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COA Report

California Orthopaedic Association

Aug. 28, 2020

TOP NEWS

COA Coding Series

Complex Shoulder Procedures – Tuesday, September 15

Complex Hand Procedures – Tuesday, September 22

4:00 pm – 5:00 pm

Complimentary to COA members/In-office Billing Staff

**Is your Coding Staff Billing Your Procedures Correctly – Particularly the Complex Procedures?
Effectively Appealing Denials?
Are you Leaving Money on the Table?**

Billing correctly the first time is key to reducing appeals.

COA is joining with coding experts from **Global 1** and **The Sage Associates** to offer a series of live complimentary coding webinars. The webinars will cover the correct way to bill for complex procedures, appropriate documentation, and how to effectively appeal denials.

Coding Series Cost:

Complimentary for COA members/In-office Billing Staff.

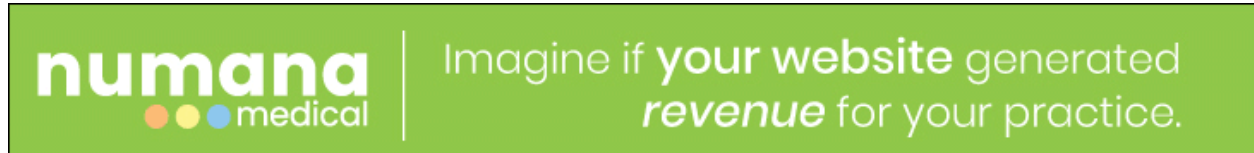
\$50 per session for Non-members/Outside Billing Staff.

[CLICK HERE TO REGISTER](#)

Anthem Clarifies New Setting of Care Policy

AAOS

In working with Anthem to seek clarification on its new policy around setting of care for certain musculoskeletal procedures, the Office of Government Relations recently learned that four spine codes (22633, 22634, 63265 and 63267) and two knee arthroscopy codes (29871 and 29892) will be incorporated into the AIM Level of Care Guidelines for Musculoskeletal Surgery and Procedures effective October 1. Anthem will review requests for inpatient admission and will require providers to substantiate the medical necessity of the inpatient setting with medical documentation that demonstrated one of the following: 1. Current postoperative care requirements are of such an intensity and/or duration that they cannot be met in an observation or outpatient surgical setting. OR 2. Anticipated postoperative care requirements cannot be met, even initially, in an observational surgical setting due to the complexity, duration, or extent of the planned procedure and/or substantial preoperative patient risk.



COVID GUIDANCE

A Vaccine That Stops COVID-19 Won't Be Enough

The New York Times

Not long after the new coronavirus first surfaced last December, an ambitious prediction was made: A vaccine would be available within 12 to 18 months, and it would stop the pandemic. Despite serious challenges — how to mass manufacture, supply and deliver a vaccine worldwide — the first prong of that wish could well be fulfilled. Eight vaccine candidates are undergoing large-scale efficacy tests, so-called Phase 3 trials, and results are expected by the end of this year or early 2021. But even if one, or more, of those efforts succeeds, a vaccine might not end the pandemic. This is partly because we seem to be focused at the moment on developing the kind of vaccine that may well prevent COVID-19, the disease, but that wouldn't do enough to stop the transmission of SARS-CoV-2, the virus that causes COVID-19.

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Operation Warp Speed is on Track for January, but Prioritization is Necessary, Officials Say

Healthcare Finance News

Senior officials working on Operation Warp Speed held a briefing on Thursday where they laid out how a future vaccine would be prioritized and when the public can expect it to be released. Paul Mango, the Deputy Chief of Staff for Policy at the Department of Health and Human Services, had three main messages: The project is on track to meet its timeline goals; the department is "maximizing" the probability of having tens of millions of vaccines by

January 2021; the regulatory standard against which a vaccine is judged will not be affected by the accelerated timeline.

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Review Updated COVID-19 Practice Guideline on the MTUS-ACOEM Website

ACOEM

The American College of Occupational and Environmental Medicine (ACOEM) recently updated its COVID-19 Practice Guideline with the newest evidence-based guidance about COVID-19 treatments and recommendations. Along with the MTUS Formulary and the full set of ACOEM practice guidelines, this updated COVID-19 Guidance is now available at no cost to all users of the MTUS-ACOEM website. It is important that all providers treating workers' compensation patients in California have access to the latest clinical guidance, so you're encouraged to register to access these updated guidelines.

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How to Travel Safely in the Era of COVID-19

Successful Meetings

Once business travel fully returns, it will look very different than it did before the pandemic. This will mean new rules, preparations and concerns for the meeting planner and the individual business traveler.

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CMS GUIDANCE

Deadline for Physician Self-Referral Rule Changes Extended

Bloomberg Law

The Medicare agency gave itself extra time to finalize a rule that would change how an anti-fraud law is carried out. The rule is aimed at easing restraints on health-care providers and improving care. Modifications to the rules under the Stark law, which prohibits physician self-referrals, were proposed Oct. 9, 2019, by the Centers for Medicare & Medicaid Services. They would provide new exceptions for value-based arrangements, which help doctors and other providers coordinate care among shared patients.

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PRACTICE GUIDANCE

How Rush Uses Robocalls to Reduce Readmissions by 6.2%

HealthLeaders

How is Rush University Medical Center reaching 80% of its patients post-discharge, with an innovation that has reduced the inpatient readmission rate by 6.2%? With "robocalls." The Chicago-based academic medical center has found a way to do the seemingly impossible: get most patients to answer an automated call once they leave the hospital. The technology provides a way to stretch limited staff resources, while addressing issues and escalating care for those who require further assistance.

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Webinar: E/M Changes – What you need to know for 2021 – Part I

AAOS

On September 3, from 7:15 - 8:15 pm CT, Brad Henley, MD, will lead the first webinar in a two-part series offering an in-depth analysis of the changes occurring to the 2021 Evaluation and Management (E/M) services. Part I will touch upon the history of the E/M guidelines, identify the new requirements, and explain the significant changes to how time and medical decision-making (MDM) are used to determine the level of service. Attendees will become familiar with the amount and/or complexity of data that must be reviewed and analyzed, as well as the risk of complications of patient management for MDM. Finally, Part I will cover how to report the correct level of E/M service in accordance with the new reporting guidelines.

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COA Report

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