

January 20, 2020



COA Report

California Orthopaedic Association

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2020 coding policy updates include shoulder revision



CMS
The Centers for Medicare and Medicaid Services (CMS) recently released the National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services for 2020. Specifically, the Arthroscopy section within Musculoskeletal System (Chapter IV) has been revised regarding the shoulder. Previous policy stated that CMS considers the shoulder to be a single anatomic structure. For 2020, this line has been deleted from the manual. While code pair edits remain for some shoulder arthroscopy procedures (eg, 29827, 29828) with limited debridement (eg, 29822), the AAOS applauds this change which it has advocated for since 2010 in conjunction with the following groups: the American Shoulder and Elbow Surgeons, the Arthroscopy Association of North America—both members of the Orthopaedic PAC Advisor's Circle—and the American Orthopaedic Society for Sports Medicine. [READ MORE](#)

John Halamka, MD, launches Mayo Clinic's 'digital data business'



HealthLeaders Media
In an industry demanding change, one of healthcare's leading innovators is undergoing a personal transformation to accelerate innovation on a grander scale. On January 1, John Halamka, MD, assumed a new position as president of the Mayo Clinic Platform, which the Rochester, Minnesota, healthcare system says is a coordinated portfolio approach to create new platform ventures to take advantage of emerging technologies such as artificial intelligence, connected healthcare devices, and natural language processing. [READ MORE](#)

CMS Comprehensive Care for Joint Replacement Model: Performance Year 2 Evaluation Report



CMS
The Comprehensive Care for Joint Replacement (CJR) model tests whether episode-based bundled payments and quality measurement for lower extremity joint replacements (LEJR) can lower payments and improve quality. Implemented on April 1, 2016 by the Centers for Medicare & Medicaid Services (CMS) Innovation Center, this mandatory model is an important component of CMS' strategy to use alternative

payment models (APMs) to slow Medicare spending growth by rewarding value rather than volume. [READ MORE](#)

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CMS

What is the Quality Payment Program? The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to payment rates for clinicians participating in Medicare. In response to MACRA, CMS created a federally mandated Medicare program, the Quality Payment Program (QPP) that seeks to improve patient care and outcomes while managing the costs of services patients receive. Clinicians providing high value/high quality patient care are rewarded through Medicare payment increases, while clinicians not meeting performance standards will see a reduction in Medicare payments. [READ MORE](#)



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