

WORKERS' COMPENSATION  
MEDICAL ADVISORY COMMITTEE

April 25, 2025  
1 p.m. – 3:30 p.m.

*MAC Committee Members Present: Ronald Bowman, Brad Lorber, Raymond Brumbaugh, Lon Holston, Ryan Weeks*

*DCBS Staff Present: Juerg Kunz, Matt West, Angela Blake, and Baaba Ampah*

*MAC Committee Members Absent: Eric Hubbs, Tom Williams, Jennifer Lawlor, Constantine Gean*

<b>Agenda Item</b>	<b>Discussion</b>
<b>Welcome, Introductions</b> (0:00:20)*	Dr. Ronald Bowman called the meeting to order at 1p.m.
<b>Review and approve 10/18/24 MAC minutes</b> (00:00:23)*	The Oct. 18, 2024 meeting minutes were presented. It was corrected that the time on the minutes should be changed to 1:00 p.m. Lon Holston also noted the minutes refer to him as doctor, which he is not. The minutes will be updated. Dr. Bowman moved to approve the minutes and Dr. Brad Lorber seconded the motion. The motion passed unanimously.
<b>Member updates</b> (00:01:25)*	There were no member update.
<b>Rules update, including telehealth and PRP recommendation</b> (00:02:20)*	Juerg Kunz informed the committee that the new rules became effective on April 1 <sup>st</sup> . The rule changes include the compensability of Platelet-Rich Plasma (PRP) for specific conditions of the knee, shoulder or elbow, specifying that it is compensable for non-surgical applications only. Juerg Kunz continued that it is unknown how often PRP will be used; however, since there is a specific code, the data is trackable. He clarified Dr. Bowman's question, answering that insurance companies can relay any issues with the division. Also that the rules are available online and MAC's PRP recommendation is available online. When new rules are published, a summary of the rule changes is sent out, so there are many sources.
(00:05:10)	Juerg Kunz continued to update that that the AMA now has introduced specific CPT codes for telehealth. Telehealth with video is coded with CPT codes 98000 - 98007, and with audio only CPT codes 98008 - 98015. There is no need for a modifier with these codes because they specify telehealth. He encouraged providers to use the new CPT codes, instead of the old codes with modifiers, as it most accurately describes the service.
(00:07:27)	In regards to fee schedules, Juerg Kunz shared that the fee schedule amounts in the physical medicine and rehab category were raised by an average of 10 percent, codes in the radiology category and the chiropractor manipulation codes have been increased by the average of five percent.
(00:08:09)	Juerg Kunz continued that starting April 1 <sup>st</sup> , a licensed audiologist may prescribe certain hearing aids without approval from attending physician.. Juerg also shared that if a provider has an interpreter on staff solely to provide interpreter services, they will be paid for their services. The provider must inform the patient that they have an option to bring an interpreter and not use the interpreter on staff.

(00:11:28) Juerg Kunz informed that due to complaints, a new rule was established requiring insurers to respond within two days if a provider inquires about a patient's claim status, accepted conditions, or if enrolled in an MCO. He later clarified that Oregon workers' compensation does not have precertification requirement, so insurers are not required to precertify. It was clarified that there is no specific method of communications to the insurer. Providers should keep a log of unreceptive communications to the insurer and may report it to WCD's sanctions unit.

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**Form 3245 Return to Work Status**  
(00:18:35)\* Dr. Brumbaugh mentioned that he volunteered with Dr. Gean and Dr. Hubbs to form a subcommittee, but there has been no communication.

(00:19:20) It was noted that Dr. Gean suggested copying a state with the best model. Dr. Lorber also mentioned that the original is better than the current version. Members shared that the current form is difficult to fill out. Dr. Bowman mentioned that trying to quantify the exact restriction does not work, and suggested getting clarification from employers would be helpful.

(00:22:42) Dr. Brumbaugh noted Washington state has a clearer form. Dr. Bowman noted that the appropriate detail depends on what a worker does, and noted that the comment section is the most useful to specify.

(00:24:25) Dr. Brumbaugh will reach out to Dr. Gean and Dr. Hubbs again for a subcommittee meeting.

(00:24:50) Juerg Kunz noted that in regards to the rules, It was decided that there will be no rule change requiring occasional in-person visits to reoccurring telehealth visits as it should be up to the doctor to determine which type of visits is appropriate. Dr. Brumbaugh noted that Majoris stipulates it by requiring under certain conditions patients be seen in-person once a month.

(00:25:40) Dr. Bowman shared a related story and explained that when there is obvious secondary gain, there shouldn't be a telehealth option. Dr. Lorber added that if patients move, telehealth is unavailable as providers may only practice in the state they are licensed in. Juerg Kunz mentioned that there is a bill, in the legislature, that would allow providers to treat patients through telehealth if patient is temporarily visiting another state.

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**Insurance Authorization update (Tentative)**  
(00:31:35)\* Tom William was unavailable, so the topic was deferred to the next meeting.

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**Lumbar Artificial disc Replacement**  
(00:32:23)\* Juerg Kunz shared that in 2008, lumbar artificial disc replacement was excluded from compensability, unless it was a single level replacement with unconstrained or semi constrained metal on polymer device. Additionally, MAC developed absolute and relative contra-indications. In 2009, essentially the same thing was repeated for the cervical artificial disk replacement, i.e., a one level replacement and contra-indications. In 2021, the compensability for cervical artificial disk replacement was expanded to a two level, and the list of contra-indications were removed. Juerg Kunz asked if the committee should review lumbar artificial disc replacement due to the new research out there.

(00:35:18) Dr. Lorber suggested looking into Lumbar Artificial Disk replacement due to additional data. He continued that there has been a lot more request for hybrid procedures which has been denied.

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(00:36:53) Juerg will start a literature search limited to hybrid/ two level lumbar artificial disc replacement. The literature search will include studies dating back ten years ago.

(00:39:03) The subcommittee member assignment will take place after the literature research.

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**Additional Topics**  
(00:39:32)\* WCD Administrator Matt West announced that the Management Labor Advisory Committee (MLAC) created a subcommittee regarding Access to Care, he invited MAC members to join the conversation.

(00:41:07) Members noted that the issue is a multifaceted issue greater than Oregon workers' compensation, and it is exacerbated in rural areas.

(00:43:16) Matt West clarified that the subcommittee will include two MLAC members to administer the meeting and discussion from multiple stakeholders. The subcommittee will be less formal than the formal MLAC meeting. More information regarding the meeting dates will follow.

(00:46:25) Dr. Bowman noted that it will be an interesting discussion as there is a lot of facets relating to workers' compensation.

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**(00:46:52)** The meeting adjourned at 1:47 PM.

The next MAC meeting will be held on July 25, 2025.

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\*The audio files for the meeting minutes and public testimony (both written and audio) can be found here: <http://wcd.oregon.gov/medical/mac/Pages/mac-meetings.aspx>