



# Oregon

Theodore R. Kulongoski, Governor

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**BULLETIN NO. 293 (Revised)**  
**March 30, 2007**

**TO:** All interested parties

**SUBJECT:** Form and format for request for administrative review of medical disputes

**EFFECTIVE:** Immediately

**This bulletin provides the forms for requesting that the Workers' Compensation Division resolve disputes regarding medical issues and medical fees under OAR 436-010-0008 and OAR 436-009-0008. Form 440-2842, "Request for Dispute Resolution of Medical Issues and Medical Fees" and Form 440-2842a, "Medical Fee Dispute Resolution Request and Worksheet," have been revised to combine with and replace Forms 440-2330, "Medical Fee Dispute Resolution Request" and 440-2330a, "Medical Fee Dispute Resolution Worksheet." This bulletin replaces Bulletin 293 dated May 4, 2004, and Bulletin 253 dated May 13, 2004.**

Parties should use Form 2842 when requesting administrative review of the following:

- Medical services disputes (e.g., palliative care, medical services after medically stationary, out-of-pocket expenses, unpaid bills) under ORS 656.245
- Managed care organization (MCO) disputes under ORS 656.260
- Medical rules violation (e.g., requests re: elective surgery, treatment plans) under ORS 656.327
- Appropriateness of medical treatment under ORS 656.327
- Change of attending physician or nurse practitioner under ORS 656.245
- Medical fee dispute (reduced payment) under ORS 656.248

**If submitting a medical fee dispute, complete both Form 2842 and Form 2842a.** If you are submitting more than one dispute at a time, please call the Medical Section Resolution Team at (503) 947-7816 [**new number: 503-934-6049**] to request information on the expedited process.

These forms may be duplicated, or you may download a copy of the Microsoft Word 2000® (automated) form from the Workers' Compensation Division's Web site at [www.wcd.oregon.gov/policy/bulletins/forms.html](http://www.wcd.oregon.gov/policy/bulletins/forms.html).

If you have any questions about this bulletin or form, please contact the Resolution Team at (503) 947-7816 [**new number: 503-934-6049**].

/s/ John L. Shilts

John L. Shilts, Administrator  
Workers' Compensation Division

Distribution: WCD-ID, S0, S4, S7, LY

Attachment: Form 440-2842, "Request for Dispute Resolution of Medical Issues and Medical Fees" (4/07)  
Form 440-2842a, "Medical Fee Dispute Resolution Request and Worksheet" (4/07)