

**Title 8, California Code of Regulations  
Chapter 4.5, Division of Workers' Compensation  
Subchapter 1  
Administrative Director – Administrative Rules**

**Article 5.3**

**Official Medical Fee Schedule – Services Rendered after January 1, 2004**

**Section 9789.50 Pathology and Laboratory**

- (a) Effective for services after January 1, 2004, the maximum reasonable fees for pathology and laboratory services shall not exceed one hundred twenty (120) percent of the rate for the same procedure code in the CMS' Clinical Diagnostic Laboratory Fee Schedule, as established by Sections 1833 and 1834 of the Social Security Act (42 U.S.C. §§ 1395l and 1395m) and applicable to California. The Clinical Diagnostic Laboratory Fee Schedule, which can be found on the CMS Internet Website (<http://www.cms.hhs.gov/paymentsystems>) is incorporated by reference and will be made available on the Division of Workers' Compensation's Internet Website ([http://www.dir.ca.gov/DWC/dwc\\_home\\_page.htm](http://www.dir.ca.gov/DWC/dwc_home_page.htm)) or upon request to the Administrative Director at:  
Division of Workers' Compensation (Attention: OMFS)  
P.O. Box 420603  
San Francisco, CA 94142.
- (b) The following procedures in the Special Services and Reports section of the OMFS 2003 will not be valid for services rendered after January 1, 2004: CPT Codes 99000, 99001, 99017, 99019, 99020, 99021, 99026, and 99027.
- (c) For any pathology and laboratory service not covered by a Medicare payment system, the maximum reasonable fee paid shall not exceed the fee specified in the OMFS 2003.

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.