

The background features a complex, abstract design of overlapping, colorful ribbons in shades of blue, green, yellow, orange, and purple. A horizontal light blue bar is positioned across the middle of the image, containing the text 'SB 381'.

SB 381

**IMPLEMENTATION
TREATING PHYSICIANS AND
CHIROPRACTORS**

WCS Treating Panel of Physicians and Chiropractors

- Established 1973
- 1985 Chiropractors added
- 2009 Last statutory change

Injured employees have right to choose alternative physician/chiropractor without approval of insurer within first 90 days from date of injury



46 Years of . . .

- Adding and deleting physicians and chiropractors and amending provider information
 - when notified of changes (rarely)
 - discipline by licensing boards (intermittent)
 - personal knowledge of change
- Weekly update of WCS Treating (Tx) Panel

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Led to . . .

- Largely inaccurate Tx Panel of > 4000 providers
- Few if any resources to update further
- Difficult for any one to use
- Frustration for all users, especially injured employees

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2019 Legislature SB 381

- Choice of tx physician or chiropractor substantive right and benefit
- Substantive right to adequate choice of physicians and chiropractors
- Insurer provider lists must include not less than 12 providers in each listed specialty from the WCS Tx Panel OR all of those listed on WCS Tx Panel

Senate Bill 381

- The insurer's provider list must include not less than 8 providers in any other discipline/specialty not specifically listed in SB 381 Section 2(2)(a)-(s), unless the WCS Tx Panel contains fewer than 8 providers in that specialty
- If WCS Tx Panel contains less than 8 providers in the unlisted specialty, the insurer's list must contain all of those listed in that specialty on the WCS Tx Panel

Specialties/Disciplines

- Orthopedic Surgery
 - shoulders
 - elbows
 - wrists
 - hands
 - spine
 - hips
 - knees
 - ankles
 - feet

Specialties/Disciplines

- Neurosurgery
- Neurology
- Cardiology
- Pulmonology
- Psychiatry
- Pain Management
- Occupational Medicine
- Physiatry
- General Practice or Family Practice
- Chiropractic

Senate Bill 381

For each county of 100,000 or more (Clark/Washoe), insurer's list must include same requirements as above that also maintain in that county an active practice and a physical office

OR

An injured employee may choose physician or chiropractor listed on WCS Tx Panel

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- Insurers must file their list of physicians and chiropractors with DIR/WCS by October 1 annually
- DIR/WCS responsible to provide copy of insurer's provider list when requested OR post copy of each insurer's list on DIR/WCS website

Required For Each MD/DO/DC:

- Name
- Degree/License Type
- Practice Legal Name
- DBA
- Address every location provider practices
- Telephone # every location
- Specialty/Area of Practice
- Every Condition provider will treat
- Every Body Part provider will treat

$$A + B = C$$

Required
elements
not
collected



Inaccurate
current
Tx Panel



Revise Tx
Panel

All must
reapply



Revised Treating Panel Application

Physician or Chiropractor

First Name: Last Name: Middle Init: License Type:

NV License Nbr: Expire Date:

Email:

Direct Email Address for Practitioner (will NOT be provided to public) / Credentialing Email NOT Acceptable

Specialties / Area(s) of Practice - Choose all that apply

<input type="checkbox"/> Addiction Medicine	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Orthopedic
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Maxillofacial/Oral Surgery	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Family/General Practice	<input type="checkbox"/> Neurology	<input type="checkbox"/> Psychiatry/Physical Medicine
<input type="checkbox"/> Cardio/Thoracic Surgery	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Psychiatry
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Occupational Medicine	<input type="checkbox"/> Pulmonology
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Hospitalist	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Ear/Nose/Throat (ENT)	<input type="checkbox"/> Immunology	<input type="checkbox"/> Oncology	<input type="checkbox"/> Urology
<input type="checkbox"/> Emergency/Critical Care	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Other (Specify)	<input type="text"/>

<input type="checkbox"/> Orthopedic Surgery - Spine	<input type="checkbox"/> Orthopedic Surgery - Wrists	<input type="checkbox"/> Orthopedic Surgery - Knees
<input type="checkbox"/> Orthopedic Surgery - Shoulders	<input type="checkbox"/> Orthopedic Surgery - Hands	<input type="checkbox"/> Orthopedic Surgery - Ankles
<input type="checkbox"/> Orthopedic Surgery - Elbows	<input type="checkbox"/> Orthopedic Surgery - Hips	<input type="checkbox"/> Orthopedic Surgery - Feet

Conditions / Disorders Of (by body system) - Choose all that apply

<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Immune/Lymphatic	<input type="checkbox"/> Nervous	<input type="checkbox"/> Skin
<input type="checkbox"/> Circulatory/Vascular	<input type="checkbox"/> Maxillofacial	<input type="checkbox"/> Renal	<input type="checkbox"/> Urinary
<input type="checkbox"/> Digestive/Excretory	<input type="checkbox"/> Mental/Behavioral Health	<input type="checkbox"/> Reproductive	<input type="checkbox"/> All (Generalist)
<input type="checkbox"/> Endocrine/Exocrine	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Respiratory	<input type="text"/>
<input type="checkbox"/> Infections		<input type="checkbox"/> Other (Specify)	

Body Parts Treated - Choose all that apply

<input type="checkbox"/> Arteries/Veins/Blood	<input type="checkbox"/> Hand	<input type="checkbox"/> Trunk/Ribs	<input type="checkbox"/> Genitourinary Genitalia, Kidneys, Urinary
<input type="checkbox"/> Brain - Mental/Behavioral	<input type="checkbox"/> Arm (unspecified)	<input type="checkbox"/> Abdomen Gastrointestinal Tract, Liver	<input type="checkbox"/> Reproductive System
<input type="checkbox"/> Brain - Physical/Neurological	<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Organs/Glands Pancreas, Spleen, Appendix	<input type="checkbox"/> Knee
<input type="checkbox"/> Ears	<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Ankle
<input type="checkbox"/> Eyes	<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Skull	<input type="checkbox"/> Foot
<input type="checkbox"/> Face/Nose/Mouth Throat/Scalp	<input type="checkbox"/> Pelvis/Hips/Sacrum	<input type="checkbox"/> Nerves	<input type="checkbox"/> Leg (unspecified)
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Lungs/Respiratory System	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> All (Generalist)
<input type="checkbox"/> Elbow	<input type="checkbox"/> Heart		<input type="text"/>
<input type="checkbox"/> Wrist			

Tx Panel Application Basics

- Complete online

http://dir.nv.gov/WCS/Medical_Providers/

- Electronic signature accepted = full force of law as an original signature

- Submitter must save application as .pdf document prior to submitting to DIR/WCS;
Do Not Scan application

- Must be emailed to

medpanels@business.nv.gov

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Tx Panel Application – Page 1

Physician or Chiropractor

First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Middle Init:	<input type="text"/>	License Type:	<input type="text" value="M"/>
NV License Nbr:	<input type="text"/>	Expire Date:	<input type="text"/>				
Email:	<input type="text"/>						

Direct Email Address for Practitioner (will NOT be provided to public) / Credentialing Email NOT Acceptable

- License Type = drop down menu with choices: MD, DO or DC
- Email address of provider necessary to allow DIR/WCS communicate effectively and directly with provider (credentialing email not accepted)

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Tx Panel Application – Page 1

Specialties / Area(s) of Practice - Choose all that apply

<input type="checkbox"/> Addiction Medicine	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Orthopedic
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Maxillofacial/Oral Surgery	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Family/General Practice	<input type="checkbox"/> Neurology	<input type="checkbox"/> Physiatry/Physical Medicine
<input type="checkbox"/> Cardio/Thoracic Surgery	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Psychiatry
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Occupational Medicine	<input type="checkbox"/> Pulmonology
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Hospitalist	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Ear/Nose/Throat (ENT)	<input type="checkbox"/> Immunology	<input type="checkbox"/> Oncology	<input type="checkbox"/> Urology
<input type="checkbox"/> Emergency/Critical Care	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Other (Specify) _____	
<input type="checkbox"/> Orthopedic Surgery - Spine	<input type="checkbox"/> Orthopedic Surgery - Wrists	<input type="checkbox"/> Orthopedic Surgery - Knees	
<input type="checkbox"/> Orthopedic Surgery - Shoulders	<input type="checkbox"/> Orthopedic Surgery - Hands	<input type="checkbox"/> Orthopedic Surgery - Ankles	
<input type="checkbox"/> Orthopedic Surgery - Elbows	<input type="checkbox"/> Orthopedic Surgery - Hips	<input type="checkbox"/> Orthopedic Surgery - Feet	

- Specialty = area of practice, not necessarily board certification
- Chiropractors mark “chiropractic”
- Not all specialties listed; type specialty in “other” if not listed
- Orthopedic surgery must be further delineated into specific area of practice (per SB 381)

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Tx Panel Application – Page 1

Conditions / Disorders Of (by body system) - Choose all that apply

<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Immune/Lymphatic	<input type="checkbox"/> Nervous	<input type="checkbox"/> Skin
<input type="checkbox"/> Circulatory/Vascular	<input type="checkbox"/> Maxillofacial	<input type="checkbox"/> Renal	<input type="checkbox"/> Urinary
<input type="checkbox"/> Digestive/Excretory	<input type="checkbox"/> Mental/Behavioral Health	<input type="checkbox"/> Reproductive	<input type="checkbox"/> All (Generalist)
<input type="checkbox"/> Endocrine/Exocrine	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Respiratory	
<input type="checkbox"/> Infections		<input type="checkbox"/> Other (Specify)	<input type="text"/>

- Conditions listed by body systems
- Chiropractors mark “chiropractic”
- Use “Other” if not listed, type body system/condition
- Generalists use “All”

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Tx Panel Application – Page 1

Body Parts Treated - Choose all that apply

<input type="checkbox"/> Arteries/Veins/Blood	<input type="checkbox"/> Hand	<input type="checkbox"/> Trunk/Ribs	<input type="checkbox"/> Genitourinary Genitalia, Kidneys, Urinary
<input type="checkbox"/> Brain - Mental/Behavioral	<input type="checkbox"/> Arm (unspecified)	<input type="checkbox"/> Abdomen Gastrointestinal Tract, Liver	<input type="checkbox"/> Reproductive System
<input type="checkbox"/> Brain - Physical/Neurological	<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Organs/Glands Pancreas, Spleen, Appendix	<input type="checkbox"/> Knee
<input type="checkbox"/> Ears	<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Ankle
<input type="checkbox"/> Eyes	<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Skull	<input type="checkbox"/> Foot
<input type="checkbox"/> Face/Nose/Mouth Throat/Scalp	<input type="checkbox"/> Pelvis/Hips/Sacrum	<input type="checkbox"/> Nerves	<input type="checkbox"/> Leg (unspecified)
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Lungs/Respiratory System	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> All (Generalist)
<input type="checkbox"/> Elbow	<input type="checkbox"/> Heart		
<input type="checkbox"/> Wrist			

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- Check most specific, multiple
- Brain category divided: mental/behavioral health
OR physical/neurological
- Use “Other” if not listed, type body part
- Generalists use “All”

Tx Panel Application Page 2

- List all locations provider practices at
- Designate primary location (complete online)
- Both legal name of practice/facility/company must be listed and “doing business as” (DBA)
- Additional locations may be attached separately (typed)
- Ensure all required information provided for each location

Primary Location

Legal Name of Practice:	<input type="text"/>	DBA Name:	<input type="text"/>
Address 1:	<input type="text"/>	Phone Nbr.:	<input type="text"/>
City:	<input type="text"/>	Fax Nbr.:	<input type="text"/>
State:	<input type="text"/> Zip: <input type="text"/>	County:	<input type="text"/>

Additional Locations

Legal Name of Practice:	<input type="text"/>	DBA Name:	<input type="text"/>
Address 1:	<input type="text"/>	Phone Nbr.:	<input type="text"/>
City:	<input type="text"/>	Fax Nbr.:	<input type="text"/>
State:	<input type="text"/> Zip: <input type="text"/>	County:	<input type="text"/>

Legal Name of Practice:	<input type="text"/>	DBA Name:	<input type="text"/>
Address 1:	<input type="text"/>	Phone Nbr.:	<input type="text"/>
City:	<input type="text"/>	Fax Nbr.:	<input type="text"/>
State:	<input type="text"/> Zip: <input type="text"/>	County:	<input type="text"/>

Legal Name of Practice:	<input type="text"/>	DBA Name:	<input type="text"/>
Address 1:	<input type="text"/>	Phone Nbr.:	<input type="text"/>
City:	<input type="text"/>	Fax Nbr.:	<input type="text"/>
State:	<input type="text"/> Zip: <input type="text"/>	County:	<input type="text"/>

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- Provide license information in any state ever licensed with dates
- Describe experience treating workers' compensation claimants
- Ensure all required information provided for each location

 YES* NO

Have you ever been licensed in a state other than Nevada? Please provide state(s) and dates.

 YES* NO

Has your license to practice medicine/chiropractic in any jurisdiction ever been denied, revoked, voluntarily or involuntarily terminated, relinquished, suspended, otherwise limited or restricted or been made subject to a program of probation, or have you ever been issued a citation or letter of reprimand by the licensing agency, or have formal or informal proceedings, or investigations, toward any of those ends ever been commenced?

 YES* NO

Has disciplinary action ever been filed against you by any workers' compensation authority, Medicare or Medicaid (CMS), medical facility, health maintenance organization, or professional practice board/society/association for fraud, medical billing fraud, substance abuse, prescribing controlled substances or quality of patient care?

 YES* NO

Have you ever been sanctioned for unprofessional conduct or discriminatory treatment in the care and/or treatment of patients in any state?

 YES* NO

Have you ever utilized a treatment which is not sanctioned by your peers, medical authority or accepted treatment guidelines as being beneficial for the injury or disease involved?

 YES* NO

Has your Drug Enforcement Agency or other controlled substances authorization ever been denied, revoked, voluntarily or involuntarily terminated, suspended, or restricted or have formal or informal proceedings, or investigations toward any of those ends ever been commenced?

 YES* NO

Have you ever been convicted of a criminal offense other than a minor traffic violation?

 YES* NO

Has the State of Nevada, Division of Industrial Relations ever issued a warning to you or imposed an administrative fine on you?

Have you ever been suspended or removed from the State of Nevada Division of Industrial Relations Panel of Treating Physicians and Chiropractors or any other provider list as a disciplinary measure in Nevada or

Tx Panel Application Page 4

- MD/DO/DC read attestations
- NRS/NAC 616-617
- ACOEM Guidelines
- NV Medical Fee Schedule
- Notify DIR/WCS in writing of changes
- Save as new PDF
- DO NOT SCAN
- Email only to medpanels@business.nv.gov

Please read and check each box indicating your understanding and agreement with each statement.

- The information provided is both complete and accurate to the best of my knowledge. I understand that providing inaccurate information or documentation may result in the denial of this application. Incomplete applications will not be processed.
- I have a special competency and interest in industrial health to treat injured employees under chapters 616A through 617, inclusive, of Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC).
- I agree to comply with Nevada's standards of care and use the ACOEM Guidelines adopted by the State of Nevada, Division of Industrial Relations pursuant to NRS 616C.250 and NAC 616C.123.
- I agree to comply with the provisions of Chapters 616A through 617, inclusive, of the NRS and NAC. Failure to do so may result in disciplinary action including suspension or removal from the Treating Panel of Physicians and Chiropractors (NAC 616C.006).
- I agree to notify the State of Nevada, Division of Industrial Relations (DIR) Workers' Compensation Section Medical Unit in writing of any changes to any of the information provided in this application packet including, but not limited to, legal name of practice, office address, specialty, licensing board status, email address, telephone number, and willingness/ability to treat Nevada's injured employees **within 14 calendar days of the change(s)**.
- I agree to comply with the billing practices and reimbursement described in the NRS and NAC and the Nevada Medical Fee Schedule for Workers' Compensation (available at <http://dir.nv.gov/WCS/home/>), which is updated annually.

I attest that I have read, and understood this completed application. I also understand and agree that my electronic signature below has the full force of the law of an original signature.

Physician / Chiropractor Signature

Date

Removal Insurers' Provider Lists

Treating providers may be removed from insurers' provider lists if provider:

Deceased or Disabled

License suspended or
revoked

Convicted of felony

Convicted of crime per
NRS 616D

Removed WCS Tx
Panel for failure to
comply with standards
of treatment

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Return to Work Review

- Work is essential for all employees
- Treating providers support also essential
- See Section 25 (7)(a-c) - page 12 of SB 381
- Work restrictions set by treating physician or chiropractor (not APRN or PA)
- Work restrictions temporary or permanent
- If temporary, light duty work assignments preferable

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Medical Unit Contacts

Las Vegas (702) 486-9080
fax (702) 486-8713

Katherine Godwin, RN
Manager, Medical Unit
(702) 486-9080
kgodwin@business.nv.gov

Tx Panel applications (ONLY)

medpanels@business.nv.gov

D-35 Forms and C-4 Forms

medunit@business.nv.gov

Carson City (775) 684- 7250
Fax (775) 687-6305

Sherry Crance, RN
Supervisor, Medical Unit (North)
(775) 684-7275
s.crance@business.nv.gov

PPD Reports (ONLY)

PPDreports@business.nv.gov