BRUYNS Fred H * DCBS

From: Rich Katz <rkatz@taipt.com>
Sent: Sunday, November 26, 2017 4:00 PM
To: Fred Bruyns
Subject: OAR Request for Advisory Committee Meeting 11/27/2017

Dear Fred:

I represent over 700 physical therapy providers in Oregon who serve patients governed by the Oregon Medical Fee Schedule and its associated rules when seeking medical services under policies of workers' compensation or motor vehicle Personal Injury Protection benefits.

It has been brought to my attention that there is some leeway in how insurance companies who are subject to the Oregon Medical Fee Schedule apply its limitations on billable units per Date of Service. When the number of units of different payment valued codes are billed in excess of the limit, the insurer may select lower valued codes for payment rather than higher valued codes. For example if 5 units of service are documented and billed by a provider to accurately reflect the treatment that was rendered, and the OMFS rules limit the provider payment to 4 units of service, the insurer may choose the 4 least valued codes rather than the 4 highest valued codes. I further understand from discussions with DBCS personnel that the department's policy is to advise insurers to pay the highest value codes, but no where is this codified in the OMFS OARs.

My request is to verify the description of the issue as I've presented it, and if it's accurate, so as to remove any doubt as to procedure and expectations between providers and insurers, for the Advisory Committee to promulgate rules to require insurers in such instances to pay the highest valued set of codes per Date of Service.

Thank you in advance if this can added to the Advisory Committee's agenda for tomorrow or some future date.

Regards,

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