



In Oregon, the injured worker is allowed her choice of attending physician. The worker may select an initial attending physician and may change physicians two additional times. Approval by SAIF or the Oregon Workers' Compensation Division (WCD) is required for more than three worker choices.

Who qualifies as an attending physician

Generally, medical doctors, doctors of osteopathy, and oral and maxillo-facial surgeons can qualify as attending physicians. Nurse practitioners may treat an injured worker for up to 90 days and authorize time-loss for 60 days as an "attending physician."

WCD-certified physician assistants, chiropractors, podiatrists, and naturopaths may treat for a total of 60 days or 18 visits on the initial claim and authorize time-loss for up to 30 days.

Medical services may continue after the 60- or 90-day limitation if the treatment has been authorized by a medical doctor or osteopath and carried out under a treatment plan.

Emergency room physicians are limited to authorizing 14 days of time-loss unless they also treat the injured worker on an ongoing basis in a clinic setting.

If a worker is enrolled in a managed care organization (MCO), the MCO may designate other specialties of medical providers to assume the attending physician role.

Responsibilities of an attending physician

The attending physician fills an important role within the workers' compensation system. The primary responsibilities associated with the attending physician's role are:

- Providing your treatment and care
- Authorizing time loss
- Monitoring, directing, or approving ancillary and specialized care by other providers

Multiple attending physicians

Generally, you may have only one attending physician at a time. Occasionally, separate

specialties of care are required based on your medical condition. Treatment by more than one specialty should be coordinated by one physician and documented in writing for the insurer.

Choice of attending physician

Documentation on who is the attending physician at a given time will be determined by evaluating the facts and documents in the claim to assess whether you chose the attending physician or not. Generally, a form 827 changing the attending physician will be reviewed to determine if the change occurred by your choice. In the absence of a signed form 827, the facts of the claim may help determine whether you chose to change physicians. Each claim is different.

These situations do not qualify as a worker change-of-physician choice:

- Emergency services by a physician
- Examinations at the request of the insurer
- Consultations or referrals for specialized treatment or services initiated by the attending physician or authorized nurse practitioner
- Referrals to radiologists and pathologists for diagnostic studies
- A requirement that you change medical service providers to receive compensable medical services, palliative care, or time-loss authorization because your medical service provider is no longer qualified as an attending physician or authorized to continue providing compensable medical services
- Changes of attending physician or authorized nurse practitioner required due to conditions beyond your control. These conditions could include, but are not limited to:
 - When the physician terminates practice or leaves the area
 - When a physician is no longer willing to treat you
 - When you move out of the area requiring more than a 50-mile commute to the physician
 - When the 90-day period for treatment or services by an authorized nurse practitioner has expired
 - When the 60-day cumulative treatment time or 18 visits have been provided by a physician assistant, chiropractor, podiatrist, or naturopath
 - When the nurse practitioner is required to refer you to an attending physician for a closing examination or because of a possible worsening of your condition following claim closure
 - When you are subject to managed care and compelled to be treated inside an MCO
- A worker-requested medical examination (WRME)

- Whether you have an attending physician or authorized nurse practitioner who works in a group setting/facility and you see another group member due to team practice, coverage, or on-call routines
- When your attending physician or authorized nurse practitioner is not available and you see a medical provider who is covering for that provider in her absence

Workers and managed care organizations (MCOs)

If you have been enrolled in an MCO, you usually are restricted to an MCO-panel attending physician. However, even if your physician is not a member of the MCO panel, the MCO can authorize your primary care physician to provide medical services for you if you are an established patient. Your physician must be a general, family practice, or internal medicine physician and agree to the MCOs terms and conditions for providing medical services. If your physician qualifies under one of these medical specialties, the insurance company will notify the MCO. Your attending physician must abide by the terms and conditions of the MCO in order to continue your treatment.

You are not required to change your attending physician if you are being treated by a physician immediately after a surgical procedure (usually no more than 90 days) or if you believe it would be medically detrimental for treatment of your accepted condition. If you have been advised to change physicians and do not agree with the insurance company's request, contact the company to discuss your concerns.

If you have been enrolled in an MCO and need to change attending physicians, it is important to do so as soon as possible. Your current attending physician may be able to assist you in selecting a new physician. Failure to change physicians in a timely manner may affect your benefits.

More resources for you

If you still have questions after talking with your insurance company, the Oregon Workers' Compensation Division (WCD) may be able to assist you.

- WCD infoline: 800.452.0288.
- WCD website for injured workers

If you are unsure of your rights or have questions about how your claim is being handled, experts on workers' compensation law at the Workers' Compensation Division can help.

- WCD infoline: 800.452.0288
- WCD email: workcomp.questions@state.or.us.
- More information: WCD Benefit Consultation Unit webpage.

You can also get help from the Ombudsman for Injured Workers. The ombudsman was established as an independent advocate for injured workers in Oregon, and can assist you with your claim.

Ombudsman phone: 503.378.3351 or 800.927.1271

English website: http://egov.oregon.gov/DCBS/OIW/contact_us.shtml

Espanol website: <http://egov.oregon.gov/DCBS/OIW/spanish.shtml>