

**ADOPTED REGULATION OF THE ADMINISTRATOR OF THE
DIVISION OF INDUSTRIAL RELATIONS OF THE
DEPARTMENT OF BUSINESS AND INDUSTRY**

LCB File No. R117-25

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: § 1, NRS 616C.122; § 2, NRS 616A.400 and 616C.065; §§ 3, 8 and 10, NRS 616A.400; § 4, NRS 616A.400 and 616C.260; §§ 5-7, NRS 616A.400 and 616D.120; § 9, NRS 616A.400 and 616C.087.

A REGULATION relating to industrial insurance; establishing requirements for a treating physician to delegate certain routine follow-up care of an injured employee to a physician assistant; revising the requirement for an insurer to notify the Administrator of the Division of Industrial Relations of the Department of Business and Industry of the denial of a claim for compensation of an injured employee; clarifying the applicability of certain terms relating to the condition of an injured employee; updating certain information concerning a publication used to establish reasonable fees and charges for accident benefits; revising provisions governing the violations for which the Administrator is authorized to issue a notice of correction; revising provisions governing the violations for which the Administrator is authorized to impose an administrative fine or order a plan of corrective action, or both, after the issuance of a notice of correction; revising provisions governing the random selection by the Administrator of a rating physician or chiropractic physician; revising provisions governing the format in which certain entities are required to submit a list of physicians and chiropractic physicians to the Administrator; repealing requirements governing the provision of a provider identification number to a physician or chiropractic physician; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the Administrator of the Division of Industrial Relations of the Department of Business and Industry to adopt regulations which authorize the treating physician or chiropractic physician of an injured employee to delegate certain routine follow-up care to a physician assistant employed by and under the supervision of the treating physician or chiropractic physician. Under existing law, such regulations must: (1) require informed consent

from the injured employee before the delegation and provision of any such follow-up care; and (2) be consistent with accepted standards of practice for physician assistants established by existing law and regulations governing physician assistants licensed by the Board of Medical Examiners or the State Board of Osteopathic Medicine. (NRS 616C.122) **Section 1** of this regulation requires the informed consent from the injured employee to be in the form of a written authorization that authorizes the treating physician to delegate routine follow-up care to a physician assistant. **Section 1** additionally requires the treating physician to maintain such an informed consent in the medical record of the injured employee and make the informed consent available upon request to any person authorized by law to examine or receive the informed consent. Finally, **section 1**: (1) provides that **section 1** must not be interpreted in a manner inconsistent with the accepted standards of practice of a physician assistant licensed by the Board of Medical Examiners or the State Board of Osteopathic Medicine; and (2) applies the requirements of **section 1** to treating physicians and physician assistants licensed by the Board of Medical Examiners or the State Board of Osteopathic Medicine.

Existing law requires an insurer who denies a claim for compensation of an injured employee to notify the Administrator of the denial of the claim. (NRS 616C.065) **Section 2** of this regulation specifies the required form to submit such notice to the Administrator. **Section 2** also removes a requirement for the notice of denial given to the Administrator to include a copy of: (1) the notice of denial given to the injured employee, the attorney or other authorized representative of the injured employee or the dependents of the injured employee; and (2) the Form C-4, Employee's Claim for Compensation/Report of Initial Treatment, that was completed by the injured employee or the dependents of the injured employee. (NAC 616C.091)

Under existing law, within 30 days after receiving from a physician or chiropractic physician a report indicating that an injured employee may have suffered a permanent disability and is stable and ratable, an insurer is required to schedule an appointment with the rating physician or chiropractic physician to determine the extent of the employee's disability for the purpose of determining the compensation to which the injured employee is entitled. (NRS 616C.490) Existing regulations define the circumstances under which an injured employee is considered to be stable and ratable and entitled to the required appointment with the rating physician or chiropractic physician to determine the extent of the employee's disability. (NAC 616C.103) **Section 3** of this regulation clarifies that this definition of the circumstances under which an injured employee is considered to be stable and ratable applies to all provisions of existing law and regulations governing compensation for injured employees.

Existing law authorizes certain persons to select or request that the Administrator select a rating physician or chiropractic physician at random from the list of qualified physicians or chiropractic physicians maintained by the Administrator. (NRS 616C.100, 616C.145, 616C.330, 616C.490) Under existing regulations, in making such a random selection of a rating physician or chiropractic physician, the Administrator is required to select a rating physician or chiropractic physician whose practice is located in the same geographic region in this State, as defined in existing regulations, as the geographic region in which the injured employee resides. (Section 8 of LCB File No. R076-23) **Section 8** of this regulation authorizes the insurer and the injured employee to mutually agree to the selection of a rating physician or chiropractic

physician whose practice is located in a different region than the region in which the injured employee resides.

Existing law requires: (1) the Administrator to establish, maintain and update at least once each year a panel of physicians and chiropractic physicians who have demonstrated competence and interest in treating injured employees; and (2) an insurer to use that panel to create and maintain a list of physicians and chiropractic physicians from which an injured employee may choose to receive treatment for an industrial injury or occupational disease. (NRS 616C.090) **Section 10** of this regulation removes a requirement for the Administrator to assign a provider identification number to each physician or chiropractic physician appointed to the panel maintained by the Administrator. (Section 6 of LCB File No. R076-23)

Under existing law, an insurer is required, on or after September 1 and on or before October 1 of each year, to update its list of treating physicians and chiropractic physicians and file the list with the Administrator in accordance with regulations adopted by the Administrator. Existing law: (1) requires the Administrator to adopt regulations to prescribe a uniform format in which an employer, insurer or third-party administrator is required to maintain its list of physicians and chiropractic physicians; (2) requires that any such list be in a format which is easily searchable, including, without limitation, an indexed database, a portable document format, a spreadsheet with data that may be filtered, a comma-separated values file or any other comparable format; and (3) prohibits the Administrator from requiring such a list to be submitted through any specific proprietary software platform or particular electronic system. (NRS 616C.087) **Section 9** of this regulation revises existing regulations governing the manner in which an employer, insurer or third-party administrator is required to submit its list of physicians and chiropractic physicians to the Administrator by requiring the list to be: (1) submitted to the Administrator in an electronic file that is in the uniform format prescribed by **section 9**; and (2) in a format which is easily searchable, as required by existing law. (NRS 616C.087; section 9 of LCB File No. R076-23)

Existing law requires the fees and charges for certain medical treatments, which are known as accident benefits, provided to injured employees to not exceed the amount usually billed and paid for similar treatments provided to other patients. Under existing law, the Administrator is required to designate a vendor who compiles data on a national basis concerning fees and charges that are billed and paid for treatment similar to the treatment that qualifies as accident benefits in this State to provide the Administrator with such information as the Administrator deems necessary to establish reasonable fees and charges allowable for accident benefits. (NRS 616C.260) **Section 4** of this regulation updates the contact information and price of a publication adopted by reference to establish reasonable fees and charges for accident benefits. (NAC 616C.145)

Existing law authorizes the Administrator to take certain actions against an insurer, organization for managed care, health care provider, third-party administrator, employer or professional employer organization that violates a provision of existing law governing workers' compensation. Under existing law, the Administrator is authorized to issue a notice of correction for a minor, clerical or ministerial violation, which is defined in existing law as a violation that does not create a financial impact to an injured employee. (NRS 616D.120) **Section 5** of this regulation: (1) changes the term "minor violation" to "minor, clerical or ministerial violation" to

describe the types of violations for which the Administrator may issue a notice of correction; and (2) removes a definition of “minor violation” so that “minor, clerical or ministerial violation” has the same meaning as the statutory meaning of the term. (NRS 616D.120; NAC 616D.400)

Under existing law, the Administrator is authorized to impose an administrative fine against an insurer, organization for managed care, health care provider, third-party administrator, employer or professional employer organization who has been issued a notice of correction and has committed a second or subsequent violation of the same section of existing law for which the notice of correction was issued. (NRS 616D.120) Existing regulations authorize the Administrator to: (1) consider two or more violations of the same or similar provisions of existing law or regulations to be evidence of an intentional violation of those provisions; and (2) impose an administrative fine and, if appropriate, order a plan of corrective action if the Administrator determines such violations to be intentional violations. (NAC 616D.405) **Section 6** of this regulation instead authorizes the Administrator to consider two or more violations of the same section of existing law or regulations to be evidence of such an intentional violation of those provisions.

Existing regulations authorize the Administrator to impose an administrative fine or order a plan of corrective action, or both, for a second or subsequent violation of the same or similar provision of existing law or regulations. (NAC 616D.415) **Section 7** of this regulation instead authorizes the Administrator to impose an administrative fine or order a plan of corrective action, or both, for a second or subsequent violation of the same section of existing law or regulations.

Section 1. Chapter 616C of NAC is hereby amended by adding thereto a new section to read as follows:

1. Pursuant to NRS 616C.122, a treating physician may delegate certain routine follow-up care of an injured employee, as determined by the Administrator, to a physician assistant who is an employee of and under the supervision of the treating physician if, before the delegation and provision of any such follow-up care, the treating physician obtains the informed consent of the injured employee in the form of a written authorization given by the injured employee to the treating physician that allows the treating physician to delegate certain routine follow-up care to a physician assistant.

2. The treating physician shall maintain the informed consent obtained pursuant to subsection 1 in the medical records of the injured employee that are maintained by the treating

physician and shall, upon request, make the informed consent available to a person authorized by law to examine or receive it.

3. A physician assistant to whom a treating physician delegates routine follow-up care pursuant to this section may perform only those services as authorized by law, including, without limitation, NRS 630.271 and 633.432, and any services in connection with the issuance of a certificate of disability pursuant to subsection 7 of NRS 616C.475 that a physician assistant is authorized by law to perform. This section and NRS 616C.122 must not be construed in a manner that is inconsistent with the accepted standards of practice for a physician assistant in accordance with chapters 630 and 633 of NRS and the regulations adopted pursuant thereto.

4. As used in this section, "physician assistant" means a physician assistant licensed pursuant to chapter 630 or 633 of NRS.

Sec. 2. NAC 616C.091 is hereby amended to read as follows:

616C.091 1. After receipt of a claim for compensation, the insurer or third-party administrator shall give written notice of its determination to accept or deny the claim to the injured employee, the attorney or other authorized representative of the injured employee or his or her dependents and, if the injured employee's employer is not self-insured, to the injured employee's employer.

2. If the insurer or third-party administrator denies the claim in whole or in part:

(a) The insurer or third-party administrator shall, pursuant to NRS 616C.065, notify the Administrator of the denial **by completing and filing the form designated in NAC 616A.480 as Form D-38, Index of Claims System - Claim Registration.**

(b) The notice of denial to the injured employee, the attorney or other authorized representative of the injured employee or his or her dependents must include:

(1) A written statement of the right to request a hearing on the matter before a hearing officer and a form for requesting a hearing; and

(2) A specific statement of the reasons for the denial of the claim.

(c) The insurer or third-party administrator shall provide a copy of each notice of denial it gives pursuant to paragraph (b) to:

(1) The physician, chiropractic physician, physician assistant or advanced practice registered nurse who provided an examination and treatment of the injured employee in the context of an initial examination and treatment pursuant to NRS 616C.010; and

(2) The injured employee's treating physician or chiropractic physician.

~~[(d) The notice of denial required to be given to the Administrator pursuant to paragraph (a) must include:~~

~~—— (1) A copy of the notice of denial given to the injured employee, the attorney or other authorized representative of the injured employee or his or her dependents; and~~

~~—— (2) A copy of Form C-4, Employee's Claim for Compensation/Report of Initial Treatment, that was completed by the injured employee or his or her dependents.]~~

3. If the insurer or third-party administrator accepts the claim, the notice of acceptance provided to the injured employee, the attorney or other authorized representative of the injured employee or his or her dependents must include:

(a) Written notice of acceptance of the claim;

(b) A copy of Form D-53, Alternative Choice of Physician or ~~Chiropractor;~~ *Chiropractic Physician;* and

(c) Either:

(1) If established and available, the Internet address of the website of the insurer or third-party administrator at which the injured employee, the attorney or other authorized representative of the injured employee or his or her dependents can obtain a list of providers of health care who are authorized to provide health care services to the injured employee; or

(2) Notification that, pursuant to NAC 616C.030, the injured employee, the attorney or other authorized representative of the injured employee, his or her dependents or the treating physician or chiropractic physician of the injured employee may, upon written request, obtain a list of providers of health care who are authorized to provide health care services to the injured employee.

4. A written notice of determination issued by an insurer or third-party administrator must include:

- (a) The claim number;
- (b) The name of the employer;
- (c) The name of the insurer;
- (d) The name of the third-party administrator, if applicable;
- (e) The date of the injury;
- (f) The date of the written notice of determination;

(g) Notice that the injured employee may, pursuant to subsection 1 or 3 of NRS 616C.315, request a hearing or appeal the determination within 70 days after the determination is issued by the insurer; and

(h) The addresses of the offices of the Hearings Division of the Department of Administration located in Carson City and Las Vegas.

Sec. 3. NAC 616C.103 is hereby amended to read as follows:

616C.103 1. For *the* purposes of ~~the determination of whether an injured employee is stable and ratable and entitled to an evaluation to determine the extent of any permanent impairment pursuant to this section and NRS 616C.490,~~ *chapters 616A to 617, inclusive, of NRS, and any regulations adopted pursuant thereto,* the Division interprets the term:

(a) “Stable” to include, without limitation, a written indication from a physician or chiropractic physician that the industrial injury or occupational disease of the injured employee:

- (1) Is stationary, permanent or static; or
- (2) Has reached maximum medical improvement.

(b) “Ratable” to include, without limitation, a written indication from a physician or chiropractic physician that the medical condition of the injured employee may have:

- (1) Resulted in a loss of motion, sensation or strength in a body part of the injured employee;
- (2) Resulted in a loss of or abnormality to a physiological or anatomical structure or bodily function of the injured employee; or
- (3) Resulted in a mental or behavioral disorder as the result of a claim that has been accepted pursuant to NRS 616C.180.

2. If an insurer proposes that an injured employee agree to a rating physician or chiropractic physician chosen by the insurer, the insurer shall inform the injured employee in writing that the injured employee:

- (a) Is not required to agree with the selection of that physician or chiropractic physician; and
- (b) May request that the rating physician or chiropractic physician be selected in accordance with subsection 3 and NRS 616C.490.

3. An insurer shall comply with subsection 2 of NRS 616C.490, within the time prescribed in that subsection for the scheduling of an appointment, by:

- (a) Selecting a rating physician or chiropractic physician in accordance with the procedures for the random selection of a rating physician or chiropractic physician set forth in section 7 of LCB File No. R076-23 and requesting that the selected rating physician or chiropractic physician evaluate the injured employee and determine the extent of any permanent impairment or, if the injured employee and insurer have agreed to a rating physician or chiropractic physician pursuant to subsection 2 of NRS 616C.490, by submitting a completed form designated in NAC 616A.480 as D-35, Request for Assignment of Rating Physician or Chiropractic Physician, which identifies the rating physician or chiropractic physician, to the Administrator within 30 days after the insurer has received the statement from a physician or chiropractic physician that the injured employee is ratable and stable; and
- (b) Mailing written notice to the injured employee of the date, time and place of the appointment for the rating evaluation.

4. At least 3 working days before a rating evaluation, the party that requested the rating evaluation must provide to the assigned rating physician or chiropractic physician:

(a) All reports or other written information concerning the injured employee's claim produced by a physician, chiropractic physician, hospital or other provider of health care, including the statement from the treating physician or chiropractic physician that the injured employee is stable and ratable, surgical reports, diagnostic, laboratory and radiography reports and information concerning any preexisting condition relating to the injured employee's claim;

(b) Any evidence or documentation of any previous evaluations performed to determine the extent of any of the injured employee's disabilities and any previous injury, disease or condition of the injured employee that is relevant to the evaluation being performed;

(c) The form designated in NAC 616A.480 as C-4, Employee's Claim for Compensation/Report of Initial Treatment;

(d) The form designated in NAC 616A.480 as D-35, Request for Assignment of Rating Physician or Chiropractic Physician; and

(e) The form designated in NAC 616A.480 as D-36, Request for Additional Medical Information and Medical Release.

5. An insurer shall pay for the cost of travel for an injured employee to attend a rating evaluation as required by NAC 616C.105.

6. Except as otherwise provided in subsection 7, if the rating physician or chiropractic physician finds that the injured employee has a ratable impairment, the insurer shall, within the time prescribed by NRS 616C.490, offer the injured employee the award to which he or she is entitled. The insurer shall make payment to the injured employee:

(a) Within 20 days; or

(b) If there is any child support obligation affecting the injured employee, within 35 days,

↪ after the later of the date on which the insurer offers the award or the date on which it receives the properly executed lump-sum award papers from the injured employee or his or her representative.

7. If the insurer disagrees in good faith with the result of the rating evaluation, the insurer shall, within the time prescribed in NRS 616C.490:

(a) Offer and pay the injured employee the portion of the award, in installments, which it does not dispute;

(b) Provide the injured employee with a copy of each rating evaluation performed of the injured employee; and

(c) Notify the injured employee of the specific reasons for the disagreement and the right of the injured employee to appeal. The notice must also set forth a detailed proposal for resolving the dispute that can be executed in 75 days, unless the insurer demonstrates good cause for why the proposed resolution will require more than 75 days.

8. The injured employee must receive a copy of the results of each rating evaluation performed of the injured employee before accepting an award for a permanent partial disability.

9. As used in this section, “lump-sum award papers” means the following forms designated in NAC 616A.480, as appropriate:

(a) D-10a, Election of Lump Sum Payment of Compensation.

(b) D-10b, Election of Lump Sum Payment of Compensation for Disability Greater than 30 Percent.

(c) D-11, Reaffirmation/Retraction of Lump Sum Request.

Sec. 4. NAC 616C.145 is hereby amended to read as follows:

616C.145 1. Except as otherwise provided in this section, providers of health care who treat injured employees pursuant to this chapter and chapter 616C of NRS shall comply with the most recently published edition of or update to the *Relative Values for Physicians*, which the Division hereby adopts by reference.

2. The Administrator will, on or before February 1 of each year, review the most recently published edition of or update to the *Relative Values for Physicians*. Each new edition of or update to the *Relative Values for Physicians* shall be deemed approved by the Division for use in this State from February 1 through January 31, unless a notice of disapproval of the edition or update is posted pursuant to this subsection by the immediately preceding February 1. If the Administrator wishes to disapprove a new edition of or update to the *Relative Values for Physicians*, the Administrator will:

(a) Post a notice of disapproval at the largest public library in each county, the State Library, Archives and Public Records, the Grant Sawyer Office Building located at 555 East Washington Avenue, Las Vegas, Nevada, and all offices of the Division; and

(b) Send a notice to each person included on the mailing list that the Division is required to maintain pursuant to paragraph (e) of subsection 1 of NRS 233B.0603.

↪ If the Administrator disapproves an edition of or update to the *Relative Values for Physicians* the edition or update that was most recently adopted by reference or deemed approved pursuant to this section will continue in effect.

3. A copy of *Relative Values for Physicians*, as adopted by reference pursuant to subsection 1, may be purchased from ~~Optum360, 2525 Lake Park Boulevard, Salt Lake City,~~ **Optum, 12921 S. Vista Station Blvd., Ste. 200, Draper,** Utah ~~84120,~~ **84020**, by telephone at (800) 464-

3649 or at the Internet address ~~{<https://www.optum360coding.com>,}~~

<https://www.optumcoding.com>, for the price of ~~{\$329.95,}~~ *\$1,300, plus a user fee of \$35.*

Sec. 5. NAC 616D.400 is hereby amended to read as follows:

616D.400 1. For the purposes of subsection 2 of NRS 616D.120 and except as otherwise provided in chapters 616A to 617, inclusive, of NRS, or in any regulation adopted pursuant thereto, ~~{an insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company commits a “minor violation” of any provision of chapter 616A, 616B, 616C, 616D or 617 of NRS, or a regulation adopted pursuant thereto, if the violation is a single, unintentional violation and the insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company agrees, in writing, to correct the violation during the course of an investigation or audit conducted pursuant to those chapters.~~

~~—2. Except as otherwise provided in this subsection,}~~ if an insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company agrees, in writing, to correct a ~~{single, unintentional}~~ *minor, clerical or ministerial* violation during the course of an investigation or audit, the Administrator will issue a notice of correction for that violation. The Administrator will not issue a notice of correction pursuant to this subsection if the violation does not require correction or the correction is unnecessary or moot.

~~{3.}~~ **2.** If an insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company does not agree, in writing, to correct a ~~{single, unintentional}~~ *minor, clerical or ministerial* violation during the course of an investigation or audit, the Administrator may impose an administrative fine in an amount not to

exceed those amounts set forth in subsection 2 of NRS 616D.120 or order a plan of corrective action to be submitted to the Administrator, or both.

Sec. 6. NAC 616D.405 is hereby amended to read as follows:

616D.405 1. For the purposes of NRS 616D.120, an insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company commits an “intentional violation” of any provision of chapter 616A, 616B, 616C, 616D or 617 of NRS, or any regulation adopted pursuant thereto, if he or she acts with purpose or design, otherwise acts to cause the consequences, desires to cause the consequences or believes that the consequences are substantially certain to result from the violation.

2. The Administrator may consider two or more violations of the same ~~for similar provisions~~ *section* of chapters 616A to 617, inclusive, of NRS, or any regulations adopted pursuant thereto, as evidence of an intentional violation. If the Administrator determines that two or more violations *of the same section* constitute an intentional violation, the Administrator will impose an administrative fine as required by subsection 1 of NRS 616D.120 and, if appropriate, order a plan of corrective action to be submitted to the Administrator.

Sec. 7. NAC 616D.415 is hereby amended to read as follows:

616D.415 Except as otherwise provided in chapters 616A to 617, inclusive, of NRS, or in any regulation adopted pursuant thereto:

1. If the Administrator determines that:

(a) An insurer or third-party administrator has failed to comply or has complied in an untimely manner with any provision of chapter 616A, 616B, 616C, 616D or 617 of NRS, or any

regulation adopted pursuant thereto, that requires the insurer or third-party administrator to make a determination regarding the acceptance or denial of a claim for compensation;

(b) An insurer or third-party administrator has failed to comply or has complied in an untimely manner with any provision of chapter 616A, 616B, 616C, 616D or 617 of NRS, or any regulation adopted pursuant thereto, that requires the insurer or third-party administrator to make a payment of benefits to an injured employee;

(c) An insurer or employer has failed to comply or has complied in an untimely manner with any of the provisions of NRS 616B.460 or 616B.461 or NAC 616B.124 to 616B.136, inclusive;

(d) An insurer, organization for managed care, provider of health care, third-party administrator, employer or employee leasing company has failed to comply or has complied in an untimely manner with any of the provisions of NRS 616A.475, 616B.006, 616B.009, 616C.700 or 617.357 or NAC 616A.410 or 616C.527 or paragraph (b) of subsection 1 of NAC 616B.014;

(e) A treating physician or chiropractor has failed to comply or has complied in an untimely manner with any of the provisions of NRS 616C.020 or 616C.040, subsection 7 of NRS 616C.475 or NRS 617.352, or any regulations adopted pursuant thereto, that require the treating physician or chiropractor to complete a claim for compensation; or

(f) An employer has failed to comply or has complied in an untimely manner with any of the provisions of NRS 616C.045 or 617.354, or any regulation adopted pursuant thereto, that require the employer to complete a report of industrial injury or occupational disease,

➡ and the Administrator determines that the violation was not an intentional violation, the Administrator may impose an administrative fine in an amount not to exceed those amounts set

forth in subsection 2 of NRS 616D.120 or order a plan of corrective action to be submitted to the Administrator, or both.

2. If the Administrator determines that an insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company has committed two or more violations of the same ~~for similar provisions~~ *section* of chapters 616A to 617, inclusive, of NRS, or any regulation adopted pursuant thereto, the Administrator may impose an administrative fine in an amount not to exceed those amounts set forth in subsection 2 of NRS 616D.120 or order a plan of corrective action to be submitted to the Administrator, or both.

Sec. 8. Section 8 of LCB File No. R076-23 is hereby amended to read as follows:

Sec. 8. 1. ~~Hn~~ *Unless the insurer and the injured employee agree to the selection of a rating physician or chiropractic physician whose practice is located in a different region than the region in which the injured employee resides, in* assigning a rating physician or chiropractic physician to examine or evaluate an injured employee pursuant to section 7 of LCB File No. R076-23, the Administrator shall select at random a rating physician or chiropractic physician whose practice is located in:

(a) The southern Nevada region if the injured employee resides in the southern Nevada region.

(b) The northern Nevada region if the injured employee resides in the northern Nevada region.

(c) The northern Nevada region or the rural Nevada region if the injured employee resides in the rural Nevada region.

2. For the purposes of this section:

(a) The southern Nevada region consists of Clark, Lincoln, Nye and ~~{Esmerelda}~~
Esmeralda Counties.

(b) The northern Nevada region consists of Carson City and Lyon, Churchill, Storey, Douglas, Mineral and Washoe Counties.

(c) The rural Nevada region consists of Pershing, Humboldt, Elko, Lander, Eureka and White Pine Counties.

Sec. 9. Section 9 of LCB File No. R076-23 is hereby amended to read as follows:

Sec. 9. 1. Each employer, insurer or third-party administrator that creates a list of physicians and chiropractic physicians pursuant to NRS 616C.087 shall, on or before October 1 of each year, submit ~~{to an electronic database established by the Division the following information;}~~ *the list to the Administrator as an electronic file in the uniform format prescribed by this section. The file must:*

(a) ~~{The name of the employer, insurer or third-party administrator;}~~ *Be in an easily searchable format, including, without limitation, an indexed database, a portable document format, a spreadsheet with data that may be filtered, a comma-separated values file or any other comparable format; and*

(b) *Contain the following information:*

(1) The name and license number of the adjuster licensed pursuant to chapter 684A of NRS ~~{or, for an insurer described in section 22 of LCB File No. R134-20, the name of the insurer's highest ranking employee who is responsible for processing workers' compensation claims filed in this State;}~~ who is certifying ~~{the accuracy of the information submitted; and~~

~~—(e) The provider identification number assigned to each physician or chiropractic physician pursuant to section 6 of this regulation who is included on~~ the list ~~[-]~~ *pursuant to subsection 6 of NRS 616C.087; and*

(2) The following fields in the order listed below for each physician and each chiropractic physician included on the list:

(I) First name;

(II) Middle initial;

(III) Last name;

(IV) License type;

(V) Specialties, which must be selected from the allowable list of values set forth in subsection 2;

(VI) Conditions, which must be selected from the allowable list of values set forth in subsection 3;

(VII) Body parts, which must be selected from the allowable list of values set forth in subsection 4;

(VIII) Type of orthopedic surgery, which must be selected from the allowable types of orthopedic surgery set forth in subsection 5;

(IX) Primary location of practice;

(X) Legal name of practice;

(XI) Any fictitious name of practice;

(XII) Street address of practice;

(XIII) City;

(XIV) State;

(XV) Zip code;

(XVI) County; and

(XVII) Phone number.

2. ~~Each provider identification number submitted pursuant to paragraph (c) of subsection 1 will be used to automatically populate in the electronic database the information required pursuant to paragraphs (a) to (e), inclusive, of subsection 1 of NRS 616C.090 concerning the physician or chiropractic physician to which the provider identification number was assigned.~~ *The allowable list of values for the specialties*

included in the list of physicians and chiropractic physicians are:

(a) Addiction Medicine;

(b) Anesthesiology;

(c) Cardio/Thoracic Surgery;

(d) Cardiology;

(e) Chiropractic;

(f) Dermatology;

(g) Emergency/Critical Care;

(h) Endocrinology;

(i) Family/General Practice;

(j) Ear/Nose/Throat (ENT);

(k) Gastroenterology;

(l) General Surgery;

- (m) Genitourinary;*
- (n) Hospitalist;*
- (o) Immunology;*
- (p) Infectious Disease;*
- (q) Internal Medicine;*
- (r) Maxillofacial/Oral Surgery;*
- (s) Neurology;*
- (t) Neurosurgery;*
- (u) Occupational Medicine;*
- (v) Oncology;*
- (w) Ophthalmology;*
- (x) Orthopedic;*
- (y) Pain Management;*
- (z) Physiatry/Physical Medicine;*
- (aa) Psychiatry;*
- (bb) Pulmonology;*
- (cc) Radiology;*
- (dd) Urology; and*
- (ee) Other (Specify).*

3. The ~~electronic database will record the date on which each entry concerning a physician or chiropractic physician is added or modified pursuant to subsection 1.~~

allowable list of values for the conditions included in the list of physicians and chiropractic physicians are:

- (a) Cardiovascular;*
- (b) Circulatory/Vascular;*
- (c) Digestive/Excretory;*
- (d) Endocrine/Exocrine;*
- (e) Infections;*
- (f) Immune/Lymphatic;*
- (g) Maxillofacial;*
- (h) Mental/Behavioral Health;*
- (i) Musculoskeletal;*
- (j) Nervous;*
- (k) Renal;*
- (l) Reproductive;*
- (m) Respiratory;*
- (n) Skin;*
- (o) Urinary;*
- (p) All (Generalist); and*
- (q) Other (Specify).*

4. The allowable list of values for the body parts included in the list of physicians and chiropractic physicians are:

- (a) Arteries/Veins/Blood;*

- (b) Brain - Mental/Behavioral;*
- (c) Brain - Physiological/Neurological;*
- (d) Ears;*
- (e) Eyes;*
- (f) Face/Nose/Mouth/Throat/Scalp;*
- (g) Shoulder;*
- (h) Elbow;*
- (i) Wrist;*
- (j) Hand;*
- (k) Arm (unspecified);*
- (l) Cervical Spine;*
- (m) Thoracic Spine;*
- (n) Lumbar Spine;*
- (o) Pelvis/Hips/Sacrum;*
- (p) Lungs/Respiratory System;*
- (q) Heart;*
- (r) Trunk/Ribs;*
- (s) Abdomen, Gastrointestinal Tract, Liver;*
- (t) Organs/Glands, Pancreas, Spleen, Appendix;*
- (u) Skin;*
- (v) Skull;*
- (w) Nerves;*

(x) Genitourinary, Genitalia, Kidneys, Urinary;

(y) Reproductive System;

(z) Knee;

(aa) Ankle/Foot;

(bb) Leg (unspecified);

(cc) Other (Specify); and

(dd) All (Generalist).

5. The allowable types of orthopedic surgery included in a list of physicians and chiropractic physicians are:

(a) Spine;

(b) Shoulders;

(c) Elbows;

(d) Wrists;

(e) Hands;

(f) Hips;

(g) Knees;

(h) Ankles; and

(i) Feet.

Sec. 10. Section 6 of LCB File No. R076-23 is hereby repealed.

TEXT OF REPEALED SECTION

Section 6 of LCB File No. R076-23.

Sec. 6. The Administrator shall assign each physician or chiropractic physician appointed to the panel of physicians and chiropractic physicians a provider identification number.