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June 22, 2018



COA Report

California Orthopaedic Association

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TOP NEWS

Meet your new COA Officers elected at our Annual Meeting, May 31-June 3 at the San Francisco Marriott Marquis



COA
Bring issues of concern to the attention of your leaders by sending an email to: admin@coa.org. They would like to hear from you. [READ MORE](#)



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Another Win for Medicine

Health Net Agrees **Not** to Implement 50% Payment Reductions For Modifier -25

In March, Health Net notified physicians of [planned changes](#) to its modifier 25 and emergency services payment policies for Medicare and Medi-Cal lines of business. The California Medical Association (CMA), the California Orthopaedic Association (COA), and the California Podiatric Medical Association (CPMA) were opposed to these policies and have been working in coordination with other national and state specialty organizations to push back on the proposed changes.

In response to this opposition, Health Net has announced that it will not proceed with implementation of its modifier -25 and emergency services payment policies in California. Health Net will be sending out an official notice to physicians about the change. Additionally, Health Net has expressed a commitment to work with medicine to implement an educational program focused on providing data and feedback to physicians, as well as information on proper coding practices for emergency department services.

The policies at issue would have cut reimbursement of an evaluation and management service with modifier 25 by 50 percent when billed with a minor surgical procedure or a preventive visit (CC.PP.052 and CC.PP.057). Additionally, Health Net planned to implement a Non-Emergent Emergency Room policy (CC.PP.053), which would have reduced reimbursement for Level 4 (99284) and Level 5 (99285) emergency services to a Level 3 (99283) reimbursement rate if Health Net deemed the diagnosis was non-emergent.

Last month, Health Net agreed to delay implementation of the new policies until July 1, 2018, to allow time to review provider concerns with the new policies and to continue discussions with CMA/COA/CPMA and other stakeholders.

Medicine appreciates the collaborative dialogue with Health Net and its willingness to work with physicians to identify alternative strategies to address proper coding and cost concerns. We believe that Health Net's decision reflects a

growing recognition of the need for a different type of engagement between health plans and the physician community to improve health care quality, access and affordability.

AAOS releases new position statement on use of emerging biologic therapies



American Academy of Orthopaedic Surgeons

The increasing shift to therapeutic biologic products for restoring structure and function presents new questions of safety and effectiveness. No longer reserved for treating trauma and soft tissue injuries, biologic therapies are now explored as options for osteoarthritis. As we note in the statement "Innovation and New Technologies in Orthopaedic Surgery," surgeons must be aware of the scientific basis for the different treatment options offered to their patients, including the benefits and risks. The varying regulatory pathways by which biologic therapies come to market require the additional burden for surgeons to become familiar with the Food and Drug Administration's current thinking with respect to the source, retrieval and/or manufacturing methods, processing, storage and use of these products, whether alone or as part of combination products. [READ MORE](#)

Geisinger researchers are developing a way to predict readmission risk — here's how



Becker's Hospital Review

Researchers from Danville, Pennsylvania-based Geisinger and University Park, Pennsylvania-based Penn State are developing a way to predict a patient's risk for requiring more medical care three days after their discharge from the hospital. The researchers created a model called REDD, which stands for readmission, emergency department or death, using clinical, administrative and socioeconomic data from patients admitted to Geisinger between 2012 and 2014. [READ MORE](#)

4 strategies to compete with disruptors and win



Health Leaders Media

Hospitals and health systems are facing competitive threats from more angles than ever before. From innovative healthcare tech startups to traditional payers making inroads into the provider space, today's threats have multiplied. For healthcare leaders to ignore them would be at their own peril. As health systems attempt to pivot toward innovation to fend off a new generation of competitors that seek to dominate specialized pieces of the healthcare continuum, they are burdened with their legacy as high-cost conglomerates that provide everything from high-level ICUs to quick clinics co-located in drugstores. [READ MORE](#)

The OIG Acts on telehealth



Hooper, Lundy & Bookman

As the use of telehealth continues to grow throughout the health care industry, government scrutiny of telehealth arrangements is also on the rise. This client alert summarizes two recent examples of this trend from the Office of Inspector General of the United States Health and Human Services Department. In April, the OIG published a new report on a post-payment audit of telehealth claims that the Centers for Medicare and Medicaid Services processed in 2014 and 2015. Using a sample of 100 claims, the OIG determined that 31 percent of the claims CMS paid did not satisfy Medicare requirements for telehealth services. [READ MORE](#)

Dr. Atul Gawande tapped to lead Amazon, Berkshire, JPMorgan venture



Becker's Hospital Review

Amazon, JPMorgan Chase and Berkshire Hathaway selected Atul Gawande, M.D., a surgeon at Boston-based Brigham and Women's Hospital and contributor to The New Yorker, to lead their healthcare company, the organizations announced June 20. Dr. Gawande will assume the CEO role at the venture, which will be headquartered in Boston, July 9. [READ MORE](#)

When retail giants like Walmart and Amazon invade healthcare



Health Leaders Media

When the formal announcement came in January that Amazon had begun assembling a team to fix healthcare's most vexing problems, the healthcare industry seemed to hold its breath. The details of Amazon's plan were nowhere in sight — and they remain scant to this day — but its history of industry-morphing success and its deep-pocketed partners were enough to knock health stock prices down a notch and incite a barrage of speculation on how the company might lay waste to the status quo. [READ MORE](#)

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