TOP NEWS

WALANT — Orthopaedic Practice
Marc Trzeciak, DO, Program Director, Valley Orthopedic Surgery Residency

Wide-Awake Local Anesthesia No Tourniquet (WALANT) has been shown to be a safe and effective care model that has led to improved outcomes, patient satisfaction, and cost-savings. An increasing number of hand surgeons have been incorporating WALANT procedures into their practices. However, recent studies have shown office-based surgery (OBS) is still very rare accounting for only 2-3% of all carpal tunnel releases.1,2 Another benefit of performing WALANT procedures is that they preclude the risks associated with anesthesia and patients on complex pharmaceutical regimens don't need to discontinue their medications.3 In regards to cost, procedures performed in a procedure room rather than the operating room have demonstrated a cost savings of 80-85%.4,5 The purpose of this study was to find the preferences of hand surgeons who perform WALANT procedures. An email survey was sent to practicing hand surgeons who were listed in the California Orthopaedic Association database. A total of 49 surgeons responded to the request to complete our survey.

A majority of surgeons who perform WALANT procedures perform them in an ambulatory surgery center (53.1%); with 16.3% (n=8) performing WALANT procedures in an office based setting (OBS). 42.2% of the surgeons who reported performing WALANT procedures at different types of surgery centers reported that their patients do receive an IV, with 56.8% reporting that they do not order an IV for their patients. Out of all survey participants 44.9% (n=22) reported routinely giving their patients perioperative antibiotics for soft tissue elective surgeries. This noteworthy, given the evidence that perioperative antibiotics for clean soft tissue procedures are not indicated.6 However, this is a lower percentage of surgeons reporting giving perioperative antibiotics compared to a 2015 study in which 51% of hand surgeons reported regularly using perioperative antibiotics.2 The antibiotics given were Ancef (n=13), Keflex (n=8), and Cipro (n=1). For surgeons who reported not prescribing their patients antibiotics, their main reason for not doing so was that the literature reports they are not necessary.

WORKERS’ COMPENSATION GUIDANCE

Encourage Providers to E-Bill Workers’ Compensation Billings
On-Line Authorization Requests
U.S. Department of Labor

The U.S. Department of Labor has successfully implemented two significant improvements to their Workers’ Compensation system for providers billing services rendered to federal employees injured on-the-job.

1. **E-Billing**
   Hardcopy bills and documents require a team of individuals to physically report to our mailroom facility to open, scan, and transmit these documents to our bill processor for payment. These steps, under the current conditions of the COVID-19 pandemic, may cause delays in processing and payment of hardcopy bills. To avoid any delay, **OWCP is asking that medical providers submit medical bills/attachments electronically**. Providers will experience much faster processing times with electronic submissions and our online notification of any bill errors further reduces processing time.
   - Please refer to the [Quick Guide](#) on how to submit bills/attachments electronically.
   - For Frequently Asked Questions

2. **On-Line Authorization Requests**
   Providers should submit all authorization requests online. Should providers need assistance in submitting authorization requests, please contact:
   - DFEC: 1-844-493-1966
   - DCMWC: 1-800-638-7072
   - DEEOIC: 1-866-272-2682

   Select Option 2 (for Provider) and then select 2 (for Authorizations).

The new authorization templates can be found here:

- [DFEC Authorization Templates](#)
- [DEEOIC Authorization Templates](#)

Read more from the U.S. Department of Labor.

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PRACTICE GUIDANCE

The Current Public Health Emergency (PHE) Has Been Extended, Yet Again
Karen Zupko & Associates Inc.

Secretary Azar has once again renewed the current public health emergency that was set to expire on October 23, 2020. The renewal will continue to allow much needed relief and flexibilities that are in place to provide care to patients during this time of COVID surges and continued transition back to a new normal.

This continuation will extend these benefits until January 21, 2021, at which time the situation will once again be assessed and decisions made. The renewal of the PHE includes many continued benefits, most notable:
Continued flexibilities already in place for providers and facilities to provide telehealth services
Continued directive that insurers cover medically necessary COVID-19 tests without cost-sharing
Continued Section 1135 waivers that give providers additional flexibility to respond to COVID-19
Continued 20% Medicare inpatient add-on payment to facilities for COVID-19 patients
Continued increase in federal Medicaid matching funds available to states

M&A Transactions Involving PPP Loans: Important Guidance From The SBA

On October 2, 2020, the Small Business Administration (SBA) issued Procedural Notice No. 5000-20057 addressing procedures applicable to a “change of ownership” of a borrower who has received a loan under the Paycheck Protection Program (PPP). This procedural notice sets forth important guidance as to whether or not the SBA's prior approval is required in connection with a change of ownership.

HHS Announces Provider Relief Fund Phase 3 General Distribution

Last week, HHS announced $20 billion for a Provider Relief Fund Phase 3 General Distribution. This new distribution supports providers who have been most significantly impacted by COVID-19, as measured by changes in their revenues and expenses from patient care. Importantly, providers that have already received relief payments will be invited to apply for additional funding that considers financial losses and changes in operating expenses caused by COVID-19.

Registry Program Partners with CMS on Bundled Payment Model

The American Academy of Orthopaedic Surgeons (AAOS) Registry Program is pleased to announce its partnership with the Centers for Medicare & Medicaid Services (CMS) on its Model Year 4 Bundled Payments for Care Improvement (BPCI) Advanced program. Beginning January 1, 2021, the agency will utilize AAOS registry-reported data as part of its new Alternate Quality Measures Set—demonstrating a shared interest in promoting value-based care and ensuring that payment models for musculoskeletal care can better guide decision-making.

Productivity Skyrockets in Sharp Healthcare’s Gamified Revenue Cycle

Sharp HealthCare’s "gamified" revenue cycle management workflow turns employees’ everyday tasks into opportunities to earn points, badges, and compete with each other.

Cigna Won't Cover Some Hospital-Based MRIs, CT Scans Under New Policy

Cigna will not cover MRIs and CT scans performed in a hospital setting if they don't meet new medical necessity
requirements, according to a policy that took effect Aug. 1. Other commercial insurers, including Anthem, have similar policies in place. The policies aim to direct patients to less pricey freestanding facilities for imaging services.

AAOS Introduces Presurgical Checklist for Diagnosis of Periprosthetic Joint Infection

AAOS
Periprosthetic joint infections (PJIs) have profound effects on patients and the healthcare system, but they can be very difficult to diagnose. Often, clinical presentation is subtle, with vague symptoms such as pain or joint stiffness but little more to suggest deep infection. Over the past decade, diagnostic criteria have evolved, partly due to numerous investigations published in peer-reviewed journals. For example, synovial fluid white cell count has different reference numbers across articles. Recent efforts have led to more consistency in defining PJI.

MBC’s New Electronic Portal

The Medical Board of California
The Board's Summer 2020 Newsletter is now online. This Newsletter will provide you with information on the Board and its activities and includes an announcement of the Board's new online licensure application process.