



**Oregon**

Tina Kotek, Governor



January 27, 2026

## Proposed Changes to Workers' Compensation Rules

**Caption:** Workers' compensation medical fees and payments, medical services, managed care organizations, and visual field loss impairment rating.

1. The Workers' Compensation Division proposes to amend:

- OAR 436-009, "Oregon Medical Fee and Payment Rules,"
- OAR 436-010, "Medical Services,"
- OAR 436-015, "Managed Care Organizations," and
- OAR 436-035, "Disability Rating Standards" (addressing only OAR 436-035-0260(3), Visual Field Loss)

2.

**When is the hearing?** Feb. 18, 2026, 11:30 a.m.

**Where is the hearing?** By video or telephone conference – Microsoft Teams:

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_OTImYzFjMGYtOTdIYS00ZDczLWIwZTQtNTllZmE1YjU3NDJl%40thread.v2/0?context=%7b%22Tid%22%3a%22aa3f6932-fa7c-47b4-a0ce-a598cad161cf%22%2c%22Oid%22%3a%22419bb41f-34a1-4d77-8afc-abd87db857e0%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_OTImYzFjMGYtOTdIYS00ZDczLWIwZTQtNTllZmE1YjU3NDJl%40thread.v2/0?context=%7b%22Tid%22%3a%22aa3f6932-fa7c-47b4-a0ce-a598cad161cf%22%2c%22Oid%22%3a%22419bb41f-34a1-4d77-8afc-abd87db857e0%22%7d)

Meeting ID: 271 387 908 062 1

Passcode: Vz7Yb7JR

**Dial in by phone**

[+1 503-446-4951,,751278261#](tel:+15034464951)

Phone conference ID: 751 278 261#

**How can I make a comment?**

Attend the hearing (virtually) and speak, send written comments, or do both. Send written comments by:

Email – [WCD.Policy@dcbs.oregon.gov](mailto:WCD.Policy@dcbs.oregon.gov), Attention: rules coordinator  
*Or*

Attn: Rules Coordinator

Workers' Compensation Division

350 Winter Street NE (for courier or in-person delivery)

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PO Box 14480 (for mail delivery)  
Salem, OR 97309-0405  
*Or*  
Fax – 503-947-7514

**The closing date for written comments is Feb. 25, 2026.**

### Questions?

Contact Marie Rogers, 971-286-0316.

Proposed rules and public testimony are available on the Workers' Compensation Division's website: <http://wcd.oregon.gov/laws/Pages/proposed-rules.aspx>. Or, call 971-286-0316 to get paper copies.

**Auxiliary aids for persons with disabilities are available upon advance request.**

## Summary of proposed changes to OAR 436-009, Oregon Medical Fee and Payment

- Amended rule 0004:
  - Adopts, by reference, new medical billing codes and related references; and
  - Adopts, in rule or by reference, CPT® codes and descriptors published by the American Medical Association.
- Amended rule 0005 adds a definition of “regular Oregon business hours.”
- Amended rule 0010 updates references to CPT® 2026.
- Amended rule 0012 updates references to CPT® 2026.
- Amended rule 0023’s ambulatory surgery center fee schedules, Appendices C and D, include new billing codes for 2026. While some maximum payment amounts are higher or lower, the overall reimbursement is not projected to change.
- Amended rule 0030 clarifies that insurers must respond to medical providers’ payment questions during regular Oregon business hours.
- Amended rule 0040:
  - Makes changes to associated Appendix B, physician fee schedule, to include new billing codes for 2026;
  - Assign a maximum payment amount for platelet plasma injection; and
  - Some maximum payment amounts may be higher or lower, but the overall reimbursement is not projected to change.
- Amended rule 0060 provides that OSC W0001 may also be used to bill for an addendum to a WRME report when authored in response to an IME addendum report.
- Amended rule 0080:
  - The durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) fee schedule, Appendix E, includes new billing codes for 2025; and
  - Increases overall maximum payments by 1.5 percent for the DMEPOS fee schedule, Appendix E.
- Amended rule 0110:
  - Clarifies that when an insurer denies a claim, an interpreter may only bill a worker if the interpreter is chosen by the worker; and
  - Clarifies that insurers must respond to interpreters’ payment questions during regular Oregon business hours.

## Summary of proposed changes to OAR 436-010 Medical Services

- Amended rule 0230 provides that
  - A medical provider may submit a completed Form 6142 to the insurer for preauthorization of physical therapy, occupational therapy, speech and language therapy, referral to a specialist physician, or diagnostic imaging studies, other than plain film X-rays;
  - Preauthorization is not a guarantee of payment; and
  - The insurer must respond to the provider’s preauthorization request within 14 days.

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- Amended rule 0270:
  - Provides that, within seven days of notice or knowledge that the worker is medically stationary, the insurer must notify the worker and all actively treating providers and interpreters in writing which medical services remain compensable;
  - Clarifies that, for the purpose of this rule, “actively treating medical providers and interpreters” means medical providers and interpreters from whom the insurer received a bill within the last 90 days.
  - Describes an insurer rights and duties when receiving a preauthorization request from a medical provider and the remedies available when an insurer does not timely respond to a preauthorization request; and
  - Defines “regular Oregon business hours” and clarifies that insurers must respond to medical providers’ inquiries about claim status, accepted conditions, or MCO enrollment during regular Oregon business hours.
- Amended rule 0280 permits MCOs to allow authorized nurse practitioners, physician associates, or a naturopathic physicians to conduct closing exams.

### **Summary of proposed changes to OAR 436-015 Managed Care Organization**

- Amended rule 0037 provides that upon enrollment, workers may continue to treat with the current medical service providers for at least 30 days after the mailing date of the notice of enrollment.

### **Summary of proposed changes to OAR 436-035, Disability Rating Standards:**

- Amended rule 0260 updates requirements for visual field testing and removes reference to an outdated device.

**The agency requests public comment** on whether other options should be considered for achieving the rules’ substantive goals while reducing the negative economic impact of the rules on business.

**Need for the rule(s):** Rule amendments are needed to adopt updated medical fee schedules. The proposed rule changes will support a more efficient system and may promote superior outcomes for workers.

**Documents relied upon and where they are available:** Rulemaking advisory committee records, and written advice. These documents are available for public inspection upon request to the Workers’ Compensation Division, 350 Winter Street NE, Salem, Oregon 97301-3879. Please contact Marie Rogers, rules coordinator, 971-286-0316, [WCD.Policy@dcbs.oregon.gov](mailto:WCD.Policy@dcbs.oregon.gov).

**Fiscal and economic impact:** The agency projects the proposed rule amendments, if adopted, will not affect the agency’s cost to carry out its responsibilities under ORS chapter 656 and OAR chapter 436. Possible impacts on stakeholders are included under “Statement of Cost of Compliance” below.

### **Statement of cost of compliance:**

#### **1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):**

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- a. The agency estimates that proposed rule changes, if adopted, will not affect costs to state agencies for compliance with the rules.
- b. The agency estimates that proposed rule changes will not result in any direct costs to units of local government for compliance with the rule, with the exception of cities and counties that are self-insured. Possible impacts to self-insured cities and counties are described in part c. with costs to the public.
- c. The agency estimates that proposed rule changes will result in some impacts to the public:

The proposed increases in maximum allowable payments for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) would result in slightly higher costs for insurers and self-insured employers, while there would be a corresponding benefit to DMEPOS providers and interpreters. The agency estimates that the net overall cost-of-compliance effect on insurers and self-insured employers will be approximately \$19,875 per year, or less than 0.01 percent of total annual medical costs.

The proposed ability for medical providers to request preauthorization from insurers for certain medical services may add some administrative burden for the insurers. However, preventing delays in workers receiving medical care will help to support a more efficient system and may promote superior outcomes for workers. The agency does not have data regarding the costs associated with a timeframe to respond to a request for medical records, but welcomes testimony on the costs.

### **2. Cost of compliance effect on small business (ORS 183.336):**

- a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:** The businesses affected by the proposed rule amendments are workers' compensation insurers, self-insured employers, service companies, and health care providers. Insurers and self-insured employers are generally large businesses. The agency estimates that fewer than 10 Oregon service companies are small businesses. The agency does not have exact data on the number of health care providers in Oregon, but estimates that less than 5,000 Oregon medical providers are small businesses.
- b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:** The agency estimates that adoption of the proposed amendments will not affect costs to small businesses for reporting, recordkeeping, other administrative activities, or professional services required for compliance.
- c. Equipment, supplies, labor and increased administration required for compliance:** The agency estimates that adoption of the proposed amendments will not affect costs to small businesses for equipment, supplies, labor, or increased administration required for compliance.

**How were small businesses involved in the development of this rule?** The agency sent rule advisory committee invitations to more than 5,500 stakeholders, including representatives of small businesses.

**Statement identifying how adoption of the rule will affect racial equity in this state:** The Workers' Compensation Division does not collect data about race or ethnicity related to workplace injuries and illness in Oregon, but the United States Bureau of Labor Statistics publishes [lists of occupations and](#)

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[numbers of Americans employed broken down by race](#). Black/African Americans and Hispanic/Latino workers are represented in some of the more dangerous occupations in higher numbers than their respective shares of the U.S. workforce. To the extent Oregon workers in these racial groups suffer more on-the-job injuries and illnesses, increased or decreased workers' compensation benefits may impact these racial groups more than others. The agency does not have sufficient data needed to estimate specific effects on racial equity in Oregon, but invites public input.

**Administrative Rule Advisory Committee consulted?: Yes. If not, why?**



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Authorized Signer

Matt West

1/27/26

Printed name

Date

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