

# Treating Panel of Physicians and Chiropractors

## Application Instructions

### General Information

1. The Workers' Compensation Section Treating Panel of Physicians and Chiropractors (WCS Tx Panel) is limited to providers with one or more of the following Nevada licensures: MD, DO, DC.
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 (<http://dir.nv.gov/WCS/home/>).
3. The revised WCS Tx Panel will be posted on the WCS website no later than 7/1/2020. The revised WCS Tx Panel will replace all prior WCS Tx Panels.
4. Electronic signature of the applicant is accepted and carries the full force of law as an original signature.
5. Completed WCS Tx Panel applications will be processed as quickly as possible. 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.
6. To submit an application:
  - a. Complete the WCS Tx Panel application online
  - b. Save it as a new PDF document
  - c. **Do NOT scan or fax applications**
  - d. Email the completed application (saved as a new PDF document) with supporting documentation **ONLY** to the WCS dedicated email address [medpanels@business.nv.gov](mailto:medpanels@business.nv.gov).
7. WCS Tx Panel applications will **ONLY** be processed if the procedure noted above is followed.
8. Incomplete or inaccurate WCS Tx Panel applications will not be processed.
9. The WCS Tx Panel is updated weekly.

### Treating Panel Application Page 1

10. The email address of the provider is necessary to allow the WCS to communicate directly with the provider when appropriate. A credentialing email is not acceptable.

11. Specialty is equivalent to area of practice, not necessarily board certification, in this application.
12. Chiropractors must mark “Chiropractic” as their area of practice. Additional areas of practice may also be marked.
13. Not all specialties are listed; if a provider practices in an unlisted specialty, mark “Other” and specify the unlisted specialty in the space provided.
14. Orthopedic surgery must be further delineated into specific area(s) of practice as listed. If an orthopedic provider no longer practices surgery, mark “Orthopedics” in this section without identifying an orthopedic surgery area of practice.
15. Conditions/Disorders are listed by body systems.
16. General practitioners, mark “All” instead of marking each body system separately.
17. Not all body systems are listed; if a provider treats another body system, mark “Other” and specify the unlisted body system in the space provided.
18. In the “Body Parts Treated” section, mental health providers, including addiction specialists, should mark “Brain – Mental/Behavioral Health.”
19. For specialists, mark the most specific body part listed that the provider specializes in treating.
20. General practitioners, mark “All” instead of marking each body system separately.
21. Not all body parts are listed; if a provider treats another body part(s), mark “Other” and specify the unlisted body part(s) treated in the space provided.

#### Treating Panel Application Page 2

22. Designate a primary location where the provider spends more time or is more easily contacted. This location should be listed first.
23. The legal name of the provider’s practice and the name under which the practice does business are mandated. If this is the same name, leave the “DBA Name” blank.
24. Ensure the street address and all requested information is completed for every **office** location the provider practices. This does NOT include facilities where a provider may have privileges to practice.
25. Additional locations (more than six) may be attached separately (typed list).

#### Treating Panel Application Page 3

26. Provide license information in any state the provider has ever been licensed in, including dates of licensure in each state.

27. Describe the provider's experience treating workers' compensation patients in detail in the space provided at the bottom of the page. Additional page(s) may be submitted, if necessary.
28. Attach documentation regarding any of the questions marked "Yes" including, but not limited to, licensing board actions, relevant legal documents and resolution of concerns.

#### Treating Panel Application Page 4

29. Applicant physicians and chiropractors are responsible to read and acknowledge their understanding and agreement with each statement/attestation listed.
30. The standards of practice for NV workers' compensation medical treatment is the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, published online by Reed Group.
31. The Nevada Medical Fee Schedule defines the maximum reimbursement for medical services included in the fee schedule. Contractual relationships with various entities are the responsibility of the provider. The Nevada Medical Fee Schedule is posted on the WCS website at <http://dir.nv.gov/WCS/home/>.
32. Providers must notify the WCS Medical Unit in writing of any changes to the information contained in the application, including their availability/willingness to treat Nevada's workers' compensation patients within 14 days of the change. Email changes to [medpanels@business.nv.gov](mailto:medpanels@business.nv.gov)
33. **Do NOT scan or fax applications** when submitting them to WCS. Applications will only be processed if received in the manner described below in # 34.
34. Completed applications must be saved as a new PDF document then emailed with the supporting documentation **ONLY** to the WCS dedicated email address [medpanels@business.nv.gov](mailto:medpanels@business.nv.gov).
35. Additional questions or concerns may be emailed to [medpanels@business.nv.gov](mailto:medpanels@business.nv.gov)