



Oregon

Kate Brown, Governor

Department of Consumer and Business Services
Workers' Compensation Division
350 Winter St. NE
P.O. Box 14480
Salem, OR 97309-0405
1-800-452-0288, 503-947-7810
www.wcd.oregon.gov

BULLETIN NO. 293 (Revised)
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TO: All interested parties

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

This bulletin provides the forms for requesting that the Workers' Compensation Division resolve disputes regarding medical issues and medical fees under Oregon Administrative Rule (OAR) 436-010-0008 and 436-009-0008. The division revised Form 2842, "Request for Dispute Resolution of Medical Issues and Medical Fees," to streamline and reorganize the form for ease of use, and Form 2842a, "Medical Fee Dispute Resolution Request and Worksheet," to better describe when the form should be used. This bulletin replaces Bulletin 293 dated April 1, 2014.

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)
- Managed care organization (MCO) disputes
- Medical rules violation (e.g., requests re: elective surgery, treatment plans)
- Appropriateness of medical treatment
- Change of attending physician or nurse practitioner
- Medical fee disputes (reduced payment or unpaid bills)

If submitting a medical fee dispute, you should complete both Form 2842 and Form 2842a. If you are submitting more than one dispute at a time, call the Medical Resolution Team at 503-947-7606 for assistance.

You may download the Microsoft Word® forms from the Workers' Compensation Division's website at <http://wcd.oregon.gov/forms/Pages/forms.aspx>.

If you have any questions about this bulletin or the forms, contact the Medical Resolution Team at 503-947-7606.

/s/ John L. Shilts

John L. Shilts, Administrator
Workers' Compensation Division

Distribution: WCD-LY, electronic mailing lists

Attachment: Form 2842, "Request for Dispute Resolution of Medical Issues and Medical Fees" (12/15)
Form 2842a, "Medical Fee Dispute Resolution Request and Worksheet" (12/15)