

2019 Senate Bill 381 Implementation Guide (FAQ)

November 12, 2019

The following information is provided to answer frequently asked questions regarding implementation of 2019 Senate Bill 381 (SB 381). **THIS INFORMATION IS NOT INTENDED TO PROVIDE LEGAL ADVICE OR INCLUDE ALL CHANGES CONTAINED IN SB 381.**

1. Important dates:

January 1, 2020	Senate Bill (SB) 381 becomes effective
July 1, 2020	Division of Industrial Relations Workers' Compensation Section (WCS) Treating Panel of Physicians and Chiropractors (WCS Tx Panel) including all newly mandated information posted on DIR/WCS website (http://dir.nv.gov/WCS/home/)
October 1, 2020	Insurers mandated to submit their treating provider lists annually to WCS to be posted on WCS website, beginning 10/1/20

2. All providers interested in beginning or continuing to treat NV workers' compensation patients must submit a completed revised WCS Tx Panel application with supporting documentation to WCS. The revised application and instructions are anticipated to be posted on the WCS website mid-November, 2019. Applications will be processed as quickly as possible, however, the time to process provider applications is variable based on application volume and investigations WCS deems necessary. WCS will notify applicants in writing when their application is approved or denied.
3. The WCS Tx Panel is limited to providers with one or more of the following Nevada licensures: MD, DO, DC.
4. WCS Tx Panel applications are to be completed online, saved as a new PDF document then emailed **ONLY** to the dedicated WCS email address medpanels@business.nv.gov
5. WCS Tx Panel applications **may not be scanned or faxed**.
6. Incomplete or inaccurate WCS Tx Panel applications will not be processed.
7. Providers on the WCS Tx Panel are required to update the WCS Medical Unit in writing of any changes in the information provided in their WCS Tx Panel application, including their availability and/or willingness to treat workers' compensation patients.
8. The WCS Tx Panel is updated weekly.
9. The WCS is not responsible for insurers' provider lists. Complaints regarding an insurer's provider list must be directed to that insurer.
10. Insurers' provider lists must be certified by a claims adjuster licensed in Nevada pursuant to NRS 684A.

11. Insurers must submit their provider lists to WCS in PDF format **ONLY** to the WCS dedicated email address medpanels@business.nv.gov. WCS will post insurers' providers lists on the WCS website "as is."
12. If an insurer does not have a provider list or the insurer's provider list does not meet the required number of specialists in a given area or specialty, the claimant may choose a treating provider from the WCS Tx Panel in the same specialty area.
13. If an insurer's list does not meet the required number of specialists in a given area or specialty, the remainder of the insurer's provider list is not invalidated.
14. Insurers must remove a provider from their provider list when the provider submits such a request in writing to the insurer. The insurer must omit the provider from the next provider list submitted to WCS.
15. Insurers may not remove a provider from their provider list involuntarily without "good cause" as defined by 2019 SB 381(2)(10).
16. If an insurer removes a provider from their provider list, this does not necessarily mean WCS will remove that provider from the WCS Tx Panel.
17. A written request received by an insurer to change a treating physician/chiropractor must include the name of the new physician or chiropractor chosen. The request must be approved or denied within 10 days or the request is deemed granted.
18. A Hearing Officer or Appeals Officer may order a change in treating physician/chiropractor.
19. If a treating physician/chiropractor refers the injured employee to a specialist for treatment, the insurer must provide the injured employee with a list of each physician/chiropractor with that specialization on the insurer's provider list.
20. An injured employee has 14 days after receiving the list to select a physician/chiropractor.
21. If the injured employee does not select a new physician/chiropractor within 14 days, the insurer may select a new physician or chiropractor for the injured employee.
22. Requests for a permanent partial disability impairment rating assigned by WCS by rotation are unlimited and may be requested at any time.
23. A permanent partial disability impairment rating may only be assigned when the rating physician/chiropractor determines the injured employee is medically maximally improved.