



Meeting Summary of December 7, 2001

Members Present: C. Olson (Safeco), F. Prideaux, D.C., D. Silver, M.D., M. Sorum (Jeld-Wen), T. Williams, P.T., T. Arthur, D.O., and J. Eusterman, M.D.

Workers' Compensation Division staff present: Nancy Bieber and Janis Checchia,

Others present: Carol Helton, Billie Healy, Twyla Knowles, Cindy Lapp, and Pat Yancey.

Absent: T. Keenen, M.D., Randy Sanne, F. Wong, M.D. (CareMark).

I Division 015 Rules (MCO Rules): Cathy Ostrand-Ponsioen, WCD Rules Coordinator, and Sandy Savage, MCO Coordinator, presenters. Review of the issues document and DRAFT of the proposed rules. It has been three years since the last review of these rules. Most of the changes are housekeeping and minor changes, i.e., to correct section numbers; to clarify reasonable distance mileage as **one way**; and correct grammatical errors, e.g., capitalize words that are currently in lower case.

Discussion around 436-015-0030 (3)(f): The possible difficulty for a worker to obtain therapy, e.g., hand therapy, that is available in another MCO system different from the MCO system the worker is enrolled in. The MCO not permitting a physician to have the freedom to refer worker to the therapist that specializes in treatment the practitioner believes the worker should be receiving.

The following substantial changes were reviewed:

First: "Reporting requirements"—436-015-0040 (3) added reporting requirements to the rule directly from the Bulletin 247.

Second: "Authorization of primary care physician"(PCP)—MCO can not deny authorization of PCP (not a panel member) to be an attending physician based on past practices of that physician. As long as a PCP meets the criteria outlined in ORS 656.260(4)(g) and agrees to abide by the reporting and service conditions of a MCO contract.

Discussion: Required in Bulletin 319 and is a worker's right granted through legislation.

II Worker Requested Medical Exam: Kathy Thomas, Assistant Manager of the Benefits and Policy Services Section, presenter. Reviewed the new process created as a result of new legislation. Ms. Thomas reviewed the criteria a claim must meet to entitle an injured worker to an impartial medical examination. Advised the Medical Advisory Committee regarding the recruitment of doctors for the panel of impartial medical examiners in progress through a mailing to all doctors on the Division's current medical arbiter list and a larger mailing going to all doctors on the Board of Medical Examiner list.

Finally, Ms. Thomas reviewed how the Workers' Compensation Division (WCD) would process a request from an injured worker. Responsibility for scheduling the exam is the worker's.

Administrative Rules 060 contain the description of the process. The insurer pays the cost of the exam.

III Definition of Invasive Procedure: Pat Yancey, Manager of Medical Review Unit, presenter. WCD has a bulletin, which instructs the independent medical examiner to use a prescribed form to obtain approval before proceeding with an "invasive procedure." The form advises the injured worker benefits will not be suspended should the worker refuse to give approval for the procedure. Administrative Rule 010 will contain the language and the term, invasive procedure, should be defined.

Decision: The suggested definition presented--An invasive procedure is any procedure in which the body is entered by a needle, tube, scope, or scalpel--fits the purpose of the rule regarding an IME.

The committee noted that it is not totally inclusive of what could be invasive. However, for the purpose of an IME in the WCD Administrative Rule it is sufficient.

IV Medical Advisory Committee Policy Memorandum: Memorialized the definitions developed by MAC for the purposes of determining whether a particular medical treatment or service is *experimental, unproven, unscientific, or outmoded*.

Decision: MAC moved to adopt the definitions and were unanimously approved.

V Proposed Medical Fee Schedule Study: As noted in prior minutes this is a three-part study.

Second part of the study addresses the unique activities associated with treating a workers' compensation patient and quantify what the Workers' Compensation Division (WCD) has heard from the medical community. With the Medical Advisory Committee's assistance, WCD will gather data to identify what the medical community is able to be compensated for and doesn't know it; whether or not Oregon Specific Codes need to be created to compensate them for current activities not presently billable; and what education needs to occur to insure medical providers are aware of the additional fees they may charge and for one reason or another are not doing so.

In other words, what steps do we need to take to answer these points.

First, how do we find out if physicians are billing for everything for which they are entitled to be reimbursed? If not, is an educational piece needed to close the gap?

Second, should we survey physicians to find out if there are activities currently provided for which the physician is not reimbursed; or is there another approach/direction the committee would recommend?

Discussion: What needs to be captured—information regarding addressing the administrative burden associated with doing things for workers' compensation (wc) patient. Identifying that this burden is assumed early on when the patient comes in with a work related condition. The time associated with taking a detailed history and investigating in much more detail the history of the patient in order to answer the questions that arise regarding the compensability of the medical condition and treatment evaluation. Furthermore, a physician sees the wc patient more frequently in order to answer questions around return-to-work status.

An example of an activity with no billing code is the Occupational Medical physician's on-site visit to a work site to conduct a first-hand evaluation, which can benefit the insurer and the worker.

Action:

- Obtain study (see 1998 Paperwork Reduction Taskforce Report).
- Medical Advisory Committee members will send Nancy Bieber and Janis Checchia thoughts and recommendations regarding areas to be addressed by questionnaire

V 2002 Planning:

Scheduling meetings—The Medical Advisory Committee (MAC) agreed to continue with current practice to meet each month on the fourth Friday. Second, WCD agreed to notify the committee members at least two weeks in advance if a meeting is to be cancelled. Finally, MAC will meet no less than quarterly.

VI Next MAC Meeting is scheduled for February 22, 2002.