



COA Report

California Orthopaedic Association

December 4, 2020

MEDICARE NEWS – 2021

Medicare Finalizes 2021 Physician Pay Rule With E/M Changes

Medscape

In a Tuesday statement, AMA President Susan R. Bailey, MD, noted that many physicians are facing "substantial economic hardships due to COVID-19." By AMA's calculations, CMS' planned 2021 E/M overhaul could result in "a shocking reduction of 10.2% to Medicare payment rates," according to Bailey's statement. The AMA strongly supports other aspects of the E/M changes CMS finalized, which Bailey said will result in "simpler and more flexible" coding and documentation.

Documenting Time

Effective January 1, 2021, time may be used to select an E&M code level in office or other outpatient services whether or not counseling and/or coordination of care dominates the service. It may be more beneficial for orthopaedic practices to track and document the time that they spend on an E&M service. **To assist you in making that determination, COA has developed a [template for tracking your time](#).**

Total Time on the date of the encounter:

- Includes physician/other QHP face-to-face and non-face-to face time
- Time spent by clinical staff is not included
- More than one clinician addressed (count only 1 person per minute)
- Retain in patient's medical record
- DO NOT COUNT time spent on **separately reported services**

[CMS Medicare 2021 Physician Fee Schedule](#)

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Medicare Eliminates the Inpatient Only List and Allows Total Hip Arthroplasty Is Added To the ASC Covered Procedures List — Effective 1/1/21

COA
The California Orthopaedic Association supported these changes which now allow surgeons and patients to decide where their surgery can safely be performed. In fact, COA developed [ASC Patient Selection Criteria](#) to help our members select patients who are appropriate candidates to have surgery performed in an ASC setting. Hospitals opposed the change.

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Top 5 New Telehealth Policies in Medicare 2021 in Physician Fee Schedule

Foley & Lardner LLP
The Centers for Medicare and Medicaid Services (CMS) just released its 2021 Final Rule (Physician Fee Schedule), with telehealth policy changes and a list of new services covered under Medicare. Actions taken by CMS during the COVID-19 pandemic.

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Permanent Expansion of Medicare Telehealth Services and Improved Payment for Time Doctors Spend with Patients

Centers for Medicare & Medicaid Service
On December 1, CMS released the annual Physician Fee Schedule (PFS) final rule, prioritizing CMS' investment in primary care and chronic disease management by increasing payments to physicians and other practitioners for the additional time they spend with patients, especially those with chronic conditions. The rule allows non-physician

practitioners to provide the care they were trained and licensed to give, cutting red tape so health care professionals can practice at the top of their license and spend more time with patients instead of on unnecessary paperwork. This final rule takes steps to further implement President Trump's Executive Order on Protecting and Improving Medicare for Our Nation's Seniors including prioritizing the expansion of proven alternatives like telehealth.

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McCarran-Ferguson Reforms Build Momentum

AAOS

The U.S. Senate is expected to consider S. 350, the Competitive Health Insurance Reform Act, during their post-election "lame duck" session. This legislation would repeal the McCarran-Ferguson Act's antitrust exemptions for health insurance companies, empowering the Federal Trade Commission and U.S. Department of Justice to enforce the full range of federal antitrust laws against health insurance companies engaged in anticompetitive behavior. Current laws have allowed insurance companies to consolidate so succinctly that 43 percent of the country's insured population is covered by the five largest U.S. commercial health insurance companies. This consolidation has resulted in decreased competition for patients, increased pricing, and a diminished bargaining strength for physicians.

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Dennis Hall, Director of Publishing, MultiView, 469-420-2656 | [Download media kit](#)
Brie Ragland, Content Editor, MultiView, 469-420-2604 | [Contribute news](#)

California Orthopaedic Association
1246 P Street | Sacramento, CA 95814
916-454-9884 | [Contact Us](#) | [www.coa.org](#)

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