

# 2009 Medical Care and Benefits table updates

Medical payments by provider type, 2008			<p>In 2008, an estimated \$292.13 million was paid for workers' compensation medical services. Of this, 28.2 percent was paid to medical doctors.</p> <p>Note: Other medical provider payments are chiefly for independent medical exams and ambulance services. The remaining provider types are osteopath, home health care, occupational therapist, dentist, nursing home care, acupuncturist, physician assistant, podiatrist, laboratory, optometrist, registered nurse practitioner, psychologist, and naturopath.</p>
Provider type	Payments (\$ millions)	Percent of total	
Medical doctor	\$82.44	28.2%	
Hospital outpatient	67.02	22.9%	
Hospital inpatient	32.30	11.1%	
Other medical provider	29.22	10.0%	
Physical therapist	24.33	8.3%	
Pharmacy	15.88	5.4%	
Radiologist	7.43	2.5%	
Chiropractor	7.03	2.4%	
Ambulatory surgical center	7.00	2.4%	
Medical supplies	5.76	2.0%	
Subtotal	278.39	95.3%	
Remaining provider types	13.74	4.7%	
Total	\$292.13	100.0%	

Medical payments by service category, 2008		
Service category	Payments (\$ millions)	Percent of total
Physical medicine	\$44.32	15.2%
Evaluation and management	42.92	14.7%
Surgery	36.58	12.5%
Revenue services	35.18	12.0%
Procedural services (ICD-9-CM codes)	27.81	9.5%
Healthcare common procedural services (HCPCS codes)	22.99	7.9%
Radiology	22.26	7.6%
Pharmaceuticals (NDC codes)	16.92	5.8%
Medicine	12.02	4.1%
Oregon specific services (OSC codes)	10.23	3.5%
Ambulatory surgical center facility services	7.07	2.4%
Anesthesia	5.43	1.9%
Durable medical equipments and supplies	3.09	1.1%
Laboratory and pathology	1.81	0.6%
Other Services	3.49	1.2%
Total	\$292.13	100%

As set forth in Oregon Administrative Rule (OAR) 436-009-0040, the insurer shall pay for medical services at the provider's usual fee or in accordance with the fee schedule, whichever is less. Medical services that have no fee schedule are reimbursed at the provider's usual fees.

This table shows total payments and market shares for 11 fee-schedule-regulated service categories and three non-fee-schedule categories. Examples of non-fee schedule-service categories include revenue services, HCPCS (Medicare's national level II codes, detailing supplies and materials), and procedural services (Hospital ICD-9-CM; international classification of diseases 9th revision clinical modification). However, all non-fee-schedule services performed in a hospital setting are subject to the hospital's cost-to-charge ratio. In 2008, the total share of non-fee-schedule services was about 29.4 percent of total medical payments. Oregon specific services accounted for about \$10.2 million, two-thirds of which was spent on reimbursements for Independent Medical Examinations (IMEs) and related services.

### Top 15 workers' compensation medical services, 2008

Service code	Description of service	Payments (\$ millions)	Percent of total	In 2008, the single medical service with the most payments, \$19.1 million, was therapeutic exercises. The top 15 services combined accounted for nearly one-third of all WC medical payments.
97110	Therapeutic exercises	\$19.12	6.5%	
99213	Office/outpatient visit (established patient, 15 min.)	13.81	4.7%	
97140	Manual therapy	10.06	3.4%	
360	Operating room services	8.52	2.9%	
99214	Office/outpatient visit (established patient, 25 min.)	6.61	2.3%	
450	Emergency room	6.52	2.2%	
D0003	Independent medical examination	5.96	2.0%	
99203	Office/outpatient visit (new patient, 30 min.)	3.64	1.2%	
73721	Magnetic resonance image (MRI), joint of lower extremity; w/o dye	3.43	1.2%	
97530	Therapeutic activities	3.34	1.1%	
72148	Magnetic resonance image (MRI), lumbar and spine; w/o dye	3.22	1.1%	
99283	Emergency department visit	2.98	1.0%	
73221	Magnetic resonance image (MRI), joint of upper extremity; w/o dye	2.81	1.0%	
97001	Physical therapy evaluation	2.64	0.9%	
99204	Office/outpatient visit (new patient, 45 min.)	2.62	0.9%	
Subtotal		95.29	32.6%	
Remaining services		196.84	67.4%	
Total		\$292.13	100%	

### Top 15 pharmacy payments by drug name, 2008

Drug name	Drug type	Drug class	Payments (\$ millions)	Percent of total	In 2008, the top 15 pharmaceuticals accounted for 48 percent of total pharmacy payments. Generic drugs made up about 80 percent of the prescriptions dispensed to injured workers and 41 percent of pharmacy payments for prescription medications. Prescription medications accounted for 94 percent of total pharmacy payments. Medical supplies and other non-drug services provided by pharmacy made up for the remaining 6 percent of total pharmacy payments.
Oxycontin	Brand	Analgesics - opioid	\$1.76	11.1%	
Hydrocodone/Acetaminophen	Generic	Analgesics - opioid	0.72	4.6%	
Lyrica	Brand	Anticonvulsants	0.59	3.7%	
Gabapentin	Generic	Anticonvulsants	0.54	3.4%	
Celebrex	Brand	Analgesics - anti-inflammatory	0.51	3.2%	
Oxycodone Hcl Er, Cr	Generic	Analgesics - opioid	0.50	3.1%	
Lidoderm	Brand	Dermatologicals	0.46	2.9%	
Cymbalta	Brand	Antidepressants	0.45	2.8%	
Skelaxin	Brand	Musculoskeletal therapy agents	0.37	2.4%	
Fentanyl	Generic	Analgesics - opioid	0.37	2.3%	
Cyclobenzaprine Hcl	Generic	Musculoskeletal therapy agents	0.29	1.8%	
Morphine Sulfate Er, Cr	Generic	Analgesics - opioid	0.31	1.9%	
Kadian	Brand	Analgesics - opioid	0.25	1.6%	
Topamax	Brand	Anticonvulsants	0.23	1.4%	
Oxycodone-Apap	Generic	Analgesics - opioid	0.22	1.4%	
Subtotal			7.57	48%	
Remaining pharmacy payments			8.30	52%	
Total			\$15.88	100%	

**MCO contracts with insurers and self-insured employers, FY 1995-2009**

Fiscal year	Insurers	Self-insured employers	Total	<p>At the end of fiscal year 2009, there were four active, certified managed care organizations. These four MCOs had a total of 99 contracts active with insurers and self-insured employers at any time during fiscal year 2009.</p> <p>Note: These figures are based on reports submitted by MCOs and may change as new data are reported.</p>
1995	30	45	75	
1996	32	46	78	
1997	38	49	87	
1998	40	51	91	
1999	38	48	86	
2000	38	50	88	
2001	45	54	99	
2002	40	56	96	
2003	40	62	102	
2004	37	61	98	
2005	38	65	103	
2006	40	68	108	
2007	33	58	91	
2008	33	60	93	
2009	33	66	99	

**Employees with accepted disabling claims enrolled in MCOs, 1998-2008**

Year	SAIF	Private insurers	Self-insured employers	Overall	<p>The percentage of claimants with accepted disabling claims who have been enrolled in MCOs has varied between 36 percent and 42 percent.</p> <p>Note: The 2002 private insurer figure includes estimated data from the Liberty group.</p>
1998	76.8%	24.5%	23.2%	39.8%	
1999	72.4%	20.9%	21.8%	37.1%	
2000	76.3%	20.1%	27.9%	40.1%	
2001	70.3%	12.3%	26.8%	35.6%	
2002	67.5%	11.7%	27.8%	36.5%	
2003	70.3%	8.2%	30.1%	39.1%	
2004	69.7%	10.4%	30.7%	40.9%	
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%	
2008	64.1%	8.4%	33.3%	38.7%	