example of a health plan with this requirement.

## Reminder – Applying for an NPI Does Not Enroll a Health Care Provider in a Health Plan

Applying for an NPI and enrolling in a health plan are two completely separate activities. Having an NPI does not guarantee payment by any health plan.

## When to Contact the NPI Enumerator for Assistance

Providers should remember that the NPI Enumerator can only answer/address the following types of questions/issues:

- Status of an application
- Forgotten/lost NPI
- Lost NPI notification letter (i.e., for those providers enumerated via paper or web-based applications)
- Trouble accessing NPPES
- Forgotten password/User ID
- Need to request a paper application
- Need clarification on information that is to be supplied in the NPI application

Providers needing this type of assistance may contact the enumerator at 1-800-465-3203, TTY 1-800-692-2326, or email the request to the NPI Enumerator at [CustomerService@NPIenumerator.com](mailto:CustomerService@NPIenumerator.com).

*Please Note: The NPI Enumerator's operation is closed on federal holidays. The federal holidays observed are: New Year's Day, Independence Day, Veteran's Day, Christmas Day, Martin Luther King's Birthday, Washington's Birthday, Memorial Day, Labor Day, Columbus Day, and Thanksgiving.*

## Important Information for Medicare Providers

### Medicare Fee-For-Service (FFS) Contingency Plan Announced!

FFS Medicare has announced its contingency plan. View the associated Change Request at <http://www.cms.hhs.gov/transmittals/downloads/R1227CP.pdf>, as well as the related MLN Matters article at [www.cms.hhs.gov/MLNMattersArticles/downloads/MM5595.pdf](http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5595.pdf) on the CMS website. Please note that these materials were recently revised; please be sure to visit the links above for the latest information. This

*NPI continued on page 4*

## Healthcare Reform Legislation

**T**here was movement this week with bills being passed in both the Assembly and Senate by the President Pro tem of the Senate and Speaker of the Assembly, SB 48 (Perata) and AB 8 (Nunez) respectively. Neither bill would require coverage for all but cover about 2/3rds of the uninsured by focusing on employees and exempting the self employed and unemployed. The Democrats plans would require employers to either provide insurance or pay into a state fund that would offer it to uninsured workers and those who can't afford policies. Neither version contains the 2% fee/tax on physician revenues that was contained in the Governor's plan that was released but never introduced as actual legislation.

There are still many questions to be answered with the Democratic leadership's proposal in terms of the cost and details of coverage. The Governor without his own bill will still be a major factor since any legislation must still be signed. Meanwhile Sen. Kuehl's SB 840 universal healthcare proposal via a single payer is moving in the Legislature. It remains to be seen how much can be accomplished this year.

### CMS Delays Proposed Rule for Cytology PT/ CAP Seeks Legislative Relief

*The CSP has supported the CAP efforts to reform the CMS cytology PT program which is badly flawed. Dr. Thomas Sode-man, President of the CAP, sent a letter on May 10th to all CAP members updating them on the issue and indicating that the Cap was sponsoring a bill in Congress to address the problem. Reprinted below is part of that letter. We encourage you to contact your Congressperson to encourage them to become co-sponsors.*

Last week, the Centers for Medicare and Medicaid Services (CMS) once again shifted its timetable for publication of the proposed rule for cytology PT until December 2007. These repeated delays in

the publication of the proposed rule mean pathologists and cytotechnologists will continue to be tested under an outdated and ineffective program through 2008 and worse still, likely 2009.

In good faith, the College along with virtually every pathology and cytopathology organization sought to work with CMS to revise the regulation, but I think it is pretty clear the regulatory process has failed the profession and we now need to unite and take our case to Congress. After all, it's only because of Congressional pressure that the agency agreed to revisit the rule in the first place. I know! In a meeting I attended in December 2004, CMS steadfastly refused the College's request to delay implementation of PT until it could be updated.

And CMS only agreed to reopen the regulation for revision after the College, working with key legislators, managed to push legislation through the House of Representatives in December 2005, calling upon CMS to suspend the program and to implement significant changes. CMS Administrator Mark McClellan personally lobbied our champions in the House of Representatives against our bill in 2005. So the resistance to change at CMS is strong and entrenched.

CMS worked to block consideration of our legislation in the Senate in 2005, telling the staff of key legislators that it would move expeditiously to address the concerns of the profession through the rule making process. Throughout the process, CMS officials have portrayed the need for the regulation as a matter of life and death for women, failing to point out that there is no evidence that cytology proficiency testing improves actual performance or saves lives, something Congress said needed study 20 years ago.

Forced to act to prevent Congressional intervention, CMS constructed a process that lacked transparency and stifled discussion of key issues. The agency selected a panel of cytology profes-

sionals, but controlled what they could discuss, instructing them that they could make no recommendations to revise the underlying statute to improve the cytology provisions under CLIA.

Despite the sincere efforts of the College and the profession to work with CMS, the regulatory process clearly is broken, and the profession should no longer rely on the regulatory process to address this issue. We need to take our case to Congress now.

The College has put forth an alternative approach, which has been embodied in legislation, HR 1237, the Cytology Proficiency Improvement Act of 2007, introduced in the U.S. House of Representatives by Representatives Bart Gordon (D-TN) and Tom Price (R-GA). Very simply, the bill suspends the current cytology PT program and substitutes in its place a less punitive approach that requires annual CME to enhance locator and interpretive skills. More than 60 national and state pathology and laboratory organizations have pledged their support of the bill. Recently, the powerful American Medical Association (AMA) threw its support behind HR 1237. The College continues to reach out and build support for HR 1237.

Not all pathology and cytopathology organizations have endorsed HR 1237. Some organizations have said they support the intent of the bill, but are putting their faith in the regulatory process. Understandably, these organizations have called for CMS to expedite the rule. However, it is now clear that quick regulatory action means years, not months, and the profession deserves better than that. It is also clear that those organizations that profess to represent you should demand more and not tolerate delays from CMS. The College respects differing views and we intend to continue to reach out to organizations that are not supporting HR 1237 to solicit their support. We think they should reconsider. ■

NPI continued from page 2

information will also be available shortly on CMS' dedicated NPI web page.

A national NPI Roundtable on the Medicare FFS Contingency Plan is scheduled for May 10, 2007 from 2-3:30 PM EDT. Registration details to follow.

## Reporting a Group Practice NPI on Claims

Medicare has identified instances where the Multi-Carrier System (MCS) is correcting billing or pay-to-provider data on Part B claims submitted by group practices. As of May 18, 2007, the MCS Part B claims processing systems will no longer correct claims submitted by group practices that are reporting the individual rendering Provider Identification Number (PIN) or individual rendering NPI in either the billing or pay-to-provider identifier fields. Groups should enter either their group NPI or group NPI and legacy PIN number pair in either of these fields.

## Reminder – Medicare Extending Date for

## Accepting Form CMS-1500 (12-90)

While Medicare began to accept the revised Form CMS-1500 (08-05) on January 1, 2007 and was positioned to completely cutover to the new form on April 1, 2007, it has recently come to our attention that there are incorrectly formatted versions of the revised form being sold by the Government Printing Office (GPO). After reviewing the situation, the GPO has determined that the source files they received from the NUCC's authorized forms designer were improperly formatted. The error resulted in the sale of both printed forms and negatives which do not comply with the form specifications. However, not all of the new forms are in error.

Given the circumstances, CMS is extending the acceptance period of the Form CMS-1500 (12-90) version beyond the original April 1, 2007 deadline while this situation is resolved. Medicare contractors will be directed to continue to accept the Form CMS-1500 (12-90) until notified by CMS to cease. At present, we are targeting June 1, 2007 as that date. During the interim, contractors will be directed to return, not

manually key, any Form CMS-1500 (08-05) forms received which are not printed to specification. By returning the incorrectly formatted claim forms back to providers, we are able to make them aware of the situation so they can begin communications with their form suppliers.

For more details, and to learn how to identify the proper version of the new form, visit a recent MLN Matters article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5568.pdf> on the CMS website.

## Still Confused?

Not sure what an NPI is and how you can get it, share it and use it? As always, more information and education on the NPI can be found at the CMS NPI page [www.cms.hhs.gov/NationalProvIdentStand](http://www.cms.hhs.gov/NationalProvIdentStand) on the CMS website. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at 1-800-465-3203. ■

## Getting an NPI is free - not having one can be costly.

# Malpractice insurance that's just what the pathologist ordered

The Doctors Company is now exclusively sponsored by the California Society of Pathologists to provide medical malpractice insurance to its members.

For nearly 30 years, we've remained unalterably committed to protecting the practice of good medicine. With 10 physicians on our 14-member Board of Governors—including our medical director, a pathologist—we possess unique insight into what pathologists need from their insurance company.

Our CSP program benefits include:

- Premium discount for eligible members
- Dividend program
- Broad liability limits
- MediGuard disciplinary risk protection

To learn more about the program we've developed for CSP members, call (800) 352-0320.



## The Doctors Company Announces the Tribute Plan for California Society of Pathologists Members

On May 1, in order to reward physician members for their loyalty to the company and for their commitment to outstanding patient care, The Doctors Company, the nation's leading physician-owned medical malpractice insurance carrier launched the Tribute Plan, effective January 1, 2007.

The Plan is a new financial benefit for physician members of The Doctors Company. It is an individual balance that accumulates each year until a physician's permanent retirement, at which time the balance will be distributed as a career award. Major funding for the Tribute Plan will take place over the next five years. More than a third of The Doctors Company capital has been earmarked for this benefit.

"The Tribute Plan is a significant reward that underscores The Doctors Company's mission to advance and protect the practice of good medicine," said Richard E. Anderson, MD, FACP, chairman and CEO of The Doctors Company. "As a member-owned, doctor-led organization, we believe that by working together to promote outstanding patient care

and reduce claims frequency, we all win."

The breakthrough benefit utilizes a loyalty pool to reward members. A portion of the loyalty pool is allocated to each physician annually based on that physician's premium. Members will receive their Tribute Plan award when they reach age 55 or older, have five or more years of continuous coverage with The Doctors Company, and retire from the practice of medicine. At the end of 2011 a member of The Doctors Company could accumulate a Tribute balance equal to 50 percent of their annual premium.

"The Tribute Plan is a long term commitment to our members and to improving the environment in which our doctors practice. We believe it is a benefit that no other national medical malpractice carrier can match," continued Dr. Anderson.

The Plan is an addition to the many benefits that members already receive. The Company continues to offer competitive premiums, pay dividends, provide industry-leading claims defense, and offer comprehensive risk management and patient safety programs as it delivers

outstanding customer service.

"The announcement of this major new benefit underscores the reasons California Society of Pathologists is confident in its exclusive relationship with The Doctors Company," said "We are proud to offer our members professional liability services from a carrier so firmly dedicated to protecting, defending, and rewarding our members."

Eligible members of The Doctors Company with policies in force on or after January 1, 2007 are automatically enrolled and have begun accumulating balances. Tribute Plan awards are delivered as a lump sum payment when the member retires. For additional information please visit: <http://www.thedoctors.com/tribute>.

The Doctors Company has been the exclusively endorsed/sponsored medical malpractice carrier of the California Society of Pathologists since 2005 in a partnership that provides California Society of Pathologists members with superior protection from the nation's leading physician-owned medical malpractice insurance carrier. ■

## Bill Advances on Cytology Screening Limits for Automated Devices

Several years ago the CSP supported legislation to adopt the federal numerical limits for cytotechnologists utilizing automated screening devices for pap smear review. The law was adopted but with a provision that the law would sunset, i.e. terminate, if not reauthorized prior to 12/31/07. At that time there was

concern by some cytotechnologists that the federal limits, that are in essence set by the manufacturer at the time of FDA approval, would lead to demands that cytotechnologists screen up to 200 slides per day if all done using the automated screening device without any need for additional review. The technology was also relatively new at

that point and not widely available.

The CSP has supported SB 366 (Aanestad) introduced this year that would repeal the sunset date and make the law permanent. There is no opposition and SB 366 has passed the Senate and will be heard in the Assembly policy committees in June. We will advise you of the final outcome. ■

## Balance Billing Prohibition Bill Not Set For Hearing

SB 389 (Yee) would prohibit a hospital based physician from billing a health plan enrollee if the hospital is contracted to the plan or delegated medical group. In essence non-contracted physician only recourse would be to bill the plan. SB 369 would also require the DMHC to develop an Independent Dispute Resolution Program (IDRP) to arbitrate fee disputes between non-contracted HBP's and

plans or delegated medical groups.

The CSP strongly opposes this bill and it would eliminate the ability of HBP's to negotiate with health plans and allows plans to dictate the terms of payment. We have supported the establishment of a cost effective and efficient IDRP process that must be done on a pilot basis. SB 369 does nothing to solve the problem of why some HBP's don't have

contracts with some plans.

SB 389 has still not been set for hearing even though it has been double referred to both the Senate Health and Judiciary Committees. This week is the deadline for hearing bills with a fiscal impact meaning the bill cannot be heard without rule waivers. As a consequence the bill may not be moving this year. We will keep you informed. ■

## The Doctors Company Announces Dividend to California Members

I am writing to let you know that The Doctors Company has approved a dividend to recognize and reward its California physician insureds and members of the California Society of Pathologists (CSP) for their loyalty and partnership in helping the company realize its mission to advance and protect the practice of good medicine.

The dividend credit will provide a premium reduction between 5 and 7.5 percent to full-time member insureds in California, except those with surcharges consequent to adverse claims experience.

The dividend will be effective with renewals on or after July 1, 2007, and is in addition to the 5 percent discount that members receive for their participation in the CSP professional liability insurance program as well as any claims-free credits they may receive.

I am sure you will want to disseminate this exciting benefit that provides your CSP membership with solid evidence of The Doctors Company's position of leadership and strength in the marketplace and its commitment to its member insureds. For the full

press release, please visit our web site at [http://www.thedoctors.com/newsroom/press/2007/2007march\\_membership\\_dividend.asp](http://www.thedoctors.com/newsroom/press/2007/2007march_membership_dividend.asp).

Please let me know if you have any questions or if you would like to discuss further.

Thank you,  
Stacy Schultz  
Assistant Vice President  
The Doctors Company  
(707)226-0154

## Blue Cross Delays Implementation of New Fee Schedule

The CMA has reported that the Department of Managed Health Care (DMHC) has forced Blue Cross to delay implementation of its new fee schedule and take appropriate measures to notify doctors of the rate changes. The new implementation date is August 6. We have heard from several pathology groups about the reductions to some codes including major cuts in payment for pap smear screening using liquid based preparation and automated screening devices.

According to DMHC, Blue Cross

has agreed to make new the fee schedule available for download by Friday. The PDF download will include the proposed fees for all CPT codes. (Go to the Blue Cross provider website, log in, and click on "Request Pricing " under "What's New." If you don't already have a username/password, click here to register.)

As you've read in previous issues, Blue Cross failed to provide physicians with timely access to the new fee schedule, leaving many physicians unable to assess the financial impact that the fee schedule changes will have on their practices. The

new fees were scheduled to take effect June 1.

CMA first brought the problem to DMHC's attention in early May, after learning that the fee schedule was not made available by April 15, as required by law. California's unfair payment practices law (created by a CMA-sponsored bill) requires insurers to fully disclose to contracting physicians their fee schedules and payment rules and to notify physicians in writing 45 days before instituting any changes to fee schedules and payment rules. ■

## Bill on Direct Billing of AP Advances

CSP sponsored the introduction of SB 661 (Maldonado) that, with limited exceptions, would require the direct billing by the performing pathology group or clinical laboratory for all anatomic pathology services. It is similar to a bill we sponsored last year that ultimately failed passage in the Assembly.

SB 661 would require direct billing but allow any physician who performs either the technical or professional component to bill globally, but they must perform some element of the service. This would allow a dermatologist who

utilizes an outside histology lab for tissue preparation to bill provided they actually perform the interpretation or professional component.

SB 661 has passed both the Senate Health and Business and Professions Committees by unanimous votes. It will now be heard in the Assembly in June. CSP continues to discuss specific provisions with representatives of some large national labs who have suggested changes. We also have ongoing discussions with some of your colleagues both dermatologists and primary care physicians over specific provisions. We want a bill that

improves on the current anti-mark-up law and is fair to all concerned. There has been legislative activity around the country but the bills that are passing are not all direct billing mandates. Sometimes they only require disclosure of charges or are limited to cytology.

Since California already has an anti-markup law and direct billing for cytology we are taking a much bigger step. Hence there is greater scrutiny of the range of services impacted.

We will keep you informed of our progress. ■

## CHAPTERS :

- ADA/Disccrimination
- Advertising
- AIDS & HIV
- Allied Health Professionals
- Ancillary Services
- Antitrust
- Business Prohibitions/Disclosures
- Clinical Labs
- Consent
- Death/Organ Donation
- Drug Prescribing/Dispensing
- Drug Testing
- eMedicine/HIPAA
- Emergency Transfer
- Forgoing Treatment
- Fraud and Abuse (2 Chapters)
- Managed Care (4 Chapters)
- Medical Board (2 Chapters)
- Medical Practice (2 Chapters)
- Medical Records (3 Chapters)
- Medical Staff
- Medicare and Medi-Cal
- OSHA and Office Safety
- Peer Review
- Physician/Patient Relationship
- Professional Liability
- Reimbursement (3 Chapters)
- Reporting Requirements (2 Chapters)
- Reproductive Issues
- Surgicenters/Outpatient Facilities
- Warning Obligations
- Workers Compensation

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# CPLH 2007

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**California Society of Pathologists  
60<sup>th</sup> Annual Convention  
California Seminars in Pathology  
December 5 - December 8, 2007**  
The Palace Hotel San Francisco, California

**2007 SCHEDULE AT A GLANCE**

**Wednesday, December 5**

8:30 a.m. - Noon  
**Inflammatory Dermatoses**  
Speakers:  
Scott Binder  
Bruce R. Smoller

1:30 - 5 p.m.  
**Common Problems in the GI Tract Pathology**  
Speakers:  
Joel Greenson  
Marie E. Robert

5:30 - 7 p.m.  
**Microscope Tutorials**  
Dysplasia in the GI Tract  
Marie E. Robert  
Patrick A. Treseler

**Video Tutorials**  
Scott Binder  
Andrew Horvai - Soft Tissue

**Thursday, December 6**

8:30 a.m. - Noon  
**Endometrial Pathology**  
Speakers:  
George L. Mutter  
Charles Zaloudek

**Thursday, December 6**

1:30 - 5 p.m.  
**Selected Topics in Hematopathology**  
Speakers:  
Daniel A. Arber  
John K. C. Chan  
Patrick A. Treseler

**Topics:**  
♦ **Problems in BM Pathology**  
♦ **Lymphoma Dx in Small Bx Specimens**  
♦ **Update on Hodgkin's Disease**

5:30 - 7 p.m.  
**Microscope Tutorials**  
Bruce R. Smoller  
Daniel A. Arber

**Video Tutorials**  
Joel Greenson  
George L. Mutter

**Friday, December 7**

8:30 - 9:50 a.m.  
**CP Lecture: Bird Flu - What Pathologists Need to Know**  
Speaker:  
Sharon L. Reed

8:30 - 10 a.m.  
**Microscope Tutorials**  
Christina S. Kong  
Tarik Tihan

**Video Tutorials**  
Kirk Jones  
Sanjay Kakar - Grading & Staging of Chronic Hepatitis & Steatohepatitis

10 - 10:45 a.m.  
**Business Meeting**

11:00 a.m. - Noon  
**Special Lecture: Common Errors in Thyroid FNA Pathology**  
Speaker:  
Richard M. DeMay

1:30 - 5 p.m.  
**Tumors of the Salivary Gland**  
Speaker:  
John K. C. Chan

**Saturday, December 8**  
8:30 a.m. - Noon  
**Slide Seminar: Diagnostic Problems in Surgical Pathology**

Moderator:  
Charles Lassman  
Speakers:  
Richard M. DeMay  
Patrick A. Treseler  
Bruce R. Smoller  
John K. C. Chan  
Kirk Jones  
Teri A. Longacre



**CSP New Members**

- Bashar Dabbas, MD San Diego, CA**  
Regular Member
- Nancy Harrison, MD San Diego, CA**  
Regular Member
- Gloria Syfu, MD Fresno, CA**  
Regular Member
- Tyler Youngkin, MD San Diego, CA**  
Regular Member
- Nicholas Byrne, MD Oakland, CA**  
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