



The RBRVS As a Model for Workers' Compensation Medical Fee Schedules: Pros and Cons.

Each year many states revise their medical fee schedules—one of the most commonly used cost containment tools. Increasingly states are looking at adopting or considering the "resource-based relative value scale" (RBRVS), used by Medicare and based on extensive research at the Harvard School of Public Health, as a fee schedule for their state's workers' compensation programs in the hopes of achieving lower cost and an improved mix of services. Eight states had adopted the RBRVS fee schedule as of February 1996, and other states were considering following suit.

The papers in this report look at the impact of a transition to the RBRVS fee schedule and reflect the markedly different opinions and approaches of three individuals who played major roles in the fee schedule revisions in their own states. Each jurisdiction gave long and thoughtful consideration to the issues involved and each came to a different solution. These differences in approaching RBRVS span from avoidance, by adopting a different set of relative values; to modified acceptance, by adjusting the actual structure of the fees to reflect local conditions; to adoption, by keeping the schedule intact, but adding treatment standards and rules for managed care organizations in an effort to stem possible increases in utilization. A fourth paper presents an explanation and exploration of some of the fee schedules now in use.

The intent of this report is to make available some of the RBRVS experiences and ideas that have been developed over the last few years. These four papers should provide useful guidance for states undertaking fee schedule reform, even if definitive answers on the merits of the RBRVS approach for workers' compensation are currently lacking.

The RBRVS As a Model for Workers' Compensation Medical Fee Schedules: Pros and Cons. Dr. Philip L. Burstein. July 1996. WC-96-5.