



**Oklahoma Workers' Compensation Commission
Medical Fee Schedule**

Report: Summary of Proposed Changes

March 6, 2026

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Oklahoma Workers' Compensation Commission Schedule of Medical and Hospital Fees

Summary of Changes

This report is a summary of changes to the medical fee schedule for 2026. FAIR Health has been working with the Oklahoma Workers' Compensation Commission (Commission) to review the 2024 fee schedule, gather feedback from stakeholders, research and evaluate the impact of changes in Medicare rules and update the code set. Oklahoma paid data supplied by the National Council on Compensation Insurance (NCCI) were evaluated and fee schedule rates were refreshed for 2026 and compared to private insurance, Medicare values and workers' compensation fees from other states.

FAIR Health is providing information to support decision making by the Commission. All decisions are the responsibility of the Commission. FAIR Health provides research and support but does not determine which, if any, of the potential changes will be adopted by the Commission.

For ease of use, the format of this document follows that of the fee schedule.

General Information

The following updates were made to the fee schedule.

- Updated all copyright dates.
- Updated rate tables:
 - Removed obsolete codes.
 - Added new codes established since 2024.
 - Updated CPT, HCPCS and CDT code descriptions.
 - Updated maximum allowable reimbursement (MAR) rates reflecting Oklahoma conversion factors applied to the Centers for Medicare & Medicaid Services (CMS) relative value units (RVUs).
 - When permitted by statute, increases/decreases of professional fees are capped at plus or minus 10% when compared to 2024 fee schedule rates. (See the Surgery section for exceptions for surgical codes.)

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Rate Tables and Conversion Factors – Professional Fees

- Conversion factors are applied to Medicare non-facility relative value units (RVUs) to develop Oklahoma maximum allowable rates (MARs)
 - The Oklahoma anesthesia conversion factor increased to \$58.17 for 2026 from \$56.48 in 2026
 - Other conversion factors increased by 8.7%

Service Area	2024 OK Conversion Factors	2024 CMS CF	OK as a % of 2024 CMS	2026 OK Conversion Factor	2026 CMS CF	OK as a % of 2026 CMS
E/M*	58.95	33.2875	177%	64.08	33.4009	192%
Anesthesia	56.48	20.4349	276%	58.17	20.4976	284%
Surgery	64.74	33.2875	194%	70.37	33.4009	211%
Radiology**	N/A	33.2875	N/A	N/A	33.4009	N/A
Path/Lab	57.01	33.2875	171%	61.97	33.4009	186%
General Medicine	51.48	33.2875	155%	55.96	33.4009	168%
Physical Medicine	44.34	33.2875	133%	48.20	33.4009	144%

* By statute, E/M must be at least 150% of CMS

** By statute, Radiology is the lesser of the MAR from the 2010 fee schedule or 207% of CMS

- No changes were applied to the methodology for calculating PROF MAR values:
 - Generally, the MAR for professional fees is equal to the CMS non-facility RVU x the Oklahoma conversion factor.
 - MAR values are generally limited by applying a +/- 10% cap on the rate when compared to the prior (2024) fee schedule, with certain exceptions
 - Surgery codes may not be lower than the value from the 2024 fee schedule.
- The Commission may make exceptions for selected codes based on customized rates from prior fee schedules, rates established in the ground rules or the statute, and/or stakeholder feedback.

Projecting Payment Amounts

FAIR Health received data from NCCI for professional services that included paid amounts for 2023 and 2024 aggregated at the procedure code/modifier level. The NCCI data also included the number of times that each procedure was performed. These data enabled FAIR Health to compare actual paid amounts to projected paid amounts based on the fee schedule PROF MAR for each code. The fee schedule projections illustrate the maximum payments and do not recognize several factors reflected in the actual paid amounts, including:

- Provider contracted payments that are less than the fee schedule MAR amounts.
- Services that, when performed in a facility, are billed at less than the non-facility (e.g., office) rates that are the basis for the fee schedule.

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- Codes for services that were reported as “By Report” and reimbursed based on usual and customary rates.

The proposed 2026 fee schedule reflects a projected 7% increase in medical payments when compared to 2024.

Introduction

- No changes were made to the Introduction section.

General Ground Rules

- Language providing guidance regarding Institutions of Higher Education was added. Previously the language was only included in the Inpatient Hospital Services section. This addition aligns the ground rule with the intent that the rule applies to all services when provided in a facility associated with an institution of higher education.

INSTITUTIONS OF HIGHER EDUCATION:

When services are provided by any hospital, clinic, physician, or medical services provider affiliated with any institution of higher education, the charges shall not exceed the greater of the amount pursuant to this fee schedule or the usual and customary amount reimbursed for the same service by the provider for the same service pursuant to any agreement with any state or federal agency for enhanced teaching reimbursement.

Modifiers and Payment Guidelines

- Modifier 95 language pointing users to the CPT manual and CMS to identify telehealth eligible services is being deleted as the eligible services are identified in the rate tables making the language unnecessary.

Evaluation and Management (E/M)

- No changes were made to the Evaluation and Management Ground Rules.

Anesthesia

- The anesthesia conversion factor (base rate) was increased from \$56.48 to \$58.17.
- Examples of how to calculate the MAR were updated based on the proposed base rate.

Surgery

- Like other rates in the fee schedule, PROF MARs for surgery codes are capped at 10% above the values from the 2024 fee schedule.
- Surgery PROF MARs are not lower than the 2024 fee schedule.
- Exceptions were made for 29 surgical codes that were increased greater than the 10% cap applied to other codes.

20605	22612	22852	29824	29880	63075
20930	22633	22853	29826	29881	64483
20936	22830	23430	29827	29888	64718
20938	22840	24342	29828	63047	64721
22551	22845	29823	29879	63048	

Radiology

- Radiology MAR values are statutorily restricted to the lesser of the 2010 fee schedule values or 207% of Medicare.
- A second set of Radiology rate tables titled “Radiology II” was added to the fee schedule to allow updated MAR values to become effective should legislation be enacted that would remove the restriction prior to next biannual fee schedule update in 2028.

Laboratory and Pathology

- No changes were made to the Laboratory/Pathology Ground Rules.

Medicine

- No changes were made to the Medicine Ground Rules.

Physical Medicine

- No changes were made to the Physical Medicine Ground Rules.

Dental

- No changes were made to the Dental Services Ground Rules.

Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs

- No changes were made to the Ground Rules in the HCPCS section.

Ambulance Services

- No changes were made to the Ambulance Services Ground Rules.

Hospital Outpatient and Ambulatory Surgery Center Services

No changes were made to the Hospital Outpatient and Ambulatory Surgery Center Services Ground Rules.

Pharmaceutical Services

- No changes were made to the Pharmaceutical Services Ground Rules

Inpatient Hospital Services

- The rural hospital reimbursement calculation example was changed to reflect proposed MS-DRG MAR values.
- The inpatient hospital base rate was added to 7. Stop-Loss Method to provide additional clarification to the stop-loss calculation.
- The stop-loss calculation example was updated to reflect proposed MS-DRG MAR values and base rates.

Inpatient Rehabilitation Facility and Skilled Nursing Facility Services

- The base rate was increased to \$5,265.18.
- The computation of maximum allowable reimbursement example was updated to reflect the increased base rate.
- The Case Mix Group table with average length of stays has been updated for 2026.

Contact Information

FAIR Health appreciates working with the Oklahoma Workers' Compensation Commission and assisting with the updates to the Schedule of Medical and Hospital Fees.

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