

2012 Medical Care and Benefits table updates

Medical payments by provider type, 2012			<p>In 2012, an estimated \$320.5 million was paid for workers' compensation medical services. This is an increase of 1 percent from the revised 2011 estimate of \$317.3 million. Hospital outpatient services accounted for 26.5 percent of payments. 2012 was the fourth consecutive year in which hospital outpatient expenditures exceeded payments to medical doctors.</p> <p>The Workers' Compensation Division requires that insurers with 100 or more accepted disabling claims report their medical payment data. New rules for the reporting of medical payments in OAR 436-160 (Medical Electronic Data Interchange) have replaced rules under OAR 436-009 (Bulletin 220).</p> <p>1: Other Medical Provider payments are primarily for independent medical exams and ambulance services.</p> <p>2: The Remaining Provider Types are osteopath, home health care, dentist, nursing home care, acupuncturist, physician assistant, podiatrist, laboratory services, optometrist, registered nurse practitioner, psychologist, radiologist, and naturopath.</p>
Provider type	Payments (\$ millions)	Percent of Total Payments	
Hospital Outpatient	\$85.05	26.5%	
Medical Doctor	62.79	19.6%	
Hospital Inpatient	36.66	11.4%	
Physical Therapist	31.82	9.9%	
Other Medical Provider	22.91	7.1%	
Ambulatory Surgical Center	19.23	6.0%	
Pharmacy	18.88	5.9%	
Medical Supplies	8.90	2.8%	
Chiropractor	8.87	2.8%	
Occupational Therapist	3.91	1.2%	
Subtotal:	299.00	93.3%	
Remaining provider types2:	21.46	6.7%	
Total:	\$320.46	100.0%	

Top 15 workers' compensation medical services, 2012					<p>This table shows the top 15 service codes ranked according to total payments.</p> <p>In 2012, the single medical service with the largest volume of payments, \$24.23 million, was therapeutic exercises. The top 15 services combined accounted for more than one-third of all workers' compensation medical payments.</p> <p>Three of the top 15 services are categorized as physical medicine, commonly performed by physical therapists. Five are evaluation and management services, either office or emergency room visits. Four are services represented by three-digit revenue codes. These are for hospital inpatient and facility services. Two are MRI services and one is for independent medical examinations.</p>
Service code	Description of service	Payments (\$ millions)	Percent of total payments		
97110	Therapeutic exercises	\$24.23	7.6%		
99213	Office/outpatient visit	19.77	6.2%		
97140	Manual therapy	13.23	4.1%		
D0003	Independent Medical Examination	9.40	2.9%		
360	Operating Room Services	8.88	2.8%		
99214	Office/outpatient visit	8.16	2.5%		
99203	Office/outpatient visit	5.82	1.8%		
97530	Therapeutic activities	5.18	1.6%		
99283	Hospital: Emergency dept visit	4.86	1.5%		
278	Hospital: Other Implants	4.81	1.5%		
99204	Office/outpatient visit	3.61	1.1%		
73721	MRI joint of lower extremity w/o contrast material	3.51	1.1%		
250	Hospital: Pharmacy	3.28	1.0%		
73221	MRI joint of upper extremity w/o contrast material	3.10	1.0%		
120	Hospital: Room and board - Semi-Private	3.04	0.9%		
	Subtotal:	120.89	37.7%		
	Remaining services:	199.57	62.3%		
	Total:	\$320.46	100%		

Medical payments by fee schedule category, 2012			
Group	Fee schedule category	Payments (\$ millions)	Percent of total
Physician service	Physical Medicine	\$54.19	16.9%
	Evaluation & Management	52.83	16.5%
	Radiology	27.31	8.5%
	Major Surgery ¹	21.76	6.8%
	Medicine	14.29	4.5%
	Minor Surgery ²	9.15	2.9%
	Chiropractic	3.36	1.0%
	Laboratory	2.73	0.9%
	Unknown Professional Services	0.08	0.03%
Total physician services		185.70	57.9%
Facility Services	Inpatient Facility Fees	35.26	11.0%
	Outpatient Facility Fees	30.87	9.6%
	ASC Facility Fees	6.81	2.1%
	Other Facility Services	0.01	0.004%
Total hospital services		72.96	22.8%
OSCs, IMEs and IME-Related Services ³	IMEs	9.76	3.0%
	Oregon Specific Codes	4.45	1.4%
	IME-Related services	0.41	0.1%
Total OSCs, IMEs and IME-Related Services		14.62	4.6%
Pharmaceuticals	Pharmacy NDCs	14.02	4.4%
	HO NDCs	2.76	0.9%
	Other NDCs	1.59	0.5%
Total Pharmaceuticals		18.37	5.7%
Other services	Non-hospital HCPCS ³	16.37	5.1%
	DME & supplies	5.95	1.9%
	Anesthesiology	5.12	1.6%
	Dental	1.62	0.5%
	Other/Unknown ³	0.006	0.002%
Total other services		29.07	9.1%
Total		\$320.46	100.0%
<p>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 not covered by a fee schedule are reimbursed at the provider's usual fees. New rules in effect in 2012 created fee schedules for several categories of previously non-fee-schedule services.</p> <p>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 \$14.62 million, about two-thirds of which was for independent medical examinations (IMEs) and related services.</p> <p>1: Major surgery includes all services with a 90-day global period</p> <p>2: Minor surgery includes all services with a global period of less than 90 days</p> <p>3: Non-fee-schedule services</p>			

Top 15 pharmacy payments by drug name, 2012

Drug name	Drug type	Therapeutic class	Payments (\$ millions)	Percent of total payments
Oxycontin	Brand	Analgesics - opioid	\$2.56	14.1%
Lyrica	Brand	Anticonvulsants	0.84	4.6%
Cymbalta	Brand	Antidepressants	0.84	4.6%
Hydrocodone w/ Acetaminophen	Generic	Analgesics - opioid	0.81	4.5%
Gabapentin	Generic	Anticonvulsants	0.80	4.4%
Lidoderm	Brand	Dermatologicals	0.63	3.5%
Celebrex	Brand	Analgesics - antiinflammatory	0.55	3.0%
Oxycodone HCL	Generic	Analgesics - opioid	0.48	2.7%
Morphine Sulphate ER	Generic	Analgesics - opioid	0.48	2.6%
Fentanyl	Generic	Analgesics - opioid	0.42	2.3%
Oxycodone w/ Acetaminophen	Generic	Analgesics - opioid	0.35	1.9%
Fentora	Brand	Analgesics - opioid	0.27	1.5%
Metaxalone	Generic	Musculoskeletal therapy agents	0.24	1.3%
Modafinil	Generic	ADHD, anti-narcolepsy, anti-obesity, anorexiant	0.24	1.3%
Cyclobenzaprine HCL	Generic	Musculoskeletal therapy agents	0.23	1.3%
Subtotal:			9.74	53.6%
Remaining Pharmacy Payments:			8.42	46.4%
Total:			\$18.16	100.0%

In 2012, the top 15 pharmaceuticals accounted for 53.6 percent of total pharmacy payments.

Generic drugs made up 81 percent of the prescriptions dispensed to injured workers and 43 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.

MCO contracts with insurers and self-insured employers, FY 1995-2012

Calendar year	Insurers	Self-insured employers	Total	<p>At the end of 2012, there were four active certified managed care organizations. These four MCOs had 107 active contracts with insurers and self-insured employers at some point during fiscal year 2011. 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.</p> <p>Note: These figures are based on reports submitted by MCOs and may change as new data are reported.</p>
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	81	113	
2012	31	85	116	

Employees with accepted disabling claims enrolled in MCOs, 1998-2012

Year	SAIF	Private insurers	Self-insured employers	Total	<p>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 five 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.</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%	
2009	63.3%	8.9%	39.1%	39.5%	
2010	62.6%	7.5%	42.6%	39.7%	
2011	63.0%	7.7%	42.6%	40.2%	
2012	67.5%	7.8%	49.2%	45.7%	