2015 Medical Care and Benefits table updates

Medical payments by fee sched	ule category, 2014		
Group	Fee schedule category	Payments (\$ millions)	Percent of total
Physician Service	Physical Medicine	\$46.70	14.7%
•	Evaluation & Management	43.34	13.6%
	Radiology	35.75	11.2%
	Major Surgery ¹	18.76	5.9%
	Medicine	9.46	3.0%
	Minor Surgery ²	6.89	2.2%
	Chiropractic	3.45	1.1%
	Laboratory	2.30	0.7%
Total physician services	•	166.65	52.4%
Facility Services	Outpatient Facility Fees	41.55	13.1%
•	Inpatient Facility Fees	21.67	6.8%
	ASC Facility Fees	10.72	3.4%
	Other Facility Services	2.12	0.7%
Total Facility Services		76.05	23.9%
OSCs, IMEs and IME-Related Services	s IMEs	11.61	3.7%
	Oregon Specific Codes	6.51	2.0%
	IME-Related services	0.64	0.2%
Total OSCs, IMEs and IME-Related Se	rvices	18.76	5.9%
Pharmaceuticals	Generic	9.09	2.9%
	Brand	7.68	2.4%
	Brand/w Generic Substitute	0.91	0.3%
	Other	0.14	0.04%
Total Pharmaceuticals		17.81	5.6%
Other services	Non-hospital HCPCS ³	17.97	5.7%
	DME & supplies	10.39	3.3%
	Anesthesiology	9.21	2.9%
	Dental	1.02	0.3%
	Other/Unknown ³	0.058	0.02%
Total other services		38.66	12.2%
Total		\$317.93	100.0%

As set forth in Oregon Administrative Rule (OAR) 436-009-0040, the insurer pays for medical services at the provider's usual fee or in accordance with the fee schedule, whichever is less. Medical services not covered by a fee schedule are reimbursed at 80 percent of the provider's usual fees. New rules in effect in 2012 created fee schedules for several categories of previously non-fee-schedule services.

This table shows total payments and percent of total for fee-schedule-regulated service categories and non-fee-schedule categories. Physician services are those covered by the physician fee schedule (OAR 436-009-0050). Facility Services are paid according to the hospital cost-to-charge ratio (Bulletin 290) or the ASC fee schedule (OAR 436-009 Appendix C-D). Oregon-specific services accounted for \$18.76 million, about two-thirds of which was for independent medical examinations (IMEs) and related services.

- 1: Major surgery includes all services with a 90-day global period
- 2: Minor surgery includes all services with a global period of less than 90 days
- 3: Non-fee-schedule services

Service code	Description of service	Payments (\$ millions)	Percent of total payments
97110	Therapeutic exercises	\$18.40	11.0%
99213	Office/outpatient visit established patient	16.35	9.8%
97140	Manual therapy 1 or more regions	10.97	6.6%
99214	Office/outpatient visit established patient	6.40	3.8%
99203	Office/outpatient visit new patient	5.68	3.4%
97530	Therapeutic activities	5.31	3.2%
99283	Emergency department visit	4.48	2.7%
99199	Special service, procedure or report	2.78	1.7%
73721	MRI of a joint of a lower extremity without dye	2.70	1.6%
73221	MRI of a joint of an upper extremity without dye	2.45	1.5%
99204	Office/outpatient visit new patient	2.45	1.5%
29827	Arthroscopic rotator cuff repair	2.31	1.4%
29881	Knee arthroscopy/surgery	2.21	1.3%
99284	Emergency department visit	2.19	1.3%
97001	PT evaluation	2.11	1.3%
	Subtotal:	86.81	52.1%
	Remaining services:	79.85	47.9%
	Total:	\$166.65	100%

This table shows the top 15 physician service codes ranked according to total payments.

In 2014, the medical service with the largest volume of payments, \$18.4 million, was therapeutic exercises. The top 15 services combined accounted for more than one-fourth of all workers' compensation medical payments and just over half of all physician services.

Four of the top 15 services are categorized as physical medicine, commonly performed by physical therapists. Six are evaluation and management services, either office or emergency room visits. Two are MRI services, two are surgeries, and one is for independent medical examinations.

Service	Description	Payments	Percent of	
code	of service	(\$ millions)	total payments	This table shows the top 15 non-
S9122	Home health aide or certified nurses assistant	\$1.82	8.2%	physician service codes ranked
A0427	Ambulance service, emergency transportation	1.14	5.1%	according to total payments. Non-
L8699	Prosthetic implant	1.01	4.5%	physician services, designated
V5261	Hearing aid, digital, binaural	0.91	4.1%	by HCPCS Level II codes,
C1713	Anchor/screw bone/bone or tissue/bone	0.86	3.9%	include transportation services (e.g., ambulances), medical and
A0431	Rotary wing air transport	0.81	3.6%	surgical supplies, durable medical
A0436	Rotary wing air mileage	0.49	2.2%	equipment, and orthotics and
A0425	Ambulance service, Ground mileage	0.44	2.0%	prosthetics.
E1399	Durable medical equipment, miscellaneous	0.41	1.8%	'
A0435	Fixed wing air mileage	0.37	1.7%	Home health aids and certified
V5257	Hearing aid, digital, monaural	0.37	1.7%	nurse assistants accounted for
L7499	Upper extremity prosthesis	0.34	1.5%	the largest category of non-
A4556	Electrodes (e.g., apnea monitor)	0.28	1.3%	physician services in 2014. Transportation services were
A0430	Fixed wing air transport	0.23	1.0%	six of the 15 top services, two
C1820	Generator, neurostimulator with rechargeable battery	0.20	0.9%	were prosthetic and orthotic
	Subtotal:	9.69	43.5%	procedures, two are for hearing
	Remaining services:	12.60	56.5%	aids, and the remainder are for
	Total:	\$22.29	100%	durable medical equipment and surgical medical supplies.

Top 15 workers' compensation revenue codes, 2014					
Service code	Description of service	Payments (\$ millions)	Percent of total payments	This table shows the top	
360	Operating Room Services	\$15.12	21.0%	15 revenue codes ranked	
450	Emergency Room	9.30	12.9%	according to total payments.	
420	Physical Therapy	4.92	6.8%	Revenue codes are used on	
278	Medical/Surgical Supplies: Other implants	4.75	6.6%	hospital bills to indicate the	
250	Pharmacy	2.81	3.9%	which department performed	
370	Anesthesia	2.59	3.6%	a service.	
120	Room & Board (Semi-Private 2 beds)	2.44	3.4%		
710	Recovery Room	2.30	3.2%		
636	Drugs Require Specific ID: Drugs requiring detail coding	1.77	2.5%		
272	Medical/Surgical Supplies: Sterile supplies	1.64	2.3%		
121	Medical/Surgical/Gyn	1.56	2.2%		
610	Magnetic Resonance Tech. (MRT)	1.41	2.0%		
430	Occupational Therapy	1.27	1.8%		
320	Radiology - Diagnostic	1.16	1.6%		
981	Professional fees (096x) Emergency room	0.90	1.2%		
	Subtotal:	53.94	74.9%		
	Remaining services:	18.05	25.1%		
	Total:	\$71.99	100%		

Top 15 workers' compensation pharmaceuticals, 2014				
Drug name	Drug type	Therapeutic class	Payments (\$ millions)	Percent of total payments
Oxycontin	Brand	Analgesics - opioid	\$1.69	12.4%
Lyrica	Brand	Anticonvulsants	0.87	6.4%
Hydrocodone/Acetaminophen	Generic	Analgesics - opioid	0.51	3.7%
Celebrex	Brand	Analgesics - anti-inflammatory	0.47	3.4%
Oxycodone HCL	Generic	Analgesics - opioid	0.44	3.3%
Duloxetine HCL	Generic	Antidepressants	0.44	3.2%
Gabapentin	Generic	Anticonvulsants	0.68	5.0%
Oxycodone/Acetaminophen	Generic	Analgesics - opioid	0.37	2.7%
Lidocaine	Generic	Dermatologicals	0.31	2.3%
Morphine Sulfate ER	Generic	Analgesics - opioid	0.29	2.1%
Fentanyl	Generic	Analgesics - opioid	0.22	1.6%
Metaxalone	Generic	Musculoskeletal therapy agents	0.19	1.4%
Modafinil	Generic	ADHD, anti-narcolepsy, anti-obesity, anorexiants	0.17	1.3%
Butrans	Brand	Analgesics - opioid	0.16	1.2%
Androgel	Brand	Androgens-anabolic	0.13	1.3%
Subtotal:			6.94	51.0%
Remaining Pharmacy Payments:			6.67	49.0%
Total:			\$13.61	100.0%

In 2014, the top 15 pharmaceuticals accounted for 51 percent of total pharmacy payments.

Generic drugs made up 83.1 percent of the prescriptions dispensed to injured workers and 49.1 percent of pharmacy payments for prescription medications. Prescription medications accounted for 99.5 percent of total pharmacy payments. Medical supplies and other non-drug services provided by pharmacies made up for the remaining 0.5 percent of total pharmacy payments.

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Calendar			Self-insured	
	year	Insurers	employers	Total
	1995	31	46	77
	1996	39	46	85
	1997	42	52	94
	1998	41	55	96
	1999	36	50	86
	2000	40	52	92
	2001	45	56	101
	2002	41	61	102
	2003	41	64	105
	2004	36	62	98
	2005	39	70	109
	2006	37	67	104
	2007	33	59	92
	2008	33	64	97
	2009	33	72	105
	2010	32	76	108
	2011	32	77	109
	2012	31	81	112
	2013	30	84	114
	2014	30	80	110

At the end of 2014, there were four active certified managed care organizations. These four MCOs had 110 active contracts with insurers and self-insured employers at some point during 2014. In November 2010, a fifth MCO was activated but never began business with workers' compensation insurers or self-insured employers and has subsequently been inactivated.

Note: These figures are based on reports submitted by MCOs and may change as new data are reported.

Employees with accepted disabling claims enrolled in MCOs, 1998-2014

			Private	Self-insured	
	Year	SAIF	insurers	employers	Total
Γ	1998	76.8%	24.5%	23.2%	39.8%
l	1999	72.4%	20.9%	21.8%	37.1%
	2000	76.3%	20.1%	27.9%	40.1%
l	2001	70.3%	12.3%	26.8%	35.6%
	2002	67.5%	11.7%	27.8%	36.5%
l	2003	70.3%	8.2%	30.1%	39.1%
l	2004	69.7%	10.4%	30.7%	40.9%
l	2005	70.5%	7.8%	32.9%	42.1%
	2006	67.0%	5.7%	33.2%	39.6%
	2007	65.8%	6.7%	34.0%	39.8%
l	2008	64.1%	8.4%	33.3%	38.7%
l	2009	63.3%	8.9%	39.1%	39.5%
l	2010	62.6%	7.5%	42.6%	39.7%
l	2011	63.0%	7.7%	42.6%	40.2%
	2012	67.5%	7.8%	49.2%	45.7%
1	2013	67.1%	7.3%	42.6%	44.6%
1	2014	68.1%	7.6%	38.6%	45.5%

The percentage of claimants with accepted disabling claims (ADCs) who have been enrolled in MCOs has varied between 36 percent and 46 percent. It had been stable at around 40 percent for the period 2006-2011. During those same six years, SAIF's percentage of ADCs enrolled has gone down while the share of private insurers and self-insured employers has increased. In 2012, SAIF's share of enrolled claims increased, as did self-insured employers. In 2013 and 2014, the percentage of ADCs has been close to 45 percent, perhaps indicating a leveling off of the recent trends.

Note: The 2002 private insurer figure includes estimated data from the Liberty group.