



Workers' Compensation

MEDICAL BILLING

MEDICAL BILLING – PRIOR AUTHORIZATION

[NRS 616C.157](#) - An Insurer, organization for managed care or third-party administrator shall respond to a written request for prior authorization for treatment, diagnostic testing, or consultation, within 5 working days after receiving the written request.

[NAC 616C.129](#) - The treating physician or chiropractor must request written authorization from the insurer before ordering or performing any service with an estimated billed amount of \$200 or more for:

- consultation
- diagnostic testing
- elective hospitalization
- any surgery which is to be performed under circumstances other than an emergency, or any elective procedure

[NAC 616C.143](#) Consultation or treatment provided outside Nevada

MEDICAL BILLING – LAWS & REGULATIONS

[NRS 616C.125](#) Insurer may contract with suppliers for provision of services and goods to injured employees

[NRS 616C.135](#) Liability of Insurer for payment of charges for treatment related to industrial injury

[NRS 616C.136](#) Action by insurer on bill from provider of health care; payment of interest; request for additional information; compliance with requirements. Updated requirements per Senate Bill 231, 2015 Nevada Legislature.

[NRS.616C.137](#) Denial of payment for unrelated services

[NRS 616C.138](#) Payment of provider upon insurers denial of authorization or responsibility

[NRS 616C.260](#) Fees and charges for accident benefits: Restrictions; establishment and revision of schedule; powers and duties of Administrator; penalty for refusal to provide information

[NAC 616C.027](#) Review of reduction or disallowance of bill; appeal; hearing; decision

[NAC 616C.126](#) Treatment of injured employees in cases of severe trauma

[NAC 616C.138](#) Billing for provision of certain supplies and services

[NAC 616C.141](#) Requirements for programs of treatment billed under certain codes; use of codes; modifications of codes for certain services

[NAC 616C.143](#) Prior written authorization required for consultation or treatment provided outside Nevada; emergency treatment outside Nevada

[NAC 616C.145](#) Relative Values for Physicians: Adoption by reference; modifications; maximum unit values; initial evaluation; special reports

[NAC 616C.146](#) Relative Value Guide of the American Society of Anesthesiologists: Adoption by reference; modifications; conversion factor; payments; basic anesthetic values

[NAC 616C147](#) Licensed surgical centers for ambulatory patients

[NAC 616C.149](#) Contents of bill to insurer