Billing:

1. How many claims are included in the annual/monthly price?

2. How may I pay for high volume claims?

3. Can two users share the same license?

Trial:

1. Can I get a trial of the Scrubber for Batch Processing? No trial is offered for the Scrubber.

Basics

1. Will SuperCoder's Scrubber eliminate all my denials?

2. What items will the Batch Scrubber check?

3. What items does the Autofix change?

4. Will I be able to save a report showing the changes I made?

5. What date format should be used?

6. Is the Batch file and claims reworking HIPAA secure?

7. What is the maximum number of claims one file can contain?

8. What file formats does Scrubber for Batch Processing accept and export?

9. How many claims can I check at a time – is there an upper or lower limit?

10. What is the maximum number of ICD-9/10 and CPT/HCPCS level II codes that can be used on one claim?

11. How do I make my own edit rules or add additional rules?

Quick Start Info:

Indexes:

Billing:

1. How many claims are included in the annual/monthly price?

400

2. How may I pay for high volume claims?

Charges for high volume claims are to be paid monthly. If you exceed 400 claims in a month you will receive an invoice via email for the excess which are charged based on volumes, see the chart below. You may pay with either a credit card or check. If your account has a credit card associated, the card will be charged the high-volume charge after the month's close and a receipt sent to you. If no credit card is associated with the account, your invoice will be due within 14 days. If a credit card on file cannot be processed, or a check is not received within 14 days, access to the Scrubber will be removed until the account balance is paid. Please contact your sales or customer service representative for any billing queries and assistance.

Claims per Month	Charge Per Claim
1-400	$0.00
401-5,000	$0.08
5,001-25,000	$0.07
25,001-50,000	$0.06
50,001-100,000	$0.05
100,001+	$0.04

3. Can two users share the same license?

If you buy a subscription, there are no limits to the number of users who may share that license, provided that they do not simultaneously login which is not possible. SuperCoder offers bulk discounts on the subscription fee. Please contact customer service for assistance and special pricing.

Trial

1. Can I get a trial of the Scrubber for Batch Processing? No trial is offered for the Scrubber.

No trial is offered for the Scrubber.

Basics

1. Will SuperCoder's Scrubber eliminate all my denials?

While Scrubber for Batch Processing will improve your claim acceptance rate, it will not completely eliminate all your denials. Some denial reasons are insurer-specific and require an insurer-level scrubber that includes the insurer's private rules. These scrubbers, however, can be hard for a coder to understand and has to be run per insurer. Alternatively, a clearinghouse may perform scrubbing for all insurers. The clearinghouse scrubber may change claims without you knowing causing confusion as to how the error was incorporated in the claim. By preclearinghouse scrubbing the claims, coders can work claims faster and have more clean passes through a clearinghouse scrubber or insurer scrubbers saving time and money by decreasing claims rework and submissions while speeding payment.

2. What items will the Batch Scrubber check?

SuperCoder's CMS 1500 Scrubber for Real Time and Batch Processing scrubs claims for more than 50 top denial triggers and suggests compliance-increasing fixes.

CCI Edits

- Explains when modifier 59 is appropriate
- Improves compliance by alerting to bundled codes
- Protects payments with modifier allowed prompt

- Suggests modifier 25 application as needed

Code Validation

- Checks if ICD-9/10 code is valid for date of service

- Ensures claims aren't denied due to missing 4th or 5th digit in case of ICD 9 diagnosis codes or   missing 4th, 5th, 6th or 7th digit in case of ICD 10 diagnosis codes

- Checks if CPT® code is valid for date of service

- Checks for invalid procedure code

Coding Guidelines

Prevents claims denials from:

- CPT® hierarchy relationship

- CPT® parent-child relationship

- incorrect anesthesia modifier application

- missing base code

- modifier 24-code conflict

- modifier 25-code mismatch

- modifier 63 nonallowance

- E code misordering for ICD 9 and V00-Y99 misordering for ICD 10 codes

- V code incorrect order for ICD 9 and Z code incorrect order for ICD 10

- Wrong modifier based on place of service

Medicare Outpatient Code Edits

Warns of denial due to:

- ICD-9/10 code and gender conflict

- CPT® code and age conflict

- CPT® code and gender conflict

Medical Necessity

- CPT® -ICD-9/10 code CrossRef using top diagnoses submitted to insurers for procedure

- LCD

- NCD

Medicare Physician Fee Schedule

Alerts to requirement for:

- bilateral modifier 50

- modifier 57

Prevents overbilling with check on:

- code status

- professional, technical components

- units-bilateral modifier 50

Plugs revenue drain by:

- suggesting RVU descending-value code reordering

- checking:

  ✓ assistant surgeon allowance

  ✓ modifier 51 excemptions

  ✓ co-surgeons allowance

  ✓ team surgeons permission

Medically Unlikely Edits (MUEs)

- Stops over coding with MUE violation warning

Patient Demographics

- Age

- Date of service

- Gender

Private Payer

- Prevents paybacks with modifier 51 reminder.

3. What items does the Autofix change?

Autofix changes items that are definitively wrong and can have only one method of fixing. Autofix scrubs the claim with the following actions:

- ✓ Reorders claim in relative value unit (RVU) descending order

- ✓ Removes CPT® component code when CCI edit allows no modifier to override the bundle

- ✓ Removes modifier 25 on a non-E/M code

- ✓ Removes modifier 24 on a non-E/M code

- ✓ Removes nonallowed modifiers on an E/M code

- ✓ Removes modifier 63 when not allowed

- ✓ Removes anesthesia modifier on a non-anesthesia code

- ✓ Removes +99100 when age requirement is not met

- ✓ Removes code with Status T - Always bundled code

- ✓ Removes code considered child of another CPT® code, per CPT®

4. Will I be able to save a report showing the changes I made?

Yes, you can download in Adobe Acrobat PDF® a Variance Report that shows the differences between pre- and post-autofix and autofxes.

Patient Name

Birth Date (DOB) [date must be entered in **MM-DD-YYYY** format. Always use "hyphen (-)" in between+

Gender

Encounter date (DOS/Date of Service) [date must be entered in **MM-DD-YYYY** format. Always use "hyphen (-)" in between]

LCD info (if LCD is to be checked):

State (Abbreviated term)

Contractor type

Coding Information:

Procedure code (CPT® / HCPCS)

Diagnosis code (ICD-9/10 Vol.1code) [max. 4 diagnosis codes per CPT®/HCPCS code]

Modifier (for corresponding CPT®/ HCPCS only) [max. 4 Modifiers per CPT®/HCPCS code]

Unit (Unit of CPT®/HCPCS codes to be billed)

When necessary, add more claim IDs and other claim lines based on your no. of claims in a single batch. Just paste the previous claim ID's lines in the editable notepad and then replace the coding data and patient info as per the new claim/chart.

3. Once all data modifications are complete for an entire batch, just press "CTRL S" to Save the file. The data modifications are automatically changed and saved in the same downloaded XML form. Now open the XML by doubleclicking on it and you can see the data changes reflected in it.

5.What date format should be used?

The input date must be in "mm-dd-yyyy" format. You must use "-"(hyphen) in the date. *E.g. – 10th March, 2011 should be entered as, 11-03-2011]

6. Is the Batch file and claims reworking HIPAA secure?

To ensure complete HIPAA compliance, no claim information is stored on the site. The Batch file is available after uploading the file for 1 hour in case you need to reload the file.

7. What is the maximum number of claims one file can contain?

5oo

8. What file formats does Scrubber for Batch Processing accept and export?

XML and ANSI 837.

9. How many claims can I check at a time – is there an upper or lower limit?

You can check a single claim instantly (real time) by directly keying in the information, or you can upload a batch file (in XML or ANSI 837 format) containing up to 500 claims, and extract a repaired file in the same format.

10. What is the maximum number of ICD-9/10 and CPT/HCPCS level II codes that can be used on one claim?

A single claim has addable lines to include more than 100 CPT and/or HCPCS level II codes. Each line item can contain 4 ICD-9/10 codes, 4 modifiers, and 1 unit field.

11.How do I make my own edit rules or add additional rules?

The Scrubber for Batch Processing does not currently offer individual rules or allow users to add their own rules. Email customerservice@supercoder.com with your specifics and we will look into fulfilling your request. Our mission is to make our products meet our clients' needs.

Quick Start Info

1. How do I access the Batch Scrubber?

In your browser window, enter https://www.supercoder.com/login. Log in by entering your email/username and password. From SuperCoder's main menu, mouse over "Coding Tools" and under Batch Proccessing, click on "CMS 1500."
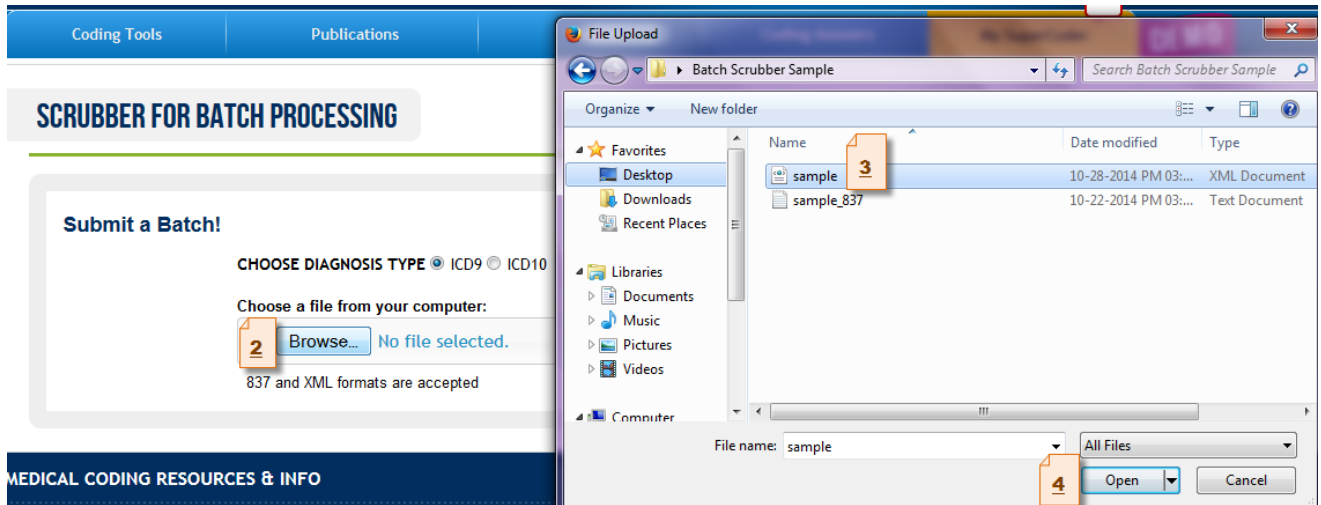
2. How do I upload a batch file?

On http://www.supercoder.com/scrubber/batch-processing/, follow these steps to upload a file:
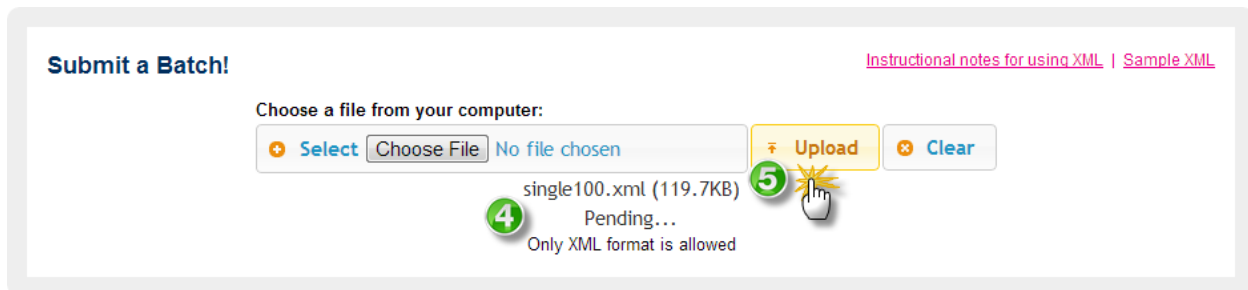
1. From the Radio-Button, select the Diagnosis codeset (ICD9 or ICD 10) used in the file, you want to scrub.

2. Click on Browse

3. Navigate to the location on the file's location on your system.

4. Click Open

5. You will see the "Pending" message indicating the file you selected.

6. Click Upload

Note: Larger files containing multiple claims and/or claims with numerous codes may take up to 3 minutes to load.

7. You will see your file in the Batch Dashboard below the Submit a Batch grey box.

3. Where does the Batch ID come from?

SuperCoder's Batch Scrubber will assign your file a Batch ID number (B#).

4. What information is shown in the Batch Dashboard?

From left to right, you will see a column for:

BATCH DASHBOARD

BATCH ID	FILE NAME	CLAIMS	UPLOAD DATE	STATUS	ACTIONS
99	SAMPLE XML_latest2014_NEW.xml	1	2014-04-16	🚩	🔧 Repair ❌ DELETE ↻ EXPORT

- **BATCH ID** (#BIxx) that SuperCoder's Batch Scrubber assigns to each file on upload
- **FILE NAME** that you saved the file as on your system
- **CLAIMS** shows the number of claims included in the batch file
- **UPLOAD DATE** which displays the date you uploaded the file into SuperCoder's Batch Scrubber
- **STATUS** indicates the most severe error level detected in the claims
- **ACTIONS** you can take on the file. These include file:
  - ➢ Repair – see the individual claims in the file
  - ➢ Delete – remove the batch file
  - ➢ Export – save the batch file back to the user's system.

5. What does the Status Flag Color represent?

The Status Flag color (red - critical, medium - orange, yellow – low, green - clean) indicates the most severe level found on any of the claims included in the batch file. This gives the coder a glimpse of the files with the most severe errors so that she may work them first. The flag color indicates 4 levels:

Priority	Severity	Explanation
1	**Critical**	The file contains a critical error that must be fixed to avoid claim denial, incorrect payment, and/or code misuse. Examples include CCI edits not allowing a modifier, invalid modifier use per CPT, and invalid code.
2	**Medium**	The file contains an error that may cause the claim to be denied. Fixing it is fairly important but not essential for claim payment. Examples include CPT-ICD-9/10 code mismatch, ICD-9 not on NCD, and incorrect descending value order.
3	**Low**	The file contains a warning that adding/removing additional info may

		promote correct code usage and speed claim payment.
4	**Green**	No errors detected for checked items.

6. What do the Actions permit the coder to do?

From the Batch Dashboard, the user can select from these file actions:

- ➢ Repair – see the individual claims in the file
- ➢ Delete – remove the batch file
- ➢ Export – save the batch file back to the user's system.

7. What information does the Batch Claim List include?

The batch claim list includes columns for (From left to right):

- **CLAIM ID** - (CI#xxxxxx) that SuperCoder's Batch Scrubber assigns to each claim on upload
- **NO. OF EDITS** the number of edits the Batch Scrubber detected in the claim
- **STATUS** indicates the most severe error level detected in the file
- **TYPE OF ERRORS** gives a summary of 6 error groups (modifier, CPT-ICD Mismatch,)found in the file
- **ACTIONS** you can take on the file. These include file review of a file that has:
    - ➢ - Changes from the user
    - ➢ - No changes from the user
- **EXPORT** – Check the box under Export to include the claim in the batch file for export back to the user's system
    - ○ **Tip**: A Select All box is included at the top and bottom of the Batch Claim List for quick inclusion of all a file's claims for export. Or the user can choose to export only claims that she has changed.

- **BATCH DASHBOARD -** Click the "Batch Dashboard" button located at the top of Batch Claim List to return to the Batch Dashboard.

8. How can I rework a claim?

SuperCoder's Batch Scrubber is designed for the coder to be able to instantly start making adjustments to the claim. Here's how:

1. From the Batch Claim List, click the claim's Review button. The claim data is automatically loaded into the CMS 1500 form and ready for instant reworking. For quick error fixing, errors are shown at each code level. The same errors are summarized at the bottom of the claim.

2. Make any changes. To add more CPT or HCPCS level II codes, click the green **Add Procedure** button.

3. Click "**Rescrub Claim**" and review the updated error messages. All information on the claim and on the claim's Batch Claim List will be refreshed.

874.01 - There is
code may not ma

SUPPORT: (866)-228-9252

Hello Apoorba Ganguly | Help | Logout

Search

Add Procedure

Click here to add rows in the claim to add new
CPT/HCPCS code, i.e. new line item

DISCLAIMER

After making changes in claim, click
"Rescrub Claim" to recheck the claim.
The code level and summary error
messages will be auto-updated as will be
information shown on the claim's Batch
Claim List

Scroll down to read the
Error Messages summary

AutoFix   **Rescrub Claim**

Batch Dashboard   Claim List

Row No.	Codes	Severity	Error Message
1	77777	LOW	63 : This modifier usually is not associated with this Procedure code
1	77777	CRITICAL	Invalid modifier: Modifier 25 can be used only with E/M procedure codes
1	V30.01	LOW	There is no LCD policy available under this state and contractor, for this CPT/HCPCS code. Diagnosis code may not match/support the procedure

4. **AUTOFIX** – A very beneficial option comes with "batch processing" type of operation. More than 15 types of errors (identified by the tool) can be automatically fixed/repaired by the tool. These errors will be identified in the code level area with blue font. If user wants to avail the opportunity of automatically removing those errors by the system, s(he) can click the "**AUTO FIX**" blue button in the same page. This action will remove/repair the errors and cleanse the claim. The cumulative error list at the bottom of the page will track and list the errors that were removed by "auto fix" option and the remaining errors within the claim after auto-fixing.

PATIENT INFORMATION OPTIONAL

CODING INFORMATION

ROW	DOS		SCRUB RESULTS
1	From : 03-02-2014 to : MM-DD-YYYY		DOS :

Apply DOS above to all rows ☐

Procedure/Supply : 77777 Units : 1

Modifier : 63 25

Diagnosis : v30.01 v60.9 63 V20.2

77777: Interstitial ra .. View Details
V30.01: Single liveborn View Details
V60.9: Unspecified hou View Details
V20.2: Routine infant View Details

DOS :
Procedure/Supply :
Units :
Modifier :
→ 63 : This modifier usually is not associated with this Procedure code
→ Invalid modifier: Modifier 25 can be used only with E/M procedure codes

Blue-font logic that can be autofixed

Diagnosis :
→ V30.01 - There is no LCD policy available under this state and contractor, for this CPT/HCPCS code. Diagnosis code may not match/support the procedure
→ 63 - Invalid diagnosis code
→ V60.9 - There is no LCD policy available under this state and contractor, for this CPT/HCPCS code. Diagnosis code may not match/support the procedure
→ V20.2 - There is no LCD policy available under this state and contractor, for this CPT/HCPCS code. Diagnosis code may not match/support the procedure

Add Procedure

Click this to autofix the errors (only the ones with blue font that can be fixed by the tool automatically)

[+] DISCLAIMER

AutoFix   **Rescrub Claim**

⚙ Batch Dashboard   📋 Claim List

Row No.	Codes	Severity	Error Message
1	77777	LOW	63 : This modifier usually is not associated with this Procedure code

Once "autofixing" is completed, the list of error messages that were removed by using that feature can be seen and a "Variance Report" in PDF format can be generated showing the – a) initial list of errors, b) the items that were auto-fixed and c) the remaining list of errors.

AutoFix   **Rescrub Claim**

Shows items that are auto-fixed/repaired

Generate "variance report"

⚙ Batch Dashboard   📋 Claim List   🔧 AutoFixed Error Message   📈 Variance Report

Row No.	Codes	Severity	Error Message
1	77777	LOW	63 : This modifier usually is not associated with this Procedure code

Autofixed error list from a claim (errors that are no longer seen within that scrubbed claim):

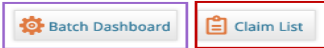| Row No.	Codes	Severity	AutoFixed Error Message
1	77777	CRITICAL	Invalid modifier: Modifier 25 can be used only with E/M procedure codes
2	45378	MEDIUM	Anesthesia modifier P1 - cannot be appended to this non-anesthesia procedure code
3	99214	CRITICAL	Invalid modifier: Modifier 50 can be used only with Non E/M service codes
5	98966	CRITICAL	Invalid modifier: Modifier 25 can be used only with E/M procedure codes
7	98969	CRITICAL	Invalid modifier: Modifier 25 can be used only with E/M procedure codes

9. Will I be able to save a report showing the changes I made?

No claim edit history is saved. A report showing changes available for saving will be coming soon. However you can generate a variance report showing the a) initial list of errors, b) the items that were auto-fixed and c) the remaining list of errors. This report comes in PDF format which can be printed or shared to analyze your claim errors.

10. When I'm on the Claim Review page, how can I return to the Batch Claim List?

Click the "**Batch Dashboard"** button and you will go back to the Dashboard, and click "**Claim List**" button to return to Batch Claim List showing the updated claim status including updated error message number.

11. What items will the Batch Scrubber check?

SuperCoder's CMS 1500 Scrubber for **Batch Processing** scrubs claims for more than 50 top denial triggers and suggests compliance-increasing fixes. Areas covered include:

CCI Edits

- Explains when modifier 59 is appropriate
- Improves compliance by alerting to bundled codes
- Protects payments with modifier allowed prompt
- Suggests modifier 25 application as needed

Code Validation

- Checks if ICD-9/10 code is valid for date of service
- Ensures claims aren't denied due to missing 4th or 5th digit in case of ICD 9 diagnosis codes
- Ensures claims aren't denied due to missing 4th, 5th, 6th or 7th digit in case of ICD 10 diagnosis codes
- Checks if CPT code is valid for date of service
- Checks for invalid procedure code

Coding Guidelines

Prevents claims denials from:

- CPT® hierarchy relationship
- CPT® parent-child relationship
- incorrect anesthesia modifier application
- missing base code
- modifier 24-code conflict
- modifier 25-code mismatch
- modifier 63 nonallowance
- ICD 9 E code misordering
- ICD 10 V00-Y99 code misordering
- ICD 9 V code incorrect order
- ICD 10 Z code incorrect order
- Wrong modifier based on place of service

Medicare Outpatient Code Edits

Warns of denial due to:

- ICD-9/10 code and gender conflict
- CPT ®code and age conflict
- CPT® code and gender conflict

Medical Necessity

- CPT®-ICD-9/10 code CrossRef using top diagnoses submitted to insurers for procedure
- LCD
- NCD

Medicare Physician Fee Schedule

Alerts to requirement for:

- bilateral modifier 50
- modifier 57

Prevents overbilling with check on:

- code status

- professional, technical components
- units-bilateral modifier 50

Plugs revenue drain by:

- suggesting RVU descending-value code reordering
- checking:
    - assistant surgeon allowance
    - modifier 51 excemptions
    - co-surgeons allowance
    - team surgeons permission

Medically Unlikely Edits (MUEs)

- Stops over coding with MUE violation warning

Patient Demographics

- Age
- Date of service
- Gender

Private Payer

- Prevents paybacks with modifier 51 reminder.

And many more………………

12. How can I export the file?

You can export a Batch file back into your own system from one of two places:

1. **Batch Claim List:** Select individual or all claims to include in the file and click the export button at the bottom of the list. The file will automatically download to your system.

BATCH CLAIM LIST					EXPORT ☑ select all
CLAIM ID	NO. OF EDITS	STATUS	TYPE OF ERRORS	ACTIONS	
#40001	69	🚩	Modifier CPT-ICD Mismatch	REVIEW	☑
					☐ Select all EXPORT

2. **Batch Dashboard:** Click export and all claims in the file will be exported to your system. The file will automatically download to your system.

BATCH ID	FILE NAME	CLAIMS	UPLOAD DATE	STATUS	ACTIONS
#BI7	single100.xml	100	2012-11-08	🚩	🔧 Repair ❌ DELETE ↑ EXPORT

BATCH DASHBOARD

13. What format will the export file be in?

The same format that you used to upload the file will be used as the export file.

14. What file formats does Scrubber for Batch Processing accept and export?
XML and ANSI 837.

15. How can I prepare an XML file?
Read the "Instructional Notes" file, in the "Scrubber for Batch Processing" page. Download the Sample XML file and open in "**notepad (.TXT)**" format. You can add your data in the editable formats to create your own XML input file.

16. What format for entering date to be used in the forms?
The input date should be in "mm-dd-yyyy" format. You must use either "-"(hyphen) or "/" (slash) in the date. [E.g. – 10th March, 2011 should be entered as, either 03-10-2011 or 03/10/2011]

17. Where can I find the contractor ID and state name abbreviations that the tool requires?
Please refer to the Instructional Notes in the Scrubber for Batch Processing page. The instructional note document (i.e., this document) enlists the State's abbreviated terms and also the Contractor IDs, for your reference.

18. How to use an ANSI 837 file?
SuperCoder Batch Scrubber (CMS-1500) can utilize claim information in standard ANSI 837 format too. This product (SuperCoder Batch Scrubber [CMS-1500]) is **not** for creation of an ANSI 837 file. An 837 file is generated by the user's billing software or third-party software and this ANSI 837 file containing the claim data can be uploaded and scrubbed and repaired using SuperCoder Batch Scrubber (CMS-1500) tool. The tool can scrub the claims data in 837 file, gives you the option to repair and finally exports the repaired ANSI 837 file.

19. What is the maximum number of claims one file can contain?
5oo

20. What is the maximum number of ICD-9/10 and CPT/HCPCS level II codes that can be used on one claim?
A single claim has addable lines to include more than 100 CPT and/or HCPCS level II codes. Each line item can contain 4 ICD-9/10 codes, 4 modifiers, and 1 unit field.

21. How do I make my own edit rules or add additional rules?

The Scrubber for Batch Processing does not currently offer individual rules or allow users to add their own rules. Email customerservice@supercoder.com with your specifics and we will look into fulfilling your request. Our mission is to make our products meet our clients' needs.

22. Is the Batch file and claims reworking HIPAA secure?

To ensure complete HIPAA compliance, no claim information is stored on the site. The Batch file is available after uploading the file for 1 hour in case you need to reload the file.

23. Can I get a trial of the Scrubber for Batch Processing?
Yes, you may try the Scrubber for Batch Processing at no charge for 14 days.

24. How can I cancel the trial of the Scrubber for Batch Processing?
After logging into SuperCoder, go to My Accounts and click on My Subscriptions. Click Cancel Trial. Please give us feedback on your decision as we strive to improve our products and the best way for us to do so is to learn from you our customers.

25. Will SuperCoder's Scrubber eliminate all my denials?
While Scrubber for Batch Processing will improve your claim acceptance rate, it will not completely eliminate all your denials. Some denial reasons are insurer-specific and require an insurer-level scrubber that includes the insurer's private rules. These scrubbers, however, can be hard for a coder to understand and has to be run per insurer. By pre-insurer reviewing the claims, coders can work claims faster for even faster insurer-level scrubbing.

26. How does the Scrubber interact with billing software?
The coder views the error report and makes any adjustments. The biller can then take the XML or ANSI 837 adjusted items and incorporate them into the billing software.

Select Contractor Type Index Number (in "Contractor Type" area of XML)

0	All Types
1 or 9	Carriers / MAC-PART B
2 or 8	FI / MAC-PART A
11	HHH MAC
10	DME MAC
12	A and B MAC
13	A and B and HHH MAC

Select State Index Number (in "Contractor state" area of XML)

STATE	NUMBER
All States	0
Alabama	2
Alaska	1
American Samoa	4
Arizona	5
Arkansas	3
California - Entire State	6
California - Northern	66
California - Southern	67
Colorado	8
Connecticut	9
Delaware	11
District of Columbia	10
Florida	12
Georgia	14
Guam	15
Hawaii	16
Idaho	18
Illinois	19
Indiana	20
Iowa	17
Kansas	21
Kentucky	22
Louisiana	23
Maine	26
Maryland	25
Massachusetts	24

Michigan	27
Minnesota	28
Mississippi	31
Missouri - Entire State	29
Missouri - Northeastern & Southern	61
Missouri - Northwestern	62
Montana	32
Nebraska	36
Nevada	40
New Hampshire	37
New Jersey	38
New Mexico	39
New York - Downstate	63
New York - Entire State	41
New York - Queens	64
New York - Upstate	65
North Carolina	34
North Dakota	35
Northern Mariana Islands	60
Ohio	42
Oklahoma	43
Oregon	44
Pennsylvania	45
Puerto Rico	46
Rhode Island	47
South Carolina	48
South Dakota	49
Tennessee	50
Texas	51
Utah	52
Vermont	55
Virgin Islands	54
Virginia	53
Washington	56
West Virginia	58
Wisconsin	57
Wyoming	59