

New Study Suggests Need to Modify RBRVS Fee Schedule to Maintain Medical Access for Workersâ€™™ Compensation Patients

by Editor

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Multi-state survey finds that low-multiple RBRVS fee schedules is linked to dramatic departure of physicians from workersâ€™™ compensation systems

Santa Clarita, CA - July 10, 2007 â€¢ A multi-state study of the impact of medical fee schedules on specialist physician participation rates in workersâ€™™ compensation systems was recently conducted by Drs. Steven E. Levine and Ronald N. Kent. They surveyed nearly 1,400 neurologists and orthopaedist offices in California as well as five additional states that have adopted Medicare RBRVS-based physician fee schedules for workersâ€™™ compensation treatment. The five RBRVS states studied were those in which fees are set at or below 125% of Medicare. Key findings include:

â€¢ In all five states that adopted a low-multiple RBRVS fee schedule (109% to 125% of Medicare) there was a markedly low rate of neurologist and orthopaedic participation in workersâ€™™ compensation (9% to 27% for neurologists, 23% to 46% for orthopaedists); where data exist for participation rates prior the adoption of the RBRVS fee schedule, participation rates fell by more than 50%.

â€¢ The low rate of specialist participation appears to be due to the decline of specialty procedure fees under the RBRVS methodology, and was not prevented by accompanying increases in evaluation and management fees.

â€¢ Specialists in these states were far more likely to accept even Medicaid patients, at markedly lower fees, than workersâ€™™ compensation patients. The low participation rates appeared to be linked to far higher overhead and administrative burdens associated with treating workersâ€™™ compensation patients.

â€¢ Specialists who continued to accept workersâ€™™ compensation patients were significantly less likely to have attended an American medical school and be board-certified.

â€¢ Participation of specialists in California has declined significantly since 2002.

The findings may indicate a need to modify the Medicare RBRVS methodology for implementation in California, which already has one of the lowest medical fee scales in the U.S.

About the authors of the report

Steven E. Levine, M.D., Ph.D. and Ronald N. Kent, M.D., Ph.D., both Clinical Professors of Neurology at the David Geffen School of Medicine at UCLA, each have over 20 years of teaching and private practice experience.

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