

1 STATE OF OKLAHOMA

2 2nd Session of the 60th Legislature (2026)

3 HOUSE BILL 4202

By: Schreiber

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5  
6 AS INTRODUCED

7 An Act relating to workers compensation; amending 85A  
8 O.S. 2021, Section 50, which relates to fee  
9 schedules; modifying reimburse rate provision  
10 regarding magnetic resonance imaging; and providing  
11 an effective date.

12 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

13 SECTION 1. AMENDATORY 85A O.S. 2021, Section 50, is  
14 amended to read as follows:

15 Section 50. A. The employer shall promptly provide an injured  
16 employee with medical, surgical, hospital, optometric, podiatric,  
17 chiropractic and nursing services, along with any medicine,  
18 crutches, ambulatory devices, artificial limbs, eyeglasses, contact  
19 lenses, hearing aids, and other apparatus as may be reasonably  
20 necessary in connection with the injury received by the employee.  
21 The employer shall have the right to choose the treating physician  
22 or chiropractor.

23 B. If the employer fails or neglects to provide medical  
24 treatment within five (5) days after actual knowledge is received of

1 an injury, the injured employee may select a physician or  
2 chiropractor to provide medical treatment at the expense of the  
3 employer; provided, however, that the injured employee, or another  
4 in the employee's behalf, may obtain emergency treatment at the  
5 expense of the employer where such emergency treatment is not  
6 provided by the employer.

7 C. Diagnostic tests shall not be repeated sooner than six (6)  
8 months from the date of the test unless agreed to by the parties or  
9 ordered by the Commission for good cause shown.

10 D. Unless recommended by the treating doctor or chiropractor at  
11 the time claimant reaches maximum medical improvement or by an  
12 independent medical examiner, continuing medical maintenance shall  
13 not be awarded by the Commission. The employer or insurance carrier  
14 shall not be responsible for continuing medical maintenance or pain  
15 management treatment that is outside the parameters established by  
16 the Physician Advisory Committee or ODG. The employer or insurance  
17 carrier shall not be responsible for continuing medical maintenance  
18 or pain management treatment not previously ordered by the  
19 Commission or approved in advance by the employer or insurance  
20 carrier.

21 E. An employee claiming or entitled to benefits under the  
22 Administrative Workers' Compensation Act, shall, if ordered by the  
23 Commission or requested by the employer or insurance carrier, submit  
24 himself or herself for medical examination. If an employee refuses

1 to submit himself or herself to examination, his or her right to  
2 prosecute any proceeding under the Administrative Workers'  
3 Compensation Act shall be suspended, and no compensation shall be  
4 payable for the period of such refusal.

5 F. For compensable injuries resulting in the use of a medical  
6 device, ongoing service for the medical device shall be provided in  
7 situations including, but not limited to, medical device battery  
8 replacement, ongoing medication refills related to the medical  
9 device, medical device repair, or medical device replacement.

10 G. The employer shall reimburse the employee for the actual  
11 mileage in excess of twenty (20) miles round trip to and from the  
12 employee's home to the location of a medical service provider for  
13 all reasonable and necessary treatment, for an evaluation of an  
14 independent medical examiner and for any evaluation made at the  
15 request of the employer or insurance carrier. The rate of  
16 reimbursement for such travel expense shall be the official  
17 reimbursement rate as established by the State Travel Reimbursement  
18 Act. In no event shall the reimbursement of travel for medical  
19 treatment or evaluation exceed six hundred (600) miles round trip.

20 H. Fee Schedule.

21 1. The Commission shall conduct a review and update of the  
22 Current Procedural Terminology (CPT) in the Fee Schedule every two  
23 (2) years pursuant to the provisions of paragraph 14 of this  
24 subsection. The Fee Schedule shall establish the maximum rates that

1 medical providers shall be reimbursed for medical care provided to  
2 injured employees including, but not limited to, charges by  
3 physicians, chiropractors, dentists, counselors, hospitals,  
4 ambulatory and outpatient facilities, clinical laboratory services,  
5 diagnostic testing services, and ambulance services, and charges for  
6 durable medical equipment, prosthetics, orthotics, and supplies.  
7 The most current Fee Schedule established by the Administrator of  
8 the Workers' Compensation Court prior to February 1, 2014, shall  
9 remain in effect, unless or until the Legislature approves the  
10 Commission's proposed Fee Schedule.

11       2. Reimbursement for medical care shall be prescribed and  
12 limited by the Fee Schedule. The director of the Employees Group  
13 Insurance Division of the Office of Management and Enterprise  
14 Services shall provide the Commission such information as may be  
15 relevant for the development of the Fee Schedule. The Commission  
16 shall develop the Fee Schedule in a manner in which quality of  
17 medical care is assured and maintained for injured employees. The  
18 Commission shall give due consideration to additional requirements  
19 for physicians treating an injured worker under the Administrative  
20 Workers' Compensation Act, including, but not limited to,  
21 communication with claims representatives, case managers, attorneys,  
22 and representatives of employers, and the additional time required  
23 to complete forms for the Commission, insurance carriers, and  
24 employers.

1        3. In making adjustments to the Fee Schedule, the Commission  
2 shall use, as a benchmark, the reimbursement rate for each Current  
3 Procedural Terminology (CPT) code provided for in the fee schedule  
4 published by the Centers for Medicare and Medicaid Services of the  
5 U.S. Department of Health and Human Services for use in Oklahoma  
6 (Medicare Fee Schedule) on the effective date of this section,  
7 workers' compensation fee schedules employed by neighboring states,  
8 the latest edition of "Relative Values for Physicians" (RVP), usual,  
9 customary and reasonable medical payments to workers' compensation  
10 health care providers in the same trade area for comparable  
11 treatment of a person with similar injuries, and all other data the  
12 Commission deems relevant. For services not valued by CMS, the  
13 Commission shall establish values based on the usual, customary and  
14 reasonable medical payments to health care providers in the same  
15 trade area for comparable treatment of a person with similar  
16 injuries.

- 17            a. No reimbursement shall be allowed for any magnetic  
18                resonance imaging (MRI) unless the MRI is provided by  
19                an entity that meets Medicare requirements for the  
20                payment of MRI services or is accredited by the  
21                American College of Radiology, the Intersocietal  
22                Accreditation Commission or the Joint Commission on  
23                Accreditation of Healthcare Organizations. ~~For all~~  
24                ~~other radiology procedures, the reimbursement rate~~

1 ~~shall be the lesser of the reimbursement rate allowed~~  
2 ~~by the 2010 Oklahoma Fee Schedule and two hundred~~  
3 ~~seven percent (207%) of the Medicare Fee Schedule.~~

4 b. For reimbursement of medical services for Evaluation  
5 and Management of injured employees as defined in the  
6 Fee Schedule adopted by the Commission, the  
7 reimbursement rate shall not be less than one hundred  
8 fifty percent (150%) of the Medicare Fee Schedule.

9 c. Any entity providing durable medical equipment,  
10 prosthetics, orthotics or supplies shall be accredited  
11 by a CMS-approved accreditation organization. If a  
12 physician provides durable medical equipment,  
13 prosthetics, orthotics, prescription drugs, or  
14 supplies to a patient ancillary to the patient's  
15 visit, reimbursement shall be no more than ten percent  
16 (10%) above cost.

17 d. The Commission shall develop a reasonable stop-loss  
18 provision of the Fee Schedule to provide for adequate  
19 reimbursement for treatment for major burns, severe  
20 head and neurological injuries, multiple system  
21 injuries, and other catastrophic injuries requiring  
22 extended periods of intensive care. An employer or  
23 insurance carrier shall have the right to audit the  
24 charges and question the reasonableness and necessity

1 of medical treatment contained in a bill for treatment  
2 covered by the stop-loss provision.

3 4. The right to recover charges for every type of medical care  
4 for injuries arising out of and in the course of covered employment  
5 as defined in the Administrative Workers' Compensation Act shall lie  
6 solely with the Commission. When a medical care provider has  
7 brought a claim to the Commission to obtain payment for services, a  
8 party who prevails in full on the claim shall be entitled to  
9 reasonable attorney fees.

10 5. Nothing in this section shall prevent an employer, insurance  
11 carrier, group self-insurance association, or certified workplace  
12 medical plan from contracting with a provider of medical care for a  
13 reimbursement rate that is greater than or less than limits  
14 established by the Fee Schedule.

15 6. A treating physician may not charge more than Four Hundred  
16 Dollars (\$400.00) per hour for preparation for or testimony at a  
17 deposition or appearance before the Commission in connection with a  
18 claim covered by the Administrative Workers' Compensation Act.

19 7. The Commission's review of medical and treatment charges  
20 pursuant to this section shall be conducted pursuant to the Fee  
21 Schedule in existence at the time the medical care or treatment was  
22 provided. The judgment approving the medical and treatment charges  
23 pursuant to this section shall be enforceable by the Commission in  
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1 the same manner as provided in the Administrative Workers'  
2 Compensation Act for the enforcement of other compensation payments.

3 8. Charges for prescription drugs dispensed by a pharmacy shall  
4 be limited to ninety percent (90%) of the average wholesale price of  
5 the prescription, plus a dispensing fee of Five Dollars (\$5.00) per  
6 prescription. "Average wholesale price" means the amount determined  
7 from the latest publication designated by the Commission.

8 Physicians shall prescribe and pharmacies shall dispense generic  
9 equivalent drugs when available. If the National Drug Code, or  
10 "NDC", for the drug product dispensed is for a repackaged drug, then  
11 the maximum reimbursement shall be the lesser of the original  
12 labeler's NDC and the lowest-cost therapeutic equivalent drug  
13 product. Compounded medications shall be billed by the compounding  
14 pharmacy at the ingredient level, with each ingredient identified  
15 using the applicable NDC of the drug product, and the corresponding  
16 quantity. Ingredients with no NDC area are not separately  
17 reimbursable. Payment shall be based on a sum of the allowable fee  
18 for each ingredient plus a dispensing fee of Five Dollars (\$5.00)  
19 per prescription.

20 9. When medical care includes prescription drugs dispensed by a  
21 physician or other medical care provider and the NDC for the drug  
22 product dispensed is for a repackaged drug, then the maximum  
23 reimbursement shall be the lesser of the original labeler's NDC and  
24 the lowest-cost therapeutic equivalent drug product. Payment shall



1 be based upon a sum of the allowable fee for each ingredient plus a  
2 dispensing fee of Five Dollars (\$5.00) per prescription. Compounded  
3 medications shall be billed by the compounding pharmacy.

4 10. Implantables are paid in addition to procedural  
5 reimbursement paid for medical or surgical services. A  
6 manufacturer's invoice for the actual cost to a physician, hospital  
7 or other entity of an implantable device shall be adjusted by the  
8 physician, hospital or other entity to reflect, at the time  
9 implanted, all applicable discounts, rebates, considerations and  
10 product replacement programs and shall be provided to the payer by  
11 the physician or hospital as a condition of payment for the  
12 implantable device. If the physician, or an entity in which the  
13 physician has a financial interest other than an ownership interest  
14 of less than five percent (5%) in a publically traded company,  
15 provides implantable devices, this relationship shall be disclosed  
16 to patient, employer, insurance company, third-party commission,  
17 certified workplace medical plan, case managers, and attorneys  
18 representing claimant and defendant. If the physician, or an entity  
19 in which the physician has a financial interest other than an  
20 ownership interest of less than five percent (5%) in a publicly  
21 traded company, buys and resells implantable devices to a hospital  
22 or another physician, the markup shall be limited to ten percent  
23 (10%) above cost.

1        11. Payment for medical care as required by the Administrative  
2 Workers' Compensation Act shall be due within forty-five (45) days  
3 of the receipt by the employer or insurance carrier of a complete  
4 and accurate invoice, unless the employer or insurance carrier has a  
5 good-faith reason to request additional information about such  
6 invoice. Thereafter, the Commission may assess a penalty up to  
7 twenty-five percent (25%) for any amount due under the Fee Schedule  
8 that remains unpaid on the finding by the Commission that no good-  
9 faith reason existed for the delay in payment. If the Commission  
10 finds a pattern of an employer or insurance carrier willfully and  
11 knowingly delaying payments for medical care, the Commission may  
12 assess a civil penalty of not more than Five Thousand Dollars  
13 (\$5,000.00) per occurrence.

14        12. If an employee fails to appear for a scheduled appointment  
15 with a physician or chiropractor, the employer or insurance company  
16 shall pay to the physician or chiropractor a reasonable charge, to  
17 be determined by the Commission, for the missed appointment. In the  
18 absence of a good-faith reason for missing the appointment, the  
19 Commission shall order the employee to reimburse the employer or  
20 insurance company for the charge.

21        13. Physicians or chiropractors providing treatment under the  
22 Administrative Workers' Compensation Act shall disclose under  
23 penalty of perjury to the Commission, on a form prescribed by the  
24 Commission, any ownership or interest in any health care facility,

1 business, or diagnostic center that is not the physician's or  
2 chiropractor's primary place of business. The disclosure shall  
3 include any employee leasing arrangement between the physician or  
4 chiropractor and any health care facility that is not the  
5 physician's or chiropractor's primary place of business. A  
6 physician's or chiropractor's failure to disclose as required by  
7 this section shall be grounds for the Commission to disqualify the  
8 physician or chiropractor from providing treatment under the  
9 Administrative Workers' Compensation Act.

10 14. a. Beginning on May 28, 2019, the Commission shall  
11 conduct an evaluation of the Fee Schedule, which shall  
12 include an update of the list of Current Procedural  
13 Terminology (CPT) codes, a line item adjustment or  
14 renewal of all rates, and amendment as needed to the  
15 rules applicable to the Fee Schedule.

16 b. The Commission shall contract with an external  
17 consultant with knowledge of workers' compensation fee  
18 schedules to review regional and nationwide  
19 comparisons of Oklahoma's Fee Schedule rates and date  
20 and market for medical services. The consultant shall  
21 receive written and oral comment from employers,  
22 workers' compensation medical service and insurance  
23 providers, self-insureds, group self-insurance  
24 associations of this state and the public. The

1 consultant shall submit a report of its findings and a  
2 proposed amended Fee Schedule to the Commission.

3 c. The Commission shall adopt the proposed amended Fee  
4 Schedule in whole or in part and make any additional  
5 updates or adjustments. The Commission shall submit a  
6 proposed updated and adjusted Fee Schedule to the  
7 President Pro Tempore of the Senate, the Speaker of  
8 the House of Representatives and the Governor. The  
9 proposed Fee Schedule shall become effective on July 1  
10 following the legislative session, if approved by  
11 Joint Resolution of the Legislature during the session  
12 in which a proposed Fee Schedule is submitted.

13 d. Beginning on May 28, 2019, an external evaluation  
14 shall be conducted and a proposed amended Fee Schedule  
15 shall be submitted to the Legislature for approval  
16 during the 2020 legislative session. Thereafter, an  
17 external evaluation shall be conducted and a proposed  
18 amended Fee Schedule shall be submitted to the  
19 Legislature for approval every two (2) years.

20 I. Formulary. The Commission by rule shall adopt a closed  
21 formulary. Rules adopted by the Commission shall allow an appeals  
22 process for claims in which a treating doctor determines and  
23 documents that a drug not included in the formulary is necessary to  
24 treat an injured employee's compensable injury. The Commission by

1 rule shall require the use of generic pharmaceutical medications and  
2 clinically appropriate over-the-counter alternatives to prescription  
3 medications unless otherwise specified by the prescribing doctor, in  
4 accordance with applicable state law.

5 SECTION 2. This act shall become effective November 1, 2026.

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