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To: ROGERS Marie A * DCBS
Subject: Comments for rulemaking advisory meeting
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OOM Position: Strongly Support Issue #4

I am a Massage Therapist working for Oregon Occupational Medicine. I strongly support the proposed 5% increase to the physician medical fee schedule. However, I believe this adjustment is necessary simply to begin correcting the growing disparity between reimbursement rates and the actual cost of providing medical care.

The cost of operating a medical practice continues to rise, including provider compensation, support staff wages, employee benefits, insurance, facilities, technology, and regulatory compliance. These are not discretionary expenses. They are fundamental costs of delivering quality medical care to injured workers.

The effective physician fee schedule increase for the prior adjustment period was less than 1%, despite inflation and operating cost increases substantially exceeding that amount. Had reimbursement increased approximately 3% annually (roughly inflation) over the past two years, the cumulative adjustment would have been approximately 6.1%. The proposed 5% increase does not even fully recover that ground, much less address the years of reimbursement pressure that preceded it.

Occupational medicine providers also carry administrative responsibilities that extend well beyond traditional medical care, including work restrictions, return-to-work coordination, insurer communications, employer coordination, and extensive workers' compensation documentation. These requirements consume substantial provider and staff resources, yet reimbursement has not consistently kept pace with the associated costs.

I strongly recommend that WCD establish an automatic annual physician fee schedule adjustment tied to the Consumer Price Index for All Urban Consumers (CPI-U), West Region, as published by the U.S. Bureau of Labor Statistics. This would create a transparent, objective, and predictable mechanism for maintaining reimbursement levels rather than relying on periodic discretionary adjustments that allow reimbursement to fall further behind inflation.

A predictable annual inflation adjustment should be the baseline, not an occasional concession. Without such a mechanism, medical practices effectively experience reimbursement reductions in inflation-adjusted dollars whenever fee schedules remain stagnant or increase by less than operating costs.

The consequences extend beyond individual providers. Oregon's workers' compensation system depends on a financially sustainable network of medical practices willing to treat

injured workers. Continued reimbursement erosion threatens provider participation, limits access to care, and ultimately risks delaying treatment and return-to-work outcomes.

I strongly support the proposed 5% increase and urge WCD to implement an ongoing annual CPI-U West Region adjustment. Maintaining reimbursement in line with inflation is not an increase in real compensation; it is simply preventing the continued erosion of payment for services already being provided.

OOM Position: Oppose the Proposed $75 Rate; Support Standardization at an Appropriate Reimbursement Level Issue # 6

I am a Massage Therapist working for Oregon Occupational Medicine. I strongly support efforts to establish more consistent reimbursement for return-to-work reports under CPT 99080RW. However, I oppose the proposed $75 fixed reimbursement rate.

Our actual billing experience demonstrates significant variation in reimbursement. Since January 2025, we have billed $300 per report and collected approximately $100 per report on average. Nearly half of our closed invoices were reimbursed at just $37.50, while numerous other claims were reimbursed between $180 and $240.

Although a $75 fixed fee would improve reimbursement on some claims, it would substantially reduce reimbursement on others and lower our overall average collections.

These reports require provider review, medical judgment, assessment of functional limitations, and documentation of work restrictions. Reimbursement should reasonably reflect the professional time and administrative resources required.

I recommend that WCD consider a higher standardized reimbursement rate, potentially $150, or a tiered structure based on report complexity and time requirements. Standardization is desirable, but it should not be achieved by reducing reimbursement below levels already routinely paid by many insurers.

OOM Position: Strongly Oppose Issue #7

I am a Massage Therapist working for Oregon Occupational Medicine. I strongly oppose the proposal to shorten the existing 12-month medical billing period to 180 days.

This proposal is not simply about preventing excessively delayed billing near the end of a 12-month period. It would allow providers to be penalized beginning on day 181 after the date of service. That is a dramatically different standard, with significant financial implications for medical providers.

Providers have every incentive to submit bills promptly. They do not intentionally delay billing and receiving payment for services they have already performed. When bills are delayed for six months or longer, there is generally an underlying reason, often involving claim acceptance disputes, uncertainty regarding the responsible insurer, claim status changes, billing corrections, or other administrative circumstances outside the provider's

control.

Importantly, there is no dispute that the medical provider performed the service. The care was delivered, the resources were expended, and the provider incurred the costs associated with treating the injured worker. The question is whether that provider should now face financial penalties or forfeiture of reimbursement because of administrative delays that may have been entirely outside their control.

Workers' compensation billing is inherently more complicated than traditional medical billing. Reducing the protected billing period from 12 months to 180 days shifts additional financial risk onto the very medical providers Oregon relies upon to care for injured workers.

I do not support penalizing providers for legitimate services rendered in good faith simply because billing or claim-processing complications delayed submission beyond 180 days.

I strongly recommend retaining the existing 12-month protection. If WCD believes changes are necessary, the focus should be on identifying and addressing the actual causes of delayed billing rather than imposing financial penalties on providers.

My position is clear: Medical providers should be paid for medically necessary services they have performed. Administrative delays, particularly those outside the provider's reasonable control, should not become grounds for reducing or denying that payment.

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