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# COA Report

California Orthopaedic Association

December 23, 2020

# *A Message From Our President*

Dear Colleagues:

I dare to say that everyone is ready for 2020 to be over! As your current President, I have missed the opportunity to see my old and new friends at our meetings. While there is a new intimacy that Zoom has brought, such as seeing folks in their natural habitat, (clothes non withstanding) we have all had enough.

In the coming months, as we begin to fully acknowledge the damage that COVID has wrought on our practices and families, I am taking this time to reflect on what positive things have happened at COA and have hope our climate and our nation will truly begin to heal on so many levels in the coming year.

The members of the Board and our staff, Diane and Kristy, have all stepped up in countless ways to help our members through this tough transition. This included putting together a virtual Annual Meeting, providing multiple webinars to shepherd us through how to survive the pandemic financially, provided critical input to the new WC/Med Legal fee schedule and new E/M rules and continued our legislative activism with several successes. (All of this from the comfort of our living rooms and home offices! – which I for one am really tired of.) We have upped our efforts to increase membership which is critical to our ability to protect the practice of Orthopedic Surgeons in California. I am grateful to so many of our members who continue to amaze me with their knowledge, enthusiasm, and commitment to COA.

I look forward to seeing you all at our Annual Meeting in Monterey, May 20-23, 2021 hopefully in person where we can once again share in the fellowship of this wonderful community. If you are not a member, please join us.

All of us at the California Orthopaedic Association wish you a safe and healthy Holiday Season and a better New Year.

Lesley Anderson MD

Your Virtual President



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## Subacromial Decompression (29826)

KarenZupko & Associates, Inc.

**From Oct. 16:**

**Question:** Our surgeon frequently documents in the procedure title that an arthroscopic subacromial decompression was performed. We are billing 29826 and are receiving denials from one particular payor stating that the documentation does not support the service. I am looking at the operative notes associated with these denials and see that in none of the cases did the surgeon document any bony work. Is this required to report this code?

**Answer:** Thank you for sharing your experience. We heard of these denials years ago, so we appreciate your sharing this information that a payor is again looking at this code for supportive documentation. To answer your question, yes, CPT code 29826 includes work on the acromion.

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## Workers' Compensation Alert

The Division of Workers' Compensation

**From July 3:** The Division of Workers' Compensation proposes changes to the Medical-Legal Fee Schedule.

The changes propose an entirely **new flat-rate system** for reimbursing physicians for evaluations and other Medical-Legal services.

No longer will the fee schedule be based on complexity factors.

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## CMS is Proposing a 15% Medicare Fee Schedule Reduction for Orthopaedic Surgeons

Effective January 1, 2021

**From Sept. 28:** The Center for Medicare and Medicaid (CMS) has announced proposed changes to the Physician Fee Schedule effective January 1, 2021. For orthopaedic surgeons, the proposed changes will result in a:

- **9.6% reduction in reimbursement for Evaluation & Management services** — these reductions came about with the reorganization of E&M codes.
- **>5.4% reduction in reimbursement for hip and knee arthroplasty** — reductions in work values have been recommended by the AMA-RUC, so CMS will need to receive overwhelming comments from physicians urging that their recommendations be rejected.

COA is opposed to both of these changes and needs your help to **contact CMS and urge them not to implement these reductions**.

If CMS adopts these reductions, we know that it's only a matter of time before the reductions are adopted by all payors.

These reductions are not only unjustified, they come at a very bad time as physician offices are just trying to recover from COVID-19. According to the Medical Group Management Association, 97% of practices have experienced a negative financial impact directly or indirectly related to COVID-19, with practices reporting a 55% decrease in revenue and a 60% decrease in patient volume since the beginning of the spread.

Beyond the challenges caused by the pandemic, it is important to note that Medicare payments have failed to keep up with inflation since the inception of the PFS in 1992. The planned decrease in the 2021 conversion factor will be below the 1994 conversion factor of \$32.9050 — which is worth approximately \$58.02 today. Other sectors of the health care delivery system do not face this same problem, as hospitals and others do not operate under a budgetary cap and receive market-based payment updates. It is also important to point out that other payers, including in the private sector, use the Medicare PFS when setting payment rates. Therefore, the cuts have far-reaching consequences well beyond the Medicare program.

**To send a message to CMS, respond to the AAOS Call to Action**  
You can add your personal message or just send the AAOS email.

**Comments are due by October 5.**  
Thanks for responding to this alert.



## Questions and cautions regarding the CARES Act "Paycheck Protection Program"

Forbes

**From April 20:** On March 27, 2020, President Trump signed into law the Coronavirus Aid, Relief, and Economic Securities (CARES) Act, a \$2.3 trillion relief package designed to help individuals and businesses weather the economic damage caused by the COVID-19 pandemic. The headliner of the CARES Act was the creation of the Paycheck Protection Program (PPP), a new loan package designed to put \$350 billion into the hands of small businesses for use in paying employee wages and other critical expenses over the coming weeks and months. As of the morning of April 15, nearly \$250 billion in cash had made its way to over one million small businesses, and Congress had already begun negotiations on a second round of PPP funding.

Small ambiguities in the language of the CARES Act governing the computation of loan proceeds created a great deal of confusion throughout the application process. There are also BIG ambiguities governing the computation of a borrower's debt forgiveness.

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## HHS Stimulus: Practices May Not Be Eligible To Retain Funds

Physicians Practice

**From May 15:** If your practice recently received an electronic payment as part of the Department of Health and Human Services (HHS) distribution of stimulus relief funds, you may be wondering whether or not you can retain those funds. Although the first reaction of many providers is to assume they have a right to retain the payment (after all, almost every practice has suffered losses as a result of COVID-19), this may not actually be a correct assumption.

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## She Had Been in Pain for Decades. My Attending Solved It in 30 Minutes

Op-Med

**From May 22:** It was a Friday at 4 p.m., the last appointment of another long week. Mary, the patient, was seated in a wheelchair. This was the first red flag — a sign this visit would last much longer than the allotted time. Dr. Miller, the attending physician, and I, the medical resident, immediately noticed that Mary had lines of orange in her hair. They made her look like a vibrant, outgoing 70 year-old. We both complimented her style. "I have pain all over." This was the second red flag. The attending physician was a spine specialist who focused specifically on neck and back pain. She was probably seeing the wrong kind of doctor.

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## IMPORTANT NOTICE

### For Orthopaedic Practices Who Received – SBA PPP Loan

COA

**From May 29:**

**It's Time to Turn your SBA Paycheck Protection Program (PPP) Loan into a Grant.**

Learn How to Complete the Loan Forgiveness Application.

It's complicated and needs to be done correctly, or you will have to pay back the loan.

Join us for a live complimentary COA **SBA PPP Loan Forgiveness Webinar – Thursday, June 4 – 6:00 pm–7:00 pm** to learn what you need to do to complete the application.

Chris Bell, CPA of Moss Adams will walk you through the application and give you advice on key questions. Moss Adams is a national practice leader for medical groups and physicians and they are working with physicians and banks on these PPP loans. Their expertise has been invaluable to COA members as they work through the SBA programs. We would also urge you to consult your CPA to address issues specific to your practice.

[Register for the COA Webinar](#)

**Have Specific Questions?**

Send them to COA – [admin@coa.org](mailto:admin@coa.org) by June 3.



## SBA Releases Paycheck Protection Program Loan Forgiveness

Forbes

**From May 22:** On Friday, May 15th, the Small Business Administration (SBA) released the application borrowers of a Paycheck Protection Program (PPP) loan must use to determine the amount of the loan that may be "forgiven" by their lender. While the application included instruction, the SBA failed to provide two additional items that would have greatly benefited borrowers.:

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## Prolonged E/M Services Revisions for 2021

CPT Assistant

**From Oct. 16:** For the Current Procedural Terminology 2021 code set, the guidelines and code descriptors for the evaluation and management (E/M) office or other outpatient visit services cod (99202-99215) have been significantly revised. The information included here is provided to raise awareness of the changes to current coding practice for those E/M codes that have been changed.

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## The Timing of Physical Therapy for Low Back Pain: Does It Matter in Workers' Compensation?

Workers Compensation Research Institute

**From Sept. 11:** As an increasing number of workers with injuries are receiving physical therapy (PT), this new study examines whether early initiation of PT is associated with lower utilization and costs of medical services and shorter duration of temporary disability (TD) for workers with low back pain (LBP) only injuries.

The study focuses on claims with LBP-only injuries, recognizing that PT is often used as first-line treatment for LBP and other musculoskeletal injuries before considering opioid prescriptions and invasive procedures. Controlling for a rich set of factors that might influence both PT timing and outcomes, the study answers the following questions:

- How often do workers with LBP-only injuries receive early vs. late PT?
- Does early PT help reduce utilization and costs of medical services and shorten TD duration?
- What factors may have considerable influence on PT timing and outcomes?

This study is based on nearly 26,000 LBP-only claims with more than seven days of lost time from 27 states, with injuries from October 1, 2015, through March 31, 2017, and detailed medical transactions up through March 31, 2018. The 27 states are Arkansas, California, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Jersey, New York, North Carolina, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, and Wisconsin.

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### COA Report

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