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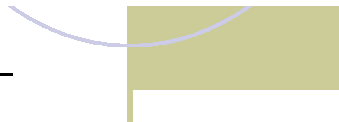
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# COA Report

A publication of the California Orthopaedic Association

Volume XVI Issue 1 — Spring, 2004



## The Good, the Bad, and the Ugly

### The Good:

The date of our Annual Meeting/QME Course is rapidly approaching. It will be held in Monterey, California from 5/20/04 – 5/23/04. An excellent and varied program has been organized by Mark Wellisch, M.D.

Included in the meeting will be symposia on metastatic bone disease, treatment of distal radius fractures, and updates on common foot and ankle problems. In addition, we will have our annual QME course which includes credits for pain management. The program will also include presentations on socioeconomic issues of interest to our members. An overview of the agenda is on Pages 8-9 of this newsletter.

We have extended an invitation to Governor Schwarzenegger to speak at the meeting to provide an update on the 2004 Workers' Compensation reforms.

Saturday evening, our group dinner will be at the Monterey Bay Aquarium. We have reserved the entire Aquarium for the evening. This will allow members and their families to wander about and enjoy the Aquarium at their leisure. Please send in your registration forms and plan to attend.



Norman P. Zemel, M.D. - President

### The Bad:

**We are extremely fortunate in California to be protected by MICRA. As most of you are aware, orthopedists in other states are not so fortunate. Although President Bush seems in favor of medical liability reform, the U.S. Senate does not.**

The American Orthopaedic Association is part of a coalition known as Doctors for Medical Liability Re-

(Continued on Page 2)

## COA's 2004 Annual Meeting/QME Course Orthopaedic Coding Courses May 20-23, 2004 -- Doubletree Hotel - Monterey

Registration materials can be obtained at COA's website: [www.coassn.org](http://www.coassn.org)—click on Annual Meeting/QME course on the left-hand side or by faxing a request to the COA office —916-454-9882.



## President's Column (continued from Page 1)

form. They have begun a massive media campaign to educate the public on the need for comprehensive federal medical liability reform. I would urge you to contribute to the Association to help the cause of orthopedists not as fortunate as we are in California.

### The Ugly:

**Workers' Compensation reforms were passed in 2003. Although we did not feel they were comprehensive enough, we worked very hard to protect the interests of our members. While we protected the fee schedule for physician services, a fee schedule for Ambulatory Surgery Centers was established for the first time significantly reducing reimbursement for facility fees.**

In 2004, the reforms are "being reformed" and expanded. Governor Schwarzenegger feels the 2003 reforms were inadequate and did not address disability issues. As you are aware, there are currently intense negotiations in Sacramento regarding workers' compensation issues. Legislative leaders are trying to reach agreement before the Easter recess.

COA continues to work to protect the interests of our members. Special thanks to Diane Przepiorski and Tim Shannon for their efforts.

Norman Zemel, M.D., President

## COA Teams Up with UCLA Fraternity to Build a Safe, Accessible Playground

Since 2000, the AAOS has a tradition of building a safe and accessible playground in the city in which it is holding its Annual Meeting. Since the Annual Meeting was in San Francisco this year, COA took the opportunity to partner with UCLA's CalDelta Chapter of the Sigma Alpha Epsilon (SAE) Fraternity to help sponsor fraternity members to participate in the building of the playground. The SAE Fraternity has an ongoing philanthropy program.

**A Special Thanks** to Chris Santore for organizing the fraternity's participation.

Stephen Hurst, M.D. of San Mateo participated with the AAOS in the planning of this event. Hundreds of orthopaedic surgeons participated in this worthwhile effort.

## People in the News

### Medicare Changes

National Heritage Insurance Company has announced that **Bruce Quinn, M.D., Ph.D.** has accepted the position of NHIC's Medical Director. Dr. Quinn is a neurologist and has practiced at the UCLA Center for Health Sciences Department of Pathology and Laboratory of NeuroImaging. He replaces **Gerald Rogan, M.D.** who resigned from the position.

**FDA Commissioner, Mark McClellan** has been nominated by President Bush as the new Director of the Centers for Medicare and Medicaid Services (CMS). Dr. McClellan replaces Tom Scully.

### AAOS Board of Councilors

**Peter Mandell, M.D.** of Burlingame has been elected Chairman of the AAOS Board of Councilors and **Gary Frykman, M.D.** of San Bernardino, has been elected to the Executive Committee of the BOC as a Member-At-Large.

**Robert O'Hollaren, M.D.** of Ventura has been elected as one of the California Councilors to the AAOS Board of Councilors representing the Ventura area. **Thomas Barber, M.D.** of Oakland has been elected to the BOC as one of the Councilors representing the Northern California District. **Saul Bernstein, M.D.** of Los Angeles was reelected to a second three year term on the BOC representing the Los Angeles District.

**Richard J. Barry, M.D.** of Davis has been elected to the COA Board of Directors representing the Sacramento Valley District.

### CMA Specialty Delegation Election

**Dale Butler, M.D.**, of Grass Valley has been elected **Treasurer** of the CMA Specialty Delegation.

### 2004 AAOS/OREF Clinician Scientist Development Program

The AAOS/OREF Clinician Scientist Development Program (CSDP) has selected the following California residents to participate in the 2004 meeting: **Maneesh Bawa, M.D.**, UC San Diego and **Seth Gamrand, M.D.**—UCLA.

**Charlene Zettel**, former Assembly Member from Poway, has been appointed Director of the State Department of Consumer Affairs. The DCA oversees licensing agencies including the Medical Board of California.

**Lucinda "Cindy" Ann Ehnes** has been appointed Director of the State Department of Managed Health Care. The DMHC oversees managed health plans.

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## COA Works to Clarify 2003 Workers' Compensation Reforms Referrals to Physician-Owned Out-Patient Surgical Facilities Utilization Review

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### Referrals to Physician-Owned Out-Patient Surgical Facilities

Labor Code Section 139.31(i) allows physicians to refer their patients to out-patient surgical facilities in which they have a financial interest if they: 1) disclose their financial interest; and 2) obtain a "service pre-authorization."

Carriers have interpreted this language in many different ways:

In January, 2004 we saw **State Compensation Insurance Fund (SCIF) offices - Fresno and San Diego offices in particular —call orthopaedic offices and demand that all injured workers scheduled for surgery at an out-patient surgical facility in which the physician had a financial interest, be rescheduled at other facilities.** These demands were made without regard to the patient's condition, when the surgery was scheduled, or whether the physician had disclosed the financial interest and obtained a pre-authorization for the service. This caused much havoc in these areas as injured workers were angry when their surgeries were delayed and orthopaedic surgeons threatened to refuse to treat SCIF patients.

COA contacted Gideon Letz, M.D., Medical Director of SCIF to express our concern with this policy. In addition, COA representatives met with Senator Charles Poochigian of Fresno who had been involved in negotiating the self-referral language. Senator Poochigian shared our concerns and intervened. **In response to these complaints, Dr. Letz issued a letter to SCIF offices clarifying how LC Section 139.31 (i) should be implemented. The SCIF letter is reprinted on Page 4 of this newsletter.** This clarification has been helpful in resolving this dispute and COA is no longer receiving complaints regarding SCIF's implementation of this section. Other carriers, however, continue to demand that orthopaedists take their patients to out-patient surgical facilities in which they do not have a financial interest.

These carriers expect surgeons to travel around the area to different surgical facilities in order to perform the procedures at a facility in which the carrier approves. As you know, this is unlikely. These injured workers are more likely to end up at hospital facilities, delaying surgery, increasing disability costs, and potentially increasing facility fees. **COA has received the most complaints regarding Zurich, Keenan and Associates, and Royal Sun Alliance** who seem to be enforcing Labor Code Section 139.3, prohibiting the referral and ignoring Labor Code Section 139.31(i) which contains the exemption if the physician discloses the financial interest and obtains an authorization for the service. **A sample threatening letter received from Keenan & Associates is reprinted on Page 5 of this newsletter.**

Other carriers claim that Labor Code Section 139.31 allows them to issue two authorizations, one for medical necessity and one based on where the procedure is to take place. COA adamantly disagrees with this interpretation. We believe that Labor Code Section 139.31 (i) authorizes the carrier to issue an authorization based on medical necessity consistent with Labor Code Section 4610—utilization review— not on where the procedure is performed.

COA's President Norman Zemel, M.D. has urged the Division of Workers' Compensation to clarify these issues by issuing a Newsline to all carriers and self-insured employers. But as of yet, DWC has not acted.

#### **COA is also seeking legislation to clarify this issue.**

We have asked that language, clarifying that the carriers may only withhold an authorization if the service is not medically necessary, be included in the 2004 Workers' Compensation reforms. COA's language would state that, if the physician discloses their financial interest and the facility is willing to accept the fee schedule rates or has negotiated facility fees acceptable to the carrier or self-insured employer, than the carrier/self-insured employer cannot dictate where the procedure is performed. If the issue is not resolved in the reforms, we will seek separate legislation. **Reprinted on Page 6 of this newsletter is a sample notification letter to assist you in notifying carriers/self-insured employers of your financial interest.**

**A Special Thank You** to Beverly Titus of the Sierra Pacific Orthopaedic Center Medical Group, Inc. of Fresno and Marsha Kelson of the Kerlan-Jobe Orthopedic Clinic in Los Angeles for bringing these issues to COA's attention and sending us documentation of the problem.

(Continued on Page 4)

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## COA Works to Clarify 2003 Workers' Compensation Reforms (continued from Page 3)

## SCIF's Clarification Letter on the Implementatin of Labor Code Section 139.31

**STATE**  
COMPENSATION  
INSURANCE  
**FUND**

January 22, 2004

Dr. David A. Ingrum  
Chairperson, Workers Compensation Committee  
California Medical Association  
10325 Spruce Grove Ave.  
San Diego, CA 92131

Dear David:

There apparently have been misunderstandings related to State Compensation Insurance Fund's interpretation of LC 139.31 as it relates to ambulatory surgery centers (referrals Section 139.31 indicates that this "prohibition shall not apply to an outpatient surgery center, where the referring physician obtains a service pre-authorization from the insurer after disclosure of the financial relationship."

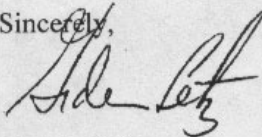
State Compensation Insurance Fund will make such exception on a case-by-case basis, utilizing the following criteria.

- The financial relationship has been disclosed to the claims administrator
- The procedure has been approved by our UR process
- The facility has agreed to accept the current OMFS reimbursement for facility fees and physician services
- The facility is reasonably located geographically to the patient's residence

Each new request must meet these criteria before authorization is given.

Should you have any additional questions or concerns, please do not hesitate to give me a call.

Sincerely,



Gideon A. Letz  
State Compensation Insurance Fund  
Medical Director

Cc Diane M. Przepiorski, California Orthopedic Association  
Lisa Middleton, State Fund

(Continued on Page 5)

## COA Works to Clarify 2003 Workers' Compensation Reforms (continued from Page 4)

## Letter from Keenan and Associates

(physician name)  
(address)

RE: CLAIMANT  
CLAIM #  
EMPLOYER  
DATE OF INJURY:

Dear (physician name):

This is to follow up with the letter sent to you on (insert date) by the Blue Cross Nurse Care Manager in response to your request for authorization for services.

Please be advised that the following procedure has been previously authorized:

(insert only those procedures that have been authorized by the NCM)

In response to your disclosure statement received in this office on (insert date), the facility that you have a financial interest in is not authorized pursuant to LCS 139.3(a), in that it *is unlawful*. It is requested that the procedure be performed in a facility that you do not have a financial interest in. Our NCM has provided you with several recommended alternative facilities. If you need an additional alternative facility, please do not hesitate to contact me immediately. Please schedule accordingly.

Should any delay occur in proceeding with one of the recommended alternative facilities, or refusal to utilize an alternative facility, we will assume that the injured worker's condition is permanent and stationary in accordance with the Labor Code.

LCS 139.3(g) states in part:

*A violation of subdivision (a) shall be a misdemeanor. The appropriate licensing board shall review the facts and circumstances of any conviction pursuant to subdivision(a) and take appropriate disciplinary action if the licensee has committed unprofessional conduct.*

Sincerely,

(examiner name)  
Workers' Compensation  
Keenan & Associates

Cc: injured worker

Section F      Outpatient Surgery Centers (effective 1-1-04)      Revised 1/29/04

(Continued on Page 6)

COA Works to Clarify 2003 Workers' Compensation Reforms (continued from Page 5)

**SAMPLE LETTER**

**Disclosure of Financial Interest in Out-Patient Surgical Facility**

**Letter to Workers' Compensation Payor Per  
California Labor Code 139.31**

**Date:** \_\_\_\_\_, 200 \_\_\_\_

**Patient:** \_\_\_\_\_

\_\_\_\_\_

**CI #** \_\_\_\_\_

\_\_\_\_\_  
**(Name and address of Payor)**

**RE: Notice of Financial Relationship with** \_\_\_\_\_  
(name of out-patient surgical facility in which the physician has a financial interest)

Labor Code Section 139.31 (i) states: "The prohibition of Section 139.3 shall not apply to an outpatient surgical center, as defined in paragraph (7) of subdivision (b) of Section 139.3, where the referring physician obtains a service preauthorization from the insurer or self-insured employer after disclosure of the financial relationship."

This letter is to provide you with formal notification, in accordance with California Labor Code Section 139.31 (i), that the undersigned physician has an ownership interest in the

\_\_\_\_\_, located in \_\_\_\_\_  
(name of out-patient surgical facility in which the physician has a financial interest) (city, state)

which is an out-patient orthopaedic center, within the meaning of California Labor Code 139.3 (b) (7). Due to this disclosure, California Labor Code Section 139.3 shall not apply to referrals of injured workers by the undersigned physician to this facility for whom I receive a service preauthorization from you.

Respectfully submitted,

(Signature of physician)  
(Printed name of physician)

Please sign below acknowledging receipt of this notification and return to sender. This acknowledgement and authorization must be returned prior to the scheduling of the surgery.

\_\_\_\_\_ Date: \_\_\_\_\_  
Adjustor Signature

**COA Works to Clarify 2003 Workers' Compensation Reforms** (continued from Page 6)**Utilization Review**

Several of you have called the COA office complaining about a memo received from State Compensation Insurance Fund (SCIF) which states that, "Recent Workers' Compensation law requires State Compensation Insurance Fund to conduct Utilization Review (UR) on all medical treatment requests." **This statement has caused much confusion.**

The 2003 Workers' Compensation reforms require all Workers' Compensation carriers to institute a UR program and requires that the carrier make treatment decisions based on evidence-based treatment guidelines—not that all medical treatment must now be authorized or approved by the carrier. Previously, the UR program had been optional.

**When a physician requests authorization, the decision as to which treatment requests are sent through the carrier's formal UR process is up to each individual carrier.** We expect those decisions will vary widely from one carrier to another.

**These changes also do not mean that verbal authorizations for treatment are no longer allowed.** Carriers can still issue verbal authorizations for treatment, although it seems that SCIF prefers authorization requests to be submitted in writing.

Under the formal UR process, carriers have 5 working days from the receipt of the request and, "information reasonably necessary to make the determination" to act on the request. Labor Code Section 4610 goes on to say that in no event shall the UR process take more than 14 days. Provisions are also made for a more immediate response if it is an emergency. Only licensed physicians competent to evaluate the specific clinical issue may modify, delay, or deny medical treatment. The criteria or guidelines used in the review must be disclosed to the requesting physician and employee. Prospective, concurrent, and retrospective review is allowed. UR decisions are to be made based on the American College of Occupational and Environmental Medicine Occupational (ACOEM) Medical Practice Guidelines or other evidence-based protocols.

These UR changes have caused long delays in obtaining authorizations for treatment. Some carriers have out-sourced their UR decisions. Blue Cross is performing SCIF's UR on spine procedures and also handling UR requests for Keenan & Associates.

**COA is seeking legislation to clarify that if the carrier does not act within 14 working days, the service is deemed approved. In addition, the COA language would clarify that an authorization cannot be retrospectively withdrawn after the procedure is performed.**

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**COA needs to hear from you if any Workers' Compensation carrier/self-insured employer is inappropriately denying medically necessary services or delaying authorizations beyond the state timeframes. Send documentation of these problems, including the diagnosis, services requested, and carrier denial or delay to the COA office, 5380 Elvas Avenue, #221, Sacramento, CA 95819.**

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## Agenda Overview - COA's 2004 Annual Meeting/QME Course

Doubletree Hotel at Fisherman's Wharf - Monterey

### Thursday, May 20, 2004

#### Orthopaedic Coding Courses - KarenZupko and Associates

10:00 am – 5:00 pm **"Fast Track" to Successful Orthopaedic Coding** (Office-based coding)

10:00 am – 5:00 pm **"Black Belt" Orthopaedic Coding** (Advanced Surgical Coding)

### Friday, May 21, 2004

#### Optional Educational Labs

9:00 am – 11:30 am **Extracorporeal Shockwave Treatment (ESWT)** - Shockwave Systems

9:00 am – 11:30 am **Total Asset and Medical Malpractice Protection Training**

G. K. Mangelson, National Medical Foundation for Asset Protection

9:00 am – 11:30 am **Wrist Fixation Workshop** - TriMed, Inc.

9:00 am - 11:30 am **Practical Uses of PDAs in Orthopaedics** - Ian Alexander, M.D., Aristar

9:00 am – 11:30 am **Developing Outpatient Surgery Centers: Legal and Financial Issues**

**The Impact of the 2003 Workers' Compensation Reforms**

Marshall Lewis, M.D., Physician-Owned Surgery Centers

9:30 am - 11:30 am

**Fixed Angle Fixation of Distal Radius Fractures Utilizing The Volar Approach**

Jorge Orbay, M.D., Hand Innovations

9:00 am - 10:15 am

**HIPAA - Managing Your Compliance Plan** - David Ginsberg - PrivaPlan

10:15 am - 11:30 am

**The Indispensable Foundation of Electronic Medical Records - The Evolving Role of**

**Clinical Automation Systems and Their Impact on Your Practice**

Dr. Sami Aita, CEO and Chair of MedcomSoft, Inc.

#### Annual Meeting

12:30 pm - 6:30 pm

**Metastatic Bone Disease: Stages of Treatment, Referrals and Pain Management**

Medical Management of Bone Disease - James Berenson, M.D.

Surgical Treatments of Bone Disease - Earl Brien, M.D.

Death and Dying - David Wellisch, M.D.

**The Future of Out-Patient Surgery Facilities (ASCs) After Workers' Compensation Reforms**

James Caillouette, M.D. and Tony Schiff, JD

**In-Office MRI Arrangements: What You Need to Know**

Practical Considerations in Setting up an In-Office MRI - Andrew Deutsch, M.D.

Legal Considerations - Frank Gamma, JD

6:30 pm

**Presidential Reception**

### SATURDAY, MAY 22, 2004

#### Annual Meeting/QME Course

7:30 am - 12:30 pm

**Current Trends in Treatment of the Distal Radius**

Faculty: Amy Ladd, M.D., Timothy McAdams, M.D.,

Reid Abrams, M.D., and Robert Medoff, M.D.

**Legislative and Other Issues Affecting Orthopaedic Practice**

- **Update on AAOS Activities** - Glenn Pfeffer, M.D.

- **Update on 2004 Workers' Compensation Reforms**

**Governor Arnold Schwarzenegger** \* invited, but not yet confirmed.

- **The Legislative "Dance" - What's on the Dance Card for 2004?**

The "DC Dance" - Washington Politics - David Lovett, JD, AAOS Lobbyist

The "Sacramento Dance" - Sacramento Politics - Tim Shannon, JD, COA Lobbyist

- **"Stay Out of Trouble" - Managing Malpractice Risk -**

Steven Fountain, M.D.

(Continued on Page 10)



## Agenda Overview - COA's 2004 Annual Meeting/QME Course

Doubletree Hotel at Fisherman's Wharf - Monterey

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### SATURDAY, MAY 22, 2004 (CONTINUED)

#### 2004 QME Course – Part I

- 12:30 pm - 5:45 pm      Moderator: Larry Herron, M.D.
- **ACOEM's "Occupational Medicine Treatment Guidelines" – Are Presumed To Be Correct** - Jeffrey Harris, M.D.
  - **How the ACOEM Guidelines Affect Spine Care** - Jan Henstorf, M.D.
  - **The New Era of Disability Evaluations** - Moderator: Alvin Markovitz, M.D.
  - **Overview of the AMA Guides to the Evaluation of Permanent Impairment – 5<sup>th</sup> Edition** - Gunnar Andersson, M.D.
  - **Contrast and a Comparison Of California's Disability Rating System and the AMA Guides**
  - **How to Use the AMA Impairment Ratings to Determine Disability Ratings Under California's System to Achieve More Uniform Ratings – Case Presentations** Gunnar Andersson, M.D. and Alvin Markovitz, M.D.
  - **Ergo-Activities of Daily Living – How to Rate Chronic Pain for Controversial Diagnoses – RSD and Fibromyalgia** - Alvin Markovitz, M.D.
  - **Guidelines for Determining Reasonableness of Treatment for Pain Management** – Vert Mooney, M.D.

7:00 pm      **Group Dinner - Monterey Bay Aquarium**

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### SUNDAY, MAY 23, 2004

7:30 am – 8:30 am      **Business Meeting**  
**Update of 2004 ER On-Call Survey** - Richard Barry, M.D.

#### Annual Meeting/QME Course

8:30 am - 1:30 pm      **Update of Common Problems of the Foot and Ankle - Current Concepts and Case Presentations**  
 Faculty: Glenn Pfeffer, M.D., Nicholas Abidi, M.D., Carol Frey, M.D. and David Thordarson, M.D.  
 Tendon Injuries/Fractures  
 Arthroscopy and Endoscopy  
 Ligament Injuries  
 Fusions and Arthritic Conditions

**2004 QME Course - Part II**      Moderator: Larry Herron, M.D.

- **EMG Studies: Understanding Quality, Maximizing Diagnostic Utility** - Steve Levine, M.D. , Associate Clinical Professor of Neurology at UCLA
- **How the 2003 Workers' Compensation Reforms Affect Orthopaedic Practice** – Jeffrey Coe, M.D.
- **The Money Chase – Collecting Your Money** - Richard Johnson, M.D.

1:30 pm      Adjournment

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**Registration materials can be obtained at COA's website:  
[www.coassn.org](http://www.coassn.org) or by faxing a request to the COA office - 916-454-9882**

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# CPLH 2004



## CALIFORNIA PHYSICIANS LEGAL HANDBOOK

The all new 2004 California Physician's Legal Handbook at over 4,000 pages is even more comprehensive than prior editions and extensively indexed by subject, law, website, form and court case. Available in 6 volume print or CD-ROM versions! This handbook answers the legal questions most frequently asked by physicians. It includes practical summaries of California and federal laws as well as sample forms and letters, and the actual text of the laws of greatest interest to physicians.

### CPLH 2004

Print:	\$699.00
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**ALL ORDERS MUST BE PRE-PAID. PRICES EXCLUDE SHIPPING AND HANDLING AND COUNTY SALES TAX.**

(Shipping and handling: \$4.00 for CD-ROM, \$14.00 for print version, \$18.00 for combination)

The content of the 2004 California Physician's Legal Handbook will be available free to CMA members at the members only "CMA ON-CALL" section of CMA's Website: <http://www.cmanet.org>

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San Francisco, CA 94120-7690

## COA to Consider By-Law Changes at its 2004 Business Meeting

To ensure adequate representation from the Riverside and San Bernardino area, COA is proposing to amend its By-Laws to create a new District called the Inland Empire District with two seats on the COA Board of Directors.

### Article IV Section 2 of COA's By-Laws would be amended to read:

a. The Board shall consist of ~~34~~ 36 members and shall be composed of:

1. President, First Vice President, Second Vice President, Secretary-Treasurer, and three immediate past presidents of the California Orthopaedic Association.
2. ~~The president of each California district. Two~~ representatives from each of the following Districts: San Diego, Orange, Los Angeles, Los Padres, Northern California, Sacramento Valley, Sequoia, and the Inland Empire District. ~~Shall select two nominees from their district, all of whose names shall be placed in nomination when~~ Nominees shall be by election by COA members in the District when there is a Board vacancy for their District.
3. One at-large member who shall be elected for a two-year term at the Annual Meeting of the Corporation and can be reelected to a second two year term. This at-large member cannot succeed themselves to office.
4. California members of the American Academy of Orthopaedic Surgeons' Board of Councilors shall be voting members of the Board during their defined term of office as councilor.
5. One young orthopaedic surgeon who shall be elected for a two year term at the Annual Meeting of the Corporation and can be reelected to a second two year term. A young orthopaedic surgeon is defined as a physician who has completed their training in an accredited orthopaedic residency program, who is under 40 years of age or within the first five (5) years of professional practice after residency and fellowship training programs.

## News of Interest

### AAOS Promotes Patient Safety

In its efforts to improve and promote patient safety, the AAOS has created the Orthopaedic Coalition for Patient Safety. This Coalition has developed Pre-Operative and Post-Operative checklists to help promote patient safety. To obtain a copy of the checklists, fax a request to COA - 916-454-9882. We would encourage you to incorporate them into your practice.

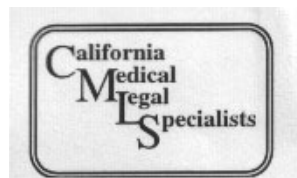
### Medicare - HIPAA Compliant Claims

Effective July 1, 2004, Medicare is modifying its HIPAA contingency plan. The modification continues to allow submission of non-compliant electronic claims. However, the payment of electronic claims that are not HIPAA compliant will take 13 additional days. HIPAA compliant claims will be considered eligible for payment on the 14th day after the date of receipt. Claims submitted in a non-compliant HIPAA format will be considered eligible for payment only on the 27th day after receipt.

### Central California Orthopedic Medical Associates Looking for Orthopaedist

Turlock is a city of 60,000 in Central California which currently has 4 orthopaedic surgeons in the community. We are looking to recruit another orthopaedic surgeon to the area. A good deal of the business from our community and its draw area of 130,000 has to be turned away to a neighboring larger city. We are building a state-of-the-art surgery center and a new multi-specialty medical office building that will be finished by Fall, 2004. The successful applicant will have a "ground level" investment opportunity in both projects. Orthopedists with interests in general, sports, hand, spine, foot & ankle, adult reconstructive, or non-operative orthopedics would be a good match with our group and community. In addition to the usual referral sources, we are affiliated with a group of two primary care sports fellowship trained family practice physicians. They run the largest occupational medicine facility in Turlock. We will be partnering with the local hospital on the ASC/MOB projects. We are 1.5 hours from snow skiing, 1.5 hours from downtown San Francisco, and 2 hrs from Yosemite. We are a progressive group and are looking for a personable, well-trained applicant. Since ER call is not mandated in our hospital bylaws, it is possible for the successful applicant to start a call-optional practice if sponsored by our group.

This is a wonderful opportunity in a rapidly growing area where you can still afford great housing. If you are interested in this opportunity, please contact our project coordinator, Sam Romeo, MD by e-mail at [sromeo@centralcalortho.com](mailto:sromeo@centralcalortho.com) or by phone at (209) 535-1693.



## Orthopaedic Surgeons

### *Forensic Disability Evaluations*

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# Welcome to COA's Newest Members

Anthony J. Abene, M.D.	Sherman Oaks
Reid Abrams, M.D.	San Diego
Soheil Aval, M.D.	Laguna Niguel
Kambiz Behzadi, M.D.	Pleasanton
Sigurd Berven, M.D.	San Francisco
Marilyn Boitano, M.D.	Mission San Jose
John Bordy, M.D.	Redwood City
Brock Cummings, M.D.	Paradise
David L. Daugherty, M.D.	Camp Pendleton
Jeffrey Dodd, M.D.	Truckee
John M. Dowbak, M.D.	Stockton
Eric D. Feldman, M.D.	Long Beach
Frank Feng, DO	Visalia
Bruce E. Fishman, M.D.	Sherman Oaks
Sidney Garber, M.D.	Rancho Mirage
Andrew Haskell, M.D.	San Francisco
D. Michael Hembd, M.D.	Sacramento
Jason T. Huffman, M.D.	Los Angeles
Joseph E. Jensen, Jr., M.D.	Palm Desert
Fariborz D. Kharrazi, M.D.	Los Angeles
Bruce Le, DO	Visalia
Kevin Lee, M.D.	Rancho Mirage
Richard Lenson, M.D.	Napa

Gary Lynn, M.D.	Hollister
Saeed Malekafzali, M.D.	San Pedro
Richard E. Manos, M.D.	San Diego
Afshin Mashoof, M.D.	Laguna Niguel
Anthony J. Matan, M.D.	Pinole
Amir Matityahu, M.D.	San Francisco
Elizabeth McAllister, M.D.	Los Angeles
Michael J. McDermott, M.D.	San Diego
Eric S. Millstein, M.D.	Los Angeles
Saam Morshed, M.D.	San Francisco
Max R. Moses, M.D.	Rancho Palos Verdes
S. Lee Propst, M.D.	Stanford
Gregory Rafijah, M.D.	Redondo Beach
Keith A. Robertson, M.D.	Ventura
Michael A. Robinson, M.D.	San Diego
Charles N. Rudolph, M.D.	La Jolla
Peter Rugani, M.D.	Merced
Robert Ruth, M.D.	Santa Barbara
Aenor J. Sawyer, M.D.	San Ramon
Scott D. Shoemaker, M.D.	San Diego
Raj Sinha, M.D.	Rancho Mirage
Davis Tahernia, M.D.	Rancho Mirage
Garrett Tallman, M.D.	Encinitas
George Tang, M.D.	Pasadena
Michael A. Thompson, M.D.	San Diego
Joseph K. Weistroffer, M.D.	San Diego
Ronald W.B. Wyatt, M.D.	Martinez
Thomas Zewert, M.D.	Salinas

## COA's 2004 dues are now due.

If you have not already paid your dues, we would encourage you to do so at your earliest convenience. To check your membership status, contact the COA office - 916-454-9884.

COA is working hard this year to protect your interests, particularly in the area of Workers' Compensation reforms and reimbursement issues and to defeat efforts by allied health professionals to expand their scopes of practice into orthopaedic practice areas. **Your support of the organization is very much appreciated.**

### MOVING?

Please notify COA promptly if you are moving.

Name: \_\_\_\_\_

New Address: \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mail to: COA, 5380 Elvas Ave., #221,  
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