

WORKERS' COMPENSATION DEPARTMENT
MEDICAL SERVICE

EDITORIAL NOTE: Sections (8) of this appendix were moved to OAR 436-10-090(20) and 436-10-040(12) respectively, effective March 16, 1987, by administrative order 2-1987.

OREGON ADMINISTRATIVE RULES
CHAPTER 436, DIVISION 10

APPENDIX A

OREGON RELATIVE VALUE SCHEDULE
FOR MEDICAL SERVICES

EFFECTIVE MARCH 17, 1986

(1) The coding structure is that of the Current Procedural Terminology (CPT), Fourth Edition, 1985.

(2) There are five sections, each of which has its own schedule of relative values which is completely independent of and unrelated to any of the other four sections.

(3) In each section the code unit is followed by a relative value number, when such has been established. When no value has been established, the provider must submit with the billing a description of the service in detail sufficient for the payor to judge whether the fee is reasonable.

(4) In the surgery section, a third column shows the number of days of post-operative care included in the fee.

(5) In the radiology section, the second column shows the total value of an examination, i.e., costs of X-ray film, interpretation and making a report of the study.

(6) Physicians who inject air, contrast material or isotopes as part of a radiologic study shall bill for this service using CPT codes from the surgery section, e.g. 62284 - injection for myelography.

(7) The definitions and items of commonality, Current Procedural Terminology, pp. xiv - xviii, plus the definitions in (9) below, shall be the basis for determining levels of service. A disagreement about the level of service may be referred, by the physician, to the Medical Director, who may resolve the issue in favor of either party.

(8) Fees for reports:

a. 827 - \$10

828 - \$10

829 - \$10

b. Copies of office chart notes when requested by insurer - \$3.50 for 1st page, \$.50 a page thereafter

c. Brief Narrative - Summary of Rx to date and current status; answer to 3-5 specific questions - \$25

d. Complete narrative - Past history, history of present illness, treatment to date, current status, impairment, prognosis, medically stationary? - \$50

**WORKERS' COMPENSATION DEPARTMENT
MEDICAL SERVICE**

(9) 97110 - Therapeutic Exercises

Instructing a patient in exercises and directly supervising the exercises. Exercising done subsequently by the patient without a physician or therapist present and supervising would not be covered by Code 97110.

97112 - Neuromuscular Reeducation

The provision of direct services to a patient who has had muscle paralysis and is undergoing recovery or regeneration. Examples would be severe trauma to nervous system, cerebral vascular accident and systemic neurological disease. The code does not apply to massaging or exercising relatively normal muscles or treatment of minor disuse atrophy, e.g. following cast removal.

97114 - Functional Activities

The development and instruction in specific activities for persons who are severely handicapped or debilitated. The code does not apply to routine exercises for relatively normal individuals.

97116 - Gait Training

Teaching individuals with severe neurologic or muscular-skeletal disorders to ambulate in the face of their handicap or to ambulate with an assistive device. This code does not apply to simple instructions given relatively normal individuals with minor or transient abnormalities of gait who do not require an assistive device.

97220 - Hubbard Tank

This service involves a full-body immersion tank for treating severely burned, debilitated and/or neurologically impaired individuals.

97240 - Pool Therapy with Therapeutic Exercises

This service is provided individually, in a pool, to severely debilitated or neurologically impaired individuals. It does not apply to relatively normal individuals who exercise, swim laps or relax in a hot tub or Jacuzzi.

97540 - Activities of Daily Living

Services provided in an office or clinic to severely impaired individuals, e.g. how to get in and out of a tub; how to make a bed; how to prepare meals in a kitchen. It does not apply to simple instructions or counseling in body mechanics given briefly to a patient.

97720 - Extremity Testing for Strength, Dexterity, or Stamina

Detailed testing of a patient with a generalized neurological or debilitating disease. It does not apply to routine physical examinations of relatively unimpaired individuals.

97831 - Muscle Testing, Manual, Separate Procedure, Extremity, with Report

(also includes 95832, 95833, 95834) Detailed individual testing of multiple muscles of a patient with a severe neuropathic or myopathic disorder. It does not apply to general or specific muscle testing done during a regular physical examination.

97740 - Kinetic Activities

When there are major impairments or disabilities which preclude the patient performing the activities and exercises that are ordinarily prescribed. Considerable time is spent developing specific, individualized therapeutic exercises and instructing the patient in how to perform them. This code does not apply to instructions in routine exercises.