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# COA Report

California Orthopaedic Association

March 19, 2021

## TOP NEWS

### Leading On-Line Financial Expert Will be a Featured Speaker at COA's Annual Meeting

**Leif Dahleen, M.D.**



Dr. Dahleen will be **LIVE** at COA's 2021 Annual Meeting on **Friday, May 21** providing financial advice – strategic planning and planning for retirement.

He will also be participating in a break-out networking session focused specifically on retirement planning where you can ask him your questions. Dr. Dahleen attained financial independence at age 39 after just 9 years in practice.

Don't miss this opportunity to interact directly with him and learn the steps he took to financial independence.

[Register for COA's Annual Meeting](#)



### What Physicians Should Know About Biden's Tax Proposals

Healio

With the Democrats controlling both houses of Congress, there is a likelihood that President Joe Biden's tax proposals may pass this year. To understand what new tax laws might look like, we can examine what has been proposed, what Biden talked about during the campaign and some ideas that have been brought up since the campaign. While we have no way of knowing what actual tax law will be passed, it is helpful for physicians to know at least what has been discussed as they connect with advisors to have 2020 tax returns prepared and look ahead to 2021 tax planning.

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## Orthopaedic Surgeons in San Bernardino, Riverside, Orange and San Diego DWC Needs Your Help

COA

Injured workers disputing either the diagnosis or the treatment prescribed by their Medical Provider Network (MPN) treating physician are allowed 2 opportunities to change and select a new treating physician within their MPN. Once they have exhausted those choices but their dispute remains, they have the ability to request that the Division of Workers' Compensation (DWC) assign a MPN Independent Medical Review (IMR) to review the case and resolve their ongoing dispute with their MPN physicians. Treatment decisions are based on the Medical Treatment Utilization Schedule (MTUS), the same treatment guidelines used to decide treatment issues for other injured workers.

DWC only has 10 days to appoint a MPN IMR, so it is important for them to have a list of orthopaedic surgeons willing to do these evaluations. The MPN IMR must perform an in-person evaluation and write a report. The evaluation is paid under the Official Medical Fee Schedule – treatment fee schedule. You would bill the appropriate level of E&M code, prolonged service code for face-to-face and/or non-face-to-face time of record review, and WC007 – report fee of WC007 - \$170.49. The defense is required to pay the costs of these evaluations. You would only be asked to perform musculoskeletal evaluations.

In the past, DWC had only occasionally received these requests, however, there has been an increase in these requests in San Bernardino, Riverside, Orange, and San Diego counties.

If you would like to participate in the evaluations to help injured workers move on and receive the medically necessary medical treatment, please send an email to DWC - John Cortes [jcortes@dir.ca.gov](mailto:jcortes@dir.ca.gov) or Ray Meister, M.D. [rmeister@dir.ca.gov](mailto:rmeister@dir.ca.gov) letting them know of your interest. Please copy COA.

MPN IMRs are authorized by Labor Code sections [4616.3](#), [4616.4](#) and California Code of Regulations, title 8 (8 C.C.R.) sections [9768.1](#) - [9768.17](#)

[Download a template for an MPN IMR report.](#) Evaluators can use the template or create a narrative report addressing all of the required elements.

## PRACTICE GUIDANCE

### CCHP Releases Updated Telehealth Billing Guide

Center for Connected Health Policy

The Center for Connected Health Policy (CCHP) has released a new updated telehealth billing guide as a follow up to its 2020 billing guide to provide a helpful tool for healthcare entities trying to navigate the complexities of billing for telehealth and virtually delivered services. Policy changes during the COVID-19 Public Health Emergency (PHE) have only made telehealth billing rules more nuanced. The updated billing guide addresses whether or not there is reimbursement for telehealth both generally and/or during the PHE, as well as how to correctly bill for a telehealth encounter, which is one of

the most common policy questions CCHP receives as the National Telehealth Policy Resource Center (NTRC – P). Further complicating the billing process is the need to understand whether current rules are only applicable during the pandemic as well as the fact that payer policies continue to vary from payer to payer. For example, policies that apply to a Medicare beneficiary remain different than those that apply to a state Medicaid enrollee or to patients that have private insurance.

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## 2021 LPOC Summit — Rising To The Need and Challenge: Growing a More Diverse Health Care Workforce

Latinx Physicians of California

Join us for a vital discussion on the future of California's health care workforce, growing diversity and creating a stronger pipeline through college and medical school.

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### PRODUCT SHOWCASE



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## Orthopaedic Coding Coach: Medication Documentation

KarenZupko & Associates, Inc.

#### Question:

We are switching to a new EHR system. We have not always had great compliance with our providers documenting what we feel needs to be documented so we want to do it right. Are you able to advise what should be included in the medical record when the provider administers medications, for example intra-articularly?

#### Answer:

Thank you for your question. Like you, we find in audits that providers do not always include the basic information required to select and submit a HCPCS code for medications. In Orthopaedics, this is most commonly related to injections to tendons, nerves, joints to name a few anatomic locations.

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## 3 Ways the AMA Is Reshaping Medical Education

American Medical Association

Almost one-fifth of American medical schools are members of the AMA Accelerating Change in Medical Education Consortium. Since the AMA began working with medical schools in 2013, the original 11 consortium schools have been joined by 26 other medical schools and 11 Reimaging Residency projects, at the graduate medical education level.

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**COVID-19 GUIDANCE**

# Congress Introduces Bill to Extend Sequester, Prevent Medicare Cuts

RevCycleIntelligence

Last week, Representatives John Yarmuth (D-Ky.), Richard Neal (D-Mass.), Frank Pallone (D-N.J.), and David Scott (D-Ga.) introduced legislation that would prevent automatic spending cuts triggered by the recently signed American Rescue Plan, including a 2 percent Medicare sequester reduction. Components include extending the temporary Medicare sequester moratorium until the end of 2021; ensuring benefits under the Coronavirus Aid, Relief, and Economic Security (CARES) Act are calculated as income similarly under Medicaid and the Children's Health Insurance Program; and preventing certain hospitals from receiving a reduction to their Medicare Disproportionate Share Hospital payments. The new legislation would also adjust the grandfathering deadline for Medicare rural health clinical payment charges in the Consolidated Appropriations Act to Dec. 31. Voting is anticipated before the March 29 Congressional recess. The bill would also be considered under the reconciliation process and would need 60 votes to pass in the Senate.

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## COA Report

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