

SUBJECT: Pennsylvania Workers' Compensation Medical Fee Schedule Second Quarter Update

CHARGEMASTER DISTRIBUTION DATE: **April 3, 2026**

TO: Medical Fee Schedule Users

FROM: Bureau of Workers' Compensation Healthcare Services Review Division (bureau)

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2026 Part B (Physician) Fee Schedule

For 2026 CMS (Medicare) issued two (2) separate Part B fee schedules: one for Qualifying alternative payment model (APM) participants and one for non-Qualifying alternative payment model participants. The Bureau does not recognize the APM fee schedule version as this relates to certain thresholds and cost efficiencies that the physician and practitioners must demonstrate to CMS. **Therefore, all new 2026 CPT codes that are included in the Bureau's Part B fee schedule were established using the non-qualifying fee schedule amounts if a CMS rate has been established.**

COVID-19

The end of the COVID-19 Public Health Emergency was declared on May 11, 2023.

DRG Grouper

As indicated in §127.154(b), the DRG Grouper was frozen for purposes of workers' compensation inpatient claims. Medicare Grouper 12 was the version in effect on December 31, 1994, and will remain the authorized grouper for all inpatient workers' compensation medical claims. Additions, deletions or modifications to the ICD-9 codes used to determine the DRG shall be mapped to the appropriate DRG within the frozen grouper. ICD-10 codes must be cross walked as needed to ICD-9 in order to allow for all DRG charged admissions to be cross walked to a Grouper 12 DRG for the purposes of billing and down coding.

National Provider Identifier (NPI)

WCAIS relies on healthcare providers' and professionals' NPI numbers for identification.

- Please verify your WCAIS profile includes your NPI. If you do not have an NPI, you may obtain one at <https://npiregistry.cms.hhs.gov/search>
- If you are having difficulty entering NPI information, please email your information to RA-LI-BWC-HCSR@pa.gov.

Medicare Provider Number Availability

Per § 127.101(e), medical fee caps based on Medicare will apply to all health care providers licensed in this Commonwealth who treat injured workers, regardless of whether the health care provider participates in the Medicare Program. When a Part A provider enrolls in the Pennsylvania Workers' Compensation Chargemaster, if the Medicare Provider Number is available, it will be identified in the Chargemaster. When a Part A provider does not participate with Medicare, the organization will be assigned a surrogate number beginning with the letters BWC and followed by a three-digit numerical extension (i.e., BWC001, BWC002). This number solely serves as a place holder as the NPI number is the Bureau's primary identifier within the Chargemaster.

2026 Fee Schedule

The 2026 fee schedule has been updated by the percentage of change of the statewide average weekly wage, which is **3.5 (%) percent**. All payers are reminded that this percentage of change applies to all services rendered on or after January 1, 2026.

To all Registered BWC Chargemaster Subscribers and Recipients

Tables A, C, D, F, G and I (Cost Allowance Table) are for calendar years 2025 and 2026 only. It is your responsibility to maintain prior versions of the Medical Fee Schedule for processing payment for treatments rendered before 2024.

For all BWC Fee Schedule Website Users

The fee schedule examples published online are courtesy copies and contain only the calendar year 2026. It is your responsibility to maintain prior versions of the Medical Fee Schedule for processing payment for treatments rendered before 2026. The complete fee schedule can be purchased from the Bureau's vendor by contacting MM Associates, LLC at mmassociatesllc@aol.com.

Red Book

The Bureau is aware of the Commonwealth Court's decision in the Federated Insurance case January 2, 2024. The matter is currently on appeal before the Supreme Court of Pennsylvania and is pending a final decision.

FAIR Health

According to §127.102, if a Medicare payment mechanism does not exist for a particular treatment, accommodation, product or service, the amount of the payment made to a health care provider shall be either 80 percent of the usual and customary charge in the geographic region where rendered, or the actual charge, whichever is lower. The Bureau currently utilizes the 85th percentile of the medical data retrieval (MDR)) database published by FAIR Health to determine the usual and customary charge.

2026 Quarterly Updates

Please note that the availability of code sets, CMS corrections, and/or other administrative issues may result in a delay in the anticipated distribution date or the need for an updated version of the Medical Fee Schedules to be issued.

A provider's Chargemaster can only be guaranteed to be updated in time for the quarterly distribution when the provider adheres to the following submission date schedule:

Submission	Anticipated Distribution
November 3rd	December 15th
February 2nd	March 16 th
May 1st	June 15 th
August 3rd	September 15th

The reason for this distribution is to add and delete HCPCS codes effective 4/1/26 per the AMA 2026 HCPCS manual.

Chargemaster file submissions must be submitted electronically.

Important Provider Information

1. If a provider has deactivated a service code that is currently in the official BWC's Chargemaster, the provider may **not** re-use this code for a new service. For any new service, the provider must create an entirely new service code that was never previously provided to the bureau.
2. Medicare Acute Care Hospitals that have an inpatient subunit, either rehab and/or psych (Medicare numbers 39T and 39S respectively), must submit to the bureau the Chargemaster data unique to the subunit under their assigned 39T and 39S Medicare Part A provider number (i.e., room & board, etc.) to be reimbursed for these services. Failure to identify specialty hospitals with the "S" or "T" on Chargemaster data may result in payment delays or incorrect reimbursement.
3. For those providers that submitted an update, the electronic distribution will include two (2) tables: BASE.TXT and SUBMIT.TXT. The **BASE.TXT** is your official BWC Base File and the **SUBMIT.TXT** is your submission file for this quarter. If you have a BWC registered subunit (39S and/or 39T), you will not receive a separate distribution for these subunits as the information is identical to the Acute-Care Hospital.

Help with Submission

For provider instructions on how to submit information to the bureau for future updates, obtain a schedule of submission deadlines, fee schedule distributions, and/or an order form to purchase the fee schedule(s), please contact the bureau’s vendor, MM Associates, LLC, at mmassociatesllc@aol.com.

Out of State Providers

Medical fee caps for out of state providers have been included in this update based on the Medicare reimbursement rates applicable in **Harrisburg, Pennsylvania**. Payment is to be made pursuant to §127.129. The following schedule indicates the provider number that has been assigned to the out of state provider in each individual fee schedule:

<u>Provider Number</u>	<u>Fee Schedule</u>	
999993	Table A	PPS Table
999995	Table C	Skilled Nursing Facility Table
999991	Table D	Home Health Agency Table
999990	Table F	ASC Table
999996	Table G	Physical Therapy per Visit, Outpatient End-Renal Dialysis and Hospice Table
999994	Table J	Out-of-State Frozen RCC and Per Diem

Tables Used to Price Part A Services

For all new 2026 fields in each fee schedule, please refer to the table structures in the Workers’ Compensation Manual in PDF format provided on the electronic distribution (email).

Please remember, your Part A fee scheduled distribution will only include the 2025 and 2026 payment rates. It is your responsibility to maintain prior versions of the fee schedule/Chargemaster for processing payment for treatments rendered before 2025.

In addition, the tables and schedules used in the pricing of Part A services have been updated to reflect the 2026 percentage change in the statewide average weekly wage (**3.5(%)** percent) along with NPI updates.

The bureau provides Tables A through H in an ASCII comma delimited format. The specific provider **additions or deletions for this quarter** are identified below:

Table A Prospective Payment System Table

- NPI #1457181422 (390006) Added
- NPI #1366254310 (BWC018) Added
- NPI #1265244214 (BWC019) Added
- NPI #1578375523 (BWC020) Added



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NPI #1124405592 (390001) Deleted.
NPI #1285032128 (390001) Deleted.
NPI #1336526276 (390001) Deleted.
NPI #1417334350 (390001) Deleted.
NPI #1467850149 (390001) Deleted.
NPI #1548648272 (390001) Deleted.
NPI #1770960130 (390001) Deleted.
NPI #1972652063 (390001) Deleted.
NPI #1841408755 (390003) Deleted.
NPI #1013384809 (390006) Deleted.
NPI #1063708501 (390006) Deleted.
NPI #1154617694 (390006) Deleted.
NPI #1245632231 (390006) Deleted.
NPI #1275832164 (390006) Deleted.
NPI #1275850620 (390006) Deleted.
NPI #1417231937 (390006) Deleted.
NPI #1427344969 (390006) Deleted.
NPI #1457650343 (390006) Deleted.
NPI #1467748475 (390006) Deleted.
NPI #1528197720 (390006) Deleted.
NPI #1659762862 (390006) Deleted.
NPI #1669768289 (390006) Deleted.
NPI #1770879215 (390006) Deleted.
NPI #1851508162 (390006) Deleted.
NPI #1982037966 (390006) Deleted.
NPI #1982988408 (390006) Deleted.
NPI #1609263946 (390048) Deleted.
NPI #1639560550 (390048) Deleted.
NPI #1689061921 (390048) Deleted.
NPI #1750778981 (390048) Deleted.
NPI #1104292960 (390270) Deleted.
NPI #1174822068 (390270) Deleted.
NPI #1205197894 (390270) Deleted.
NPI #1235424672 (390270) Deleted.
NPI #1447538640 (390270) Deleted.
NPI #1649305129 (390270) Deleted.
NPI #1649568403 (390270) Deleted.
NPI #1669768214 (390270) Deleted.
NPI #1770953994 (390270) Deleted.
NPI #1881980803 (390270) Deleted.

Table B Federal Register Table

DRG Descriptions are expanded.

Table C Skilled Nursing Facility Table

No Changes.

Table D Home Health Care Agency Table

No Changes.

Table E Ambulatory Surgical Center of Payments

Note: This table has been discontinued.

Table F Ambulatory Surgical Center Table of Providers

No Changes.

Table EF-1 ASC Approved Procedure Listing

No Changes.

Table G Physical Therapy/Renal Dialysis/Hospice Table

No Changes.

Table H Pharmacy RCC Table

NPI #1003170937 (390006) Added
NPI #1093555120 (390006) Added
NPI #1457181422 (390006) Added
NPI #1790128254 (390006) Added
NPI #1801831526 (390006) Added
NPI #1265207187 (390048) Added

NPI #1497338313 (390048) Added
NPI #1801531322 (390048) Added
NPI #1841970746 (390048) Added
NPI #1104624246 (390270) Added
NPI #1164274247 (390270) Added
NPI #1316692585 (390270) Added
NPI #1437551868 (390270) Added
NPI #1457959124 (390270) Added
NPI #1780253336 (390270) Added
NPI #1912332511 (390270) Added
NPI #1922860360 (390270) Added
NPI #1275128381 (391300) Added
NPI #1366254310 (BWC018) Added
NPI #1265244214 (BWC019) Added
NPI #1578375523 (BWC020) Added

NPI #1841408755 (390003) Deleted
NPI #1093001653 (390270) Deleted.

Revenue Code Alerts

When service codes within the following revenue code ranges are reported by providers, payers shall, when applicable, utilize the Part B fee schedule or other appropriate pricing tables rather than Table I of the Part A fee schedule package:

Pharmacy Items (Revenue Codes 250-259 and 630-639)

Reimbursement for pharmacy items is based upon the multiplication of the submitted charge by the frozen Pharmacy RCC (Table H) and then by 113 (%) percent.

DME and Clinical Laboratory Services (Revenue Codes 290-309)

Reimbursement based on the Part B physician fee schedule using the reported CPT/HCPCS procedure codes.

Professional Fees (Revenue Codes 960-989)

Reimbursement based on the Part B physician fee schedule using the reported CPT procedure codes.

Non-reimbursable Revenue Codes

Patient Convenience Items (Revenue Codes 990-999)

Patient convenience items are non-reimbursed for workers' compensation purposes.

Other Revenue Code Requiring Special Attention

Emergency Room (Revenue Code 450)

The only Emergency Room services billable under workers' compensation are the Level of Care (99281-99285 and 99291-99292) and their corresponding service codes as found in the official Bureau Chargemaster.

PLEASE NOTE:

If there are any questions concerning the second quarter distribution data, please contact:

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