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July 20, 2018



COA Report

California Orthopaedic Association

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TOP NEWS

Opportunity for Orthopaedic Surgeons in Los Angeles County to Get Involved in COA Leadership

Want to know what's going on in the State affecting your practice?
Want to be part of developing direction and policy for orthopaedic care?

Here's your chance to get involved.

There is an opening on COA's Board of Directors representing the Los Angeles District. It's a 3-year term with the ability to be elected to a second 3-year term. Time commitment is 3 meetings per year – one at the AAOS Annual Meeting, one at the COA Annual Meeting, and one in the Fall. Board members can also volunteer to serve on a Task Force to work on an issue before the Board. Currently, there is a Task Force developing Patient Selection Criteria for Total Joint Patients in an Outpatient Setting. Blue Shield has asked COA to work with them to develop these guidelines.

If you are a member of COA and practice in Los Angeles County, you qualify.

Let us know if you are willing to be elected to this seat no later than **July 27** by sending an email to: admin@coa.org along with your CV.

Electronic ballots will be sent to COA members in the Los Angeles District.



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DWC Posts Updates — OMFS: Physician and Non-Physician

Effective July 1, 2018

The California Division of Workers' Compensation has posted the CMS semi-annual updates to the Official Medical Fee Schedule (OMFS) for Physician and Non-Physician Services effective July 1, 2018. **As a member benefit, COA** provides its members with the fee schedule with the reimbursement rates already calculated to save you time in implementing the changes. The updated OMFS can be found at:
<http://www.coa.org/docs/PhysiciansFeeScheduleTable.xlsx>

Another Win for Medicine

United Healthcare

United Healthcare agrees not to implement Modifier -25 payment reductions Due to continued opposition from medicine, the California Orthopaedic Association (COA), the California Medical Association (CMA), the California Podiatric

Medical Association (CPMA), and the AMA, United Healthcare (UHC) has agreed [not](#) to move forward with their new policy which would have reduced reimbursement for Evaluation and Management services when a Modifier -25 was billed with an office visit on the same day. Anthem Blue Cross and Health Net have also agreed not to implement these reductions due to opposition from COA, CMA, CPMA, and the AMA.

United Healthcare leaders said that they had gotten significant feedback from the medical community. Due to this input they are delaying implementation pending further review. We are hopeful that UHC will abandon efforts to implement this reimbursement reduction. COA and the medical community will continue to oppose these efforts.

HHS proposes new ambulatory surgery center safety database



Modern Healthcare

HHS is looking to launch a patient safety database for ambulatory surgery centers as more facilities open around the nation. HHS' Agency for Healthcare Research and Quality has asked the White House's Office of Management Budget for permission to launch the database, similar to others it has for hospitals, nursing homes and pharmacies. "The expanding volume and scope of ASC services, the growing attention of federal regulators on patient safety within ASCs, and the resultant implications for public health has prompted AHRQ to present this application" to the OMB, the agency said in the July 9 notice. [READ MORE](#)

Doctors sue Anthem over 'dangerous' ER coverage policy



Health Leaders Media

A long-running disagreement over Anthem's policy of denying payment for emergency department visits that are later deemed non-emergent escalated July 17, with a lawsuit filed in federal court. Two groups, the American College of Emergency Physicians and the Medical Association of Georgia, sued Anthem's Blue Cross Blue Shield of Georgia, alleging that the ER policy violates the "prudent layperson" standard in the Affordable Care Act — which, the plaintiffs say, requires Anthem and other insurers to cover emergency care based on a patient's symptoms rather than their final diagnosis. [READ MORE](#)

Dignity Health, Anthem extend payment talks to avoid drop from plans



Bakers Field

Anthem Blue Cross customers can breath a temporary sigh of relief. Dignity Health and Anthem will have a little more time to reach an agreement over reimbursement rates. Although a decision was supposed to be reached by the end of last week, a 30-day extension has been agreed upon to continue negotiations through Aug. 14. If a decision can't be reached by that time, Dignity Health physicians will no longer be part of Anthem's in-network providers. [READ MORE](#)

COA Report

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