

Official Medical Fee Schedule – Physician Fees	RULEMAKING COMMENTS 45 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
Section 9789.11 et al	<p>From the text of the regulations, commenter is unable to determine if, by “permanent” the Division means the published Table A will stand as the OMFS despite any changes to the payment amounts in Medicare, whose payment amounts are revised annually. If it is the intention to freeze Table A at the amounts published with this notice, commenter notes with relief that this decision will benefit those services at the lowest end of the payment schedule. Absent Congressional intervention, federal law will trigger an automatic reduction in Medicare payments on January 1, 2006. Under an iterative process that constantly updates the OMFS, those providers reimbursed at the lowest end of the payment schedule would experience further erosion of the OMFS rates as the Medicare allowable declines as of that date.</p> <p>Commenter states that CMA recently conducted a study among its members regarding their experience with Workers’ Compensation, that many respondents note significant problems with the program, and that a sizeable proportion of them are reducing or discontinuing participation. Commenter opines that the unreasonably low reimbursements set forth in Table A provide even more of a basis for their decision to curtail participation, as not only is the fee schedule quite old, but the administrative burden and abusive payment practices of some</p>	<p>Nileen Verbeten Vice President Center for Economic Services California Medical Association (CMA) Written Comment August 1, 2005</p>	<p><u>Ambiguity as to Permanence:</u> Comment does not address the regulation text, but a statement in the Notice. Commenter finds ambiguous the statement that the rulemaking “would make the emergency regulations permanent.” The regulations and the Table A within them are not intended to be immutable. They may be changed by future rulemaking. The Administrative Director is not by this rulemaking making a determination of whether or when the Administrative Director will issue a new Physicians Fee Schedule after January 1, 2006, or in what manner the proposed fee schedule will be revised after January 1, 2006.</p> <p><u>Reimbursements are unreasonably low:</u> The reimbursement rates of the Table A are prescribed by statute, Labor Code section 5307.1, and the Administrative Director does not at this time have the power to set reimbursement rates on the basis of reasonableness.</p>	<p>No action required.</p> <p>No action required.</p>

	carriers make this program financially unfeasible for many and unattractive for all.			
Section 9789.11 et al	<p>Commenter urges the Division to adopt a new fee schedule in 2006 because the current arcane and anachronistic fee schedule drastically under-reimburses the Evaluation and Management (E&M) codes, the basic CPT codes for diagnostic and cognitive services.</p> <p>Commenter advises that three years ago the Lewin Group found that E&M payments would have to be increased to 28 percent to account for the added workload attached to them in the Workers' Comp system. Commenter states that the disparity has only been made more acute under the reforms of SB 899, which requires primary treating physicians (PTPs) to apportion disability and to prepare additional reports. In addition, under the new network-based system, PTPs are retaining control of more cases for the duration of treatment. Commenter states that the workload per patient of many of WOEMA's members has nearly doubled.</p> <p>Commenter does not advocate a switch to a schedule based on Medicare-RBRVS; however, he believes a new schedule should be based on RBRVS methodology. Commenter opines that under such a schedule, changes in costs and other factors would yield rational changes in reimbursement. Commenter anticipates that such a schedule would more fully recognize the value of cognitive services to patients and the system and would more fully reflect the philosophy of</p>	<p>Robert R. Orford, MD President</p> <p>Steve Schumann, MD Legislative Chair</p> <p>Western Occupational & Environmental Medical Association (WOEMA) Written Comment August 1, 2005</p>	<p><u>New Fee Schedule in 2006:</u> This comment goes beyond the scope of these regulations. The Administrative Director is not by this rulemaking making a determination of whether or when the Administrative Director will issue a new Physicians Fee Schedule after January 1, 2006, or in what manner the proposed fee schedule will be revised after January 1, 2006</p> <p><u>Reimbursements are too low:</u> The reimbursement rates of the Table A are prescribed by statute, Labor Code section 5307.1, and the Administrative Director does not at this time have the power to set reimbursement rates on a discretionary basis.</p>	<p>No action required.</p> <p>No action required.</p>

	treatment and utilization now contained in statute and regulation.			
Section 9789.11 et al	<p>Commenter appreciates the Division's work to conform OMFS to the Medicare schedule.</p> <p>Commenter urges the Division to adopt a new fee schedule in 2006. Commenter states that the current fee schedule drastically under-reimburses the CPT codes for performing Evaluation and Management (E&M) services. Commenter states a study that the Lewin Group performed 3 years ago indicated that E& M payments would have to be increased 28 percent to account for the extra workload attached to the workers' compensation system. Further, Commenter states that this disparity has been made more acute under the reforms of SB 899 which requires primary treatment physicians (PTPs) to do more reporting and to apportion disability. Under the new network-based systems, commenter alleges that PTPs are retaining control of more cases for the duration of treatment and that the workload for many has doubled.</p> <p>Commenter does not advocate switching to a Medicare-RBRVS based schedule; however, he believes that the new system should be based on the RBRVS methodology, one in which changes and costs and other inputs lead to rational changes in reimbursement, and one in which the value of cognitive services to the system and to patients is more fully recognized.</p>	<p>Don Schinske, Legislative Advocate California Academy of Family Physicians (CAFP) Written & Oral Comment August 1, 2005</p>	<p><u>New Fee Schedule in 2006:</u> This comment goes beyond the scope of these regulations. The Administrative Director is not by this rulemaking making a determination of whether or when the Administrative Director will issue a new Physicians Fee Schedule after January 1, 2006, or in what manner the proposed fee schedule will be revised after January 1, 2006.</p> <p><u>Reimbursements are too low:</u> The reimbursement rates of the Table A are prescribed by statute, Labor Code section 5307.1, and the Administrative Director does not at this time have the power to set reimbursement rates on a discretionary basis.</p>	<p>No action required.</p> <p>No action required.</p>