

# Workers' Compensation Section Treating Panel of Physicians and Chiropractors Application Instructions

## **General Information**

1. Only DCs, Dos, and MDs are eligible for the Workers' Compensation Section (WCS) Treating Panel of Physicians and Chiropractors.
2. Physicians must apply and be approved for the WCS Treating Panel to treat injured employees.
3. The application is published on the [WCS Medical Providers](#) webpage under *WCS Treating Panel of Physicians and Chiropractors*, and it must be completed electronically and submitted via email.
4. The physician's electronic signature is legally binding.
5. Only complete and correct applications submitted with the appropriate supporting documentation will be processed. The time to process applications depends on the volume of applications and the follow-up required.
6. The WCS Medical Unit will correspond with the applicant and the applicant's designated contact regarding application status, requests for additional information, and any identified errors or omissions.
7. Please follow the steps below to complete and submit a WCS Treating Panel application.
  - a. Right-click on the link to the application below:  
<https://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/MedicalDocs/Treating%20Panel%20Application%204.7.26.pdf> and select Open Hyperlink.
  - b. Save As an Adobe Acrobat Document.
  - c. Close the application in the Internet browser.
  - d. Open with and complete the application in Adobe Acrobat.
  - e. Save the PDF.
  - f. Email the completed application saved as a PDF and applicable supporting documentation as attachments to [medpanelapps@dir.nv.gov](mailto:medpanelapps@dir.nv.gov).
  - g. For additional information on using Adobe Acrobat with a browser, refer to the Treating Panel Application Tech Document at <https://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/TxPanelApplicationTechDoc.pdf>.
8. Applicants should complete and submit only one application. Duplicate submissions result in significant delays.
9. The WCS Treating Panel is updated weekly.

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10. The applicant's personal email address is required and work email as an alternative for the WCS to communicate with the physician when appropriate. A credentialing email is not acceptable.
11. Specialty is equivalent to area of practice, not necessarily board certification, in this application.
12. DCs must check "Chiropractic" as their area of practice. Additional areas of practice may also be checked.
13. Not all specialties are listed; if a physician practices an unlisted specialty, check "Other". The unlisted specialty must be specified in the space provided.
14. Orthopedic surgeons must check the "Orthopedic Surgery" body parts that they specialize in treating.
15. Conditions/Disorders are listed by body system.
16. Primary Care Physicians (PCP) should check "All" rather than check each body system separately.
17. Not all body systems are listed; if a physician treats an unlisted body system, check "Other". The unlisted body system must be specified in the space provided.
18. In the "Body Parts Treated" section, mental health physicians, including addiction specialists, should check "Brain – Mental/Behavioral".
19. Specialists should check the most specific body part listed that they treat.
20. PCPs should check "All" rather than check each body system separately.
21. Not all body parts are listed; if a physician treats an unlisted body part(s), check "Other". The unlisted body part must be specified in the space provided.

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22. The "Primary Location" is where the physician spends the most time.
23. The "Legal Name of Practice" and "DBA Name" are required.
24. In "Additional Locations", list every office location where the physician will see injured employees. For each location, complete every field. This does include facilities where a physician may have privileges to practice.
25. Additional locations (more than six) should be typed and submitted as a separate attachment.

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26. For question one, check yes or no. If yes, provide licensing information for every state in which the physician has ever been licensed, regardless of the current status. Licensing information should include the states and corresponding dates of licensure.
27. For any yes responses to questions 2 – 8, submit supporting documentation including, but not limited to, licensing board actions, relevant legal documents, and resolution of concerns.

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28. Applicants are responsible for reading and acknowledging their understanding and agreement with each statement or attestation listed.
29. The standards of practice for Nevada workers' compensation medical treatment are the *Occupational Medicine Practice Guidelines* developed by the American College of Occupational and Environmental Medicine (ACOEM) and published by the Reed Group.
30. The Nevada Medical Fee Schedule (NV MFS) establishes the maximum reimbursement for the included medical services. Contractual relationships with the insurer or third-party administrators are the physician's responsibility. The NV MFS is posted on the [WCS Medical Providers](#) webpage under *Medical Fee Schedules*.
31. The "Physician/Chiropractor Signature" field should be completed electronically. The physician's electronic signature carries the full force and effect of a handwritten signature and affirms that all information provided in the application is complete and accurate.
32. The "Date" field should reflect the date the application is electronically signed.
33. The "Designated Contact" field should be completed with the name of the individual the physician authorizes to receive application-related communications from the WCS Medical Unit.
34. The "Designated Contact Email" field should contain a valid email address for the designated contact person. The WCS Medical Unit will correspond with both the physician and the designated contact regarding application completeness, required corrections, and approval status.
35. Email the completed application saved as a PDF and applicable supporting documentation as attachments to [medpanelapps@dir.nv.gov](mailto:medpanelapps@dir.nv.gov).

36. Physicians must email the MU at [medpanels@dir.nv.gov](mailto:medpanels@dir.nv.gov) with any changes to the information contained in the application, including their availability or willingness to treat Nevada's injured employees, within 14 days of the change.
37. Additional questions or concerns regarding the application may be emailed to [medpanelapps@dir.nv.gov](mailto:medpanelapps@dir.nv.gov).