



Workers' Compensation

Subsequent Injury File Procedures

- 3-ring binder, file folder with prongs at the top, etc...The documents must be secured in some sort of folder. It helps to separate the sections with tabs or colored paper.
- D-37 must be complete – first page must be completed in its entirety, page two must indicate what documents have been submitted in the file and page three must contain the monetary amounts that are being requested. The form is located on the WCS website: <http://dir.nv.gov>
- A letter of application is requested in Part Two. Please do not re-state the NRS. It helps if there is a brief explanation of why you feel the claim qualifies for reimbursement. Highlight the qualifying factors under each subsection.
- Medical documentation specifically showing that compensation due is greater because of the combined effects of the prior condition and the subsequent injury. Some people send the file out for review by their medical advisor. The cost for this is an administrative expense. Some files specify certain documents in the file and others indicate all documents in the file. Please be specific.
- Medical documentation of the prior 6% WPI. Can be a prior PPD, current PPD, prior medical reports, etc...This can also include reporting from the medical advisor. The percentage of impairment and the body part must be listed.
- Verification of the employer's knowledge, date of hire, date of knowledge and date of retention must all be completed. If there is a specific document that is referenced, please indicate which document(s) or dates of service are being relied upon.
- A copy of the notification of a possible claim only has to be submitted on claims that have dates of injury prior to October 30, 2005 or claims that are being submitted under [NRS 616B.560](#), [NRS 616B.581](#) or [NRS 616B.590](#). The 100 week requirement was repealed effective 10-1-2007.
- Part Three (b), on the second page, will need to be completed if the claim is being submitted for one of the above mentioned subsections.
- Parts Four through Seven include all of the other documentation that must be submitted.
 1. Please make sure the file does not contain multiple copies of the same document.
 2. The C-3 and C-4 should be clear and readable. If there is a C-1 form, please include it.
 3. If there is specific documentation that is being relied upon to support false representation, this must be submitted.
 4. Medical reporting concerning the pre-existing condition. This can be prior medical records or a prior PPD report. These must be in date of service order from oldest to newest. Please do not submit multiple copies of reports.
 5. Medical reporting for the current subsequent injury claim must be submitted in the same order without multiple copies.
 6. Please put the current PPD evaluation at the end of the current medical records. It does not need its own section. The calculation can be placed behind the report or it can be included in the billing/payment portion of the claim. This would also include the signed election papers.

7. All wage verifications and calculations must be included with every request. Please make sure these are legible.
 8. Total expenditure documentation would include check copies, EOBs, payment printouts, log sheets, etc. If check copies are being used they should be placed with the bill and EOB that matches the payment. If you are using payment log sheets, they can be placed in the front of the billing section. A copy of the check, if applicable, EOB and bill should be in date of service order with the oldest appearing first.
 9. Temporary total, temporary partial and permanent partial disability can be included in a separate section. TPD must include supporting documents such as the completed D-46 and payroll checks. PPD payments must be supported by the signed election papers and calculation worksheet. Vocational rehabilitation maintenance should be included in a separate section.
 10. Travel reimbursement must be supported by receipts, the completed D-26 and any additional documentation that supports the payment.
 11. The file should contain all legal documents, i.e. HO/AO decisions, stipulations, determinations made by the insurer/TPA, etc...the only documents not required are continuances for appeals.
 12. All vocational rehabilitation documentation must be submitted. This includes reports, bills for supplies, schooling, and counselor services, etc...
 13. Subrogation documentation should be included in the file. Subrogation reimbursement will be offset from the subsequent injury reimbursement amount. If there has been an attempt at subrogation reimbursement or an actual reimbursement, all documents should be submitted for review. If there has been reimbursement this amount should be documented on page three of the D-37 and subtracted from the total amount requested.
 14. Any documentation regarding permanent total disability should be contained in the file in the appropriate section, i.e. payments can be in their own section, medical reporting in the reporting section, hearing/appeal information in the appropriate section.
 15. If using a payment log or spread sheets to document payments, they must include the check number, dates of service, type of payment and amount paid.
- Under Part Eight, please be sure to include all totals under the correct line item. Payment for PPD evaluations are included under medical treatment.
 - If the transaction history used for the payment portion of the claim does not reflect a total for each type of payment, then calculator tapes should be provided. This serves as a checks and balances for this office in case there are dollar amounts that cannot be verified or amounts that are incorrect on either side.
 - Please keep track in the original file of where the previous request left off. This is not the Administrators responsibility. The dates included in the submission can be noted on page three of the D-37 at the bottom.
 - Please review [NAC 616B.707](#). This is the regulation that explains what the administrative costs on the claim are. Those costs listed will not be reimbursed.

If you have any questions, please contact Blanca Villarreal-Rodriguez at (702) 486-9181 or brodriguez@dir.nv.gov. If the file is not submitted as accurately as possible the first time, it will be returned. If the submitting party is local, it will be required that someone pick up the file from the DIR Las Vegas office. If a request is returned, it will include a detailed letter outlining the issues with the file. Please remember the burden of proof lies with the party submitting the request.