

CARDS

Claims and Regulatory Data System

Nevada Workers' Compensation Section

D-38 Claim Submission/Update Form Changes – FTP Process

Three new fields added to capture rating information for reporting requirements.

There are 3 new fields added to the D-38 Claim Submission form. Rating Completed Date, Rating Practitioner, and Rating Assignment Method.

CARDS Nevada Workers' Compensation Section
Claims and Regulatory Data System

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Claim Information

Date of Injury/Date of Disablement *	Date C-4 Received by Insurer/Claims Admin *	Date Accepted/Denied *
<input type="text" value="01/01/2023"/>	<input type="text" value="01/02/2023"/>	<input type="text" value="01/03/2023"/>
Accepted *	Type of Loss *	Catastrophic
<input type="text" value="Yes"/>	<input type="text" value="Traumatic Injury (616)"/>	<input type="text" value="Yes"/>
Nature of Injury *	Cause of Injury *	
<input type="text" value="91 - Multiple Injuries Including Both Physical and Psychological"/>	<input type="text" value="02 - Hot Objects or Substances"/>	
Permanent Impairment Percentage	Death Date	Death Result of Injury
<input type="text"/>	<input type="text"/>	<input type="text" value="Select..."/>
Rating Completed Date	Rating Practitioner	Rating Assignment Method
<input type="text"/>	<input type="text" value="Select..."/>	<input type="text" value="Select..."/>

Benefit Type Periods

Benefit Type	Benefit Period Start	Benefit Period End	Last Update	
070 - Temporary Partial	1/1/23	1/1/24	12/11/23	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Related Entities

Employee

The file format has been updated in the Claim Detail section with the 3 new fields on page 18.

145	Death Result of Injury Code	1	425	N**	Default to Space if not submitted Y=Yes; N=No; U=Unknown; Required if Date of Death is submitted	N
146	Catastrophic Claim	1	426	Y	Y=Yes; N=No;	N
147	Employer Contact phone number	10	427-436	Y	No Dashes	7024119111
204	Permanent Impairment Percentage	3	437-439	N	Default to Spaces if not submitted; Use Leading Zeros; 001-100	050 = 50%

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205	Filler	2	440-441	Y	Always Spaces	Spaces
207	Rating Completed Date	8	442-449	N	Required if Permanent Impairment = or > 0, YYYYMMDD	20240101
208	Rating Practitioner	5	450-454	N	Required if Permanent Impairment = or > 0, Leading zeros	00650
209	Rating Assignment Method	1	455	N	Required if Permanent Impairment = or > 0, R=Random; M=Mutual Agreement; C=Court Ordered	R
BODY PART INJURY						
001	Transaction Code	3	1-3	Y	110 - Body Part Record	110
008	Record Sequence Number	9	4-12	Y	Leading Zeros Sequential Record Number	00000002
102	Record Type	2	13-14	Y	Always 00	00
103	Filler	2	15-16	Y	Always 00	00
101	Claim Number	20	17-36	Y		DWT20170209

After January 1, 2024, submissions which do not follow the new file format will receive an error message and will not be indexed. Contact indexing@dir.nv.gov with any questions or assistance in participating in the FTP process.

Nevada WCS Claim Flat File Format
As of January 1, 2024

Data Element	Length	Location	Required	Notes	Sample
145	1	425	N**	Default to Space if not submitted Y=Yes; N=No; U=Unknown; Required if Date of Death is submitted	N
146	1	426	Y	Y=Yes; N=No;	N
147	10	427-436	Y	No Dashes	7024119111
204	3	437-439	N	Default to Spaces if not submitted; Use Leading Zeros; 001-100	050 = 50%
205	2	440-441	Y	Always Spaces	Spaces
207	8	442-449	N	Required if Permanent Impairment Percentage = or > 0, YYYYMMDD	20240101
208	5	450-454	N	Required if Permanent Impairment Percentage = or > 0, Leading zeros	00650
209	1	455	N	Required if Permanent Impairment Percentage = or > 0, R=Random; M=Mutual Agreement; C=Court Ordered	R
BODY PART INJURY					
001	3	1-3	Y	110 - Body Part Record	110
008	9	4-12	Y	Leading Zeros Sequential Record Number	000000002
102	2	13-14	Y	Always 00	00
103	2	15-16	Y	Always 00	00
101	20	17-36	Y		DWT20170209
200	4	37-40	Y	See Body Part Codes Table	0034