



COA Report

California Orthopaedic Association

February 5, 2021

TOP NEWS

Ronald A. Navarro Named Director for Clinical Affairs at the Kaiser Permanente Bernard J. Tyson School of Medicine

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Ronald A. Navarro MD, one of our former Pitt Sports Medicine and Shoulder Surgery Fellows ('95-'96) was named Director for Clinical Affairs at the Kaiser Permanente Bernard J. Tyson School of Medicine on Feb. 1, 2021. The Director for Clinical Affairs represents the school in overseeing the logistics of student clinical education, including policies and procedures germane to assuring a positive learning environment and ensuring compliance with accreditation standards. This role will also participate in, and oversee as appropriate, programs in the clinical space designed to fulfill the KPSOM strategic plan. Dr. Navarro was identified for his leadership, experience in academia, collaborative and clinical acumen, and passion and enthusiasm for medical education.

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Orthopaedic Surgeons in San Bernardino, Riverside, Orange and San Diego DWC Needs Your Help

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Injured workers disputing either the diagnosis or the treatment prescribed by their Medical Provider Network (MPN) treating physician are allowed 2 opportunities to change and select a new treating physician within their MPN. Once they have exhausted those choices but their dispute remains, they have the ability to request that the Division of Workers' Compensation (DWC) assign a MPN Independent Medical Review (IMR) to review the case and resolve their ongoing dispute with their MPN physicians. Treatment decisions are based on the Medical Treatment Utilization Schedule (MTUS), the same treatment guidelines used to decide treatment issues for other injured workers.

DWC only has 10 days to appoint a MPN IMR, so it is important for them to have a list of orthopaedic surgeons willing to do these evaluations. The MPN IMR must perform an in-person evaluation and write a report. The evaluation is paid under the Official Medical Fee Schedule – treatment fee schedule. You would bill the appropriate level of E&M code, prolonged service code for face-to-face and/or non-face-to-face time of record review, and WC007 – report fee of WC007 - \$170.49. The defense is required to pay the costs of these evaluations. You would only be asked to perform musculoskeletal evaluations.

In the past, DWC had only occasionally received these requests, however, there has been an increase in these requests in San Bernardino, Riverside, Orange, and San Diego counties.

If you would like to participate in the evaluations to help injured workers move on and receive the medically necessary

medical treatment, please send an email to DWC - John Cortes jcortes@dir.ca.gov or Ray Meister, M.D. rmeister@dir.ca.gov letting them know of your interest. Please copy COA.

MPN IMRs are authorized by Labor Code sections [4616.3](#), [4616.4](#) and California Code of Regulations, title 8 (8 C.C.R.) sections [9768.1](#) - [9768.17](#)

[Download a template for an MPN IMR report.](#) Evaluators can use the template or create a narrative report addressing all of the required elements.

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PRACTICE GUIDANCE

Orthopaedic Surgeon in the Redondo Beach area retiring

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Has the following equipment for sale:

1. Stryker wall mounted cast saw and vacuum- current model, hardly used \$1900 new, asking \$950
2. Radlink CR digital x-ray system, with 4 cassettes- 5 years old in good condition, asking \$2500
3. Wallmounts for computer, screen, keyboard- 4 available, like new, asking \$250 each
4. X-ray view boxes- 6 available, \$25 each
5. Lenovo M series ThinkCentre Intel core i5 Windows 7 computers with 23" monitors- 4 available at \$200 ea- require new hard drives.

If interested, **call 310-372-4646.**

Billing for Robotic Assistance — Is Anyone Paying?

Karen Zupko & Associates, Inc.

There is currently no CPT Category I code for using robotic assistance. Using this advanced, adjunctive technology is billed as a laparoscopic procedure without additional compensation. There is however an HCPCS Level II national code developed and maintained by Medicare; code S2900. HCPCS Level II codes are 5 position alpha-numeric codes that represent primarily items and non-physician services that are not represented by Category I CPT codes, such as hernia repair or colectomy.

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