President’s Perspective

Then and Now

Suzanne White, MD, FACMT
President

Well, my term as President is winding down and I’ve arrived at my final President’s Message. In my first message nearly two years ago, I stressed the idea that it was research and innovation that would lead ACMT to its new high-water mark. I’m happy to say that this same theme applies here in my closing message as well.

As I look back over the past two years, ACMT has realized a number of important accomplishments. First, we launched our Annual Scientific Meeting where original research was presented for the first time. For me, that was a defining moment for the College and one I will never forget. Second, we witnessed the rapid growth and maturity of the ToxIC Registry stemming from the broad contributions of so many of our members. Most recently, we experienced a landmark moment—when ACMT received the PEHSU Grant, two NIH Awards, and a new DHS Contract—all within the short span of a just few weeks. Time will tell as to the impact of these innovative achievements, but I predict that this marks a new beginning for ACMT.

All of this was layered upon the successful delivery of a multitude of extremely high-level educational conferences and other value-added activities that supported our members’ professional development. There have been countless important projects behind the scenes, such as our participation in the Choosing Wisely campaign, that helped us make significant strides in promoting our reputational excellence and our mission. I must acknowledge the tireless efforts and congratulate our ACMT Executive Director, Paul Wax, MD, FACMT and our staff, including Tricia Steffey, Jim Wiggins, MPH; Eric Smith, MSIS; Lynn Lancaster, MS, CIH; Norma Barton, PharmD; and Tara Frutkin for making everything happen so smoothly and successfully.

I look forward to seeing you later this week at NACCT, where we will welcome our incoming President, Leslie Dye, MD, FACMT whose term begins on October 18, 2014. Those familiar with Leslie know her as one of our most enthusiastic
and hardest working members. She is certainly a driving force dedicated to the growth, long-term success, and longevity of our College. I ask each of you to give her your full support and encouragement just as you have done for me. I certainly will be there to help Leslie as immediate Past President just as Lewis Nelson helped me when I took over the reins.

With that, I want to close my final message by saying let us never forget that the ACMT is you – our members.

You can all be very proud of belonging to this fine organization that will significantly change the world and our profession. One of the key lessons I learned over the past two years was the importance of being sensitive to your needs and working as a team to serve you. It takes discipline to set aside political agendas, pet projects, and personal ideas to bring a laser-like focus of our attention and resources to matters of real importance to our members. As we developed our long-range strategic plans for both ACMT and MTF, certain initiatives had to be reprioritized and some deferred in order to address more important matters. I am gratified by the wisdom our leadership displayed in bringing many voices and diversified views to the planning process that has charted our course for the next several years. I am always impressed with and grateful for our very dedicated Board of Directors and Committee Chairs. It has truly been an honor to serve you, our members, over the past two years and I look forward to the years to come.

The annual North American Congress of Clinical Toxicology is only days away and ACMT will be very active at the meeting. You won’t want to miss the ACMT Pre-symposium, “At the Precipice of Quality Health Care: The Role of the Toxicologist in Enhancing Patient and Medication Safety”. Other highlights include the ever-popular ACMT CPC, ACMT Fellows-in-Training Roundtable; ACMT Fellows-in-Training Luncheon; the ACMT Practice Symposium, “The Creation and Preservation of a Medical Toxicology Service”; the ACMT Scientific Symposium, “Frontiers in Pain Pharmacotherapy” and the ACMT Ellenhorn Awardee Lecture by Milton Tenenbein, MD, FACMT.

Click here for a full list of ACMT Symposia, Committees, Sections, and Workgroups taking place in New Orleans.

ACMT has been awarded a $5.7 million cooperative agreement with the Agency for Toxic Substances and Disease Registry to manage the Pediatric Environmental Health Specialty Unit (PEHSU) Program in the five western US regions. As you are likely aware, the primary goal of the PEHSU program is to reduce environmental health threats to children from conception to adulthood. This five-year award allows ACMT to advance a number of its strategic priorities to promote educational outreach, prevention, and pediatric toxicology.

The ACMT Board of Directors is especially grateful to the Principal Investigator, Carl Baum, MD, FACMT and Paul Wax, MD, FACMT who worked tirelessly to submit this highly competitive proposal. Others who contributed significant time and effort to the process were Charles McKay, MD, FACMT, Yaron Finkelstein, MD, and Lynn Lancaster, MS, CIH.

We owe Past Presidents Michael Kosnett, MD, FACMT and Erica Liebelt, MD, FACMT a debt of gratitude. Their inspiration, guidance, and mentorship were critical to this successful outcome. The PEHSU Award is a defining moment for ACMT. It acknowledges both our track record and the future potential as an organization to significantly impact the field of medical toxicology.
ACMT Educates
Michele Burns, MD, MPH, FACMT and Louise Kao, MD, FACMT

We are looking forward to a busy and productive fall and winter! This year, NACCT will be held in New Orleans from October 17-21, 2014. The ACMT Pre Meeting is titled “At the Precipice of Quality Health Care: The Role of the Toxicologist in Enhancing Patient and Medication Safety”. The Scientific Symposium will cover ion channels and analgesia and the Practice Symposium will cover creation and preservation of a medical toxicology service. The Education Committee Meeting will be held on Monday, October 20th at noon. The meeting will be open to all, and the agenda will consist of reports by each of the working group leaders.

Our Annual Scientific Meeting will be held in Clearwater, FL from March 27-29, 2015. The topic is “Toxicoprevention: Good intentions, important advances, and unintended consequences.” The satellite Addiction Medicine Academy will be held March 26, 2015. Several travel awards are available via the Medical Toxicology Foundation. Research abstracts will be accepted until November 17, 2014. Please join us in Clearwater for a great meeting!

Don’t miss the ACMT Grand Rounds webinar, held every second Tuesday on months opposite National Journal Club. This newly created series highlights speakers outside of medical toxicology sharing their expertise on a diverse array of topics. If you have a suggested speaker, please contact J.J. Rasimas, MD, PhD at joseph.j.rasimas@healthpartners.com. Also the National Journal Club and National Case Conference webinars continue to provide stimulating discussion of our toxicology literature and fascinating cases. Please view the conference calendar at www.acmt.net for dates and times.

The Education Committee has been restructured into working groups, as our missions and programs have grown. These working groups are as follows:

- Annual Scientific Meeting 2016 Chair Brenna Farmer, MD
- NACCT Leader Diane Calello, MD, FACMT
- Board Review Course Leader Patrick Daubert, MD, FACMT
- Forensic Course Leader Lewis Nelson, MD, FACMT
- Webinars Leader J.J. Rasimas, MD, PhD
- Evaluations Leader Bryan Judge, MD, FACMT
- Needs Assessment/CME Leader Ziad Kazzi, MD, FACMT
- The Next Big Thing Leader Chuck McKay, MD, FACMT
- Enduring Education Leader Paul Wax, MD, FACMT

Thank you to the working group leaders for their efforts thus far and for their leadership and involvement! All current education committee members have been assigned to one or two working groups. If you desire to participate in a working group, please contact Louise Kao, MD, FACMT at Lkao@iuhealth.org.

Thank you and see you in New Orleans!

2014 Medical Toxicology Board Review Course

On September 20-22, 2014, ACMT held the fifth edition of its biennial Medical Toxicology Board Review Course. It was one of the best received and most successful courses in the history of the organization. Over 140 ACMT members were in attendance at the Hilton Salt Lake City Center in Salt Lake City, UT. Highlights included the visual stimulus room, the welcome reception and inaugural toxicology trivia event, and an outstanding group of ACMT lecturers. A special thanks to G. Patrick Daubert, MD, FACMT, Howard Greller, MD, FACMT, and Stephen Munday, MD, FACMT for all their hard work as course organizers. Also thank you to Evan Schwarz, MD for his assistance in organizing the online interactive Q&A and to Russ Kerns, MD, FACMT for organizing the stimulus room.

The course is held every other year prior to the ABEM medical toxicology certification and re-certification exams and will be held again in the fall of 2016.
ACMT is pleased to announce its CALL FOR RESEARCH ABSTRACTS for the 2015 Annual Scientific Meeting. Abstracts will be accepted starting September 1, 2014 until 11:59pm EST on November 17, 2014. Corresponding authors will be notified in mid-December. “Encore” presentation of high quality research studies presented at other scientific meetings is encouraged.

ACMT Research Committee
William Russ Kerns, MD and Eric Lavonas, MD, Co-Chairs

The research committee would like to highlight upcoming research opportunities to the membership:

Original Research presentations at the 2015 Annual Scientific Meeting Clearwater Beach, FL
ACMT members are encouraged to present their research efforts at the 2015 ASM. We hope to increase the quality and number of submissions for our annual meeting. Abstract submission period has been extended to November 17, 2014. Please click here for submission details.

FIT Research Forum at the 2015 Annual Scientific Meeting Clearwater Beach, FL
The Fellow-in-Training Research Forum is an integral event at the ASM where Fellows-in-Training have the opportunity to present preliminary research proposals to a panel of experienced toxicology researchers for constructive feedback. The goal of the forum is to offer insight that can strengthen the proposed research project.

Start brainstorming now! Submission period for the 2015 FIT Research Forum is November 1 through December 1 and details can be found here. The Research Committee is working to secure extramural funding to assist with travel to the 2015 ASM to participate in the forum.

ToxIC Research
The ToxIC database now contains >25,000 cases and is ripening for multi-center consortium projects, upper level data pilot studies, or more detailed subregistry investigations. The database has 6 active subregistries that you can participate in and additional subregistries are in the planning/approval process:

- Caustics
- Lipid Rescue
- North American Snakebites
- Prescription Opioid Misuse
- Severity Score
- Metal on Metal Hip Implants

If interested, please visit the ToxIC webpage for details to submit or participate.
**FUNDED RESEARCH**

**2015 MTF Innovative Research and Teaching Award**
The Innovative Research and Teaching Award is intended to promote the development of highly innovative research that could ultimately accelerate the field of medical toxicology research and/or development of novel tools to provide education on relevant issues in medical toxicology. The MTF has pledged up to $20,000 to support projects of 1-2 years duration beginning July 1, 2015. Application period: **August 1, 2014 through January 15, 2015.** For full details of the grant and application process please [click here](#).

**2015 MTF Award on Prescription Drug Abuse Prevention**
The major goal of this award is to support the development and/or analysis of innovative prevention, treatment, and/or harm reduction strategies related to prescription drug abuse. $5,000 is available to support direct costs for such efforts. Application period: **November 1, 2014 – February 15, 2015.** For full details of the application process, [click here](#).

**MTF-EMF Research Award**
The Research Committee is very pleased to announce that MTF and EMF formally agreed to increase the total annual co-sponsored grant from $5,000 to $10,000 beginning with the 2015-16 grant application cycle. Any Emergency Medicine Resident, Medical Toxicology Fellow, or Fellow in other Emergency Medicine Sub-Specialty training can apply for this award to support toxicology-focused research. (Application for 2015-16 will be released this month and will be available on the EMF and MTF websites. **Deadline: February 2015.** Notification: Spring 2015. Funding starts: July 2015) *Start brain-storming!!!*

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**JMT Update**

*Rebecca Brucoleri, MD, JMT Editorial Board Intern*

As the weather turns cooler and fall is upon us, we have a few exciting updates from JMT. Our submission numbers are up, we are going online only starting January 2015, and we have added some new members to our Editorial Board. The three newest additions are Kavita Babu, MD, FACMT; Eric Lavonas, MD, FACMT; and Trevonne Thompson, MD, FACMT. Dr. Kavita Babu is from the University of Massachusetts where she serves as the Medical Toxicology Fellowship Director. Dr. Eric Lavonas is from the University of Colorado where he is the Associate Director and Medical Toxicology Fellowship Director of the Rocky Mountain Poison Center. Dr. Trevonne Thompson is at the University of Illinois and the Toxikon Consortium. All have made many contributions to JMT as authors and have served as dedicated peer reviewers. We would like to welcome them to the JMT Editorial Board.

There are also some Editorial Board leadership updates, as we have a few members taking on new roles. Michelle Ruha, MD, FACMT is now the Senior Associate Editor for JMT. She has been the Editor for Review Articles and previously served as the Editor for Case Reports. Lewis Nelson, MD, FACMT is the new Editor of the Poison Pen section, and Christine Murphy, MD is the Associate Editor for Fellow-in-Training program. Speaking as the current FIT, I am definitely grateful for her tireless work on making this position a great experience.

Don’t forget abstracts accepted to the ACMT Annual Scientific Meeting will be published in JMT. If you are looking to submit a manuscript to JMT, the new address for the JMT submission portal is: [http://jmto.edmgr.com](http://jmto.edmgr.com). For those looking to recap the year, the ToxIC Annual Report will be published in the December issue but is available online as an “Online First” article now. I am looking forward to seeing everyone at NACCT and good luck to all who are taking or recertifying the Medical Toxicology Board Exam!
Now Accepting Applications for FACMT Status

The application deadline for FACMT induction at the 2015 ACMT Annual Scientific Meeting is Monday, December 1, 2014.

If you have been an active Full member of ACMT for at least 4 years, you are eligible for status as a Fellow of the American College of Medical Toxicology. Join this admirable group of medical toxicologists by filling out the online application. In order to be considered for fellowship status, applicants must meet requirements in two of the following categories: clinical practice, research, formal teaching, public service, service to the college. Three letters of recommendation are also required. Members from the membership committee and the administrative staff of ACMT would be happy to help with any questions or concerns regarding the application process. Contact us at info@acmt.net.

Toxicology Investigators Consortium (ToxIC) Update

Lots of New Things Going on with ToxIC

Jeffrey Brent, MD, PhD, FACMT; Paul Wax, MD, FACMT; Norma Barton, PharmD; Eric Anthony Smith, MSIS

The Toxicology Investigators Consortium continues to grow and thrive and we have a number of terrific new developments to report. A full report will be provided at the ToxIC Investigators Meeting at NACCT. That meeting will take place October 20th (Monday) from 4 to 6pm.

Given the research capabilities implicit in ToxIC’s multi-center nature we have always felt that it would be a great tool for funded research. There are two ways that this funding can occur. One is that ToxIC itself can apply for funding as part of the ACMT. Second, and more preferable, is that ToxIC Investigators serve as a Principal Investigator and apply for funding through their own institutions, with ToxIC as a partner. Recently two separate ToxIC Investigators have received NIH finding using ToxIC as a partner. Edward Boyer, MD, FACMT from the University of Massachusetts, has had his iN3 grant on the identification of emerging trends of drugs of abuse funded. Almost simultaneously, Alex Manini, MD, FACMT from Mt. Sinai School of Medicine, has had his study on cardiovascular effects of drugs approved and funded. Congratulations to Ed and Alex!

As soon as we get home from NACCT it will be time to start writing our abstracts for the ACMT Annual Scientific Meeting in Clearwater. The abstract deadline has been extended to Nov 15th because NACCT is a bit later than usual this year. Please remember that any abstract using general Registry data must be approved by the Research Committee. Getting approval is easy. Just go to the ToxIC Section of the ACMT web page, sign in with your usual personal ACMT login, and go to the Research Tab on the left. Full instructions are under “Want to do ToxIC Research?”. Russ Kerns, MD, FACMT and Eric Lavonas, MD, FACMT, the Co-Chairs of the ACMT Research Committee, have made applying for approval for projects intended for abstracts very easy.

Please also remember that if a study is done using general Registry data that full credit must be given to all of the investigators who participate in the Registry. This can be accomplished by simply entering the phrase “on Behalf of the Toxicology Investigators Consortium” at the end of the author line.

As we grow and have added needs and responsibilities based on our new grants, we are in the process of hiring another staff member who will serve as the full-time ToxIC Project Manager. An update on that search will be given at the Investigators meeting at NACCT.

GET INVOLVED!

Our members are the lifeblood of our organization and you are always invited to become a more active member by joining a Committee or Section.

Email info@acmt.net to join any ACMT committee or section. And feel free to drop into any Committee or Section Meetings during NACCT in New Orleans!

ACMT Committees
ACMT Sections
ACMT ToxIC Registry Awarded NIH Funding to Investigate Drug Abuse and Overdose

Suzanne White, MD, FACMT

I am happy to inform you that ACMT has been awarded two subcontracts from the NIH National Institute of Drug Abuse (NIDA) to support studies utilizing the Toxicology Investigators Consortium (ToxIC) Patient Registry. The awards total $3.7 million in support of research on the prevention of the cardiovascular medical consequences of drug overdose and to establish an early warning system network regarding emerging drugs of abuse and their complications.

The ACMT Board of Directors is especially grateful to the Principal Investigators, Alex Manini, MD, MS, FACMT and Edward Boyer, MD, PhD, FACMT for their leadership and partnership in submitting these highly competitive proposals. We are so proud to see ToxIC gain significant traction as a novel research tool. We owe a huge debt of gratitude to the founders of the registry, Jeffrey Brent, MD, PhD, FACMT and Paul Wax, MD, FACMT and to so many others who contribute significant time and effort to the process each day, including ACMT staff members, Eric Smith, MSIS and Norma Barton, PharmD and the 42 contributing member sites.

Along with the recent PEHSU award, these two NIH awards bring ACMT to a new level, establishing our track record and potential to significantly impact the field of medical toxicology.

Please join me in congratulating the PIs and our talented, dedicated ACMT team.

Medical Toxicology Consultation and Billing for the Treatment of Opioid Dependence and Withdrawal in Hospitalized Individuals –Use of Buprenorphine and Counseling On Top of Standard Consultation Codes

Timothy J. Wiegand MD, FACMT

Most hospitals don’t have Addiction Medicine consultation-liaison services. Medical Toxicologists are well-positioned to offer important services to the hospital and patients with many of the consultation scenarios representing significant opportunity involving patient care as well as billing and revenue generation for the toxicology consultant. One example is the evaluation of patients with opioid (e.g. heroin) dependence, intravenous drug abuse and infections (e.g. abscess or endocarditis). In the Rochester, NY area, as in many of the regions with active Toxicology practices, many of these patients have been at least exposed to buprenorphine (either through the illicit market via ‘self-treatment’ of withdrawal while on the street or as part of a detoxification program. Some of them have had more prolonged exposure during office or clinic based Medication Assisted Treatment). A recent article in JAMA Internal Medicine reported that the identification of opioid-dependent patients while hospitalized for non-addiction related illness (not seeking addiction or detox as the primary complaint) and induction and linkage to outpatient programs accompanied with ongoing Medication Assisted Treatment (buprenorphine maintenance started in hospital and continued to the outpatient setting) was associated with greater success (albeit still fairly high dropout rates) compared to those that initiate treatment themselves by presenting to detox or other addiction treatment facilities (Liebschutz JM, et al).

Example –19 year-old M with IVDU (heroin) hospitalized for abscess, cellulitis and possible endocarditis

A 19 year-old M with several years of IVDU using heroin presents to the hospital with fever and is found to have abscess in the antecubital fossa. The abscess is incised and drained and IV antibiotics are started however he remains febrile. There is concern for possible endocarditis as he is noted to have a murmur and his ESR is significantly elevated. There was surrounding cellulitis (from the abscess) as well.

Toxicology is consulted for help with managing the patient’s anticipated withdrawal and to provide information about treatment programs and medications for opioid dependence that would help “eliminate the Dilaudid™ he’s constantly asking for…”

The patient is admitted to the Observation Unit and seen by Toxicology the following morning. He’s been getting short-acting opioids (hydromorphone) 2 mg intravenously every 4 hours without exception. He notes his pain is, “10 out of 10” and he also complaints of “withdrawal” and insomnia. He has previous experience with use of Suboxone™ both “on the street and in detox,” and he had been on maintenance with it for about 5 months before losing insurance and being forced to drop out of treatment due to inability to pay for treatment and the prescription out of pocket. He notes that he “did OK on it,” and agrees that it would be useful while in the hospital and afterwards and he is willing to undergo induction. Clonidine at 0.1 mg 1-2 every 4 hours along with diazepam 10 mg x 1 are ordered.
These medications begin after the hydromorphone is discontinued, about 6 hours after the initial consult was performed. The following morning the toxicology team assessed the patient (about 16 hours from the d/c of hydromorphone). His Clinical Opioid Withdrawal Scale (COWS) is 15. His heart rate is 80 bpm. He is irritable and clearly in opioid w/d with mydriasis, rhinorrhea, nausea, anorexia, sweating and GI cramping. He reports that his anxiety is moderately well controlled with the clonidine and the diazepam. He had slept for about 2 hours overnight (but received 0.2 mg clonidine every 4 hours and an additional 50 mg hydroxyzine x 2). The opioid (hydromorphone) has been dc’d for nearly 16 hours at this point. A 2/0.5 mg dose of Suboxone is administered (ordered by Toxicology attending with X-waiver) and administered while directly observed by resident (and Toxicology attending) after it is brought up from pharmacy. It takes 35 minutes to interview, examine and assess the patient and to discuss dosing and admin and review the contract. The patient confirms a follow-up appointment for intake and evaluation for Chemical Dependency treatment.

The 2/0.5 mg Suboxone™ dose was taken sublingual and an hour later the patient had moderate improvement in his symptoms. A 4/1 mg dose was given and on f/u phone call he has had dramatic improvement. The nurse reports he denies w/d symptoms and notes that he is eating lunch and “very pleasant and appreciative.”

The maintenance dose is 8/2 mg SL BID and a one week Rx is given to the patient several days later after he has confirmed negative tests for endocarditis and antibiotics sensitivities are back.

**Billing/Charges/Revenue:**

His initial consult (initial visit 85 minutes CPT code: 99245 (diagnosis cellulitis, fever, abscess, opioid dependence) the 99245 is used as he is technically ‘outpatient’ and the admit order wasn’t in yet and he is seen in the ED). The charges are $650.00 for 99245 (CPT code) paid is $158.31.

The Hospital Day 2 charges (99233 –35 min subsequent visit) is charged at $305.00 and reimbursed at $ 157.96. Additional charges include the medication administration during the buprenorphine induction (H0033) -oral medication administration, direct observation –charge amount $248.00 is paid at $225.00.

The Hospital Day 3 charges (99233 –subsequent visit level 3 35 min) is charged at $305.00 and reimbursed at $157.96. A smoking cessation and tobacco use cessation counseling visit is added to this encounter. The cpt code is 99407 (intensive) for > 10 minutes counseling related to smoking and tobacco use cessation counseling; charged: $85.00 and reimbursed $30.73.

For this 3-day encounter the following charges and reimbursement was billed/received: (99245, 2 x 99233, H0033 x 1, 99407 x 1).

**Total charges:** HD 1: $650, HD 2: $305.00 + 248.00, HD 3: $ 305.00 + $85.00  
**Total reimbursed:** HD1: $158.31, HD 2: $157.96 + $225.00 and HD 3: $157.96 + $30.73.

**Total charges:** $1593.00  
**Total reimbursed:** $729.96  
**Reimbursement rate: 46%**

(*compared to overall reimbursement in Toxicology practice of 30% of total charges)

Reference:  
Toxicology Billing and Reimbursement & Denial for Duplication of Payment
Questions and Answers
Timothy J. Wiegand MD, FACMT and
Rose Wratni, Billing and Coding Specialist – Emergency Medicine & Toxicology Consultations at University of Rochester

Question:
Could you explain your billing and collection process? We have trouble collecting on our toxicology consults due to most major insurance not accepting Toxicology as a subspecialty. Also the majority of our consults come from the ED setting and the insurance companies are only paying our “ED Charge”.

Answer:
We are not having any major issues with payments, other than some duplicates (another provider billing same time and DOS), or the specific service may not be payable in our fee schedules yet (for example telephone consults 99446-99449). We only have two payers that reimburse us at this point for telephone consults, but we are hoping that more payers will recognize this service.

When we have any rejected claims we send a request for review and supporting information. We have a form letter stating that “Dr. X” is a specialized Toxicologist, and was asked to consult on the attached “case” (we include his notes) by the ED Department, Pulmonary, etc…. in our appeals. We mention that we are billing under the Toxicologist specialty code (below) also mentioned in your drafted letter, and services are not redundant, thereby warranting separate reimbursement. Since our Toxicology practice has a separate tax ID, we do not receive a lot of duplicate denials, as it is considered a separate specialty. That is not to say that we don’t receive these unwarranted denials, but appeals are typically won.

In our situation, our Toxicologist is very versed in documentation requirements, and his documentation typically supports what is billed. This has been crucial in our obtaining reimbursement, especially with Medicaid and Medicare, who give us the most trouble with denials. Time spent, a written request for the consult, his findings, etc… all play a key role in being reimbursed, and he does an excellent job in documenting these factors.

Specialty taxonomy code: Medical Toxicology (Peds) - 2080T0002X  Medical Toxicology (ED) - 207PT0002X

In our experience, having a separately identifiable tax ID, and being aware of the documentation requirements has proven to be a key factor in our success with obtaining reimbursement. Hopefully addressing these inappropriate denials, and the administrative burden they cause, will force CMS to review their practices.

(see specific taxonomy code information at the following URL: https://www.nd.gov/dhs/info/pubs/docs/medicaid/mmis-individual-provider-code-taxonomy.pdf)

Toxicology taxonomy codes:
Medical Toxicology (ED) - 207PT0002X
Pediatric Medical Toxicology - 2080T0002X

Submit your Member News to us at newsletter@acmt.net.

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DID YOU KNOW?
All regular ACMT webinars are recorded and can be viewed on our website anytime. Click here to go to the ACMT Webinar Page
Toxicology in the News

Teen Accused of Providing Poison as Cocaine to be Tried as Juvenile

Mt Pirongia Poison Drop Breaches 1080 Warning Label

The Drug Industry Routinely Lies to Doctors

Why Synthetic Marijuana Is More Toxic To The Brain Than Pot

How Staten Island Is Fighting a Raging Heroin and Prescription-Pill Epidemic

Dozens of Children Feared Dead After Being Injected with ‘Tainted’ Measles Vaccine in Syria

Syrian children’s deaths ‘caused by vaccine mix-up’

How the Tylenol murders of 1982 changed the way we consume medication

Calendar of Events

2014

October 17-21  North American Congress of Clinical Toxicology
Sheraton New Orleans Hotel
New Orleans, LA
More Information

October 19-22  Safety Pharmacology Society 14th Annual Meeting
Washington, DC
More Information

October 27-30  ACEP Scientific Assembly
Chicago, IL
More Information

2015

March 22-26  SOT Annual Meeting & Tox Expo
San Diego, CA
More Information

March 27-29  ACMT Annual Scientific Meeting
Toxicoprevention: Good Intentions, Important Advances, and Unintended Consequences
Hilton Clearwater Beach
Clearwater Beach, FL
More Information
Register Now

October 8-12  North American Congress of Clinical Toxicology
San Francisco, CA

We want to hear from you! Please share with us any news of yourself or ACMT colleagues and we’ll include it in the next ACMT newsletter. We also welcome comments and suggestions for future newsletters. Send information to newsletter@acmt.net.

Thank you - The Editors
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Tara Frutkin - Administrative Assistant
Norma Barton, Pharm - ToxIC Administrator

Register Now

October 8-12  North American Congress of Clinical Toxicology
San Francisco, CA