OWCP FEE SCHEDULE TIPS

This document explains how to access the OWCP Fee Schedule and outlines how professional service fees are calculated.

1.1 Accessing the OWCP Fee Schedule

Question	Answer
How do I access the OWCP Fee Schedule?	Visit the OWCP Fee Schedules Overview page.
What steps are required to access the OWCP Fee Schedule?	To view the OWCP Fee Schedule, review the **OWCP Fee Schedules Overview** section, then select **Accept** to proceed.
Which resources should I access to understand the fee schedule?	For general information regarding the OWCP Fee Schedule, refer to the OWCP Fee Schedule General Information resource. For a complete explanation of the OWCP Fee Schedule, refer to the OWCP Fee Schedule Read Me First document.
What files are available for reference?	Fee schedules are available for the following: ▪ Medical Services (also known as the Physician Fee Schedule) ▪ Clinical Laboratory Services ▪ Physician-Administered Drugs and Biologicals (also known as Average Sale Price) ▪ Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) ▪ Ambulatory Surgical Center (ASC) ▪ Dental ▪ Home Health Care (HHC) Services ▪ Anesthesia Services
What file formats are used for the OWCP fee schedule documents?	The files are available in Excel format, and the Excel file will download to your Downloads folder on your computer. Providers can view or save the fee schedule files for reference.

Question	Answer
Which effective date should I select for a fee schedule file?	Select the fee schedule based on the date of service.
If a procedure code appears on the fee schedule, does that mean the service is covered?	No. The fee schedule identifies information needed to calculate reimbursement rates for service if they are determined to be covered. Providers should review eligibility before rendering services. For more information, refer to Section 1.3 FAQs for Further Assistance with checking eligibility.
When service code appears in multiple fee schedules, how do I know which fee schedule applies?	Use the fee schedule that corresponds to how the service was rendered and how it is billed. For example purposes only: ▪ Professional services (CMS 1500) → Medical Physician Fee Schedule (MPFS) applies. ▪ Drugs/Biologicals administered in office settings → Physician-Administered Drugs and Biologicals (PADB) applies. ▪ Durable medical equipment/supplies → Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) apply
What rule should I follow to choose the correct fee schedule for a service performed on a specific date?	Please pay close attention to the effective dates of each fee schedule. When a new fee schedule becomes active, its effective date also marks the conclusion of the prior version. Despite these transitions, claims will be processed and priced according to the date of service, ensuring alignment with the corresponding fee schedule in effect at that time. For example purposes only: ▪ MPFS Effective 3/3/2026, MPFS Effective 8/29/2025. The fee file dated 8/29/2025 is effective until 3/2/2026. So, if the DOS is 2/2/2026, you will use the FS effective 8/29/2025.
Where can I find more information on submitting a fee schedule appeal?	Refer to the Appeals vs Adjustments tips document for details on what is considered a fee schedule appeal and how a fee schedule appeal differs from other reconsideration requests.

1.2 Tips for Calculating the OWCP Fee Schedule

Question	Answer
How is the Maximum Allowable Amount (MAA) calculated for professional services?	Each procedure subject to a maximum allowable amount under the OWCP Medical Physician Fee schedule has been assigned three relative value units (RVU): work (W), practice expense (PE), and malpractice expense (MP). These RVUs are adjusted by three geographic practice cost index values (GPCI) that account for regional variations in procedure costs: work (w), practice expense (pe), and malpractice expense (mp). The resulting value is then multiplied by a conversion factor (CF) to determine the final dollar amount.
What is the formula for calculating Maximum Allowable Amount (MAA) for professional services?	[(Wrvu × Wgpci) + (PErvu × PEgpci) + (MPrvu × MPgpci)] × CF = MAA ■ Wrvu = Work relative value units ■ Wgpci = Work geographic practice cost index value ■ PErvu = Non-facility practice expense relative value units ■ PEgpci = Practice expense geographic practice cost index value ■ MPrvu = Malpractice relative value units ■ MPgpci = Malpractice geographic practice cost index value ■ CF= Conversion Factor ■ MAA = Maximum Allowable Amount
What is the Fee Schedule Calculator on the Provider Portal?	A Fee Schedule Calculator tool is available on the secure WCMBP Portal for providers to estimate the maximum allowable amount for professional or dental services. The Fee Schedule Calculator is a tool for estimating potential payments based on the fee schedule. While it can help understand approximate pricing, it does not guarantee eligibility, coverage, or the actual payment amount for a specific service.

Question	Answer
Are there instructions for using the Fee Schedule Calculator?	Refer to the Fee Schedule Calculator Quick Reference Guide for information on using the tool.
How are the Pay Statuses determined?	The pay statuses will no longer be displayed on the RVU and CF tables. To determine the pay status, claimants and providers are directed to use the "Eligibility Inquiry" function in OWCP's Medical Bill Processing Portal (eCAMS). This change ensures that providers get the most accurate, real-time coverage information.
What is the difference between a service code with a Maximum Allowable Rate and a service code with Relative Value Units (RVUs)?	A service code with a Maximum Allowable Rate shows the amount payable per unit of the service or item and does not require any further calculation or adjustment based on RVUs, GPCIs, and conversion factors. A service code with RVUs requires calculation that uses RVUs, GPCIs, and a conversion factor, further outlined in the Read Me First document.
How does OWCP address issues of missing service codes or payment factors in its published fee schedules online?	OWCP routinely updates its fee schedules and will add any missing service codes or payment factors once identified and validated.
How does OWCP reimburse for CPT code 90999 (Unlisted Dialysis Procedure)?	Effective July 1, 2026, OWCP reimburses CPT code 90999 at a maximum allowable rate per billing unit. Code 90999 should only be used when no other, more specific dialysis code accurately describes the procedure performed. The maximum allowable amounts are: Hemodialysis (modifier D8): $1,408.55; Peritoneal Dialysis, including CAPD/CCPD (no modifier): $603.66. Hemodialysis and peritoneal dialysis may not be billed for the same claimant on the same date of service. Dialysis facility services must be billed on the OWCP-04 form; professional services must be billed separately on the OWCP-1500 form.

1.3 Ambulatory Surgical Center (ASC) Fee Schedule

Question	Answer
Are ASC providers still required to bill with the SG modifier?	**No. The SG modifier is no longer required.** For dates of service on or after **October 10, 2026**, OWCP will no longer require the SG modifier on ASC claims. This is reflected in the official provider announcement. OWCP Ambulatory Surgical Center Billing Update | OFFICE OF WORKERS' COMPENSATION PROGRAMS
Does OWCP still use RVUs for ASC facility reimbursement?	**No. RVUs will no longer be used** to determine ASC facility reimbursement. Previously, ASC facility pricing aligned with portions of the CMS Physician Fee Schedule (MPFS) and RVUs. Under the new methodology, **ASC reimbursement is based on CMS ASC PPS**, using Addendum AA and Addendum BB rather than MPFS RVUs.
What pricing system is OWCP using for ASC facility services now?	OWCP has transitioned ASC pricing to the **CMS ASC Prospective Payment System (ASC PPS)** and will use the **3M ASC Grouper** to classify and price surgical and ancillary procedures.
Will OWCP apply a multiplier to CMS ASC PPS rates?	**Yes. OWCP applies a 1.3 multiplier** to the ASC PPS payment amount returned by the 3M ASC Grouper. Reimbursement Amount = (3M ASC PPS Payment Amount) × **1.3.**
How are ASC services identified now that SG is removed?	ASC claims are identified through **provider type (88)** and **place of service (24)** on the OWCP-1500 form—not by the SG modifier.
Will OWCP continue to package implantable devices into ASC payments?	Yes. Payment for implantable prosthetic devices **is included** in the ASC PPS payment for the associated surgical procedure—consistent with CMS PPS rules.
What happens when a procedure does not have an ASC PPS rate?	In some cases, **OWCP will apply established OWCP alternative pricing protocols** if CMS ASC PPS does not publish a rate for a given procedure.
Are providers expected to use CMS ASC Addenda?	Yes. Providers should reference: • **Addendum AA** – Covered ASC Surgical Procedures • **Addendum BB** – Covered ASC Ancillary Services OWCP is basing ASC PPS pricing directly on these CMS publications.

1.4 FAQs for Further Assistance

Question	Answer
How can I see if a procedure is covered for an ill or injured worker?	Using the **Eligibility Inquiry** function in the WCMBP Portal will provide further information on the payable status based on the claimant's case status, diagnosis codes, procedure code, and date of service. For step-by-step instructions on checking eligibility, refer to the Verify Claimant Eligibility Tutorial .
Who can I contact for portal access?	Contact your organization's WCMBP Portal system administrator for questions regarding user profiles.
What can I do if the previous system administrator is no longer at my organization?	If a new system administrator needs to be added, contact our Call Center for assistance. **Note:** Organizations may have more than one user identified as a WCMBP Portal system administrator.
Who can I contact if I need further assistance?	If you need further assistance, contact our Call Center: ▪ **Division of Federal Employees' Compensation (DFEC):** 1-844-493-1966 ▪ **Division of Energy Employees Occupational Illness Compensation (DEEOIC):** 1-866-272-2682 ▪ **Division of Coal Mine Workers' Compensation (DCMWC):** 1-800-638-7072