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 - Durable Medical Equipment,**

**Prosthetics, Orthotics, Supplies**

**Effective for Services Rendered on or after January 1, 2019**

Pursuant to Labor Code section 5307.1, subdivision (g)(2), the Administrative Director of the Division of Workers’ Compensation orders that the Durable Medical Equipment, Prosthetics, Orthotics, Supplies portion of the Official Medical Fee Schedule contained in title 8, California Code of Regulations, section 9789.60, is adjusted to conform to changes to the Medicare payment system that were adopted by the Centers for Medicare & Medicaid Services for calendar year 2019.

Medicare Data Source and Incorporation by Reference

Effective for services rendered on or after January 1, 2019**,** the maximum reasonable fees for

Durable Medical Equipment, Prosthetics, Orthotics, Supplies shall not exceed 120% of the applicable California fees set forth in the Medicare calendar year 2019 “Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule” revised for January 2019, contained in the electronic file “[DME19-A (updated 12/21/18) [ZIP, 4MB]](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule-Items/DME19-A.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending)” which is adopted and incorporated by reference. The fee schedule data files (DMEPEN\_JAN and DMEPOS\_JAN) each set forth two columns for California labelled: “CA (NR)” [California Non-Rural] and “CA (R)” [California Rural]. For the services on or after January 1, 2019 payment shall not exceed 120% of the fee set forth for the HCPCS code in the CA (NR) column, except the fee shall not exceed 120% of the fee set forth in the CA (R) column if the injured worker’s residence zip code appears on the DMERuralZip\_Q12019 file. Where column CA (NR) sets forth a fee for a code, but CA (R) for the code is listed as “0.00” the fee shall not exceed 120% of the CA (NR) fee, regardless of whether the injured worker’s address zip code is rural or non-rural.

For services rendered on or after January 1, 2019:

[DME19-A (updated 12/21/18) [ZIP, 4MB]](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule-Items/DME19-A.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending)

* DMEBACK Jan2019
* DMEPEN\_JAN
* DMEPOS\_JAN
* DMEREAD Jan2019
* DMERuralZip\_Q12019

Excluding:

Former CBA Fee Schedule File

Former CBA National Mail-Order DTS Fee Schedule File

Former CBA Zip Code File

The Medicare DMEPOS fee schedule revision is available on the Internet at the website of the Centers for Medicare & Medicaid Services at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html> .

This Order shall be published on the website of the Division of Workers’ Compensation:

<http://www.dir.ca.gov/dwc/OMFS9904.htm#3> .

 **IT IS SO ORDERED.**

Dated: December 21, 2018 ORIGINAL SIGNED BY

GEORGE P. PARISOTTO

Administrative Director of the

Division of Workers’ Compensation