



COA Report

California Orthopaedic Association

January 15, 2021

TOP NEWS

California's Medical-Legal Fee Schedule is Changing — Proposed Effective Date – April 1, 2021

COA
If you have considered becoming a Qualified Medical Evaluator (QME), now is the time to sign up.

QMEs provide disability evaluations for injured workers under California's Workers' Compensation System and are charged with writing a Medical-Legal report to resolve disputes. A very important role for physicians which has significant implications for workers who have been injured on the job.

How is DWC Proposing to Change the Medical-Legal Fee Schedule?

- Flat rate system starting at \$2,015 which includes 200 pages of records. \$3.00 per page of records thereafter. A projected 25% increase over existing reimbursement levels.
- Supplemental Medical-Legal Evaluation – \$650 - includes review of 50 pages of records.
- Reimbursement for Missed Appointments - \$503.75.
- Depositions - \$455 per hour – 2 hour minimum.

These changes are not yet final, although the Division is expected to continue to support a flat-rate system effective April 1, 2021. For a complete list of proposed changes and to read the text of the proposed changes, go to the DWC: <https://www.dir.ca.gov/dwc/DWCPropRegs/2020/Medical-Legal-Fee-Schedule/Med-Legal-Fee-Schedule.htm>

The DWC QME test will be offered **April 17, 2021**. Physicians will have the option to take the April examination in person at a testing site or virtually from their office/home. Applications must be received by DWC by **March 4, 2021**. The QME application and other information on the QME system can be found at: https://www.dir.ca.gov/dwc/MedicalUnit/QME_page.html. New QMEs must take and pass the Division of Workers' Compensation (DWC) QME test and take a Mandatory Report-Writing Course. [Click here for information on COA's course.](#)

If interested in taking the QME test, [apply today.](#) <https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm100.pdf> Let COA know of your interest, so we can update you as changes to the Medical-Legal Fee Schedule are implemented — admin@coa.org

With these changes to the Medical-Legal Fee Schedule, there will also be a renewed emphasis on the quality of QME/AME reports and ensuring that reports address all required elements of a Medical-Legal Report. Most importantly, evaluators must provide a rationale for their conclusions. The DWC and COA are also developing training and educational opportunities to help new and existing QMEs/AMEs improve the ratability of their reports.

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COVID-19 GUIDANCE

COVID-19 Vaccination Guidelines

CDPH

Most of California is still in the middle of vaccinating health care workers under Phase 1a. However, there is new awareness that health care professionals not affiliated with a health care system are being overlooked in the Phase 1 distribution of the vaccinations. The California Orthopaedic Association (COA) and other medical associations have raised this issue with Governor Newsom and members of his COVID-19 Task Force. Those physicians and their staff also are at-risk as they continue to see patients.

To help expedite the administration and distribution of COVID-19 vaccines, the California Department of Public Health (CDPH) has issued additional guidance [clarifying the rules for vaccine administrators](#), including physicians.

In its new guidelines, CDPH made clear that recipients in Phase 1a – health care workers and residents and staff of long-term care facilities – should still receive top priority for vaccinations. But the department stipulated that "after focused and appropriate efforts to reach the individual groups currently prioritized, health departments and providers may offer doses promptly to people in lower priority groups when demand subsides in the current groups, or doses are about to expire according to labeling instructions."

The revision comes after concerns raised by physicians and other vaccine administrators about potentially punitive measures taken against those who are administering COVID-19 vaccination to patients. While medical associations in California support the equitable distribution of the COVID-19 vaccine, we also believe that strict adherence to the phases and tiers can create potential problems and slow the overall administration of the vaccine.

Governor Newsom has clarified that after focused and appropriate efforts to reach the individual groups currently prioritized, health departments and providers may offer doses promptly to individuals in lower priority groups when:

- Demand subsides in the current groups, or
- Doses are about to expire according to labeling instructions.

To maximize vaccine administration and reduce the potential for vaccine wastage, local health departments and providers should immediately administer COVID-19 vaccines to individuals in all tiers of Phase 1a. Providers offering vaccines should consider partnering with other providers or organizations to provide vaccinations for individuals in the prioritized tiers. However, local health departments and providers should make special efforts to administer the vaccine to vaccinators.

Local health departments and providers may allocate doses on the assumption that immunization will be accepted by some but not all who are offered the vaccine, and then continue to offer vaccinations to all individuals in progressive priority tiers. If a county has maximized use of the vaccine to administer individuals in Phase 1a, they should move to Phase 1b, Tier 1 while continuing to offer vaccines to those in higher priority groups.

COVID-19 Public Health Emergency Extended — April 21, 2021.

CMS
U.S. Department of Health and Human Services Secretary Alex Azar has [extended](#) the COVID-19 Public Health Emergency (PHE) for an additional 90 days. This means that all of the telehealth and other waivers and flexibilities that have been implemented during the PHE will remain in effect until at least April 21, 2021.

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Moderna Says COVID-19 Vaccine Immunity To Stay at Least a Year

Reuters

Immunity from Moderna Inc's COVID-19 vaccine should last at least a year, the company said on Monday at the J.P. Morgan Healthcare conference. The drugmaker said it was confident that the messenger RNA (mRNA) technology it used was well suited to deploy a vaccine based on the new variant of the coronavirus which has emerged in a handful of countries.

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Feds to States: Give COVID Vaccine to 65+ and Those With Comorbidities

Medscape

Federal health officials are urging states to vaccinate all Americans over age 65 and those ages 16 to 64 who have a documented underlying health condition that makes them more vulnerable to COVID-19. US Department of Health and Human Services (HHS) Secretary Alex Azar and Centers for Disease Control and Prevention (CDC) Director Robert Redfield, MD, made the recommendation on a briefing with reporters, saying that the current vaccine supply was sufficient to meet demand for the next phase of immunization as recommended by the CDC's Advisory Committee on Immunization Practices.

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PRACTICE GUIDANCE

Congress Overrides HHS Guidance on Use of Provider Relief Funds

The Motley Fool

Congress' recently-passed Federal Appropriations Act includes new provisions modifying the scope of the Provider Relief Fund payments overseen by the U.S. Department of Health and Human Services (HHS), granting providers new flexibility in how they may use the funds they received. The legislation also authorizes HHS to distribute an addition \$3 billion dollars in Provider Relief Fund payments. The legislation was signed into law on December 27, 2020.

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Increasing Disseminated Gonococcal Infections in California

CDPH

In recent months, the California Department of Public Health (CDPH) has received increasing reports of disseminated gonococcal infections (DGI), an uncommon but severe complication of untreated gonorrhea. CDPH is working with local health departments to investigate these cases of DGI, where some of the patients have reported experiencing homelessness and/or using illicit drugs, particularly methamphetamine. It is possible the increase in DGI cases reflects a decrease of STD screening, testing and treatment as a result of the impact of the COVID-19 pandemic as opposed to a more virulent strain of gonorrhea being transmitted. **Medical providers should reinstate routine screening recommendations for STDs in females <25 years of age, pregnant females, men who have sex with men, and individuals with HIV. Additional, providers should increase their clinical suspicion for DGI in patients with joint pain and follow the guidance in the CDPH [DGI Dear Colleague Letter for Clinicians](#).**

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Advancements Pave the Way for Office-Based Surgery

Healio

In the 1990s, with advancements in technology and greater patient demand, physicians began to shift from performing surgical procedures in a hospital or ASC to an office-based setting. Among procedures currently performed in the office, arthroscopy has become a diagnostic solution for patients who either cannot undergo MRI or choose not to wait for an MRI while providing the visualization of standard arthroscopy, according to Sean McMillan, DO, chief of orthopedics at Virtua Willingboro in Burlington, New Jersey.

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FDA Approves Implant as Alternative to ACL Reconstruction

Medscape

The US Food and Drug Administration (FDA) granted marketing authorization for an anterior cruciate ligament (ACL) implant, intended as an alternative to surgical reconstruction after ACL tears. According to the FDA, the implant is the only currently available alternative to reconstruction with allograft, autograft, or suture-only repair for treating ACL tears.

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Technique Manages Ankle Trauma in Athletes, Restores 360° Ring of Stability

Healio

Consideration of the functional 360° ring of stability of the ankle mortise is critical, particularly in consideration of aggressive return to functional rehabilitation timelines. This concept importantly considers not only effective techniques of surgical stabilization, but equally, if not more importantly, the accurate identification of subtle instability patterns that are frequently underappreciated with historical means of diagnosis. An improved understanding of this concept will help progress treatment outcomes to focus on return to preinjury performance, not just simple return to activity.

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