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COA Report

California Orthopaedic Association

April 16, 2021

TOP NEWS

IMPORTANT MESSAGE TO: California Orthopaedic Surgeons

AAOS 2022 Nominating Committee

You have or you will soon receive your ballot for the 2022 AAOS Nominating Committee. The California Orthopaedic Association respectfully requests that you vote for the below candidates. You will be able to vote for 5.

Ronald Navarro – California
Robert Slater, Jr. – California
Mary O'Connor – Florida
Dick Kyle – Minnesota
John Callaghan – Iowa

Why These Candidates?

In addition to their years of experience as Academy and regional and state leaders, these individuals support member centric AAOS activities and have pledged to choose leaders who are committed to supporting the needs of the AAOS membership, promoting unity with our subspecialty societies, transparency in governance, and a strong Board of Councilors and Board of Specialty Societies.

They are NOT pledged to the candidacy of a particular individual.

We believe that these candidates will therefore be in the best position to impartially review all qualified nominees for AAOS leadership positions.

How You Can Help?

If you agree that electing candidates who are committed to maintaining an Academy that is responsive to its members and unifying the house of Orthopaedics, then we ask that you:

1. Vote for these candidates.
2. Speak to your colleagues and urge them to vote and to vote for these candidates.

Thank you for considering this request.

Lesley Anderson, M.D., President
Michael Klassen, M.D., First Vice President

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UnitedHealthcare Updates Telehealth Place-of-Service Billing Requirement

California Medical Association

UnitedHealthcare (UHC) is now requiring physicians to bill eligible telehealth services with place of service (POS) 02 for commercial products. Telehealth claims with any other POS will not be considered eligible for reimbursement.

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Dignity Health Seeks To Renew Anthem Contract By July 15 Deadline; Reaches Agreement With Aetna

California Medical Association

The California Medical Association (CMA) has learned that the contract between Dignity Health California and Anthem Blue Cross is set to terminate for its commercial PPO, Prudent Buyer, HMO, Medicare Advantage, and Medi-Cal HMO lines of business effective July 15, 2021, if both parties are unable to reach a new agreement. According to the Anthem Notice of Termination of Prudent Buyer Plan Participating Physician Agreement sent out to approximately 2,000 Prudent Buyer physicians, as a condition of their contracts they must maintain admitting privileges at an in-network hospital. If Dignity Health and Anthem cannot renegotiate their agreement by July 15, 2021, avoiding termination, and physicians' admitting privileges are limited to Dignity Health hospitals, they must obtain admitting privileges at another in-network hospital. Failure to do so could result in termination of their Anthem contracts.

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Good News ... Medicare Can Process Claims Again!

Karen Zupko & Associates, Inc.

On Wednesday, April 14th, President Joe Biden signed legislation to **extend the 2% sequester moratorium through December 31, 2021**. The moratorium was established by the Coronavirus Aid, Relief, and Economic Security (CARES) Act and was set to expire at the end of March.

To avoid claim payment issues, CMS directed Medicare Administrative Contractors (MACs) to hold all claims with dates of service April 1st forward to allow time for further legislation to pass. So be sure to watch for those Medicare explanation of benefits (EOBs) and double-check your payments, as every percent counts!

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DWC Hosts Zoom Question and Answer Meetings on April 20 Regarding Medical-Legal Fee Schedule Regulations

State of California Department of Industrial Relations

The Division of Workers' Compensation (DWC) will host a Zoom meeting on April 20 to answer questions about the implementation of the Medical-Legal Fee Schedule Regulations, which became effective April 1. Because DWC is in the implementation phase of these regulations and to ensure sufficient time to respond to questions, questions or comments related to the reasons for or utility of the new fee schedule will not be addressed. COA encourages you to dial into the call to ask your questions. Also send your questions to COA – admin@coa.org.

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Beyond COVID

Medical Economics

The COVID-19 pandemic is the biggest crisis to hit American health care in a century, resulting in more than half a million deaths and millions of people postponing needed care, as well as jeopardizing the future of many medical practices, especially those in primary care. But like every crisis, this one also brings opportunities for change. For medical practices, it could mean becoming nimbler in their operations, more accessible and affordable and less dependent on fee-for-service payments. The pandemic could also be a chance to reaffirm the physician's vital role in health care delivery, especially primary care. And it might present an opening to address race- and income-based disparities in health outcomes.

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RA Experts Highlight Key Developments Over the Past Year

Medscape

A massive Swedish cohort study suggesting that biologic agents reduce the known excess risk of lymphoma in patients with rheumatoid arthritis was hailed as one of the high points of the last year.

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Orange County Hospital Seeks Divorce From Large Catholic Health System

California Healthline

In early 2013, Hoag Memorial Hospital Presbyterian in Orange County, California, joined with St. Joseph Health, a local Catholic hospital chain, amid enthusiastic promises that their affiliation would broaden access to care and improve the health of residents across the community. Eight years later, Hoag says this vision of achieving "population health" is dead, and it wants out. It is embroiled in a legal battle for independence from Providence, a Catholic health system with 51 hospitals across seven states, which absorbed St. Joseph in 2016, bringing Hoag along with it. In a lawsuit filed in Orange County Superior Court last May, Hoag argues that remaining a "captive affiliate" of the nation's 10th-largest health system, headquartered nearly 1,200 miles away in Washington state, constrains its ability to meet the needs of the local population.

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Correlation Between Corticosteroid Injections and Surgical Site Infections in Shoulder Arthroscopy

Annals of Translational Medicine

Surgical site infections are a relevant issue in surgery, especially in the orthopedics setting, due to severe implications on clinical outcomes and reduced quality of life. Hospitals have developed many protocols to reduce the risk of infections, such as patients' preparation and management during surgery, pre-operative antibiotics protocols, operating theater sterility, and post-operative wound management. World health organization reports that the most common precautions are perioperative oxygenation, maintaining normal body temperature, normovolaemia, adhesive drapes, antimicrobial coated sutures and laminar flow in the operating theater.

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Injections Prior to Rotator Cuff Repair Are Associated With Increased Rotator Cuff Revision Rates

The Journal of Arthroscopic and Related Surgery

Rotator cuff (RC) pathology is pervasive and leads to an estimated 4.5 million physician visits per year in the United States.¹ Initial management options for these injuries include physical therapy, injections, and surgical repair. However, whether a period of nonoperative treatment should be used prior to rotator cuff repair (RCR) remains controversial. Primary care providers and orthopaedic surgeons alike frequently treat subacromial impingement and partial-thickness rotator cuff tears (RCTs) with corticosteroid injections (CSIs) or nonsteroidal anti-inflammatory drug injections. More recently, biological injections such as platelet-rich plasma and stem cells have been investigated for their pain-relieving and anti-inflammatory potential in the nonoperative care of RC pathology

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