

N E W S L I N E

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DWC Posts Fee Schedule Adjustments for Hospital Outpatient Departments / Ambulatory Surgical Centers

The Division of Workers' Compensation (DWC) has posted adjustments to the Hospital Outpatient Departments and Ambulatory Surgical Centers section of the Official Medical Fee Schedule (OMFS) to conform to changes in the Medicare payment system as required by Labor Code section 5307.1. The changes take effect on March 15.

The public should take note of the following:

- Recently added [Code of Federal Regulations, Title 42, section 419.71](#), *Payment reduction for certain X-ray imaging services*, became effective January 1, 2018. The OMFS adopts and incorporates by reference section 419.71, and related payment rules, addressing payment reduction for film X-ray imaging services and computed radiography-imaging services.
- Subdivision (a)(1) of [section 9789.32](#) is corrected by deleting status indicator "Q4" from the table, for services rendered on or after December 15, 2016. Services assigned status indicator "Q4," clinical laboratory services, are not considered a "supply, drug, device, blood product, or biological." Thus, subdivision (a)(1) is not applicable to codes assigned status indicator "Q4."
- Composite APCs and comprehensive APCs payment rules are added and incorporated by reference by date of service. The adopted clarifying composite APCs and comprehensive APCs payment rules are declaratory of existing regulations.

More information and the adjustments to the hospital outpatient departments and ambulatory surgical centers section of the OMFS can be found on [DWC's OMFS page](#).

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