

## California Workers' Compensation - Treatment

### Official Medical Fee Schedule – Physician and Nonphysician Services

In 2017, the Official Medical Fee Schedule (OMFS) has fully transitioned to Medicare's RBRVS system. The OMFS uses the CMS and AMA billing rules including the CCI edits. The billing rules are updated quarterly to be consistent with the Medicare rules.

New in 2017, is the ability to again bill the prolonged service codes for non-face-to-face time for reviewing medical records, etc. You can also use the prolonged service codes when billing extended face-to-face time. (Prolonged Service Codes: 99354-99359). You must spend at least 31 minutes before you can bill for the initial 60 minutes of time. Documentation of the time spent is required.

In addition, the OMFS includes some California-specific codes.

#### § 9789.12.14. California Specific Codes.

Physicians and non-physician practitioners shall use the "California Specific Codes" listed below. Maximum reasonable fees for services performed by physicians and non-physician practitioners within their scope of practice shall be no more than the fee listed in section 9789.19, by date of service. The fees shall be updated annually in accordance with the Medicare Economic Index.

CA Code	Procedure
WC001	Doctor's First Report of Occupational Illness or Injury (Form 5021) (Section 9789.14(a)(1))
WC002	Treating Physician's Progress Report (PR-2 or narrative equivalent in accordance with § 9785) (Section 9789.14(b)(1))
WC003	Primary Treating Physician's Permanent and Stationary Report (Form PR-3) (Section 9789.14(b)(2))
WC004	Primary Treating Physician's Permanent and Stationary Report (Form PR-4) (Section 9789.14(b)(3))
WC005	Psychiatric Report requested by the WCAB or the Administrative Director, other than medical-legal report. Use modifier -32 (Section 9789.14(b)(4))
WC006	[Reserved]
WC007	Consultation Reports Requested by the Workers' Compensation Appeals Board or the Administrative Director (Use modifier -32) Consultation Reports requested by the QME or AME in the context of a medical-legal evaluation (Section 9789.14(b)(5)). (Use modifier -30)





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CA Code	Procedure
WC008	Chart Notes (Section 9789.14(c))
WC009	Duplicate Reports (Section 9789.14(d))
WC010	Duplication of X-Ray
WC011	Duplication of Scan
WC012	Missed Appointments. This code is designated for communication only. It does not imply that compensation is owed.

### OMFS MTUS – Treatment Guidelines

Treating physicians are required to follow the Medical Treatment Utilization Schedule (MTUS) and the DWC Drug Formulary for the treatment of injured workers. The MTUS is based on the ACOEM Treatment Guidelines. To access the guidelines on-line, go to: <https://www.dir.ca.gov/dwc/mtus/mtus.html> The MTUS also incorporates the DWC Drug Formulary which recommends medications based on the specific diagnosis. If the medical procedure is not addressed in the MTUS, then the treating physician can follow ODG Treatment Guidelines or other nationally recognized treatment guidelines.

Treatment services/medications must be pre-authorized. Following these guidelines is very important as Workers' Compensation carriers often base their authorizations on these guidelines. If you receive a denial on a treatment/medication request, in your request for a Second Appeal, it is helpful to cite the applicable treatment guideline. The WC has developed a tutorial on MTUS: <https://www.dir.ca.gov/dwc/CaliforniaDWCCME.htm>

### Permanent and Stationary Impairment Ratings

P&S Impairment ratings are based on the AMA Guides – 5<sup>th</sup> Edition. The Department of Labor uses the AMA Guides – 6<sup>th</sup> Edition for the evaluation of federal workers. COA has developed an educational course on the use of the AMA Guides which can be ordered at: <https://secureservercdn.net/192.169.221.188/ln0.b45.myftpupload.com/docs/courses/UseoftheAMAGuides.pdf>

### OMFS Fee Schedules

The fee schedule is based on a single conversion factor. Reimbursement is set at, *on average*, 120% of Medicare's 2012 Fee Schedule. The Fee Schedule is also annually adjusted based on an average Medicare geographic adjustment and the annual Medicare Economic Index adjustment which puts the 2020 reimbursement levels at approximately 128% of current Medicare rates.

COA publishes a calculated OMFS, so that members do not need to individually do the calculations. Starting in 2019, DWC is using the Medicare Geographic Practice Cost Indexes for each region. The most current OMFS can be found at: <https://coa.org/practice-management-resources/workers-compensation/>



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For more questions regarding the OMFS, contact COA – [admin@coa.org](mailto:admin@coa.org) or phone: 916-454-9884.  
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