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September 28, 2018



# COA Report

## California Orthopaedic Association

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### Ortho News This Week

#### Workers' Compensation Update COA Works on Important Issues



California Orthopaedic Association

##### Drug Formulary

The Division of Workers' Compensation's (DWC) Pharmacy and Therapeutics Committee met for the first time this week to discuss potential changes to the Drug Formulary. COA's Immediate Past President, Basil Besh, M.D. is COA's representative on the Committee. As a result of input from COA members, Dr. Besh urged the Division to establish a mechanism for physicians to submit input regarding changes to the drug formulary including medications that should be added to the "Exempt" list. The discussion also uncovered confusion with the formulary in regard to "Exempt" medications. The question that DWC was asked to clarify is whether "Exempt" medications are required to be included on the Request for Authorization. Their inclusion on the RFA seems unnecessary as prior authorization is not required for these medications as long as they are prescribed consistent with the MTUS guidelines and for the specified period of time.

##### Medical — Legal Fee Schedule

COA is also preparing for the October 17th Pre-Regulatory hearing on changes to the Medical-Legal Fee Schedule. After outreach to our members, our Workers' Compensation Medical-Legal Committee is developing a framework for changes that we believe would streamline the system, remove friction, and more appropriately reimburse QMEs/AMEs for the issues they are asked to address in their Medical-Legal evaluations. DWC has indicated that they are open to discussing an entirely new system. COA will be represented at the Pre-Regulatory meeting and has requested a seat on the small work group which will be convened following the hearing.



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#### Can you Bill Patients for a Copay For an Office Visit During the Global Period? Mary Jean Sage offers this advice...



The Sage Associates

This is an interesting question and one that cannot be answered with a simple YES or NO. It really depends on the insurer and their policies about co-payments and office visits.

We know that HMO plans that are administered through IPAs do allow a co-payment to be collected for post-operative care - because they define the co-payment as being an amount that is collected each time the patient has a visit to the office and sees a physician.

Some PPO plans also follow this concept and others do not, administering the concept that the "global package" fee for surgery includes pre-operative and post-operative care and the patient incurs no fees beyond their responsibility for the surgery itself. We always encourage practices to inquire about copayments for post-operative care at the time they are pre-authorizing the surgical procedure — i.e. are copayments amounts to be collected for the post-operative visits during the global period? The other requirement is to review your contracts and see which allow copayments to be collected at the time of post op care and which do not. When you are

reviewing those contracts make sure you review their operating policies and procedures (medical practice guidelines) as well.

The situation is further complicated when you find that some plans will allow a copayment if the patient has either an x-ray study or an injection during post-operative care, but at no other visits during that time! My best recommendation would be to:

1. Know the policies of each of your insurers
2. Check at the time of preauthorization what is allowed during the postoperative period for the surgery being authorized

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## 5 documentation dos and don'ts that reduce risk



The KZA Blog

As our consulting team reviews thousand of medical records each year, we see a consistent list of common documentation issues that present themselves in practices of all size and specialty. Here are 5 of the most common dos and don'ts we find ourselves explaining to clients. 1) DON'T choose E/M codes based on the amount of documentation the EHR produces. This may seem like a no brainer. But you'd be surprised how often we see physicians choose higher-level codes when the note is voluminous in page count but lacking in terms of the documentation details required to meet the level of code. [READ MORE](#)

## SDCMS News You Can See



San Diego County Medical Society

Paul Hegyi, CEO writes: "I'm gratified to be able to share some excellent news. The California Department of Health Services (DHCS) recently received federal approval on its plan to increase Medi-Cal fee-for-service physician payments for the 2018-19 fiscal year. According to DHCS, the prospective fee-for-service supplemental payments are anticipated to begin as soon as this week. The supplemental payments are made possible by the Proposition 56 tobacco tax funding and will raise payments for a total of 23 CPT codes, including 10 new preventive CPT codes." [READ MORE](#)

## Mitchell and Genex sign merger agreement



WorkCompWire

Mitchell International, a provider of technology, connectivity and information solutions to the Property & Casualty insurance and Collision Repair industries, and Genex, a provider of clinical solutions to the workers' compensation, auto and disability insurance markets, recently announced they have entered into a definitive merger agreement where Genex will become a new division of Mitchell. With this announcement, Mitchell expands its capability and resources to further the Company's mission to assist clients by enabling better outcomes across the auto, workers' compensation and disability claims process. [READ MORE](#)

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