State of California Office of Administrative Law

In re:

Division of Workers' Compensation

Regulatory Action:

Title 08, California Code of Regulations

Adopt sections:

Amend sections: 9789.30, 9789.31, 9789.32,

9789.33, 9789.39

Repeal sections:

NOTICE OF FILING AND PRINTING ONLY

Government Code Section 11343.8

OAL Matter Number: 2016-1114-01

OAL Matter Type: File and Print Only (FP)

The Department of Industrial Relations, Division of Workers' Compensation submitted this file and print action to amend five sections in title 8 of the California Code of Regulations that are under the Official Medical Fee Schedule and that pertain to the Hospital Outpatient Departments and Ambulatory Surgical Centers Fee Schedule. This action is exempt from the Administrative Procedure Act pursuant to Government Code section 11340.9(g).

OAL filed these regulations with the Secretary of State and will publish the regulations in the California Code of Regulations. These regulations are effective December 15, 2016.

Date:

December 15, 2016

Richard L. Smith

Senior Attorney

For:

Debra M. Cornez

Director

Original: George Parisotto

Copy:

Jarvia Shu

STATE OF CALIFORNIA-OFFICE OF ADMINISTRATIV For use by Secretary of State only (See instructions on NOTICE PUBLICATION reverse) **EMERGENCY NUMBER** NOTICE FILE NUMBER OAL FILE 2016-1114-01FP NUMBERS ENDORSED - FILED For use by Office of Administrative Law (OAL) only in the office of the Secretary of State of the State of California DEC 15 2016 3:59 pm MIL NOV ILL A 9-04 OFFICE OF ADMINISTRATIVE LAW NOTICE REGULATIONS AGENCY FILE NUMBER (If any) AGENCY WITH RULEMAKING AUTHORITY Division of Workers' Compensation, within Dept. of Industrial Relations None A. PUBLICATION OF NOTICE (Complete for publication in Notice Register) 2. REQUESTED PUBLICATION DATE FIRST SECTION AFFECTED 1. SUBJECT OF NOTICE TITLE(S) TELEPHONE NUMBER FAX NUMBER (Optional) 3. NOTICE TYPE Notice re Proposed 4. AGENCY CONTACT PERSON Other **Regulatory Action PUBLICATION DATE ACTION ON PROPOSED NOTICE** NOTICE REGISTER NUMBER OAL USE Approved as Approved as Modified ONLY Submitted Withdrawn B. SUBMISSION OF REGULATIONS (Complete when submitting regulations) 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 1a. SUBJECT OF REGULATION(S) Workers' Compensation-Official Medical Fee Schedule 2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related) ADOPT **SECTION(S) AFFECTED** (List all section number(s) AMEND individually. Attach 9789.30, 9789.31, 9789.32, 9789.33, 9789.39 additional sheet if needed.) REPEAL TITLE(S) 8 3. TYPE OF FILING Regular Rulemaking (Gov. Certificate of Compliance: The agency officer named Emergency Readopt (Gov. **Changes Without Regulatory** Code §11346) below certifies that this agency complied with the Code, §11346.1(h)) Effect (Cal. Code Regs., title Resubmittal of disapproved or provisions of Gov. Code §§11346.2-11347.3 either 1. §100) per agency withdrawn nonemergency before the emergency regulation was adopted or ★ File & Print **Print Only** filing (Gov. Code §§11349.3, within the time period required by statute. request 11349.4) Other (Specify) Exempt-Gov't Code Section 11340.9(4) Resubmittal of disapproved or withdrawn Emergency (Gov. Code. emergency filing (Gov. Code, §11346.1) §11346.1(b)) 4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, \$44 and Gov. Code \$11347.1) 5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) Effective January 1, April 1, July 1, or Effective on filing with §100 Changes Without Effective X October 1 (Gov. Code §11343.4(a)) Regulatory Effect other (Specify) Secretary of State 6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY State Fire Marshal Fair Political Practices Commission Department of Finance (Form STD. 399) (SAM §6660) Other (Specify) FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) 7. CONTACT PERSON TELEPHONE NUMBER (510) 286-0687 ishu@dir.ca.gov (510) 286-0646 Jarvia Shu For use by Office of Administrative Law (OAL) only 8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, ENDORSED APPROVED or a tesignee of the head of the agency, and am authorized to make this certification.

11/9/2016

LEAD OR DESIGNEE

George Parisotto, Acting Administrative Director

AND TITLE OF SIGNATORY

SIGNATURE OF ACTINC

DEC 15 2016

Office of Administrative Law

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

Plain text is the current codified language.

Language deleted from the codified text is displayed in strikeout type.

New language adopted is displayed in <u>underscore</u> type.

Section 9789.30. Hospital Outpatient Departments and Ambulatory Surgical Centers — Definitions.

(a) "Adjusted Conversion Factor" is determined as follows: unadjusted conversion factor x (1-labor-related share + (labor-related share x wage index)). For each update, the unadjusted conversion factor for the preceding period is adjusted by the rate of change in the market basket inflation factor. The market basket inflation factor and labor-related share are specified in the Federal Register notices announcing revisions in the Medicare payment rates. See Section 9789.39(b) for the unadjusted conversion factor, market basket inflation factor, and labor-related share by date of service.

For services rendered on or after February 15, 2006, in accordance with Section 411 of Pub. L. 108-173 and the final rule published in the Federal Register of November 10, 2005 (CMS-1501-FC, 70 FR 68516) at page 68556, the "Adjusted Conversion Factor" for a rural Sole Community Hospital (SCH) includes an adjustment factor of 1.071, which document is incorporated by reference and will be made available upon request to the Administrative Director.

- (b) "Ambulatory Payment Classifications (APC)" means the Centers for Medicare & Medicaid Services' (CMS) list of ambulatory payment classifications of hospital outpatient services.
- (c) "Ambulatory Surgical Center (ASC)" means any surgical clinic as defined in the California Health and Safety Code Section 1204, subdivision (b)(1), any ambulatory surgical center that is certified to participate in the Medicare program under Title XVIII (42 U.S.C. SEC. 1395 et seq.) of the federal Social Security Act, or any surgical clinic accredited by an accrediting agency as approved by the Licensing Division of the Medical Board of California pursuant to Health and Safety Code Sections 1248.15 and 1248.4 to use anesthesia, except local anesthesia or peripheral nerve blocks, or both, in compliance with the community standard of practice, in doses that, when administered have the probability of placing a patient at risk for loss of the patient's life-preserving protective reflexes.
- (d) "Ambulatory Surgical Center Payment System" means Medicare's payment system for specific ambulatory surgical center covered surgical procedures published in the Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems final rule for the relevant payment year.
- (de) "Annual Utilization Report of Specialty Clinics" means the Annual Utilization Report of Clinics that is filed by February 15 of each year with the Office of Statewide Health Planning and Development by the ASCs as required by Section 127285 and Section 1216 of the Health and Safety Code.

- (ef) "APC Payment Rate" means CMS' hospital outpatient prospective payment system rate. The APC payment rate is specified in the Federal Register notices announcing revisions in the Medicare payment rates. See Section 9789.39(b) for the Federal Register reference to the APC payment rate by date of service.
- (fg) "APC Relative Weight" means CMS' APC relative weight as set forth in CMS' hospital outpatient prospective payment system. The APC relative weight is specified in the Federal Register notices announcing revisions in the Medicare payment rates. See Section 9789.39(b) for the Federal Register reference to the APC relative weight by date of service.
- (gh) "CMS" means the Centers for Medicare & Medicaid Services of the United States Department of Health and Human Services.
- (hi) "Cost to Charge Ratio for ASC" means the ratio of the facility's total operating costs to total gross charges during the preceding calendar year.
- (ij) "Cost to Charge Ratio for Hospital Outpatient Department" means the hospital cost-tocharge used by the Medicare fiscal intermediary to determine high cost outlier payments.
- (jk) "Facility Only Services" means services, defined by Medicare, that rarely or are never performed in the non-facility setting, and are not: 1. emergency room visits; 2. Surgical procedures; or 3. An integral part of the emergency room visit or surgical procedure, in accordance with section 9789.32. See section 9789.39(b) for the CMS Physician Fee Schedule Relative Value File which contains the description of the Facility Only Services by date of service.
- (kl) "HCPCS" means CMS' Healthcare Common Procedure Coding System, which describes products, supplies, procedures and health professional services and includes, the American Medical Associations (AMA's) Physician "Current Procedural Terminology", Fourth Edition (CPT-4) codes, alphanumeric codes, and related modifiers.
- (<u>lm</u>) "HCPCS Level I Codes" are the AMA's CPT-4 codes and modifiers for professional services and procedures.
- (mn) "HCPCS Level II Codes" are national alphanumeric codes and modifiers maintained by CMS for health care products and supplies, as well as some codes for professional services not included in the AMA's CPT-4.
- (no) "Health facility" means any facility as defined in Section 1250 of the Health and Safety Code.
- (θ<u>p</u>) "Hospital Outpatient Department" means any hospital outpatient department of a health facility as defined in the California Health and Safety Code Section 1250 and any hospital outpatient department that is certified to participate in the Medicare program under Title XVIII (42 U.S.C. SEC. 1395 et seq.) of the federal Social Security Act.
- (pq) "Hospital Outpatient Department Services" means services furnished by any health facility as defined in the California Health and Safety Code Section 1250 and any hospital that is certified to participate in the Medicare program under Title XVIII (42 U.S.C. SEC. 1395 et seq.) of the federal Social Security Act to a patient who has not been admitted as an inpatient but who is registered as an outpatient in the records of the hospital.
- (r) "Hospital Outpatient Prospective Payment System (HOPPS)" means Medicare's payment system for outpatient services at hospitals. These outpatient services are classified according to a list of ambulatory payment classifications (APCs).

- (qs) "Labor-related Share" means the portion of the payment rate that is attributable to labor and labor-related cost determined by CMS, pursuant to Section 1833(t)(2)(D) of the Social Security Act and as specified in the Federal Register notices announcing revisions in the Medicare payment rates. See Section 9789.39(b) for the Federal Register reference that references the labor-related share by date of service.
- (<u>ft</u>) "Market Basket Inflation Factor" means the market basket percentage change determined by CMS as set forth in the Federal Register notices announcing revisions in the Medicare payment rates. See Section 9789.39(b) for the Federal Register reference to the market basket inflation factor by date of service.
- (su) "Other Services" means <u>Hospital Outpatient Department</u> sServices rendered on or after September 1, 2014, <u>but before December 15, 2016</u>, to <u>hospital</u> outpatients and payable under the CMS hospital outpatient prospective payment system that are not: 1. Surgical procedures; 2. Emergency room visits; 3. Facility Only Services; or 4. An integral part of the surgical procedure, emergency room visit or Facility Only Service.

For services rendered on or after December 15, 2016, "Other Services" means Hospital Outpatient Department Services rendered to hospital outpatients and payable under the CMS hospital outpatient prospective payment system that are not: 1. Surgical procedures; 2. Emergency room visits; or 3. An integral part of the surgical procedure or emergency room visit.

- (tv) "Outlier Threshold" means the Medicare outlier threshold used in determining high cost outlier payments.
- (u) "Hospital Outpatient Prospective Payment System (HOPPS)" means Medicare's payment system for outpatient services at hospitals. These outpatient services are classified according to a list of ambulatory payment classifications (APCs).
- (<u>vw</u>) "Price adjustment" means any and all price reductions, offsets, discounts, rebates, adjustments, and or refunds which accrue to or are factored into the final net cost to the hospital outpatient department or ambulatory surgical center.
- ($\underline{w}\underline{x}$) "OMFS RBRVS" means the Official Medical Fee Schedule for physician and non-physician practitioner services in accordance with sections 9789.12 through 9789.19.
- (*y) "Total Gross Charges" means the facility's total usual and customary charges to patients and third-party payers before reductions for contractual allowances, bad debts, courtesy allowances and charity care.
- (yz) "Total Operating Costs" means the direct cost incurred in providing care to patients. Included in operating cost are: salaries and wages, rent or mortgage, employee benefits, supplies, equipment purchase and maintenance, professional fees, advertising, overhead, etc. It does not include start up costs.
- (zaa) "Wage Index" means CMS' wage index for urban, rural and hospitals that are reclassified as described in CMS' Hospital Outpatient Prospective Payment System (HOPPS) and wage index values as specified in the Hospital Inpatient Prospective Payment Systems set forth in the Federal Register notices announcing revisions in the Medicare payment rates. See Section 9789.39(b) for the Federal Register reference that contains description of the wage index and wage index values by date of service.
- (aaab) For services payable under Sections 9789.30 through 9789.39, "Workers' Compensation Multiplier" means the multiplier to the Medicare rate adopted by the AD in accordance with Labor

Code Section 5307.1, or the multiplier that includes an extra percentage reimbursement for high cost outlier cases, by date of service.

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Date of Service	Hospital Outpatient Department Services that are: Surgical Procedures; Emergency Room visits; or services that are an integral part of the surgical procedure or emergency room visit Multipliers (A) Medicare multiplier; (B) multiplier that includes an extra percentage reimbursement for high cost outlier cases	Ambulatory Surgical Centers Surgical Procedures Multipliers (A) Medicare multiplier; (B) multiplier that includes an extra percentage reimbursement for high cost outlier cases	Hospital Outpatient Department Services (as defined in Section 9789.30(q)) that are Facility Only Services (as defined in Section 9789.30(k)) Multiplier (A) Medicare multiplier; (B) multiplier that includes an extra percentage reimbursement for high cost outlier cases	Hospital Outpatient Department Services (as defined in Section 9789.30(q)) that are Other Services (as defined in Section 9789.30(u)) Multiplier (B) multiplier that includes an extra percentage reimbursement for high cost outlier cases
Before Jan- uary 1, 2013	(A) 120%; (B) 122%	(A) 120%; (B) 122%	Not applicable. Payable under Sections 9789.10 and 9789.11	Not applicable. Payable under Sections 9789.10 and 9789.11
On or after January 1, 2013, but before Sep- tember 1, 2014	(A) 120%; (B) 122%	(A) 80%; (B) 82%	Not applicable. Payable under Sections 9789.10 and 9789.11	Not applicable. Payable under Sections 9789.10 and 9789.11
On or after September 1, 2014, but before De- cember 15, 2016	(B) 121.2%	(B) 80.81%	(B) 101.01%	Not applicable. Payable under Section 9789.32(c)
On or after December 15, 2016	(B) 117.8%	(B) 80.81%	Not applicable. These services are payable as "Other Services".	(B) 101.01%

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

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

Section 9789.31. Hospital Outpatient Departments and Ambulatory Surgical Centers — Adoption of Standards.

- (a) The Administrative Director incorporates by reference, the Centers for Medicare and Medicard Services' (CMS) Hospital Outpatient Prospective Payment System (HOPPS) certain addenda published in the Federal Register notices announcing revisions in the Medicare payment rates. See Section 9789.39(b) for the adopted payment system addenda by date of service.
- (b) For services rendered on or after July 15, 2005, the Administrative Director incorporates by reference, the Centers for Medicare and Medicaid Services' (CMS) Hospital Inpatient Prospective Payment Systems (IPPS) certain tables published in the Federal Register notices announcing revisions in the Medicare payment rates. See Section 9789.39(b) for the adopted payment system tables by date of service.
- (c) For services rendered on or after July 15, 2005, the Administrative Director incorporates by reference, the Hospital Inpatient Prospective Payment Systems (IPPS) "Payment Impact File" published by the federal Centers for Medicare & Medicaid Services (CMS) in effect as of the date the Administrative Director Order becomes effective, which document is found at http://www.cms.hhs.gov/AcuteInpatientPPS/.
- (d) For services rendered on or after September 1, 2014, but before December 15, 2016, the Administrative Director incorporates by reference, the Medicare Physician Fee Schedule "Relative Value File" published by the federal Centers for Medicare & Medicaid Services (CMS), which document is found at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html?redirect=/PhysicianFeeSched/. See Section 9789.39(b) for the adopted Relative Value File by date of service.
- (e) For services rendered on or after December 15, 2016, the Administrative Director incorporates by reference the Centers for Medicare and Medicaid Services' (CMS) Ambulatory Surgical Centers Payment System particular columns of certain addenda published in the Federal Register notices announcing revisions in the Medicare payment rates. See Section 9789.39(b) for the adopted payment system addenda by date of service.
- (ef) The Administrative Director incorporates by reference the American Medical Associations' "Current Procedural Terminology," 4th Edition, annual revision in effect as of the date the Administrative Director Order becomes effective. Copies of the Current Procedural Terminology may be purchased from the American Medical Association:

Order Department American Medical Association P.O. Box 930876 Atlanta, GA 31193-0876

Or over the internet at: www.amapress.com
Or through the American Medical Association's toll free order line: (800) 621-8335.

(fg) The Administrative Director incorporates by reference CMS' Alphanumeric "Healthcare Common Procedure Coding System (HCPCS)" annual revision in effect as of the date the Administrative Director Order becomes effective. Copies of the Healthcare Common Procedure Coding System (HCPCS) may be purchased from the American Medical Association:

Order Department American Medical Association P.O. Box 930876 Atlanta, GA 31193-0876

Or over the internet at: www.amapress.com

Or through the American Medical Association's toll free order line: (800) 621-8335.

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

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

Section 9789.32. Outpatient Hospital Departments and Ambulatory Surgical Centers Fee Schedule — Applicability.

(a) Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits and surgical procedures provided on an outpatient basis rendered on or after July 1, 2004, and but before September 1, 2014. Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits, surgical procedures, and Facility Only Services provided on an outpatient basis rendered on or after September 1, 2014, but before December 15, 2016. Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for services provided on an outpatient basis and payable under the Medicare (CMS) HOPPS rendered on or after December 15, 2016. For purposes of this section, emergency room visits and surgical procedures shall be defined by HCPCS codes set forth in section 9789.39(b) by date of service. A facility fee is payable only for the specified emergency room, surgical codes, Facility Only Services, and for supplies, drugs, devices, blood products and biologicals that are an integral part of the emergency room visit, surgical procedure, or Facility Only Service. A supply, drug, device, blood product and biological is considered an integral part of an emergency room visit, or surgical procedure, or, if applicable, Facility Only Service, or if applicable and only if rendered on or after December 15, 2016, Other Service if:

(1)

	G I D D I DI ID I 4 D'I-1-1
Date of Service	Supply, Drug, Device, Blood Product, or Biological
For services rendered	The item has a status code N and is packaged into the APC payment for
before March 1, 2008	the emergency room visit or surgical procedure (in which case no addi-
	tional fee is allowable).
For services rendered	The item has a status code N or Q and is packaged into the APC payment
on or after March 1,	for the emergency room visit or surgical procedure (in which case no ad-
2008 but before March	ditional fee is allowable).
1, 2009	2000年 · 1000年
For services rendered	The item has a status code N, Q1, Q2, or Q3 and is packaged into the
on or after March 1,	APC payment for the emergency room visit or surgical procedure (in
2009 but before Sep-	which case no additional fee is allowable).
tember 1, 2014	
For services rendered	The item has a status code N, Q1, Q2, or Q3 and is packaged into the
on or after September	APC payment for the emergency room visit, surgical procedure, or Facil-
1, 2014 but before De-	ity Only Service (in which case no additional fee is allowable).
<u>cember 15, 2016</u>	
For services rendered	The item has a status code N, Q1, Q2, Q3, or Q4, and is packaged into

on or after December	the APC payment for the emergency room visit, surgical procedure, or
	Other Service (in which case no additional fee is allowable).

the item has a status code N and is packaged into the APC payment for the emergency room visit or surgical procedure (in which case no additional fee is allowable) or,

For services rendered on or after March 1, 2008: the item has a status code N or Q and is packaged into the APC payment for the emergency room visit or surgical procedure (in which case no additional fee is allowable) or,

For services rendered on or after March 1, 2009: the item has a status code N, Q1, Q2, or Q3 and is packaged into the APC payment for the emergency room visit or surgical procedure (in which case no additional fee is allowable) or,

For services rendered on or after September 1, 2014: the item has a status code N, Q1, Q2, or Q3 and is packaged into the APC payment for the emergency room visit, surgical procedure, or Facility Only Service (in which case no additional fee is allowable).

(2)

Date of Service	Supply, Drug, Device, Blood Product, or Biological
For services rendered before March 1, 2009	The item is furnished in conjunction with an emergency room visit or surgical procedure and has been assigned Status Code G, H or K.
For services rendered on or after March 1, 2009 but before Sep- tember 1, 2014	The item is furnished in conjunction with an emergency room visit or surgical procedure and has been assigned status code G, H, K, R, or U.
For services rendered on or after September 1, 2014 but before December 15, 2016	The item is furnished in conjunction with an emergency room visit, surgical procedure, or Facility Only Service, and has been assigned status code G, H, K, R, or U.
For services rendered on or after December 15, 2016	The item is furnished in conjunction with an emergency room visit, surgical procedure, or Other Service and has been assigned status code G, H, K, R, or U.

the item is furnished in conjunction with an emergency room visit or surgical procedure and has been assigned Status Code G, H or K.

For services rendered on or after March 1, 2009: the item is furnished in conjunction with an emergency room visit or surgical procedure and has been assigned status code G, H, K, R, or U.

For services rendered on or after September 1, 2014: the item is furnished in conjunction with an emergency room visit, surgical procedure, or Facility Only Service, and has been assigned statuscode G, H, K, R, or U.

Depending on date of service, payment for other services furnished in conjunction with a surgical procedure, emergency room visit, or Facility Only Service, shall be in accordance with subdivision (c) of this Section.

- (b) Sections 9789.30 through 9789.39 apply to any hospital outpatient department as defined in Section 9789.30(ep) and any ASC as defined in Section 9789.30(c).
- (c) This subsection (c) is inapplicable for dates of services on or after December 15, 2016. Depending on date of service, The maximum allowable fees for services, drugs and supplies furnished by hospitals and ambulatory surgical centers that do not meet the requirements in (a) for a facility fee payment and are not bundled in the APC payment rate for services in (a) will be determined as follows:
- (1)(A) For services rendered before September 1, 2014, the maximum allowable hospital outpatient facility fees for professional medical services which are performed by physicians and other licensed health care providers to hospital outpatients shall be paid according to Section 9789.10 and Section 9789.11.
- (B) For Other Services rendered on or after September 1, 2014, but before December 15, 2016, to hospital outpatients, the maximum allowable hospital outpatient facility fees shall be paid according to the OMFS RBRVS.
- (i) If the Other Service has a Professional Component/Technical Component under the OMFS RBRVS, the hospital outpatient facility fee shall be the Technical Component amount determined according to the OMFS RBRVS.
- (ii) For Other Services, which do not meet the requirement in (i), the hospital outpatient facility fee shall be determined based solely on the non-facility practice expense relative value units applicable under the OMFS RBRVS.

The base facility fee is calculated as follows: Non-Facility Site of Service Practice Expense (PE) Relative Value Unit (RVU) * Statewide Geographic Adjustment Factor (GAF) for PE * RBRVS Conversion Factor (CF) = Base facility fee.

- (iii d) Hospital Outpatient Departments and ASCs should utilize other applicable parts of the OMFS to determine maximum allowable fees for services or goods not covered by the Hospital Outpatient Departments and Ambulatory Surgical Centers fee schedule (Sections 9789.30 through 9789.39).
- (1) The fees for any physician and non-physician practitioner professional services billed by the hospital shall be calculated determined in accordance with the OMFS RBRVS, using the OMFS RBRVS total facility relative value units.
- (2) The maximum allowable fees for organ acquisition costs and corneal tissue acquisition costs shall be based on the documented paid cost of procuring the organ or tissue.
- (3) The maximum allowable fee for drugs not otherwise covered by a Medicare fee schedule payment for facility services shall be determined pursuant to Labor Code Section 5307.1, or, where applicable, Section 9789.40.
- (4) The maximum allowable fee for clinical diagnostic tests shall be determined according to Section 9789.50.
- (5) The maximum allowable fee for durable medical equipment, prosthetics and orthotics shall be determined according to Section 9789.60.
- (6) The maximum allowable fee for ambulance service shall be determined according to Section 9789.70.
- (de) For services rendered before September 1, 2014, only hospitals may charge or collect a facility fee for emergency room visits. Only hospital outpatient departments and ambulatory surgical Official Medical Fee Schedule: Hospital Outpatient Departments and Ambulatory Surgical Centers Fee Schedule (Final Text Effective On Date Filed With Secretary Of State)

centers as defined in Section 9789.30(ep) and Section 9789.30(c) may charge or collect a facility fee for surgical services provided on an outpatient basis.

For services rendered on or after September 1, 2014, but before December 15, 2016, only hospitals may charge or collect a facility fee for emergency room visits, Facility Only Services, and Other Services. Only hospital outpatient departments and ambulatory surgical centers as defined in Section 9789.30(ep) and Section 9789.30(c) may charge or collect a facility fee for surgical services provided on an outpatient basis. Facility fees are not payable to an ambulatory surgical center for any services that are not an integral part of a surgical service.

For services rendered on or after December 15, 2016, only hospitals as defined in Section 9789.30(p) may charge or collect a facility fee for Hospital Outpatient Department Services rendered to a hospital outpatient and payable under the Medicare (CMS) HOPPS. Ambulatory surgical centers as defined in Section 9789.30(c) may charge or collect a facility fee for only surgical services or services that are an integral part of the surgical service provided on an outpatient basis and payable under the Medicare (CMS) HOPPS. Facility fees are not payable to an ambulatory surgical center for any services that are not an integral part of a surgical service. Only ambulatory surgical centers may charge or collect a facility fee for its services.

- (ef) Hospital outpatient departments and ambulatory surgical centers shall not be reimbursed for procedures on the inpatient only list, referenced in Section 9789.31(a), Addendum E, except that pre-authorized services rendered are payable at the pre-negotiated fee arrangement. The pre-authorization must be provided by an authorized agent of the claims administrator to the provider. The fee agreement and pre-authorization must be memorialized in writing prior to performing the medical services.
- (fg) Critical access hospitals and hospitals that are excluded from acute PPS are exempt from this fee schedule.
- (gh) Out of state hospital outpatient departments and ambulatory surgical centers are exempt from this fee schedule.
- (hi) Hospital outpatient departments and ambulatory surgical centers billing for facility fees and other services under this Section shall be submitted in accordance with the e-billing regulations beginning with Section 9792.5.0 or the standardized paper billing regulations beginning with Section 9792.5.2.

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

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

Section 9789.33. Hospital Outpatient Departments and Ambulatory Surgical Facilities Centers Fee Schedule — Determination of Maximum Reasonable Fee.

(a) In accordance with section 9789.32, the maximum allowable payment for <u>hospital</u> outpatient <u>department or ambulatory surgical center</u> facility fees for <u>services provided on an outpatient basis</u> and payable under the Medicare (CMS) HOPPS, hospital emergency room services, surgical services, or for Facility Only Services performed at a hospital outpatient department, or for surgical services performed at an ambulatory surgical center shall be determined based on the following. In accordance with Section 9789.30(aaab), an extra percentage reimbursement shall be used in lieu of an additional payment for high cost outlier cases.

Date of	Status	Hospital Outpa-	Ambulatory	Hospital Outpa-	<u>Hospital</u>
Service	Code Indi-	tient Department	Surgical Centers	tient Depart-	Outpatient
a ilina sa	cators	Services that are:	surgical proce-	ment Services	Department
e e e e e e e e e e e e e e e e e e e	i Washington	Surgical proce-	dures	(as defined in	Services (as
		dures; Emergency		Section	defined in
		Room Visits; or		9789.30(q)) that	Section
		services that are		are Facility On-	9789.30(q))
		an integral part of		ly Services (as	that are Other
1.354		the surgical pro-		defined in Sec-	Services (as
		cedure or emer-		tion 9789.30(k))	defined in
G.		gency room visit			Section
To the second	1.1.4.1 1.1.4.1	8,,			9789.30(u))
For ser-	"S", "T",	APC relative	APC relative	Not applicable.	Not applica-
vices ren-	"X", or	weight x adjusted	weight x adjust-	Payable under	ble. Payable
dered be-	"V",	conversion factor	ed conversion	Sections	under Sec-
fore March	*	x 1.22 workers'	factor x 1.22	9789.10 and	tions 9789.10
1, 2008		compensation	workers' com-	9789.11.	and 9789.11.
1, 2000		multiplier, pursu-	pensation multi-		
		ant to Section	plier, pursuant	AND EXPLOSIVE TO THE SECOND	ažtini (vati, tirk
		9789.30(aaab).	to Section		
		See Section	9789.30(aa ab).		
***		9789.39(b) for the	See Section		
		APC relative	9789.39(b) for	*	
Na san	Note that they be	weight by date of	the APC relative	englika in the same	r ja sviliga
		service.	weight by date		ine odi Pali d
4		ed en agranta en	of service.	lander of the second	en e
For ser-	"S", "T",	APC relative	APC relative	Not applicable.	Not applica-
vices ren-	"X", or	weight x adjusted	weight x adjust-	Payable under	ble. Payable
dered on or	"V", or	conversion factor	ed conversion	Sections	under Sec-
after March	"Q". Status	x 1.22 workers'	factor x 1.22	9789.10 and	tions 9789.10
1, 2008 <u>but</u>	code indi-	compensation	workers' com-	9789.11.	and 9789.11.
before	cator "Q"	multiplier, pursu-	pensation multi-	7705.11.	<u>unu 5705.11.</u>
March 1,	must quali-	ant to Section	plier, pursuant		g Mark Carlos
2009	fy for sep-	9789.30(aa ab).	to Section		
2003	arate pay-	See Section	9789.30(aa ab).	entied care grown	
	ment.	9789.39(b) for the	See Section	Personal Anthropia	sample Barre
	ment.	APC relative	9789.39(b) for		·
25年 40 元 元	al Beaute	weight by date of	the APC relative	SAPARA SARA	
		service.	weight by date		N. 60 (17%)
+91811 × +		Service.	of service.		
Forger	"S", "T",	APC relative	APC relative		Not applica-
For ser-		Note that the second of the se	A Charles of the Control of the Cont	Not applicable.	ble. Payable
vices ren-	"X", or	weight x adjusted	weight x adjust-	Payable under	
dered on or	"V", "Q1",	conversion factor	ed conversion	Sections	under Sec-
after March	Q2", or	x 1.22 workers'	factor x 1.22	9789.10 and	tions 9789.10
1, 2009 <u>but</u>	"Q3". Sta-	compensation	workers' com-	9789.11.	and 9789.11.

Date of Service	Status Code Indi- cators	Hospital Outpatient Department Services that are: Surgical procedures; Emergency Room Visits; or services that are an integral part of the surgical procedure or emergency room visit	Ambulatory Surgical Centers surgical procedures	Hospital Outpatient Department Services (as defined in Section 9789.30(q)) that are Facility Only Services (as defined in Section 9789.30(k))	Hospital Outpatient Department Services (as defined in Section 9789.30(q)) that are Other Services (as defined in Section 9789.30(u))
before January 1, 2013	tus code indicators "Q1", "Q2", and "Q3" must qualify for separate payment.	multiplier, pursuant to Section 9789.30(aaab). See Section 9789.39(b) for the APC relative weight by date of service.	pensation multiplier, pursuant to Section 9789.30(anab). See Section 9789.39(b) for the APC relative weight by date of service.		
For services rendered on or after January 1, 2013 but before September 1, 2014	"S", "T", "X", or "V", "Q1", Q2", or "Q3". Status code indicators "Q1", "Q2", and "Q3" must qualify for separate payment.	APC relative weight x adjusted conversion factor x 1.22 workers' compensation multiplier, pursu- ant to Section 9789.30(anab). See Section 9789.39(b) for the APC relative weight by date of service.	APC relative weight x adjusted conversion factor x 0.82 workers' compensation multiplier, pursuant to Section 9789.30(anab). See Section 9789.39(b) for the APC relative weight by date of service.	Not applicable. Payable under Sections 9789.10 and 9789.11.	Not applicable. Payable under Sections 9789.10 and 9789.11
For services rendered on or after September 1, 2014 but before December 15, 2016	"S", "T", "X", or "V", "Q1", Q2", or "Q3". Status code indicators "Q1", "Q2", and "Q3" must qualify for separate payment.	APC relative weight x adjusted conversion factor x 1.212 workers' compensation multiplier, pursuant to Section 9789.30(anab). See Section 9789.39(b) for the APC relative weight by date of service.	APC relative weight x adjusted conversion factor x 0.8081 workers' compensation multiplier, pursuant to Section 9789.30(aaab). See Section 9789.39(b) for the APC relative weight by date	APC relative weight x adjusted conversion factor x 1.0101 workers' compensation multiplier, pursuant to Section 9789.30(aaab). See Section 9789.39(b) for the APC relative weight by	Payable under Section 9789.32(c)

		and the second second second	declared and the second second second	and the second s	a sala a milya a sala sala sala sala sala sala sala
Date of	Status	Hospital Outpa-	Ambulatory	Hospital Outpa-	<u>Hospital</u>
Service	Code Indi-	tient Department	Surgical Centers	tient Depart-	<u>Outpatient</u>
	cators	Services that are:	surgical proce-	ment Services	<u>Department</u>
for Arma Mysele	A San All Co	Surgical proce-	dures	(as defined in	Services (as
		dures; Emergency	19,744	<u>Section</u>	defined in
		Room Visits; or		9789.30(q)) that	<u>Section</u>
		services that are		are Facility On-	9789.30(q))
		an integral part of		ly Services (as	that are Other
		the surgical pro-		defined in Sec-	Services (as
		cedure or emer-	a (1941年)。	tion 9789.30(k))	defined in
Ý jako		gency room visit		r djinsen	Section _
	No. 3 No. 5				9789.30(u))
		-	of service.	date of service.	
For ser-	"S," "T,"	APC relative	APC relative	Not applicable.	APC relative
vices ren-	"V," "Q1,"	weight x adjusted	weight x adjust-	These services	weight x ad-
dered on or	Q2," "Q3,"	conversion factor	ed conversion	are payable as	justed con-
after De-	<u>"J1," or</u>	<u>x 1.178 workers'</u>	factor x 0.8081	"Other Ser-	version factor
cember 15,	"J2." Sta-	compensation	workers' com-	vices".	<u>x 1.0101</u>
<u>2016</u>	tus code	multiplier, pursu-	pensation multi-	Angle of the	workers'
	indicators	ant to Section	plier, pursuant	us Pres	compensation
	must quali-	9789.30(ab). See	to Section		multiplier,
합성적	fy for sep-	<u>Section</u>	9789.30(ab).		pursuant to
	arate pay-	9789.39(b) for the	See Section	property of the	Section
	ment.	APC relative	9789.39(b) for	Marine Land	9789.30(ab).
	1.0	weight by date of	the APC relative	Markette Contract	See Section
		service.	weight by date	mamma mada m	9789.39(b)
:			of service.	A. Gara	for the APC
\$		A. Walin	Carrier Services		<u>relative</u>
		All Market			weight by
					date of ser-
			Banking the become		vice.

Table A in Section 9789.34 contains an "adjusted conversion factor" which incorporates the standard conversion factor, wage index and inflation factor. The maximum payment rate for ASCs and non-listed hospitals can be determined according to Table A and subdivision (a).

For services rendered before February 15, 2006, Table B in Section 9789.35 contains an "adjusted conversion factor" which incorporates the standard conversion factor, wage index and inflation factor.

For services rendered on or after February 15, 2006, Table B in Section 9789.35 contains an "adjusted conversion factor" which incorporates the standard conversion factor, wage index, rural SCH adjustment factor, and inflation factor, as described in CMS' 2006 Hospital Outpatient Prospective Payment System final rule of November 10, 2005, published in the Federal Register (CMS-1501-FC, 70 FR 68516), at page 68556.

The maximum payment rate for the listed hospital outpatient departments can be determined according to Table B and subdivision (a).

(1) Procedure codes for drugs and biologicals with status code indicator "G":

APC payment rate x workers' compensation multiplier pursuant to Section 9789.30(aaab), by date of service.

(2) Procedure codes for devices with status code indicator "H":

Documented paid cost, plus an additional 10% of the hospital outpatient department's or ASC's documented paid cost, net of immediate and anticipated price adjustments based upon the hospital outpatient department's or ASC's prior calendar year's usage for comparable devices, not to exceed a maximum of \$ 250.00, plus any sales tax and/or shipping and handling charges actually paid.

(3) Procedure codes for drugs and biologicals with status code indicator "K," unless rendered on or after December 15, 2016, and packaged into a procedure with a status code indicator "J1" or "J2," in which case no additional fee is allowable:

APC payment rate x workers' compensation multiplier pursuant to Section 9789.30(aaab), by date of service.

(4) For services rendered on or after March 1, 2009: Procedure codes for blood and blood products with status code indicator "R," unless rendered on or after December 15, 2016, and packaged into a procedure with a status code indicator "J1" or "J2," in which case no additional fee is allowable:

APC payment relative weight x adjusted conversion factor x workers' compensation multiplier pursuant to Section 9789.30(aaab), by date of service. See section 9789.39(b) for APC relative weight by date of service.

(5) For services rendered on or after March 1, 2009: Procedure codes for brachytherapy services with status code indicator "U":

Documented paid cost, plus an additional 10% of the hospital outpatient department's or ASC's documented paid cost, net of immediate and anticipated price adjustments based upon the hospital outpatient department's or ASC's prior calendar year's usage for comparable devices, not to exceed a maximum of \$ 250.00, plus any sales tax and/or shipping and handling charges actually paid.

For services rendered on or after April 15, 2010: Procedure codes for brachytherapy services with status code indicator "U":

APC payment-relative weight x adjusted conversion factor x workers' compensation multiplier pursuant to Section 9789.30(aaab), by date of service. See section 9789.39(b) for APC relative weight by date of service.

- (b) This section (b) is inapplicable for dates of service on or after September 1, 2014. Alternative payment methodology. In lieu of the maximum allowable fees set forth under (a), the maximum allowable fees for a facility meeting the requirements in subdivisions (c)(1) through (c)(5) will be determined as follows:
 - (1) Standard payment.
- (A) For services rendered before March 1, 2008, CTP codes 99281-99285 and CPT codes 10021-69990 with status code indicators "S", "T", "X" or "V":

For services rendered on or after March 1, 2008, use: CPT codes 99281-99285 and CPT codes 10021-69990 with status code indicators "S", "T", "X", "V", or "Q". Status code indicator "Q" must qualify for separate payment.

For services rendered on or after March 1, 2009, use: CPT codes 99281-99285 and CPT codes 10021-69990 with status code indicators "S", "T", "X", "V", "Q1", "Q2", or "Q3". Status code indicators "Q1", "Q2", and "Q3" must qualify for separate payment.

For services rendered before January 1, 2013: APC relative weight x adjusted conversion factor x 1.20 workers' compensation multiplier, pursuant to Section 9789.30(aaab). See Section 9789.39(b) for the APC relative weight by date of service.

For services rendered on or after January 1, 2013 and before September 1, 2014: APC relative weight x adjusted conversion factor x 1.20 workers' compensation multiplier for hospital outpatient departments and 0.80 workers' compensation multiplier for ambulatory surgical centers, pursuant to Section 9789.30(aaab).

For services rendered on or after February 15, 2006 and before September 1, 2014, by rural SCH hospitals, use: APC relative weight x adjusted conversion factor x 1.071x 1.20 workers' compensation multiplier, pursuant to Section 9789.30(anab). See Section 9789.39(b) for the APC relative weight by date of service.

(B) Procedure codes for drugs and biologicals with status code indicator "G":

For services rendered before January 1, 2013: APC payment rate x 1.20 workers' compensation multiplier pursuant to Section 9789.30(aaab).

For services rendered on or after January 1, 2013 and before September 1, 2014: APC payment rate x 1.20 workers' compensation multiplier for hospital outpatient departments and 0.80 workers' compensation multiplier for ambulatory surgical centers, pursuant to Section 9789.30(aaab).

(C) Procedure codes for devices with status code indicator "H" for services rendered before September 1, 2014:

Documented paid cost, plus an additional 10% of the hospital outpatient department's or ASC's-documented paid cost, net of immediate and anticipated price adjustments based upon the hospital outpatient department's or ASC's prior calendar year's usage for comparable devices, not to exceed a maximum of \$ 250.00, plus any sales tax and/or shipping and handling charges actually paid.

(D) Procedure codes for drugs and biologicals with status code indicator "K"

For services rendered before January 1, 2013: APC payment rate x 1.20 workers' compensation multiplier pursuant to Section 9789.30(aaab).

For services rendered on or after January 1, 2013 and before September 1, 2014: APC payment rate x 1.20 workers' compensation multiplier for hospital outpatient departments and 0.80 workers' compensation multiplier for ambulatory surgical centers, pursuant to Section 9789.30(aaab).

(E) For services rendered on or after March 1, 2009: Procedure codes for blood and blood products with status code indicator "R":

For services rendered before January 1, 2013: APC payment relative weight x adjusted conversion factor x 1.20 workers' compensation multiplier pursuant to Section 9789.30(aaab). See section 9789.39(b) for APC relative weight by date of service.

For services rendered on or after January 1, 2013 and before September 1, 2014: APC paymentrate relative weight x adjusted conversion factor x 1.20 workers' compensation multiplier for hospital outpatient departments and 0.80 workers' compensation multiplier for ambulatory surgical cen-

ters, pursuant to Section 9789.30(anab). See section 9789.39(b) for APC relative weight by date of service.

(F) For services rendered on or after March 1, 2009: Procedure codes for brachytherapy services with status code indicator "U":

Documented paid cost, plus an additional 10% of the hospital outpatient department's or ASC's documented paid cost, net of immediate and anticipated price adjustments based upon the hospital outpatient department's or ASC's prior calendar year's usage for comparable devices, not to exceed a maximum of \$250.00, plus any sales tax and/or shipping and handling charges actually paid.

For services rendered on or after April 15, 2010 and before January 1, 2013: Procedure codes for brachytherapy services with status code indicator "U":

APC payment relative weight x adjusted conversion factor x 1.20 workers' compensation multiplier pursuant to Section 9789.30(aaab). See section 9789.39(b) for APC relative weight by date of service.

For services rendered on or after January 1, 2013 and before September 1, 2014: APC payment-rate relative weight x adjusted conversion factor x 1.20 workers' compensation multiplier for hospital outpatient departments and 0.80 workers' compensation multiplier for ambulatory surgical centers, pursuant to Section 9789.30(aaab). See section 9789.39(b) for APC relative weight by date of service.

(2) Additional payment for high cost outlier case:

[(Facility charges x cost-to-charge ratio) - (standard payment x 2.6)] x .50

For services rendered on or after July 15, 2005, if (Facility charges x cost-to-charge ratio) > (standard payment + outlier threshold), additional payment = [(Facility charges x cost-to-charge ratio) - (standard payment x 1.75)] x .50

For services rendered on or after July 15, 2005, the outlier threshold is specified in the Federal Register notices announcing revisions in the Medicare payment rates. See Section 9789.39(b) for the Federal Register reference that defines the outlier threshold by date of service.

(3) For services rendered before March 1, 2009: In determining the additional payment, the facility's charges and payment for devices with status code indicator "H" shall be excluded from the computation.

For services rendered on or after March 1, 2009: In determining the additional payment, the facility's charges and payment for devices with status code indicator "H" and for brachytherapy services with status code indicator "U" shall be excluded from the computation.

For services rendered on or after April 15, 2010 and before September 1, 2014: In determining the additional payment, the facility's charges and payment for devices with status code indicator "H" shall be excluded from the computation.

- (c) This section (c) is inapplicable for dates of service on or after September 1, 2014. The following requirements shall be met for election of the alternative payment methodology:
- (1) A facility seeking to be paid for high cost outlier cases under subdivision 9789.33(b) must file a written election using DWC Form 15 "Election for High Cost Outlier," contained in Section 9789.37 with the Division of Workers' Compensation, Medical Unit (Attention: OMFS-Outpatient). P.O. Box 71010, Oakland, CA 94612. The form must be post-marked by March 1 of each year and

shall be effective for one year commencing with services furnished on or after April 1 of the year in which the election is made.

- (2) The maximum allowable fees applicable to a facility that does not file a timely election satisfying the requirements set forth in this subdivision and Section 9789.37 shall be determined under subdivision (a).
- (3) The maximum allowable fees applicable to a hospital that does not participate under the Medicare program shall be determined under subdivision (a).
- (4) The cost-to-charge ratio applicable to a hospital participating in the Medicare program shall be the hospital's cost-to-charge ratio used by the Medicare fiscal intermediary to determine high cost outlier payments under 42 C.F.R. § 419.43(d), which is incorporated by reference, as contained in Section 9789.38 Appendix X. The cost-to-charge ratio being used by the intermediary for services furnished on February 15 of the year the election is filed shall be included on the hospital's election form.
- (5) The cost-to-charge ratio applicable to an ambulatory surgery center shall be the ratio of the facility's total operating costs to total gross charges during the preceding calendar year. Total Operating Costs are the direct costs incurred in providing care to patients. Included in operating cost are: salaries and wages, rent or mortgage, employee benefits, supplies, equipment purchase and maintenance, professional fees, advertising, overhead, etc. It does not include start up costs. Total gross charges are defined as the facility's total usual and customary charges to all patients and third-party party payers before reductions for contractual allowances, bad debts, courtesy allowances and charity care. The facility's election form, as contained in Section 9789.37 shall include a completed Annual Utilization Report of Specialty Clinics filed with Office of Statewide Health Planning and Development (OSHPD) for the preceding calendar year, which is incorporated by reference. The facility's election form shall further include the facility's total operating costs during the preceding calendar year, the facility's total gross charges during the preceding calendar year, and a certification under penalty of perjury signed by the Chief Executive Officer and a Certified Public Accountant, as to the accuracy of the information. Upon request from the Administrative Director, an independent audit may be conducted at the expense of the ASC. (Note: While ASCs may not typically file Annual Utilization Report of Specialty Clinics with OSHPD, any ASC applying for the alternative payment methodology must file the equivalent, subject to the Division of Workers' Compensation's audit.) A copy of the Annual Utilization Report of Specialty Clinics may be obtained at OSHPD's website at http://www.oshpd.ca.gov/HID/HID/clinic/util/index.htm#Forms or upon request to the Division of Workers' Compensation, Medical Unit (Attention: OMFS-Outpatient), P.O. Box 71010, Oakland, CA 94612.
- (6) Before April 1 of each year the AD shall post a list of those facilities that have elected to be paid under this paragraph and the facility-specific cost-to-charge ratio that shall be used to determine additional fees allowable for high cost outlier cases. The list shall be posted on the Division of Workers' Compensation website: http://www.dir.ca.gov/dwc/dwc_home_page.htm or is available upon request to the Division of Workers' Compensation, Medical Unit (Attention: OMFS-Outpatient), P.O. Box 71010, Oakland, CA 94612.
- (d) This section (d) is inapplicable for dates of service on or after September 1, 2014. Any ambulatory surgical center that believes its cost-to-charge ratio in connection with its election to participate in the alternative payment methodology for high cost outlier cases under Section 9789.33(b) was erroneously determined because of error in tabulating data may request the Administrative Director for a re-determination of its cost-to-charge ratio. Such requests shall be in writing, shall state the alleged error, and shall be supported by written documentation. Within 30 days after receiving a

complete written request, the Administrative Director shall make a redetermination of the cost-to-charge ratio or reaffirm the published cost-to-charge ratio.

- (e) The OPPS rules in 42 C.F.R § 419.44 regarding reimbursement for multiple procedures are incorporated by reference as contained in Section 9789.38 Appendix X.
- (f) The OPPS rules in 42 C.F.R. §§ 419.62, 419.64, and 419.66 regarding transitional pass-through payments for innovative medical devices, drugs and biologicals shall be incorporated by reference, as contained in Section 9789.38 Appendix X, except that payment for these items shall be in accordance with subdivisions (a) or (b) as applicable.
- (g) The payment determined under subdivisions (a) and (b) include reimbursement for all of the included cost items specified in 42 CFR §419.2(b)(1)-(12), which is incorporated by reference, as contained in Section 9789.38 Appendix X.
- (h) The maximum allowable fee shall be determined without regard to the cost items specified in 42 C.F.R. § 419.2(c)(1), (2), (3), (4), and (6), as contained in Section 9789.38 Appendix X. Cost item set forth at 42 C.F.R. § 419.2(c)(5), as contained in Section 9789.38 Appendix X, is payable pursuant to Section 9789.32(c)(1). Cost items set forth at 42 C.F.R. § 419.2(c)(7) and (8), as contained in Section 9789.38 Appendix X, are payable pursuant to Section 9789.32(c)(2).
- (i) The maximum allowable fees shall be determined without regard to the provisions in 42 C.F.R. § 419.70.

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

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

Section 9789.39. Update Table by Date of Service.

(a) Federal Regulations by Date of Service

The Federal Regulations can be accessed at: http://www.cms.gov/HospitalOutpatientPPS/ and the referenced sections are incorporated by reference and will be made available upon request to the Administrative Director.

	Services Occurring On or After 7/15/2005	Services Occurring On or After 2/15/2006	Services Occurring on Or After 3/1/2007	Services Occurring On or After 3/1/2008
Title 42, Code of Federal Reg- ulations, §419.2				
Title 42, Code of Federal Regulations, §419.32				
Title 42, Code of Federal Reg- ulations, §419.43		As amended; effective Janu- ary 1, 2006	As amended; effective Janu- ary 1, 2007	As amended; effective Janu- ary 1, 2008
Title 42, Code of Federal Reg-		N. 1		Amended; ef- fective January

ulations, §419.44				1, 2008
Title 42, Code of Federal Reg-			A MANAGEMENT (MANAGEMENT)	
ulations, §419.62				
Title 42, Code of Federal Reg- ulations, §419.64	As amended; effective January 1, 2005			
Title 42, Code of Federal Reg- ulations, §419.66		As amended; effective Janu- ary 1, 2006		

		,		
	Services Occur-	Services Occur-	Services Occur-	Services Occur-
1	ring On or Af-	ring On or Af-	ring On or Af-	ring On or Af-
t	ter 3/1/2009	ter 4/15/2010	ter 9/15/2011	ter 3/1/2012
Title 42, Code				
of Federal Reg-		'	,	
ulations, §419.2				
Title 42, Code		** **	As amended;	As amended;
of Federal Reg-			effective Janu-	effective Janu-
ulations,		•	ary 1, 2011	ary 1, 2012
§419.32				-
Title 42, Code	As amended;		As amended;	As amended;
	effective Janu-		effective Janu-	effective Janu-
	ary 1, 2009		ary 1, 2011	ary 1, 2012
§419.43			ewith the property of	
Title 42, Code				28 C 28 C
of Federal Reg-				
ulations,		1.1 Art	EV Walter	Alleria (C.A.)
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Title 42, Code				
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ulations,			·	
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Title 42, Code		As amended;		
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ulations,		ary 1, 2010		
§419.64				
Title 42, Code		As amended;		
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1.00	Services Occur-	Services Occur-	Services Occur-	
1.00	Services Occur-	Scrvices Occur-	Scrvices Occur-	

	ring On or Af- ter 4/1/2013	ring On or Af- ter 12/1/2014	ring On or After December 15, 2016	
Title 42, Code of Federal Reg-	As amended; effective Janu-	As amended; effective Janu-	As amended; effective Janu-	
ulations, §419.2	ary 1, 2013	ary 1, 2014	ary 1, 2016	MANAGEM AND THE STREET
Title 42, Code	As amended;	As amended;	As amended;	
of Federal Reg-	effective Janu-	effective Janu-	effective Janu-	AMO SOMEWAY 1
ulations,	ary 1, 2013	ary 1, 2014	ary 1, 2016	
§419.32				
Title 42, Code			As amended;	
of Federal Reg-			effective Janu-	
ulations,			ary 1, 2012	
§419.43				
Title 42, Code		ania kaya ka kaya ka ka ka	As amended:	Selver Vist. Telep
of Federal Reg-			effective Janu-	
ulations,	of Silver one . Silver		ary 1, 2016	What was
§419.44				
Title 42, Code			Effective Janu-	
of Federal Reg-		1	ary 1, 2004	
ulations,				C distributed
§419.62				
Title 42, Code			As amended;	
of Federal Reg-			effective Janu-	
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Title 42, Code	So distance in the	As amended;	As amended;	Belgig yes (
of Federal Reg-		effective Janu-	effective Janu-	Asia (Militara)
ulations,		ary 1, 2014	ary 1, 2016	WYNGSS
§419.66				ggdanai i (fig. i

(b) Update factors and Federal Register Notices by Date of Service

The Federal Register Notices can be accessed at: http://www.cms.gov/HospitalOutpatientPPS/ and the referenced sections are incorporated by reference and will be made available upon request to the Administrative Director.

	Services Occur-	Services Occur-	Services Occur-	Services Occur-
i Janes	ring On or Af-	ring On or Af-	ring On or Af-	ring on Or Af-
	ter 1/1/2004	ter 7/15/2005	ter 2/15/2006	ter 3/1/2007
Applicable FR	(A) November	(A) November	(A) November	(A) November
Notices	7, 2003 (CMS-	15, 2004	10, 2005	24, 2006
	1471-FC; 68	(CMS-1427-	(CMS-1501-	(CMS-1506-
	RE 63398); (B)	FC; ; 69 FR	FC; 70 FR	FC; 71 FR
·. ·	December 31,	65681); (B)	68515); (B)	67960); (B)
	2003 (CMS-	December 30,	December 23,	August 18,
:	1471-CN; 68	2004 (CMS-	2005 (CMS-	2006 (CMS-
	FR 75442); (C)	1427-CN; 69	1501-CN2; 70	1488-F; 71 FR

		gradient state of the state of	<u> </u>	
	Services Occurring On or Af-	Services Occurring On or Af-	Services Occurring On or Af-	Services Occurring on Or Af-
	ter 1/1/2004	ter 7/15/2005	ter 2/15/2006	ter 3/1/2007
	January 6, 2004 (CMS-1371-	FR 78315; (C) August 11,	FR 76176); (C) August 12,	47870) (C) October 11, 2006
	IFC; 69 FR	2004 (CMS-	2005 (CMS-	(CMS-CMS-
	820); (D) Au-	1428-F; 69 FR	1500-F; 70 FR	1488-N; 71 FR
	gust 1, 2003	48916); (D)	47278); (D)	59886)
	(CMS-1470-F; 68 FR 45346);	December 30, 2004 (CMS-	September 30, 2005 (CMS-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(E) August 11,	1482-F2; 69 FR	1500-CN; 70	
	2003 (CMS-	78526	FR 57161)	
	1470-F; 68 FR	, 0020		
	47637)			
APC Payment	Addendum B	Addendum B	Addendum B	Addendum B
Rate	(A) beginning	(A)_beginning	(A) beginning	(A) beginning
	on page 63488	on page 65887	on page 68752	on page 68283
	conformed to		·	
	comply with			
	(B) beginning			w' .
	on page 75442 and (C) begin-			
	ning on page			
	820	era estre de Notación descriptor	,	,
APC Relative	Addendum B	Addendum B	Addendum B	Addendum B
Weight	(A) beginning	(A) beginning	(A) beginning	(A) beginning
	on page 63488	on page 65887	on page 68752	on page 68283
	conformed to	Andrews.	a seed to	- 100
	comply with		A STATE OF THE STA	
	(B) beginning			
	on page 75442 and (C) begin-		. mailine e	
	ning on page			Programme Communication
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denda	D1, D2, E, H, I,	D1, D2, and E (A) beginning	D1, D2, E and L (A) begin-	D1, D2, E, and L (A) begin-
	and J (A) beginning at page	at page 65864	ning at page	ning at page
	63478; as	at page 03004	68729; and cor-	68231
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Services Occur-	Services Occur-	Services Occur-	Services Occur-
ring On or Af-	ring On or Af-	ring On or Af-	ring on Or Af-
ter 1/1/2004			ter 3/1/2007
	4A ₂ , 4B ₁ , 4B ₂ , 4C ₁ , 4C ₂ , and	4C, and 4J (D) beginning at	Tables 4A-1, 4A-2, 4B-1, 4B-2, 4C-1, 4C-2, and 4J
	ning at page 78619	and Tables 4A, 4B, 4C, and 4J (C) beginning	(C) beginning at page 59975
60% ((A) page 63458)	60% ((A) beginning at page 65842)	60% ((A) beginning at page 68551)	60% ((A) beginning at page 68003)
3.4% (D) page 45346	3.3% (C) page 49274	3.7% (C) page 47492	3.4% (B) page 48146
	\$1,175 (A) at page 65846	\$1,250 (A) at page 68565	\$1,825_(A) at page 68012
10021-69990	10021-69990	10021-69990	10021-69990
\$53.924 (2003 unadjusted conversion factor of 52.151 x estimated inflation factor of 1.034)	\$55.703 (2004 unadjusted conversion factor of \$53.924 x estimated inflation factor of 1.033)	\$57.764 (2005 unadjusted conversion fac- tor of \$55.703 x estimated infla- tion factor of 1.037)	\$59.728 (2006 unadjusted conversion factor of \$57.764 x estimated inflation factor of 1.034)
Addenda H through J (A) beginning at page 63682	Referenced in Addenda H through J (B) beginning at page 78316; wage index values are specified in Tables 4A ₁ through 4C ₂ (D) beginning at page	Referenced in (A) beginning at page 68551; wage index values are specified in Tables 4A through 4C (D) beginning at page 57163; and as specified in Tables 4A	Referenced in (A) beginning at page 68003; wage index values are specified in Tables 4A-1 through 4C-2 (C) beginning at page 59975
	ring On or After 1/1/2004 60% ((A) page 63458) 3.4% (D) page 45346 10021-69990 \$53.924 (2003 unadjusted conversion factor of 52.151 x estimated inflation factor of 1.034) Addenda H through J (A) beginning at page 63682	ring On or After 1/1/2004 ring On or After 7/15/2005 Tables 4A ₁ , 4A ₂ , 4B ₁ , 4B ₂ , 4C ₁ , 4C ₂ , and 4J (D) beginning at page 78619 60% ((A) page 63458) 60% ((A) page 65842) 3.4% (D) page 45346 \$1,175 (A) at page 65846 10021-69990 \$53.924 (2003 unadjusted conversion factor of 52.151 x estimated inflation factor of 1.034) Addenda H through J (A) beginning at page 63682 \$10021-69990 \$253.924 (2003 unadjusted conversion factor of \$53.924 x estimated inflation factor of 1.034) Addenda H through J (A) beginning at page 78316; wage index values are specified in Tables 4A ₁ through 4C ₂ (D) begin-	ring On or After 1/1/2004 Tables 4A1,

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	Services Occurring On or After 3/1/2008	Services Occurring On or After 3/1/2009	Services Occurring On or After 4/15/2010	Services Occurring On or After 9/15/2011
Applicable FR Notices	(A) November 27, 2007 (CMS-1392-	(A) November 18, 2008 (CMS-1404-	(A) November 20, 2009 (CMS-1414-	(A) November 24, 2010 (CMS-1504-

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ter 3/1/2008 ter 3/1/2009 ter 4/15/2010 ter 9/15/2011 FC; CMS-		Services Occur-	Services Occur-	Services Occur-	Services Occur-
FC; CMS- 1533-F2; 72 FR 68502); (B) August 22, 2007 (CMS- 1390-F; 73 FR 1533-FC; 72 48434); (C) October 10, 2007 (CMS- 1533-CN2; 72 75741); (D) November 6, 2007 (CMS- 1533-CN3; 72 FR 62585); (E) 1390-N2; 73 2007 (CMS- 1533-CN3; 72 FR 62585); (E) 1390-N2; 73 2007 (CMS- 1533-CN3; 72 FR 62585); (E) 1390-N2; 73 2007 (CMS- 1390-N2; 73 2009 (CMS- 1404-CN; 74 FR 4343) 22, 2008 (CMS- 1390-N2; 73 2009 (CMS- 1404-CN; 74 FR 4343) 22, 2008 (CMS- 1390-N2; 73 2009 (CMS- 1390-N2; 74 1300-N2; 74 1300-N2; 74 1300-N2; 74 1300-N2; 75 1300-N2; 74 1300-N2; 74 1300-N2; 74 1300-N2; 74 1300-N2; 74 1300-N2; 74 1300-N2; 75 1300-N2; 74 13		ring On or Af-	ring On or Af-	ring On or Af-	ring On or Af-
FC; CMS- 1533-F2; 72 FR 68502); (B) August 22, 2007 (CMS- 1390-F; 73 FR 1533-FC; 72 48434); (C) October 10, 2007 (CMS- 1533-CN2; 72 75741); (D) November 6, 2007 (CMS- 1533-CN3; 72 FR 62585); (E) 1390-N2; 73 2007 (CMS- 1533-CN3; 72 FR 62585); (E) 1390-N2; 73 2007 (CMS- 1533-CN3; 72 FR 62585); (E) 1390-N2; 73 2007 (CMS- 1390-N2; 73 2009 (CMS- 1404-CN; 74 FR 4343) 22, 2008 (CMS- 1390-N2; 73 2009 (CMS- 1404-CN; 74 FR 4343) 22, 2008 (CMS- 1390-N2; 73 2009 (CMS- 1390-N2; 74 1300-N2; 74 1300-N2; 74 1300-N2; 74 1300-N2; 75 1300-N2; 74 1300-N2; 74 1300-N2; 74 1300-N2; 74 1300-N2; 74 1300-N2; 74 1300-N2; 75 1300-N2; 74 13		ter 3/1/2008	ter 3/1/2009	ter 4/15/2010	ter 9/15/2011
1533-F2; 72 FR 68502); (B) August 19, August 22, 2007 (CMS- 1390-F; 73 FR 1533-FC; 72 FR 47130); (C) October 10, 2007 (CMS- 1533-CN2; 72 FR 57634); (D) November 6, 2007 (CMS- 1390-K; 73 FR 1533-CN2; 72 FR 57634); (D) November 6, 2007 (CMS- 1390-K; 73 FR 1533-CN3; 72 (CMS-1390-N; 1533-CN3; 72 (E) December FR 62585); (E) 3, 2008 (CMS- 1392-FC; 2009 (CMS- 1390-N2; 73 FR 57888); 1533-CN3; 72 (E) December FR 62585); (E) 3, 2008 (CMS- 1392-FC; 2009 (CMS- 1392-FC; 2008 (CMS-1392-CN; CMS- 1393-N2; 22, 2008 (CMS- 1392-FC; 2009 (CMS- 1392-FC; 2009 (CMS- 1404-CN; 74 (F) February 22, 2008 (CMS- 1392-FC; 2009 (CMS- 1404-CN; 74 (F) February 22, 2008 (CMS- 1392-FC; 2009 (CMS- 1404-CN; 74 (F) February 22, 2008 (CMS- 1392-FC; 2009 (CMS- 1404-CN; 74 (F) February 22, 2008 (CMS- 1392-FC; 2009 (CMS- 1404-CN; 74 (F) February 22, 2008 (CMS- 1392-FC; 2009 (CMS- 1404-CN; 74 (F) February 22, 2008 (CMS- 1392-FC; 2009 (CMS- 1404-CN; 74 (F) February 22, 2008 (CMS- 1392-FC; 2009 (CMS- 1404-CN; 74 (F) February 22, 2008 (CMS- 1392-FC; 2009 (CMS- 1404-CN; 74 (F) February 22, 2008 (CMS- 1392-FC; 2009 (CMS- 1404-CN; 74 (F) February 22, 2008 (CMS-	•		FC; 73 FR	FC; 74 FR	FC; 75 FR
66580); (B) August 129, 2008 (CMS-1204) (CMS-1504- CN; 76 FR 1339-FC; 72 48434); (C) October 10, 2007 (CMS- 1533-CN2; 72 57541); (D) FR 57634); (D) November 6, 2007 (CMS- 1533-CN3; 72 FR 62585); (E) November 27, 2007 (CMS- 1533-CN3; 72 FR 62585); (E) November 27, 2007 (CMS- 1390-FC; CMS-1533-CN]; 22008 (CMS-1390-N; 73 FR 57888); (E) December 75 FR 62585); (E) 390-N2; 73 73 FR 57888); 1533-CN3; 72 FR 73656); (F) 1392-FC; CMS-1533-F2; 72 FR 66580); 1404-CN; 74 FR 4343) 22, 2008 (CMS-1392-CN; CMS- 1533-CN) Addendum B (A) beginning on page 66993 conformed to comply with correction published in (F) beginning on page 9863 APC Relative (A) beginning on page 66993 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (F) beginning on page 68934 conformed to comply with correction published in (B) page 13295 page 13		1			t '
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	ter 3/1/2008	ter 3/1/2009	ter 4/15/2010	ter 9/15/2011
HCPCS Codes				
HOPPS Ad-	Addenda A, B,	Addenda A, B,	Addenda A, B,	Addenda A, B,
denda	D1, D2, E, L,	D1, D2, E, L,	D1, D2, E, L,	D1, D2, E, L,
	and M (A) be-	and M (A) be-	and M (A) be-	and M (A) be-
	ginning at page	ginning at page	ginning at page	ginning at page
	66934; and cor-	68816; and cor-	60682; and cor-	72268; and cor-
	rections to addenda A, B,	rections to addenda A and B	rections to addenda B and E	rections to ad-
	D2, and M (F)	(F) beginning at	(B) beginning	dendum B (B)
\$37 	beginning at	page 4343	at page 69503	on page 13295
	page 9862	page 4343	at page 09303	
IPPS Tables	Tables 4A, 4B,	Tables 4A, 4B,	Tables 2, 4A,	Tables 2, 4A,
	and 4C (C) be-	4C, and 4J (C)	4B, 4C, and	4B, 4C, and 4J
	ginning at page	beginning at	4J(C) beginning	(C) beginning
	57698 and Ta-	page 57956;	at page 44032;	at page 50451
	ble 4J (B) be-	and Tables 2	as changed by	
	ginning at page	and 4J (E) be-	correction to	
	47531 and cor-	ginning at page	Tables 2, 4A,	
	rection (C) be-	73657	4B, 4C, and 4J	
	ginning at page		(D) beginning	
	57726		at page 51499	
Labor-related	60% ((A) be-	60% ((A) be-	60% ((A) be-	60% ((A) be-
Share	ginning at page	ginning at page	ginning at page	ginning at page
	66678)	68585)	60419)	71877)
Market Basket	3.3% (B) page	3.6% (B) page	2.1% (C) page	2.6% (C) page
Inflation Factor	47415	48759	44002	50422
Outlier Thresh-	\$1,575 (A) at	\$1,800 (A) at	\$2,175 (A) at	\$2,025 (A) at
old	page 66686	page 68594	page 60428	page 71889
Surgical Procedure HCPCS	10021-69990	10021-69990	10021-69990	10021-69990
	¢61 600 (2007	\$62,020,62000	\$65.000 (0000)	ΦCC 050 (0010
Conversion Factor adjusted	\$61.699 (2007 unadjusted	\$63.920 (2008	\$65.262 (2009	\$66.959 (2010
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factor	tor of \$59.728 x	tor of \$61.699 x	tor of \$63.920 x	tor of \$65.262 x
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Wage Index	Referenced in	Referenced in	Referenced in	Referenced in
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	at page 66678;	page 68585;	at page 60419;	at page 71877;
	wage index	wage index	wage index	wage index
	values are spec-	values are spec-	values are spec-	values are spec-
	ified in Tables	ified in Tables	ified in Tables	ified in Tables
	4A through 4C	4A through 4C	4A through 4C	4A through 4C
	(C) beginning	(D) beginning	(D) beginning	(C) beginning

Official Medical Fee Schedule: Hospital Outpatient Departments and Ambulatory Surgical Centers Fee Schedule (Final Text Effective On Date Filed With Secretary Of State)

Title 8, California Code of Regulations, §§9789.30, 9789.31, 9789.32, 9789.33 and 9789.39

	Services Occur-	Services Occur-	Services Occur-	Services Occur-
	ring On or Af-	ring On or Af-	ring On or Af-	ring On or Af-
	ter 3/1/2008	ter 3/1/2009	ter 4/15/2010	ter 9/15/2011
	at page 57698	at page 57956	at page 51505;	at page 50511
		La Marian	and as specified	J. Aurilia
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	A MARKET SA	Andrew Jan	through 4C (C)	
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	Mary Market Beet		page 44085	

	Services Occurring On or After	Services Occurring On or After	Services Occurring On or After	Services Oc- curring On or
	3/1/2012	9/1/2012	4/1/2013	After
	3/1/2012	9/1/2012	4/1/2015	1
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Applicable FR	(A) November	(A) November	(A) November	A STATE OF THE STA
Notices	30, 2011 (CMS-	30, 2011 (CMS-	15, 2012 (CMS-	
112	1525-FC; 76 FR	1525-FC; 76 FR	1589-FC; 77 FR	
	74122); (B)	74122); (B)	68210)	
	January 4, 2012	January 4, 2012		
	(CMS-1525-	(CMS-1525-		
	CN; 77 FR	CN; 77 FR		
	217); (C) Au-	217); (C) Au-	Egy. T	
	gust 18, 2011	gust 18, 2011		
	(CMS-1518-F;	(CMS-1518-F;		
	76 FR 51476);	76 FR 51476);		Maria Carlo
N _a	(D) September	(D) September	Angely along a respective	a guarra I
	26, 2011 (CMS-	26, 2011 (CMS-	1 44.786	19 (19.5)
	1518-CN3; 76	1518-CN3; 76		
	FR 59263)	FR 59263); (E)		
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APC Payment	Addendum B	Addendum B	Addendum B	
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APC Relative	Addendum B	Addendum B	Addendum B	881 J. J. J. J. S. S.
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	Services Occurring On or After 3/1/2012	Services Occurring On or After 9/1/2012	Services Occurring On or After 4/1/2013	Services Oc- curring On or After
	found on CMS website at: http://www.cms.g ov/HospitalOutpa tientPPS	and (E) found on CMS web- site at: http://www.cms.g ov/HospitalOutpa tientPPS	ov/HospitalOutpa tientPPS	09/01/2014
Emergency Department HCPCS Codes	99281-99285	99281-99285	99281-99285	99281-99285, 99291, 99292, G0380-G0384, G0390
Facility Only Services				Services with a "NA" in the column labeled "Non-Facility NA Indicator" of the Medicare Physician Fee Schedule Relative Value File for Calendar Year 2014 (RVU14A), located at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Physician FeeSched/PFS-Relative-Value-Files.html
HOPPS Addenda	Addenda A, B, D1, D2, E, L, and M (A) and corrections to addenda (B) found on CMS website at: http://www.cms.g ov/HospitalOutpa tientPPS	Addenda A, B, D1, D2, E, L, and M (A and E) and corrections to addenda (A) and (B) found on CMS website at: http://www.cms.g ov/HospitalOutpa tientPPS	Addenda A, B, D1, D2, E, L, and M (A) found on CMS website at: http://www.cms.g ov/HospitalOutpa tientPPS	

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	Services Occurring On or After 3/1/2012	Services Occurring On or After 9/1/2012	Services Occurring On or After 4/1/2013	Services Oc- curring On or After 09/01/2014
IPPS Tables	Tables 2, 4A, 4B, 4C, and 4J (C) and correc- tion (D) found on CMS web- site at: http://www.cms.h hs.gov/AcuteInpa tientPPS/.		Tables 2, 4A, 4B, 4C, and 4J (C) and correc- tion (D) found on CMS web- site at: http://www.cms.h hs.gov/AcuteInpa tientPPS/.	
Labor-related Share	60% ((A) beginning at page 74191)		60% (A) beginning at page 68285	
Market Basket Inflation Factor	3.0% (A) page 74189		2.6% (A) page 68215	
Medicare Physician Fee Schedule Relative Value File				Calendar Year 2014 (RVU14A), located at: http://www.cm s.gov/Medicare/Medicare-Fee-for-Service-Payment/Physician FeeSched/PFS-Relative-Value-Files.html
Outlier Threshold Surgical Pro-	\$2,025 (B) at page 222 10021-69990	10021-69990	\$2,025 (A) page 68297 10021-69990	10021-69990,
cedure HCPCS		10021-07770		G0413
Conversion Factor adjusted for inflation factor	\$68.968 (2011 unadjusted conversion factor of \$66.959 x estimated inflation factor of 1.03)		\$70.761 (2012 unadjusted conversion factor of \$68.968 x estimated infla- tion factor of 1.026)	
Wage Index	Referenced in (A) beginning at page 74191; wage index val-		Referenced in (A) beginning at page 68285; wage index val-	

Official Medical Fee Schedule: Hospital Outpatient Departments and Ambulatory Surgical Centers Fee Schedule (Final Text Effective On Date Filed With Secretary Of State)
Title 8, California Code of Regulations, §§9789.30, 9789.31, 9789.32, 9789.33 and 9789.39

Services Occurring On or After 3/1/2012	Services Occurring On or After 9/1/2012	Services Occurring On or After 4/1/2013	Services Oc- curring On or After 09/01/2014
ues are specified in Tables 4A through 4C (C) found on the CMS web		ues are speci- fied in Tables 4A through 4C found on the CMS web site	
site at: http://www.cms .gov/AcuteInpat ientPPS/		at: http://www.cms .gov/AcuteInpat ientPPS/	

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	Services Occur-	Services Occur-		1.34
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Applicable FR	(A) December	(A) November		
Notices	10, 2013	13, 2015 (CMS-		
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	FR 50496)	(C) October 5,		1
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	12/1/2014	December 15,		
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Official Medical Fee Schedule: Hospital Outpatient Departments and Ambulatory Surgical Centers Fee Schedule (Final Text Effective On Date Filed With Secretary Of State)

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Authority: Sections 133, 4603.5, 5307.1 and 5307.3, Labor Code. Reference: Sections 4600, 4603.2 and 5307.1, Labor Code.