

October 20, 2017



COA Report

California Orthopaedic Association

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TOP NEWS

Governor Signs Important Legislation



COA

SB 189 — Workers' Compensation Insurance for Physicians

This COA-supported bill clarifies legislation that passed last year requiring physicians, with less than a 15 percent ownership interest in their medical corporation, to purchase Workers' Compensation insurance. SB 189 creates an exemption for physicians who are an owner of a professional corporation rendering the professional services for which the professional corporation was organized and who signs a waiver of coverage and confirms that they are covered by a health insurance policy. The bill will be effective July 1, 2018. Passage of this bill will save orthopaedic groups thousands of dollars in Workers' Compensation premiums.

Text of the bill can be found [here](#).

AB 1153 — Podiatrists Allowed to Treat Leg Ulcers

Initially, AB 1153, authorized "a doctor of podiatric medicine to perform any procedure directly related to the surgical treatment of the ankle and tendons in such a medical facility that grants privileges to the doctor of podiatric medicine to perform the procedure" and "to treat ulcers resulting from local and systemic etiologies on the leg no further proximal than the tibial tubercle." This would have allowed hospital medical staffs to establish very broad scopes of practice for podiatrists holding medical staff privileges at their hospital.

COA adamantly opposed this legislation. We were able to work with the leadership of the California Podiatric Medical Association (CPMA) to amend the bill to cover just the treatment of leg ulcers. This is not to infer that a podiatrist is authorized to treat the underlying medical condition causing the leg ulcer. It is also anticipated that the podiatrist treating the leg ulcer would be working in a collaborate arrangement with the physician treating the underlying medical condition. In this amended form, the bill passed and was signed into law.

Also, as a result of these discussions and in a spirit of cooperation, COA also formed a Joint Leadership Task Force with CPMA to discuss legislative and practice issues before legislation is introduced.

Text of the bill can be found [here](#).

AB 40

This bill authorizes the Department of Justice, by October 1, 2018, to allow physicians to link their electronic patient record program directly to the Controlled Substances Utilization Review and Evaluation System (CURES), making it easier for them to automatically see their patient's prescription history.

Text of the bill can be found [here](#).

Anthem Blue Cross Releases Policy Updates — Effective January 1, 2018



COA

Policy #0026 affects Orthopaedic Surgeons

Click [here](#) for the 2018 Blue Cross policy statements.

COA has also received complaints that Anthem Blue Cross will no longer reimburse for intra-articular injections of hyaluronan Injections to treat osteoarthritis of the knee after December 1, 2017. The Anthem Blue Cross notice states that "intra-articular injections of hyaluronan are considered not medically necessary for the treatment of pain due to osteoarthritis of the knee and all other knee conditions." This is a national Anthem Blue Cross policy. COA is aware that the medical literature may be controversial regarding the effectiveness of these injections. Some supporting the Anthem position and others showing effectiveness for some patients in helping them to delay surgery. COA has contacted Anthem Blue Cross of California to see if they are open to any clarification of this policy which would allow for coverage of the injections for patients meeting specific criteria.



Hospital at center of "existential threat" to medical staff self-governance files for bankruptcy



California Medical Association

The Tulare hospital embroiled in a bitter legal battle over the self-governance rights of its medical staff has filed for Chapter 9 bankruptcy. The filing came just two days before closing arguments were scheduled in the case, Tulare Regional Medical Center Medical Staff v. Tulare Regional Medical Center, et al. [READ MORE](#)

Medi-Cal updates provider manual — Adds 95 modifier & telehealth consultation codes



California Department of Health Care Services

In September 2017, California's Medicaid program (Medi-Cal) updated pages 4-7 of their telehealth provider manual. One of the more significant changes is the ability to bill services delivered via telehealth with either the GT or 95 modifier. Previously, the manual only allowed for the GT modifier to be used. The manual defines the 95 modifier as "synchronous telemedicine services rendered via a real-time interactive audio and video telecommunications system." The 95 modifier was created by the American Medical Association through the

CPT system in 2016 and does not replace the GQ modifier. The other significant change is the addition of two new telehealth consultation codes for critical care. [READ MORE](#)

Physician Compare review period opens October 18



MGMA

Oct. 18 is the start date for the 30-day Physician Compare preview period, during which practices have an opportunity to preview 2016 quality performance and utilization data before it is publicly reported to the Physician Compare website later this year. Active Enterprise Identity Management (EIDM) system accounts are required to access the data. For assistance with your account, contact the QualityNet Help Desk at 868.288.8912 or gnetssupport@hcqis.org. For general questions about the preview period or reporting of data, contact PhysicianCompare@Westat.com.

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