State of California

Department of Industrial Relations

DIVISION OF WORKERS’ COMPENSATION



**Order of the Administrative Director of the**

**Division of Workers’ Compensation**

**Official Medical Fee Schedule**

**Physician and Non-Physician Practitioner Services**

**Effective for Services Rendered on or after March 1, 2021**

Pursuant to Labor Code section 5307.1(g)(1),(2), the Administrative Director of the Division of Workers’ Compensation orders that Title 8, California Code of Regulations, sections 9789.12.11, 9789.12.12, 9789.19 and 9789.19.1, pertaining to the Physician and Non-Physician Practitioner Services Fee Schedule portion of the Official Medical Fee Schedule, are adjusted to conform to relevant changes in the Medicare Physician Fee Schedule CY 2021 final rule, published in the Federal Register on December 28, 2020 (85 Fed. Reg. 84472), the Medicare Physician Fee Schedule CY 2020 final rule published in the Federal Register on November 15, 2019 (84 Fed. Reg. 62568) and relevant changes made by the Consolidated Appropriations Act, 2021, H.R. 133, Public Law 116-260, enacted December 27, 2020.

The Medicare Physician Fee Schedule CY 2021 Final Rule is entitled: “Medicare Program; CY 2021 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Quality Payment Program; Coverage of Opioid Use Disorder Services Furnished by Opioid Treatment Programs; Medicare Enrollment of Opioid Treatment Programs; Electronic Prescribing for Controlled Substances for a Covered Part D Drug; Payment for Office/Outpatient Evaluation and Management Services; Hospital IQR Program; Establish New Code Categories; Medicare Diabetes Prevention Program (MDPP) Expanded Model Emergency Policy; Coding and Payment for Virtual Check-in Services Interim Final Rule Policy; Coding and Payment for Personal Protective Equipment (PPE) Interim Final Rule Policy; Regulatory Revisions in Response to the Public Health Emergency (PHE) for COVID–19; and Finalization of Certain Provisions from the March 31st, May 8th and September 2nd Interim Final Rules in Response to the PHE for COVID–19” [CMS–1734–F, CMS–1734–IFC, CMS–1744–F, CMS–5531–F and CMS–3401–IFC]. Subsequent to publication of the Final Rule, the [Consolidated Appropriations Act, 2021 (HR 133)](https://www.congress.gov/116/bills/hr133/BILLS-116hr133enr.pdf), Public Law 116-260, was passed by Congress. This Order adopts conforming relevant changes which impact the Medicare Physician Fee Schedule.

In addition, the CY 2020 Medicare Physician Fee Schedule Final Rule, CMS-1715-F, published in the Federal Register on November 15, 2019 (84 Fed. Reg. 62568), adopted changes to Evaluation and Management coding, guidelines and fees with a delayed effective date of January 1, 2021. The relevant Evaluation and Management changes are adopted by this Order for services rendered on or after March 1, 2021.

The following changes to title 8, California Code of Regulations are adopted by this Order as shown in the attached text of regulations effective for services rendered on or after March 1, 2021 (double underline for additions, single underline for hyperlinks, strikethrough for deletions.)

Section 9789.12.11. Evaluation and Management: Coding – New Patient; Documentation.

Subdivision (b) which requires use of the 1995 Documentation Guidelines for Evaluation & Management Services *or* the 1997 Documentation Guidelines for Evaluation & Management Services is revised to add language that the subdivision is applicable to services rendered prior to March 1, 2021. A new subdivision (c) is added for services rendered on or after March 1, 2021 to specify that the level of the office/outpatient visit code is to be governed by the CPT coding and guidelines except as otherwise provided in the regulations. Subdivision (c) also adopts Medicare’s HCPCS code G2212 (including descriptor and guideline) which may be used for prolonged service on the date of an office/outpatient visit where the physician has selected the level of service code based upon time rather than medical decision-making.

Section 9789.12.12. Consultation Services Coding - Use of Visit Codes is amended in light of Medicare adoption of the changes to CPT coding and guidelines which substantially revise the Evaluation and Management office/outpatient visit codes and including elimination of CPT code 99201 from the American Medical Association’s *Current Procedural Terminology*.

Section 9789.19 is amended to add a new subdivision (h) to the “Update Table” to adopt relevant changes contained in the CMS’ CY 2021 Medicare Physician Fee Schedule final rule, the CMS’ CY 2020 Medicare Physician Fee Schedule final rule related to Evaluation and Management services, and the Consolidated Appropriations Act, 2021.

Section 9789.19.1 is updated to adopt and incorporate by reference a new Table A entitled “9789.19.1 Table A 2021 RVU21A updated 01.05.2021 Effective 03.01.2021”. The new Table A updates the adjusted anesthesia conversion factor by GPCI locality and anesthesia shares for services on or after March 1, 2021. The update includes relevant Medicare revisions including revisions based upon the CY 2021 Medicare Physician Fee Schedule Final Rule, CMS-1734-F, and the Consolidated Appropriations Act, 2021.

An explanation of the changes is attached and incorporated into this Order. The revised regulations are effective for physician services and non-physician practitioner services rendered on or after March 1, 2021. This Order and the explanation of the changes, the regulations, and the Medically Unlikely Edits file excerpt shall be published on the website of the [Division of Workers’ Compensation](http://www.dir.ca.gov/DWC/OMFS9904.htm): *http://www.dir.ca.gov/DWC/OMFS9904.htm*

**IT IS SO ORDERED.**

Dated: February 8, 2021 /S/ GEORGE P. PARISOTTO

GEORGE P. PARISOTTO

Administrative Director of the

Division of Workers’ Compensation