



Oregon

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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: 503-947-7606**] 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.

If you have any questions about this bulletin or form, please contact the Resolution Team at (503) 947-7816 [**new number: 503-947-7606**].

/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)