OMFS: Hospital Outpatient & ASC
Maximum Reasonable Fee Formulas

CCR § 9789.33 Hospital Outpatient Departments and Ambulatory Surgical Centers Fee Schedule

**Hospital Outpatient Department Services**
1. Surgical procedures; Emergency Room Visits; or services that are an integral part of the surgical procedure or emergency room visit
   APC relative weight × adjusted conversion factor ×
   1.178 workers’ compensation multiplier (for on or after 12/15/2016)
2. Other Services (as defined in Section 9789.30(u))
   APC relative weight × adjusted conversion factor ×
   1.0101 workers’ compensation multiplier (for on or after 12/15/2016)

**Ambulatory Surgical Centers Surgical Procedures**
3. All surgical procedures and services
   APC relative weight × adjusted conversion factor ×
   0.8081 workers’ compensation multiplier (for on or after 12/15/2016)
OMFS: Hospital Outpatient & ASC
Sample Calculation

Procedure Code: 64718
Date of Service: 9/18/2017
Type of Place of Service: Ambulatory Surgical Center
County: Alameda
Applicable Formula for ASC:
   APC relative weight ✗
   adjusted conversion factor ✗
   0.8081 workers’ compensation multiplier (for on or after 12/15/2016)

<table>
<thead>
<tr>
<th>Base Calculation Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative Weight</td>
</tr>
<tr>
<td>Conversion Factor</td>
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<tr>
<td>Multiplier</td>
</tr>
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</table>

Base Maximum Fee = $1,895.58
OMFS: Hospital Outpatient & ASC Sample Calculation Breakdown

1. APC relative weight
   - Found in Medicare Addendum B, based on date of service and HCPCS code.
   - DoS: 9/18/2017
   - HCPCS Code: 64718
   - 20.8453

2. Adjusted conversion factor
   - Found in CCR § 9789.34
   - Table A or CCR § 9789.35
   - Table B, depending on type of place of service.
   - Place of service: ASC in Alameda county
   - $112.53

3. Workers’ compensation multiplier
   - Found in CCR § 9789.30, based on date of service, type of place, and type of service.
   - DoS: 9/18/2017
   - Place of service: ASC
   - Type of service: n/a for ASCs
   - 0.8081

4. Maximum reasonable fee
   - $1,895.58

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Workers’ Compensation Resources