

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION



**Order of the Acting Administrative Director of the
Division of Workers' Compensation
(OMFS Update for Physician Services and Non-Physician Practitioner Services -
Effective March 1, 2015)**

Pursuant to Labor Code section 5307.1(g)(1),(2), the Acting Administrative Director of the Division of Workers' Compensation orders that Title 8, California Code of Regulations, sections 9789.12.8, 9789.12.13, 9789.13.1, 9789.15.4, 9789.16.2, 9789.17.1, and 9789.19, pertaining to Physician Fee Schedule in the Official Medical Fee Schedule, are adjusted to conform to relevant changes in the Medicare final rule of November 13, 2014, published in the Federal Register (Vol. 79 FR 67547), titled, "Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule, Clinical Laboratory Fee Schedule, Access to Identifiable Data for the Center for Medicare and Medicaid Innovation Models & Other Revisions to Part B for CY 2015; Final Rule," (CMS-1612-FC), and January 2015 corrections made to the final rule by the Centers for Medicare and Medicaid Services. The changes made by this order are effective for services rendered on or after March 1, 2015.

Amended section 9789.12.8 adds the new Medicare Status Code "Q" to the status code chart, specifying that the code is for Medicare reporting and is not used for workers' compensation.

Amended section 9789.12.13 deletes the reference to the National Technical Information Service (NTIS) as an alternative source of the National Correct Coding Initiative Policy Manual because the NTIS no longer publishes the manual.

Amended section 9789.13.1 adds a provision specifying that for services on or after April 1, 2014, maximum fees for splints and casting supplies are determined by the Durable Medical Equipment, Prosthetics, Orthotics, Supplies fee schedule.

Amended section 9789.15.4 deletes the phrase "Addendum H" and adds the phrase "Separately Payable Always Therapy Services Subject to the Multiple Procedure Payment Reduction (MPPR)" File to reflect the fact that Medicare's "Always Therapy" list no longer is called Addendum H.

Amended section 9789.16.2 subdivisions (a)(7) and (a)(8) delete references to ICD-9 diagnosis codes and substitute the broader term "a diagnosis code".

Amended section 9789.17.1 reflects Medicare's use of Addendum F to list diagnostic imaging services subject to the Medicare Multiple Procedure Payment Reduction.

Amended section 9789.19 adds a new subdivision (b) to the “Update Table” to adopt relevant changes in the CMS final rule of November 13, 2014, CY 2015 Medicare Physician Fee Schedule and January 2015 corrections, for services rendered on or after March 1, 2015.

An explanation of the changes is attached to this Order. The effective date of the new rates is for physician services and non-physician practitioner services rendered on or after March 1, 2015. This Order and the explanation of the changes, the regulations, Medi-Cal Rates file, Medically Unlikely Edits file, and the National Correct Coding Initiative Policy Manual 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 18, 2015

ORIGINAL SIGNED BY
DESTIE LEE OVERPECK
Acting Administrative Director of the
Division of Workers’ Compensation