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CHAPTER 616C - INDUSTRIAL INSURANCE: BENEFITS FOR INJURY OR DEATH

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DETERMINATION AND PAYMENT OF BENEFITS

Claims for Compensation

Medical Examinations

Accident Benefits

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GENERAL PROVISIONS

NAC 616C.001 Definitions. (NRS 616A.400) As used in this chapter, unless the context otherwise requires:

1. The words and terms defined in:

(a) NRS 616A.030 to 616A.360, inclusive; and

(b) NAC 616A.015 to 616A.275, inclusive,

➥ have the meanings ascribed to them in those sections.

2. "*Guide*" means the American Medical Association's *Guides to the Evaluation of Permanent Impairment*, as adopted pursuant to NAC 616C.002.

3. "Panel of physicians and chiropractic physicians" means the panel of physicians and chiropractic physicians who have demonstrated special competence and interest in industrial health that the Administrator is required to establish pursuant to NRS 616C.090.

(Supplied in codification; A by Div. of Industrial Relations by R009-97, 10-27-97; A by Industrial Insurance System by R165-97, 12-31-97, eff. 1-1-98; A by Div. of Industrial Relations by R090-99, 10-28-99)

NAC 616C.002 Adoption by reference of American Medical Association's *Guides to the Evaluation of Permanent Impairment*. (NRS 616A.400, 616C.110)

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1. For the purposes of NRS 616B.557, 616B.578, 616B.587, 616C.105, 616C.392, 616C.490 and 617.459, the Division hereby adopts by reference the *Guides to the Evaluation of Permanent Impairment*, Fifth Edition, published by the American Medical Association.

2. A copy of the publication may be obtained from the Order Department, American Medical Association, P.O. Box 930876, Atlanta, Georgia 31193-0876, by telephone at (800) 621-8335, or on the Internet at **www.amabookstore.com**, for the price of $139 for persons who are members of the Association, or $159 for persons who are not members of the Association.

3. The provisions of this section do not:

(a) Constitute a change of circumstances for the purposes of NRS 616C.390.

(b) Entitle an injured employee whose permanent partial disability was rated pursuant to NRS 616C.490 before October 1, 2003, to an increase in the compensation he or she receives for that disability.

(Added to NAC by Div. of Industrial Relations by R009-97, eff. 10-27-97; A by R060-03, 9-8-2003, eff. 10-1-2003; R108-09, 6-30-2010)

PROVIDERS OF HEALTH CARE

NAC 616C.003 Panel of physicians and chiropractic physicians: Appointment of members. (NRS 616A.400**,** 616C.090**)** ***1.*** The Administrator will appoint to the panel of physicians and chiropractic physicians described in NRS 616C.090 only physicians and chiropractic physicians who:

~~[1.]~~ ***(a)*** Are licensed under chapter 630, 633 or 634 of NRS;

~~[2.]~~ ***(b)*** Have demonstrated special competence and interest in industrial health;

~~[3.]~~ ***(c)*** Are in good standing with the state regulatory bodies respectively charged with overseeing their licensing, practice and performance;

~~[4.]~~ ***(d)*** Have not lost staff privileges at any hospital on the basis of reviews conducted by their peers concerning the quality of care they have provided; ~~[and~~

~~5.]~~ ***(e)*** Have not ***previously*** been suspended or removed from the panel of physicians and chiropractic physicians by the Administrator ~~[.]~~ ***;***

(f) Have not been convicted or disciplined by any state licensing agency, workers' compensation authority, professional practice organization or the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services for:

(1) Fraudulent activity, including, without limitation, fraudulent medical billing or reporting;

(2) Abuse; or

(3) Discriminatory treatment in the care and treatment of patients;

(g) Have not been convicted in a state or federal court for the commission of a felony; and

(h) Have not been convicted in a state or federal court or disciplined by any state's licensing agency for the commission of any offense relating to the excessive prescribing of drugs.

2. A physician or chiropractic physician who is appointed to the panel must notify the Administrator in writing of any change to the information provided in his or her application to be appointed to the panel not later than 14 days after the change for as long as he or she remains

on the panel. Failure to comply with this subsection may result in disciplinary action, including, without limitation, the imposition of administrative fines.

3. The Administrator will remove from the panel any physician or chiropractic physician who:

(a) Was appointed to the panel; and

(b) Does not meet the qualifications set forth in paragraphs (a) to (h), inclusive, of subsection 1.

4. The Administrator may remove from the panel any physician or chiropractic physician who:

(a) Was appointed to the panel; and

(b) On his or her application to be appointed to the panel:

(1) Provided to the Administrator information that was not accurate; or

(2) Did not provide to the Administrator information indicating the disciplines and specializations described in subsection 2 of NRS 616C.087, that are practiced by the physician or chiropractic physician, as applicable.

[Industrial Comm'n, No. 23.020, eff. 7-1-73; renumbered as 13.020, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 2-22-88; A by Div. of Industrial Relations by R006-97, 12-9-97; R105-00, 1-18-2001, eff. 3-1-2001; R134-20, 8-22-2023)

NAC 616C.006 Panel of physicians and chiropractic physicians: Disciplinary action against members. (NRS 616A.400**,** 616C.090**)** The Administrator will issue a warning to a physician or chiropractic physician on the panel of physicians and chiropractic physicians, or suspend or remove a physician or chiropractic physician from the panel, for sufficient cause. Sufficient cause includes, but is not limited to, the following:

1. Fraudulent billing or reporting.
2. Failure to observe the rules of treatment set forth in NAC 616C.129.
3. Disciplinary action taken against the physician or chiropractic physician by the applicable licensing authority, representatives of Medicare or Medicaid, or a hospital for fraud, abuse or the quality of care provided.
4. Unprofessional conduct or discriminatory treatment in the care and treatment of patients.
5. Use of any treatment which is not sanctioned by his or her peers or medical authority as being beneficial for the injury or disease involved.
6. Failure to comply with any order of the Division issued pursuant to the schedule of fees and charges for accident benefits adopted pursuant to subsection 2 of NRS 616C.260.
7. Commission of a felony for which he or she is convicted in a state or federal court.
8. Commission of any offense relating to drug misuse, including excessive prescription of drugs, for which he or she is convicted in a state or federal court.
9. A violation of NRS 616C.040 or 616C.135.
10. Continued failure to secure authorization for diagnostic tests which require prior authorization.
11. Continued failure to secure authorization and consultations for surgical procedures.
12. Engaging in any action that the Administrator determines to be detrimental to an injured employee, an employer, an insurer or the program of industrial insurance.

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[Industrial Comm'n, No. 23.030, eff. 7-1-73; renumbered as 13.030, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 2-22-88; A by Div. of Industrial Relations, 10-11-93; R006-97, 12-9-97; R105-00, 1-18-2001, eff. 3-1-2001; R118-02, 9-7-2005)

NAC 616C.009 Panel of physicians and chiropractic physicians: Notice to member of suspension or removal; suspension or removal without notification authorized. (NRS 616A.400**,** 616C.090**)**

1. Except as otherwise provided in subsection 3, the Administrator may suspend or remove for cause any physician or chiropractic physician from the panel of physicians and chiropractic physicians upon 30 days' written notice.

2. The notice of suspension or removal must define the particular cause or causes for suspension or removal.

3. The Administrator may, without giving any advance notice, suspend or remove from the panel of physicians and chiropractic physicians a physician or chiropractic physician whose license has been suspended or revoked by the applicable licensing authority.

[Industrial Comm'n, No. 23.040, eff. 7-1-73; renumbered as 13.040, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations by R006-97, 12-9-97; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001)

NAC 616C.012 Panel of physicians and chiropractic physicians: Notification of interested persons regarding suspension or removal. (NRS 616A.400**,** 616C.090**)** The Administrator will:

1. Immediately advise all insurers, third-party administrators and organizations for managed care located in the area served by a physician or chiropractic physician who has been suspended or removed by the Administrator from the panel of physicians and chiropractic physicians of the suspension or removal from the panel.

2. Request the insurers, third-party administrators and organizations for managed care to advise employers and employees, as appropriate, that the physician or chiropractic physician is not authorized to treat cases for workers' compensation.

[Industrial Comm'n, No. 23.080, eff. 7-1-73; renumbered as 13.080, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations by R006-97, 12-9-97; R105-00, 1-18-2001, eff. 3-1-2001)

NAC 616C.015 Panel of physicians and chiropractic physicians: Petition for hearing on suspension or removal. (NRS 616A.400**,** 616C.090**)**

1. Any physician or chiropractic physician suspended or removed from the panel of physicians and chiropractic physicians may petition the Administrator in writing for a hearing on the suspension or removal. The petition must be delivered to the Administrator no later than 10 days after the notice of suspension or removal.

2. The petition must be served by registered or certified mail directed to the Division's office in Carson City, or may be served by delivering it personally to the Administrator or by leaving a copy with an authorized agent at the Division's office.

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[Industrial Comm'n, No. 23.050, eff. 7-1-73; renumbered as 13.050, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations by R090-99, 10-28-99)

NAC 616C.018 Panel of physicians and chiropractic physicians: Hearing and decision on appeal of suspension or removal. (NRS 616A.400**,** 616C.090**)**

1. The Administrator will schedule a hearing for a physician or chiropractic physician suspended or removed from the panel of physicians and chiropractic physicians within 15 days after the receipt of the petition for a hearing.

2. The physician or chiropractic physician must be notified of the Administrator's decision on the petition within 5 days after the hearing.

[Industrial Comm'n, No. 23.060, eff. 7-1-73; renumbered as 13.060, 6-30-82; No. 23.070, eff. 7-1-73; renumbered as 13.070, 6-30-82]—(NAC A by Div. of Industrial Relations by R006-97, 12-9-97; R105-00, 1-18-2001, eff. 3-1-2001)

NAC 616C.021 Rating physician or chiropractic physician: Designation; qualifications; maintenance of designation; authority; review of rating evaluation by Administrator. (NRS 616A.400**,** 616C.490**)**

1. The designation of a rating physician or chiropractic physician pursuant to NRS 616C.490 must be in writing [~~.~~] ***or by electronic communication.***

2. To qualify for designation, a physician or chiropractic physician must:

(a) Possess the qualifications required of a physician or chiropractic physician who is appointed to the panel of physicians and chiropractic physicians established pursuant to NRS 616C.090 and NAC 616C.003.

(b) Demonstrate a special competence and interest in industrial health by:

(1) Completing [~~:~~

~~(I) An appropriate level of training, as determined by the Administrator, related to industrial health from a nationally recognized program that provides training related to industrial health; or~~

~~(II) Three~~] ***3*** years or more of experience concerning industrial health in private practice. ~~[The Administrator shall determine whether the experience in private practice concerning industrial health is sufficient to qualify for designation as a rating physician or chiropractic physician on a case-by-case basis.]~~

(2) ~~[Except as otherwise provided in subsection 3, successfully]~~ ***Successfully*** completing a course on rating disabilities, in accordance with ~~[the most recent edition of]~~ the *Guide*, that is approved by the Administrator.

(3) ~~[Except as otherwise provided in subsection 3, passing an examination on evaluating disabilities and impairments that is administered by the American Board of Independent Medical Examiners or its successor organization, or by any other organization or company recognized by the Division.~~

~~(4)]~~ Except as otherwise provided in ~~[subsection 3,]~~ ***subsections 7 and 8,*** passing the Nevada Impairment Rating Skills Assessment Test which is administered by the American Academy of Expert Medical Evaluators or its successor organization and which examines the

practical application of the rating of disabilities in accordance with the *Guide* with a score of 75 percent or higher.

(4) Except as otherwise provided in subsection 5, successfully completing a course approved by the Administrator on Form D-9c, Permanent Work-Related Mental Impairment Rating Report Work Sheet.

(c) Demonstrate an understanding of:

(1) The regulations of the Division related to the evaluation of permanent partial disabilities; and

(2) The *Guide*.

3. ~~[The Administrator may exempt an ophthalmologist or psychiatrist who is authorized to practice in this State from the requirements set forth in subparagraphs (2), (3) and (4) of paragraph (b) of subsection 2 and authorize an ophthalmologist~~ ***to evaluate injured employees with impaired vision*** ~~or~~ ***a*** ~~psychiatrist to evaluate injured employees with impaired [vision or] brain function or mental or behavioral disorders according to his or her area of specialization.~~

~~4.]~~ In order to maintain designation as a rating physician or chiropractic physician, the physician or chiropractic physician must:

(a) ~~[Except as otherwise provided in subsection 5, perform]~~ ***Perform*** ratings evaluations of permanent partial disabilities when selected pursuant to NRS 616C.490, ***as amended by section 17 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3630,*** except ~~[disabilities related to an employee's vision or brain function resulting from an industrial accident or occupational disease.]~~ ***for any rating evaluation that the selected rating physician or chiropractic physician declines. The rating physician or chiropractic physician is responsible for performing each rating evaluation for which he or she is selected and does not decline but may reference, as part of the rating evaluation, a specialized test performed by another health care provider which was performed after the injured employee has been determined to be stable and ratable. Except for a rating evaluation that is performed posthumously or to apportion a rating in accordance with NRS 616C.099, solely reviewing health care records does not constitute performance of a rating evaluation of a permanent partial disability.***

(b) Schedule and perform a rating evaluation within 30 days after receipt of a request from an insurer, a third-party administrator or an injured employee or his or her representative ~~[.]~~ ***unless:***

(1) The selected rating physician or chiropractic physician declines the selection; or

(2) The insurer or third-party administrator agrees with the injured employee or his or her representative to extend the period in which the physician or chiropractic physician must schedule and perform the rating evaluation pursuant to this paragraph.

(c) Except as otherwise provided in this paragraph ***,*** ~~[and subsection 5,]~~ serve without compensation for a period ~~[not to exceed]~~ ***of*** 1 year on the panel to review ratings evaluations established pursuant to NAC 616C.023 upon the request of the Administrator ***.*** ~~[;]~~ ***With the approval of the Administrator, a physician or chiropractic physician may serve without compensation on the panel for an additional period of 1 year.***

(d) ~~[Except as otherwise provided in subsection 5 and after]~~ ***After*** the date of designation as a rating physician or chiropractic physician, successfully complete biennially a course ***for continuing education*** that is approved by the Administrator on rating disabilities, in accordance with the ~~[American Medical Association's]~~ *Guide* ***.*** ~~[; and]~~

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~~[(c) Except as otherwise provided in subsection 5, if the physician or chiropractic physician passed an examination concerning an edition of the Guide that is not the most recent edition adopted by the Administrator to become designated as a rating physician, pass the Nevada Impairment Rating Skills Assessment Test which is administered by the American Academy of Expert Medical Evaluators or its successor organization and which examines the practical application of the rating of disabilities in accordance with the Guide with a score of 75 percent or higher.~~

~~5. If an ophthalmologist or psychiatrist has been designated as a rating physician and wishes to maintain such designation, the Administrator may exempt the ophthalmologist or psychiatrist who is authorized to practice in this State from the requirements set forth in paragraphs (a), (c), (d) and (e) of subsection 4 and authorize the ophthalmologist to continue to evaluate injured employees with impaired vision or the psychiatrist to continue to evaluate injured employees with impaired brain function or mental or behavioral disorders according to his or her area of specialization.~~

~~6. A rating evaluation of a permanent partial disability may be performed by a chiropractic physician only if the injured employee's injury and treatment are related to his or her neuromusculoskeletal system.~~

~~7.]~~ ***4. A rating physician, including, without limitation, a rating physician who is an ophthalmologist or psychiatrist, or chiropractic physician who has passed the "MD" version of the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph (b) of subsection 2 with a score of 75 percent or higher and who has successfully completed a course on Form D-9c required by subparagraph (4) of paragraph (b) of subsection 2 may perform a rating evaluation of a permanent partial disability involving any type of injury or disorder. Such a rating evaluation must be performed in accordance with the requirements of the Guide or Form D-9c, as applicable.***

5. A physician who has passed the "MD" version of the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph (b) of subsection 2 with a score of 75 percent or higher may qualify for designation as a rating physician without successfully completing a course on Form D-9c required by subparagraph (4) of paragraph (b) of subsection 2. A rating physician who has passed the "MD" version of the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph (b) of subsection 2 with a score of 75 percent or higher but who has not successfully completed a course on Form D-9c required by subparagraph (4) of paragraph (b) of subsection 2 may perform a rating evaluation of a permanent partial disability involving any type of injury or disorder, except for an injury or disorder rated using Form D-9c. Such a rating evaluation must be performed in accordance with the requirements of the Guide.

6. A rating physician or chiropractic physician who has passed only the "DC" version of the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph (b) of subsection 2 with a score of 75 percent or higher may only perform a rating evaluation of a permanent partial disability involving an injury or disorder rated using chapter 1, 2, 13, 15, 16 or 17 of the Guide. Such a rating evaluation must be performed in accordance with the requirements of the applicable chapter of the Guide.

7. An ophthalmologist may qualify for designation as a rating physician without passing the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph

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(b) of subsection 2 with a score of 75 percent or higher. A rating physician who is an ophthalmologist and who has not passed the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph (b) of subsection 2 with a score of 75 percent or higher may only perform a rating evaluation of a permanent partial disability involving an injury or disorder of the visual system. Such a rating evaluation must be performed in accordance with the requirements of the Guide.

8. A psychiatrist may qualify for designation as a rating physician without passing the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph (b) of subsection 2 with a score of 75 percent or higher. A rating physician who is a psychiatrist, who has successfully completed a course on Form D-9c required by subparagraph (4) of paragraph (b) of subsection 2 and who has not passed the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph (b) of subsection 2 with a score of 75 percent or higher may only perform a rating evaluation of a permanent partial disability involving a mental impairment that is rated using Form D-9c. Such a rating evaluation must be performed in accordance with the requirements of Form D9c.

9. Except as otherwise provided in subsection 10, a rating physician or chiropractic physician may not rate the disability of an injured employee if the physician or chiropractic physician has:

(a) Previously examined or treated the injured employee ***;*** [~~for the injury related to his or her claim for workers' compensation;~~] or

(b) Reviewed the health care records of the injured employee ***for any purpose relating to his or her claim for workers' compensation*** and has made recommendations regarding the likelihood of the injured employee's ratable impairment.

10. A rating physician or chiropractic physician who has previously performed one or more rating evaluations for a permanent partial disability for an injured employee but who has not otherwise engaged in the activities described in subsection 9 with respect to the injured employee may rate the disability of the injured employee, unless the disability is being rated at the request of the injured employee to obtain a second determination of the percentage of disability pursuant to NRS 616C.100 or 616C.145, as amended by section 12 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3623.

[~~8.~~] ***11.*** A rating evaluation of a permanent partial disability performed by a rating physician or chiropractic physician is subject to review by the Administrator pursuant to the provisions of NAC 616C.023.

(Added to NAC by Dep't of Industrial Relations, eff. 8-30-91; A by Div. of Industrial Relations by R009-97, 10-27-97; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R060-03, 9-8-2003, eff. 10-1-2003; R006-06, 6-1-2006; R108-09, 6-30-2010; R134-20, 8-22-2023; R076-23, 10-09-2024)

NAC 616C.021 Rating physician or chiropractic physician: Designation; qualifications; maintenance of designation; authority; review of rating evaluation by Administrator. ***PARALLEL SECTION - EFFECTIVE JULY 1, 2026.***

1. The designation of a rating physician or chiropractic physician pursuant to NRS 616C.490 must be in writing or by electronic communication.

2. To qualify for designation, a physician or chiropractic physician must:

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(a) Possess the qualifications required of a physician or chiropractic physician who is appointed to the panel of physicians and chiropractic physicians established pursuant to NRS 616C.090 and NAC 616C.003.

(b) Demonstrate a special competence and interest in industrial health by:

(1) Completing 3 years or more of experience concerning industrial health in private practice.

(2) Successfully completing a course on rating disabilities, in accordance with the Guide, that is approved by the Administrator.

(3) [~~Except as otherwise provided in subsections 7 and 8, passing~~] ***Passing*** the Nevada Impairment Rating Skills Assessment Test which is administered by the American Academy of Expert Medical Evaluators or its successor organization and which examines the practical application of the rating of disabilities in accordance with the Guide with a score of 75 percent or higher.

(4) [~~Except as otherwise provided in subsection 5, successfully~~] ***Successfully*** completing a course approved by the Administrator on Form D-9c, Permanent Work-Related Mental Impairment Rating Report Work Sheet.

(c) Demonstrate an understanding of:

(1) The regulations of the Division related to the evaluation of permanent partial disabilities; and

(2) The Guide.

3. In order to maintain designation as a rating physician or chiropractic physician, the physician or chiropractic physician must:

(a) Perform ratings evaluations of permanent partial disabilities when selected pursuant to NRS 616C.490, as amended by section 17 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3630, except for any rating evaluation that the selected rating physician or chiropractic physician declines. The rating physician or chiropractic physician is responsible for performing each rating evaluation for which he or she is selected and does not decline but may reference, as part of the rating evaluation, a specialized test performed by another health care provider which was performed after the injured employee has been determined to be stable and ratable. Except for a rating evaluation that is performed posthumously or to apportion a rating in accordance with NRS 616C.099, solely reviewing health care records does not constitute performance of a rating evaluation of a permanent partial disability.

(b) Schedule and perform a rating evaluation within 30 days after receipt of a request from an insurer, a third-party administrator or an injured employee or his or her representative, unless:

(1) The selected rating physician or chiropractic physician declines the selection; or

(2) The insurer or third-party administrator agrees with the injured employee or his or her representative to extend the period in which the physician or chiropractic physician must schedule and perform the rating evaluation pursuant to this paragraph.

(c) Except as otherwise provided in this paragraph, serve without compensation for a period of 1 year on the panel to review ratings evaluations established pursuant to NAC 616C.023 upon the request of the Administrator. With the approval of the Administrator, a physician or chiropractic physician may serve without compensation on the panel for an additional period of 1 year.

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EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

(d) After the date of designation as a rating physician or chiropractic physician, successfully complete biennially a course for continuing education that is approved by the Administrator on rating disabilities, in accordance with the Guide.

4. [~~A rating physician, including, without limitation, a rating physician who is an ophthalmologist or psychiatrist, or chiropractic physician who has passed the "MD" version of the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph (b) of subsection 2 with a score of 75 percent or higher and who has successfully completed a course on Form D-9c required by subparagraph (4) of paragraph (b) of subsection 2 may perform a rating evaluation of a permanent partial disability involving any type of injury or disorder. Such a rating evaluation must be performed in accordance with the requirements of the Guide or Form D-9c, as applicable.~~

~~5. A physician who has passed the "MD" version of the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph (b) of subsection 2 with a score of 75 percent or higher may qualify for designation as a rating physician without successfully completing a course on Form D-9c required by subparagraph (4) of paragraph (b) of subsection 2. A rating physician who has passed the "MD" version of the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph (b) of subsection 2 with a score of 75 percent or higher but who has not successfully completed a course on Form D-9c required by subparagraph (4) of paragraph (b) of subsection 2 may perform a rating evaluation of a permanent partial disability involving any type of injury or disorder, except for an injury or disorder rated using Form D-9c. Such a rating evaluation must be performed in accordance with the requirements of the Guide.~~

~~6. A rating physician or chiropractic physician who has passed only the "DC" version of the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph (b) of subsection 2 with a score of 75 percent or higher may only perform a rating evaluation of a permanent partial disability involving an injury or disorder rated using chapter 1, 2, 13, 15, 16 or 17 of the Guide. Such a rating evaluation must be performed in accordance with the requirements of the applicable chapter of the Guide.~~

~~7. An ophthalmologist may qualify for designation as a rating physician without passing the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph (b) of subsection 2 with a score of 75 percent or higher. A rating physician who is an ophthalmologist and who has not passed the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph (b) of subsection 2 with a score of 75 percent or higher may only perform a rating evaluation of a permanent partial disability involving an injury or disorder of the visual system. Such a rating evaluation must be performed in accordance with the requirements of the Guide.~~

~~8. A psychiatrist may qualify for designation as a rating physician without passing the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph (b) of subsection 2 with a score of 75 percent or higher. A rating physician who is a psychiatrist, who has successfully completed a course on Form D-9c required by subparagraph (4) of paragraph (b) of subsection 2 and who has not passed the Nevada Impairment Rating Skills Assessment Test required by subparagraph (3) of paragraph (b) of subsection 2 with a score of 75 percent or higher may only perform a rating evaluation of a permanent partial disability involving a mental~~

~~impairment that is rated using Form D-9c. Such a rating evaluation must be performed in accordance with the requirements of Form D-9c.~~

~~9.]~~ Except as otherwise provided in subsection ~~[10,]~~ ***5,*** a rating physician or chiropractic physician may not rate the disability of an injured employee if the physician or chiropractic physician has:

(a) Previously examined or treated the injured employee; or

(b) Reviewed the health care records of the injured employee for any purpose relating to his or her claim for workers' compensation and has made recommendations regarding the likelihood of the injured employee's ratable impairment.

~~[10.]~~ ***5.*** A rating physician or chiropractic physician who has previously performed one or more rating evaluations for a permanent partial disability for an injured employee but who has not otherwise engaged in the activities described in subsection ~~[9]~~ ***4*** with respect to the injured employee may rate the disability of the injured employee, unless the disability is being rated at the request of the injured employee to obtain a second determination of the percentage of disability pursuant to NRS 616C.100 or 616C.145, as amended by section 12 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3623.

6. A rating evaluation of a permanent partial disability performed by a rating physician or chiropractic physician is subject to review by the Administrator pursuant to the provisions of NAC 616C.023.

(Added to NAC by Dep't of Industrial Relations, eff. 8-30-91; A by Div. of Industrial Relations by R009-97, 10-27-97; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R060-03, 9-8-2003, eff. 10-1-2003; R006-06, 6-1-2006; R108-09, 6-30-2010; R134-20, 8-22-2023; R076-23, 07-01-2026)

NAC 616C.023 Rating physician or chiropractic physician: Establishment of panel to review ratings evaluations. (NRS 616A.400**,** 616C.490**)**

1. The Administrator will establish a panel to review ratings evaluations conducted by physicians and chiropractic physicians pursuant to NRS 616C.490. The Administrator will select physicians and chiropractic physicians who perform ratings evaluations to serve as members of the panel.

2. The members of the panel shall assist the Administrator in reviewing ratings evaluations of permanent partial disabilities to ensure that the evaluations comply with the standards set forth in the *Guide* and the regulations of the Division.

(Added to NAC by Div. of Industrial Relations by R009-97, eff. 10-27-97; A by R105-00, 1-18-2001, eff. 3-1-2001)

NAC 616C.024 Rating physician or chiropractic physician: Disciplinary action. (NRS 616A.400**,** 616C.490**)**

1. The Administrator will issue a warning to any physician or chiropractic physician on the list of rating physicians and chiropractic physicians designated pursuant to NRS 616C.490, or suspend or remove any physician or chiropractic physician from the list if the physician or chiropractic physician:

(a) ~~[Commits an excessive number of]~~ ***Fails to correct*** errors in ~~[the performance of]~~ ***subsequent*** ratings evaluations ~~[, as determined by comparing the number of ratings found by the~~

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~~Administrator to be erroneous to the total number of~~] ***after receiving three or more written responses from the panel established by the Administrator pursuant to NAC 616C.023 which address the same or similar errors identified in*** ratings performed by the physician or chiropractic physician;

(b) Violates any provision of NAC 616C.006 or commits two or more violations of any of the provisions of chapters 616A to 617, inclusive, of NRS or any other regulations adopted pursuant thereto;

(c) Is the subject of any disciplinary action that resulted in the suspension or revocation of his or her license or the limitation of his or her practice by the applicable licensing authority;

(d) Is determined by the Administrator to have engaged in any action detrimental to an injured employee, an employer, an insurer or the program of industrial insurance;

(e) Refuses to serve as a member of the panel to review ratings evaluations established pursuant to NAC 616C.023 or serves as a member of the panel but does not attend the meetings of the panel; [~~or~~]

(f) Fails to perform ratings evaluations [~~when selected~~] pursuant to NRS 616C.490 or schedules and fails to perform ratings evaluations in accordance with that section [~~.~~] ***; or***

(g) Fails to notify the Administrator and the person who submitted a completed Form D35, Request for Assignment of Rating Physician or Chiropractic Physician, to the Administrator of the decision of the physician or chiropractic physician to decline his or her selection pursuant to section 7 of this regulation [R076-23] within the time required by that section.

2. [~~For the purposes of paragraph (a) of subsection 1, the Administrator, after receiving the advice of the panel to review ratings evaluations established pursuant to NAC 616C.023, will determine what is an excessive number of errors in the performance of ratings evaluations.~~

~~3.~~] If the Administrator intends to suspend or remove a physician or chiropractic physician from the list of rating physicians and chiropractic physicians, the Administrator will cause written notice of the suspension or removal to be delivered by certified mail to the physician or chiropractic physician affected. The physician or chiropractic physician may appeal the determination of the Administrator by filing a written notice of appeal with the Administrator within 10 days after the notice of suspension or removal is received. If a notice of appeal is filed in the manner provided by this subsection, the Administrator will conduct a hearing on the matter and issue a decision in writing affirming or reversing the determination.

[~~4.~~] ***3.*** Except as otherwise provided in this subsection, the suspension or removal of a physician or chiropractic physician from the list of rating physicians and chiropractic physicians becomes final and effective upon the expiration of the time permitted by subsection [~~3~~] ***2*** for the filing of a notice of appeal. If a notice of appeal is filed in the manner provided by subsection [~~3,~~] ***2,*** the suspension or removal is final and effective upon the issuance of a decision affirming the determination of the Administrator. The issuance of such a decision is a final decision for the purposes of judicial review.

(Added to NAC by Dep't of Industrial Relations, eff. 8-30-91; A by Div. of Industrial Relations by R009-97, 10-27-97; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R134-20, 8-22-2023; R076-23, 10-09-2024)

NAC 616C.027 Review of reduction, denial or nonpayment of bill; appeal of determination upon review. (NRS 616A.400**,** 616C.135**,** 616C.260**)**

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1. A provider of health care whose bill has been denied or reduced or is not paid in a timely manner may, within 60 days after receiving notice of the denial or reduction, or within 60 days after the payment was due, submit a written request to the Workers' Compensation Section for a review of that action. The request must identify the billed item for which the review is sought and state the ground upon which the request is based. The Workers' Compensation Section shall review the matter, and if it determines that issuing a written determination is appropriate, it shall issue a written determination and mail or deliver copies of the determination to the provider of health care and the insurer. If the determination is in the provider's favor, the insurer shall, within 30 days after receiving notice of the determination, pay the bill, unless an appeal is taken in the manner provided by subsection 2.

2. A provider of health care or insurer aggrieved by the determination of the Workers' Compensation Section may file a request for a hearing before an appeals officer. The request must be filed within 30 days after the date of the determination.

3. The provider of health care and the insurer will be the only parties to the hearing scheduled pursuant to subsection 2.

[Industrial Comm'n, No. 25.040, eff. 7-1-73; A 6-24-76; renumbered as 15.040, 6-30-82]—(NAC A by Dep't of Industrial Relations, 10-26-83; A by Div. of Industrial Insurance Regulation, 8-30-91; A by Div. of Industrial Relations by R006-97, 12-9-97; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R118-02, 9-7-2005; R108-09, 6-30-2010)

NAC 616C.030 Provision of list of providers authorized to provide services to injured employee. (NRS 616A.400**,** 616C.090**)** Upon the receipt of a written request from an injured employee, his or her representative, or his or her treating physician or chiropractic physician, the:

1. Employer;
2. Insurer;
3. Third-party administrator; or
4. Organization for managed care,

➥ shall provide a list of providers of health care who are authorized to provide medical and health care services to the injured employee within 3 working days after the date it receives the request.

(Added to NAC by Div. of Industrial Relations, eff. 3-5-96; A by R006-97, 12-9-97; R090-99, 10-28-99; R118-02, 9-7-2005)

NAC 616C.XXX Provider identification number. The Administrator shall assign each physician or chiropractic physician appointed to the panel of physicians and chiropractic physicians a provider identification number.

(Added to NAC by Div. of Industrial Relations, R076-23 eff. 10-09-2024)

NAC 616C.XXX Selection of rating physician or chiropractic physician at random.

1. A person who, pursuant to NRS 616C.100, as amended by section 11 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3622, NRS 616C.145, as amended by section 12 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3623, NRS 616C.330, as amended by section n15 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3627, NRS 616C.360, as amended by section 16 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3628, or NRS 616C.490, as amended by section 17 of Senate Bill No. 274,

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chapter 535, Statutes of Nevada 2023, at page 3630, wishes to select or request that the Administrator select a rating physician or chiropractic physician at random from the list of qualified physicians or chiropractic physicians designated by the Administrator pursuant to subsection 2 of NRS 616C.490, as amended by section 17 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3630, shall submit to the Administrator a completed form designated in NAC 616A.480 as Form D-35, Request for Assignment of Rating Physician or Chiropractic Physician.

2. Upon receipt of a completed Form D-35 submitted pursuant to subsection 1, the Administrator shall assign a rating physician or chiropractic physician to examine or evaluate the injured employee by:

(a) Selecting, at random, and in accordance with the requirements of section 8 of this regulation [R076-23], a rating physician or chiropractic physician from the list of qualified physicians or chiropractic physicians designated by the Administrator pursuant to subsection 2 of NRS 616C.490, as amended by section 17 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3630; and

(b) Notifying by electronic means the rating physician or chiropractic physician selected an the person who submitted the completed Form D-35 of the selection.

3. If the rating physician or chiropractic physician selected pursuant to subsection 2 wishes to decline the selection, the rating physician or chiropractic physician must, not later than 2 business days after receipt of a notification made pursuant to subsection 2, notify the person who submitted the completed Form D-35 pursuant to subsection 1 and the Administrator of the declination.

4. If a rating physician or chiropractic physician selected pursuant to subsection 2 declines the selection, the Administrator shall assign another rating physician or chiropractic physician to examine or evaluate the injured employee in accordance with subsection 2, unless the person who submitted the completed Form D-35 pursuant to subsection 1, not more than 5 business days after receipt of a notification made pursuant to subsection 3, submits to the Administrator another completed Form D-35 which identifies a rating physician or chiropractic physician whom the injured employee and the insurer have agreed upon.

(Added to NAC by Div. of Industrial Relations, R076-23 eff. 10-09-2024)

NAC 616C.XXX Assignment of rating physician or chiropractic physician.

1. In assigning a rating physician or chiropractic physician to examine or evaluate an injured employee pursuant to section 7 of this regulation [R076-23], the Administrator shall select at random a rating physician or chiropractic physician whose practice is located in:

(a) The southern Nevada region if the injured employee resides in the southern Nevada region.

(b) The northern Nevada region if the injured employee resides in the northern Nevada region.

(c) The northern Nevada region or the rural Nevada region if the injured employee resides in the rural Nevada region.

2. For the purposes of this section:

(a) The southern Nevada region consists of Clark, Lincoln, Nye and Esmerelda Counties.

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(b) The northern Nevada region consists of Carson City and Lyon, Churchill, Storey, Douglas, Mineral and Washoe Counties.

(c) The rural Nevada region consists of Pershing, Humboldt, Elko, Lander, Eureka and White Pine Counties.

(Added to NAC by Div. of Industrial Relations, R076-23 eff. 10-09-2024)

NAC 616C.XXX Submission to electronic database by employer, insurer or third-party administrator.

1. Each employer, insurer or third-party administrator that creates a list of physicians and chiropractic physicians pursuant to NRS 616C.087, as amended by section 9 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3617, shall, on or before October 1 of each year, submit to an electronic database established by the Division the following information:

(a) The name of the employer, insurer or third-party administrator;

(b) The name and license number of the adjuster licensed pursuant to chapter 684A of NRS or, for an insurer described in section 22 of LCB File No. R134-20, the name of the insurer's highest ranking employee who is responsible for processing workers' compensation claims filed in this State, who is certifying the accuracy of the information submitted; and

(c) The provider identification number assigned to each physician or chiropractic physician pursuant to section 6 of this regulation [R076-23] who is included on the list.

2. Each provider identification number submitted pursuant to paragraph (c) of subsection 1 will be used to automatically populate in the electronic database the information required pursuant to paragraphs (a) to (e), inclusive, of subsection 1 of NRS 616C.090 concerning the physician or chiropractic physician to which the provider identification number was assigned.

3. The electronic database will record the date on which each entry concerning a physician or chiropractic physician is added or modified pursuant to subsection 1.

(Added to NAC by Div. of Industrial Relations, R076-23 eff. 10-09-2024)

NAC 616C.XXX Removal of physician or chiropractic physician from insurer's list of physician and chiropractic physicians. If the removal of a physician or chiropractic physician from an insurer's list of physicians and chiropractic physicians pursuant to subsection 10 of NRS 616C.087, as amended by section 9 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3617, results in the insurer's list containing fewer physicians or chiropractic physicians for a discipline or specialization than required by subsections 2, 3 and 4 of NRS 616C.087, as amended by section 9 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3617:

1. The insurer shall submit to the Administrator an updated list that meets the requirements of NRS 616C.087, as amended by section 9 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3617, not later than 60 days after the date on which the physician or chiropractic physician was removed from the list; and

2. During the 60-day period described in subsection 1, the provisions of subsection 5 of NRS 616C.087 do not apply with respect to the selection of a physician or chiropractic physician in that discipline or specialization.

(Added to NAC by Div. of Industrial Relations, R076-23 eff. 10-09-2024)

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ACCIDENT BENEFITS PROVIDED BY EMPLOYERS

NAC 616C.040 Scope. (NRS 616A.400**,** 616C.265**)** The provisions of NAC 616C.040 to 616C.055, inclusive, apply to all employers who elect and have been approved by the Administrator to provide accident benefits for their employees pursuant to NRS 616C.265.

[Industrial Comm'n, No. 33.030, eff. 10-13-77]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; A by Div. of Industrial Relations by R098-98, 12-18-98)

NAC 616C.043 Requirements for employer providing benefits. (NRS 616A.400**,** 616C.265**)** An employer who makes arrangements to provide accident benefits shall:

1. Have adequate resources to ensure payment of accident benefits during any period of adverse loss experience;
2. Ensure that each employee is guaranteed and notified in writing of the right to select his or her own physician or chiropractic physician for treatment pursuant to NRS 616C.090; and
3. Provide for payment of incurred losses of uninsured sole proprietors and subcontractors pursuant to chapters 616A to 617, inclusive, of NRS.

[Industrial Comm'n, No. 33.100, eff. 10-13-77]—(NAC A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations by R098-98, 12-18-98)

NAC 616C.046 Financial qualifications. (NRS 616A.400**,** 616C.265**)**

1. An employer who was not providing accident benefits pursuant to NRS 616C.265 on June 30, 1977, must:
   (a) Be a corporation having a net worth of at least $2,500,000; or
   (b) Be an entity of the State or its political subdivisions with an annual operating budget in excess of $5,000,000,

➥ and must have paid premiums for workers' compensation to a private carrier of not less than $50,000 per year for each of the preceding 2 years before the employer may seek approval from the Administrator of arrangements to provide accident benefits.

2. A corporate employer who elects and is approved by the Administrator to provide accident benefits for his or her employees shall file with the Administrator an annual, audited financial report of the corporation and such other financial information as may be required to establish the financial responsibility necessary to provide accident benefits.

[Industrial Comm'n, Nos. 33.200 & 33.220, eff. 10-13-77]—(NAC A by Div. of Industrial Relations by R098-98, 12-18-98, eff. 7-1-99)

NAC 616C.052 Contents of arrangement by employer. (NRS 616A.400**,** 616C.265**)** An arrangement by an employer to provide accident benefits must include, without limitation:

1. Written instructions to his or her employees specifying procedures to be followed for the payment of accident benefits to injured employees or employees with occupational diseases;
2. A written notification to his or her employees that the employees are not required to accept the services of a physician or chiropractic physician provided by the employer and may seek professional medical services from providers that the employees choose pursuant to NRS 616C.090;

3. A written explanation or a copy of instructions covering the procedures to be followed in determining the amount of fees charged by providers of medical care to be reimbursed by the employer;

4. Identification of the offices or locations in this State which are responsible for the administration and payment of accident benefits;

5. A copy of any contract between the employer and a provider of medical or hospital services; and

6. A written statement in which the employer, as a condition precedent, agrees to assume liability for the costs of transporting an injured employee to the nearest place of proper treatment and for the costs of administering first aid to the employee while the employee is being transported.

[Industrial Comm'n, No. 33.210, eff. 10-13-77]—(NAC A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations by R098-98, 12-18-98)

NAC 616C.054 Motor vehicle as accident benefit; duties and responsibilities of injured employee; exception. (NRS 616A.400**,** 616C.245**)**

1. Within 30 days after receipt from a treating physician of medical documentation satisfying the requirements of subsection 2 of NRS 616C.245, the insurer or employer providing accident benefits shall, as applicable pursuant to subsection 3 of NRS 616C.245, place an order for, purchase or modify a motor vehicle for the injured employee.

2. The insurer or employer providing accident benefits shall determine the make and model of the motor vehicle based on the medical requirements and physical restrictions of the injured employee as set forth by the treating physician. The insurer or employer shall modify the motor vehicle to accommodate the physical restrictions of the injured employee.

3. The insurer or employer providing accident benefits shall, as applicable, purchase or modify a motor vehicle for the injured employee as needed and at least as often as every 10 years or 120,000 miles driven, whichever occurs first.

4. An injured employee who receives a motor vehicle pursuant to this section and NRS 616C.245 shall at all times maintain a policy of insurance as required by NRS 485.185 which includes comprehensive and collision coverage for the motor vehicle. Risk of physical damage to or total loss of the motor vehicle is the responsibility of the injured employee. Care and maintenance of the motor vehicle is the responsibility of the injured employee.

5. If an injured employee is not entitled to receive a motor vehicle pursuant to this section and NRS 616C.245, the insurer or employer providing accident benefits shall:

(a) Reimburse the injured employee in the manner prescribed by NAC 616C.150; or

(b) Provide transportation, where available, for the injured employee, including, without limitation, in the form of a monthly bus pass, public transportation or other appropriate means of transportation as determined by the insurer or employer, taking into consideration the medical requirements and physical restrictions of the injured employee.

(Added to NAC by Div. of Industrial Relations by R130-14, eff. 9-9-2016)

NAC 616C.055 Reports required. (NRS 616A.400**,** 616C.265**)**

1. Each employer who elects to provide accident benefits pursuant to NRS 616C.265 shall submit the following reports for all injuries:

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(a) An employer's report of an industrial injury, on a form approved by the Administrator. This report is due within 6 working days after the date of notice of the injury or the occupational disease.

(b) An employee's claim for compensation and a physician's or chiropractic physician's report of initial treatment, on a form approved by the Administrator. This report is due within 5 days after initial treatment.

(c) Upon request, copies of all bills from providers of medical care itemizing the services rendered.

2. The following reports must be submitted upon request:

(a) A copy of the physician's operative report covering surgery performed.

(b) Copies of all reports of medical consultation requested by the treating physician or chiropractic physician or the employer.

(c) A copy of the hospital's report of the employee's discharge.

3. The following reports are required on a scheduled basis:

(a) A monthly report prepared by the treating physician or chiropractic physician during the period of disability. The report must contain a narrative summary of the condition of the injured employee, his or her progress, and the physician's or chiropractic physician's plan of future treatment and prognosis. The report is due on or before the 10th day of each month following the month in which the treatment or evaluation is rendered.

(b) Annually, on July 1, a copy of the current document which advises the employee of his or her rights to accident benefits as a result of industrial injury or occupational disease and the procedures which the employee is to follow to obtain those accident benefits.

4. The employer shall submit all reports required by this section to the Administrator and the insurer of the employer.

5. All determinations regarding compensation must be made by the insurer.

[Industrial Comm'n, No. 32.040, eff. 10-13-77]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 2-22-88; A by Div. of Industrial Relations by R098-98, 12-18-98)

DETERMINATION AND PAYMENT OF BENEFITS

Claims for Compensation

NAC 616C.070 "Insurer" defined. (NRS 616A.400**)** As used in NAC 616C.070 to 616C.336, inclusive, "insurer" includes any employer who provides accident benefits for injured employees pursuant to NRS 616C.265.

(Added to NAC by Div. of Industrial Relations, eff. 11-10-93; A by R150-04, 11-17-2005)

NAC 616C.072 "Employer" and "notified" interpreted. (NRS 616A.400**,** 616C.065**,** 616C.140**)** The Administrator will interpret:

1. "Employer," as used in NRS 616C.140, to include, without limitation, a former employer of an injured employee that is found liable for payment of a claim for compensation filed by the injured employee.

2. "Notified," as used in NRS 616C.065, to mean received a claim for compensation pursuant to NRS 616C.020 or 616C.040.

(Added to NAC by Div. of Industrial Relations by R098-98, 12-18-98, eff. 7-1-99)

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NAC 616C.0725 "Insurer" and "receipt" interpreted. (NRS 616A.400**)** As used in NRS 616C.065, the Administrator interprets:

1. The term "insurer" to include a third-party administrator.

2. The term "receipt" to mean a written acknowledgment from the United States Postal Service of its acceptance for mailing of a written determination by an insurer denying a claim in whole or in part.

(Added to NAC by Div. of Industrial Relations by R130-14, eff. 9-9-2016)

NAC 616C.073 Claims: Forms; filing; electronic transmission. (NRS 616A.400**,** 616A.417**,** 616B.227**,** 616C.020**,** 616C.040**,** 616C.045**)**

1. A claim for compensation must be printed or typed, properly titled, signed and dated by the person filing the claim or the person's attorney or other representative. A claim for compensation that is filed by electronic transmission must be signed with an electronic symbol representing the signature of the person submitting the claim that is:

(a) Unique to the person who uses it as a signature;

(b) Capable of verification; and

(c) Linked to data in such a manner that the signature is invalidated if the data is altered.

2. A report of injury must be submitted on a form prescribed by the Administrator and provided by the insurer or third-party administrator. The form must set forth the name and address of the injured employee and the time, place, nature and cause of the injury. If the employer files the report of injury by electronic transmission, the employer must retain the original report for 3 years, unless, pursuant to NRS 616C.045, the insurer or third-party administrator requests the employer return by mail the report that contains the original signature of the employer or the employer's designee.

3. The original of each claim for compensation that is filed by electronic transmission must be retained by the [~~physician or chiropractic physician~~] ***health care provider*** who initially examined the injured employee for 3 years, unless, pursuant to NRS 616C.040, the insurer or third-party administrator requests that [~~physician or chiropractic physician~~] ***health care provider*** to return by mail the claim for compensation [~~that contains the original signatures of~~] ***signed by*** the injured employee and the [~~physician or chiropractic physician.~~] ***health care provider. As used in this subsection, "health care provider" means a physician, chiropractic physician, physician assistant or advanced practice registered nurse.***

4. If the injury or occupational disease will result in the injured employee losing time from work and the injured employee has been reporting his or her income from tips, the employer shall submit the amount of tips declared on Form D-23, which must be included in calculating the average monthly wage of the injured employee pursuant to NRS 616B.227.

[Industrial Comm'n, Nos. 4.011 & 4.021, eff. 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations, 3-28-94; R098-98, 12-18-98; R032-21, 8-22-2023)

NAC 616C.076 Form of claim for death benefits. (NRS 616A.400**,** 616C.020**,** 616C.035**)** A claim for a death benefit must be made on the same form as any other claim.

[Industrial Comm'n, No. 4.071, eff. 6-30-82]—(Div. of Industrial Relations)

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EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

NAC 616C.077 Direct deposit of compensation; inability to establish direct deposit of compensation. (NRS 616A.400**)** If an insurer or third-party administrator receives a written notice from an employee or a dependent of an employee pursuant to subsection 1 of NRS 616C.409 which includes all the information required by the financial institution, the insurer or third-party administrator shall, within 60 days after receipt of the written notice:

1. Establish direct deposit of the compensation to be paid by the insurer or third-party administrator into the account specified by the employee or dependent of the employee in the written notice; or

2. If the insurer or third-party administrator is unable to establish direct deposit of the compensation as required by subsection 1, provide to the employee or dependent of the employee a written explanation of the reason for which the insurer or third-party administrator is unable to establish direct deposit of the compensation as required by subsection 1.

(Added to NAC by Div. of Industrial Relations by R130-14, eff. 9-9-2016)

NAC 616C.079 Execution of medical releases by injured employee. (NRS 616A.400**,** 616C.177**)** An injured employee must sign all medical releases necessary for the insurer to obtain appropriate information and documentation to determine the nature and amount of benefits to which he or she is entitled. If the injured employee fails to do so, the insurer may withhold compensation from him or her.

[Industrial Comm'n, No. 5.081, eff. 6-30-82]—(NAC A by Div. of Industrial Relations by R098-98, 12-18-98)

NAC 616C.080 Duties of physician, chiropractic physician or medical facility required to file claim. (NRS 616A.400**,** 616C.040**)**

1. A ~~[physician or chiropractic physician]~~ ***health care provider*** who is required to file a claim for compensation pursuant to NRS 616C.040, or a ***physician assistant or advanced practice registered nurse at a*** medical facility ~~[that]~~ ***who*** has been delegated the duty to file a claim for compensation pursuant to subsection 2 of NRS 616C.040, shall:

(a) Require the injured employee to complete the upper portion of the form designated in NAC 616A.480 as Form C-4, Employee's Claim for Compensation/Report of Initial Treatment, including, without limitation, the name, address and telephone number of the employer of the injured employee and the name of the insurer or third-party administrator of the employer;

(b) Contact the employer or the insurer or third-party administrator of the employer to confirm the name and address of the insurer or third-party administrator;

(c) Send a copy of the completed Form C-4 to the employer and to the insurer or third-party administrator of the employer; and

(d) Maintain, together with the completed Form C-4, documentation of the steps taken by the ~~[physician, chiropractic physician or medical facility]~~ ***health care provider*** to verify that the insurer or third-party administrator is the insurer or third-party administrator of the employer.

2. If the ~~[physician, chiropractic physician or medical facility]~~ ***health care provider*** is unable to confirm whether an insurer or third-party administrator is the insurer or third-party administrator of the employer within 3 working days after first providing treatment to an injured employee for a particular injury, the ~~[physician, chiropractic physician or medical facility]~~ ***health care provider*** shall:

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(a) Contact the nearest office of the Division by telephone at (702) 486-9000 for ~~[Henderson,]~~ ***Las Vegas,*** Nevada, or at (775) 684-7260 for Carson City, Nevada; and

(b) If requested by the Division, provide a copy of the completed Form C-4 and documentation of the steps taken to verify that the insurer or third-party administrator is the insurer or third-party administrator of the employer.

3. As used in this section, "health care provider" means a physician, chiropractic physician, physician assistant or advanced practice registered nurse.

(Added to NAC by Div. of Industrial Relations by R150-04, eff. 11-17-2005; A by R032-21, 8-22-2023)

NAC 616C.082 Contents, maintenance and ownership of claims and documents concerning claims. (NRS 616A.400**)**

1. An insurer, third-party administrator or organization for managed care shall ensure that the date of receipt of all documents concerning claims that it receives pursuant to chapters 616A to 617, inclusive, of NRS or regulations adopted pursuant thereto is indicated on each such document or maintained in an electronically generated, verifiable report.

2. All claims filed with the insurer, third-party administrator or organization for managed care pursuant to subsection 1 and all documents concerning such claims must be filed and maintained in chronological order.

3. All documents which constitute the record of a claim filed with the insurer, third-party administrator or organization for managed care pursuant to subsection 1, including, without limitation, investigative reports, medical reports, and records evidencing payments of benefits, compensation or awards, remain the property of the insurer.

[Industrial Comm'n, No. 4.110, eff. 6-30-82]—(NAC A by Div. of Industrial Relations by R208-97, 4-17-98; R130-14, 9-9-2016)

NAC 616C.088 Files of claims: Contents; retention. (NRS 616A.400, 616D.330**)**

1. Each file of a claim concerning an industrial injury or occupational disease that is maintained by an insurer or third-party administrator must contain:

(a) The employer's report of the industrial injury or occupational disease.

(b) The claim for compensation and any medical report associated with that claim that is issued after the claim is filed with the insurer.

(c) All:

(1) Applications for a stay concerning a decision on a claim for compensation made to a hearing officer, appeals officer or a court of competent jurisdiction;

(2) Written orders or decisions on a claim for compensation entered by a hearing officer, appeals officer or a court of competent jurisdiction;

(3) Written determinations made by an insurer, third-party administrator or an organization for managed care concerning a claim for compensation ~~[,]~~ ***and, if any determination is sent or served by electronic transmission, proof of a successful transmission of that determination and receipt thereof by the injured employee or any person acting on his or her behalf;***

(4) Written settlement agreements or stipulations made between the injured employee and his or her employer or the insurer of the employer concerning a claim for compensation; and

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(5) Except as otherwise provided in subparagraph (2) of paragraph (f), other documents which affect the amount, timing or denial of the payment of compensation. As used in this subparagraph, "payment of compensation" has the meaning ascribed to it in subsection 2 of NAC 616D.305.

(d) A record of all compensation paid to the injured employee and all payments made to any other person in connection with the claim, for:

(1) Accident benefits;
(2) Temporary partial disability;
(3) Temporary total disability;
(4) Permanent partial disability;
(5) Permanent total disability;
(6) Death benefits; and
(7) Vocational rehabilitation,

➥ and the amount of the expected total incurred costs and the justification.

(e) A copy of any notice of termination of benefits which has been sent to the injured employee.

(f) Copies of ***any and*** all ***written or electronic*** correspondence ***, electronic mail*** and other documents pertaining to the claim, including, without limitation, copies of:

(1) All medical bills incurred by the injured employee and received by the insurer; and
(2) Any notices sent to the injured employee to inform him or her of the right to a review or appeal,

➥ but not including records of any privileged communication between the insurer and its attorney or of any investigation conducted by or on behalf of the insurer concerning a possible violation of NRS 616D.300.

(g) All ratings performed by any physician or chiropractic physician.

(h) A summary of conversations or oral negotiations, or both, conducted by the insurer or the third-party administrator with the injured employee, the legal counsel who represents the injured employee or any other party other than the physician or chiropractic physician of the injured employee, if action is requested or taken.

(i) After the claim is closed, the log of oral communications relating to the medical disposition of a claim that must be maintained by an insurer or third-party administrator pursuant to NRS 616D.330.

2. Each file of a claim must be retained for 2 years after the death of the injured employee.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 10-26-83; A 2-22-88; 8-30-91; A by Div. of Industrial Relations by R167-97, 1-30-98; R098-98, 12-18-98; R130-14, 9-9-2016; R134-20, 8-22-2023; R032-21, 8-22-2023)

NAC 616C.091 Notice of determination to accept or deny claim. (NRS 616A.400**,** 616C.065**)**

1. After receipt of a claim for compensation, the insurer or third-party administrator shall give written notice of its determination to accept or deny the claim to the injured employee, the attorney or other authorized representative of the injured employee or his or her dependents and, if the injured employee's employer is not self-insured, to the injured employee's employer.

2. If the insurer or third-party administrator denies the claim in whole or in part:

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(a) The insurer or third-party administrator shall, pursuant to NRS 616C.065, notify the Administrator of the denial.

(b) The notice of denial to the injured employee, the attorney or other authorized representative of the injured employee or his or her dependents must include:

(1) A written statement of the right to request a hearing on the matter before a hearing officer and a form for requesting a hearing; and

(2) A specific statement of the reasons for the denial of the claim.

(c) The insurer or third-party administrator shall provide a copy of each notice of denial it gives pursuant to paragraph (b) to [~~the~~] ***:***

(1) The physician, chiropractic physician, physician assistant or advanced practice registered nurse who provided an examination and treatment of the injured employee in the context of an initial examination and treatment pursuant to NRS 616C.010; and

(2) The injured employee's treating physician or chiropractic physician.

(d) The notice of denial required to be given to the Administrator pursuant to paragraph (a) must include:

(1) A copy of the notice of denial given to the injured employee, the attorney or other authorized representative of the injured employee or his or her dependents; and

(2) A copy of Form C-4, Employee's Claim for Compensation/Report of Initial Treatment, that was completed by the injured employee or his or her dependents.

3. If the insurer or third-party administrator accepts the claim, the notice of acceptance provided to the injured employee, the attorney or other authorized representative of the injured employee or his or her dependents must include:

(a) Written notice of acceptance of the claim;

(b) A copy of Form [~~D-52,~~] ***D-53,*** Alternative Choice of Physician or Chiropractor; and

(c) Either:

(1) If established and available, the Internet address of the website of the insurer or third-party administrator at which the injured employee, the attorney or other authorized representative of the injured employee or his or her dependents can obtain a list of providers of health care who are authorized to provide health care services to the injured employee; or

(2) Notification that, pursuant to NAC 616C.030, the injured employee, the attorney or other authorized representative of the injured employee, his or her dependents or the treating physician or chiropractic physician of the injured employee may, upon written request, obtain a list of providers of health care who are authorized to provide health care services to the injured employee.

4. A written notice of determination issued by an insurer or third-party administrator must include:

(a) The claim number;

(b) The name of the employer;

(c) The name of the insurer;

(d) The name of the third-party administrator, if applicable;

(e) The date of the injury;

(f) The date of the written notice of determination;

(g) Notice that the injured employee may, pursuant to subsection 1 or 3 of NRS 616C.315, request a hearing or appeal the determination within 70 days after the determination is issued by the insurer; and

(h) The addresses of the offices of the Hearings Division of the Department of Administration located in Carson City and Las Vegas.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 10-26-83; A 6-29-84; 2-22-88; 8-30-91; A by Div. of Industrial Relations by R006-97, 12-9-97; R098-98, 12-18-98; R105-00, 1-18-2001, eff. 3-1-2001; R130-14, 9-9-2016; R032-21, 8-22-2023)

NAC 616C.092 Determination of unreasonable delay or refusal to pay claim. (NRS 616A.400**,** 616C.065**)** To determine whether an insurer has unreasonably delayed or refused to pay a claim for compensation for the purposes of subsection 4 of NRS 616C.065, the Administrator will consider:

1. The reasons set forth by the insurer for making payment after the time specified in subsection 1 of NRS 616C.065 or for refusing to make payment;
2. The efforts made by the insurer to make payment within the time specified in subsection 1 of NRS 616C.065;
3. The date on which payment was actually made by the insurer; and
4. Any other circumstance that the Administrator deems relevant to determine whether a delay in or refusal to make payment was unreasonable.

(Added to NAC by Div. of Industrial Relations by R098-98, 12-18-98, eff. 7-1-99)

NAC 616C.094 Notification of determination concerning request relating to claim; right to appeal determination. (NRS 616A.400**,** 616C.065**,** 616C.235**,** 616C.390**)**

1. Except as otherwise provided in this section, within 30 days after receipt of a written request relating to a claim made by:

(a) An injured employee, an employer, a health care provider or the attorney or other representative of any of them; or

(b) A spouse, child or parent of an injured employee who is deceased or incapacitated,

➥ the insurer, third-party administrator or organization for managed care shall, in writing, notify the person making the request of its determination concerning the request.

2. If the insurer, third-party administrator or organization for managed care terminates or denies any benefit in response to a written request, it shall notify the person making the request, the injured employee and the attorney or authorized representative of the injured employee, in writing, giving the reasons for its determination and an explanation of the right of the person making the request to appeal the determination.

3. If the insurer or third-party administrator denies a written request to reopen a claim, it shall notify the person making the request, the employer of that person and the injured employee or the attorney or authorized representative of the injured employee, in writing, specifying the reasons for its determination and an explanation of the person's right to appeal.

(Added to NAC by Dep't of Industrial Relations, eff. 6-29-84; A 2-22-88; A by Div. of Industrial Insurance Regulation, 8-30-91; A by Div. of Industrial Relations by R006-97, 12-9-97; R090-99, 10-28-99; R130-14, 9-9-2016)

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NAC 616C.095 Resubmission of request for determination relating to claim; request for determination not precluded by failure to timely request hearing. (NRS 616A.400**)**

1. If an insurer fails to respond to a written request for a determination within 30 days after the date on which the request for a determination was received by the insurer, the person making the request for a determination may resubmit the request.

2. Failure to file a request for a hearing within the period specified in subsection 3 of NRS 616C.315 does not preclude a person from submitting to an insurer a written request for a determination.

(Added to NAC by Div. of Industrial Relations by R130-14, eff. 9-9-2016)

NAC 616C.097 Required statement on written notice of determination explaining process if disagreement with determination. (NRS 616A.400**)**

1. Any written notice of a determination by an organization for managed care that relates to accident benefits must include at the bottom of the notice a statement in substantially the following form:

> If you disagree with the above determination, sign, date, and briefly explain on the bottom of this notice the reason for your appeal and return this notice to the organization for managed care at the address indicated within 14 days after the date on which this notice was mailed by the organization for managed care.

2. Any written notice of a determination by an insurer or third-party administrator that relates to benefits, other than accident benefits, must include at the bottom of the notice a statement in substantially the following form:

> If you disagree with the above determination, sign, date, and briefly explain on the bottom of this notice the reason for your appeal and return it to the Hearing Officer at the Department of Administration within 70 days after the date on which the notice was mailed by the insurer or third-party administrator.

(Added to NAC by Div. of Industrial Relations, eff. 3-28-94; A by R130-14, 9-9-2016)— (Substituted in revision for NAC 616.5542)

NAC 616C.103 Rating evaluation of injured employee: Requirements; award of payment; appeal. (NRS 616A.400**,** 616C.490**)**

1. For purposes of determining whether an injured employee is stable and ratable and entitled to an evaluation to determine the extent of any permanent impairment pursuant to this section and NRS 616C.490, the Division interprets the term:

(a) "Stable" to include, without limitation, a written indication from a physician or chiropractic physician that the industrial injury or occupational disease of the injured employee:

(1) Is stationary, permanent or static; or

(2) Has reached maximum medical improvement.

(b) "Ratable" to include, without limitation, a written indication from a physician or chiropractic physician that the medical condition of the injured employee may have:

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(1) Resulted in a loss of motion, sensation or strength in a body part of the injured employee;

(2) Resulted in a loss of or abnormality to a physiological or anatomical structure or bodily function of the injured employee; or

(3) Resulted in a mental or behavioral disorder as the result of a claim that has been accepted pursuant to NRS 616C.180.

2. If an insurer proposes that an injured employee agree to a rating physician or chiropractic physician chosen by the insurer, the insurer shall inform the injured employee in writing that the injured employee:

(a) Is not required to agree with the selection of that physician or chiropractic physician; and

(b) May request that the rating physician or chiropractic physician be selected in accordance with subsection 3 and NRS 616C.490 ~~[.]~~ ***as amended b section 17 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3630.***

3. An insurer shall comply with subsection 2 of NRS 616C.490, ***as amended by section 17 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3630,*** within the time prescribed in that subsection for the scheduling of an appointment, by:

(a) ~~[Requesting]~~ ***Selecting*** a ***rating*** physician or chiropractic physician ~~[from the list of qualified rating physicians and chiropractic physicians designated by the Administrator to]~~ ***in accordance with the procedures for the random selection of a rating physician or chiropractic physician set forth in section 7 of this regulation [R076-23] and requesting that the selected rating physician or chiropractic physician*** evaluate the injured employee and determine the extent of any permanent impairment or, if the injured employee and insurer have agreed to a rating physician or chiropractic physician pursuant to subsection 2 of NRS 616C.490, ***as amended by section 17 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3630,*** by submitting a completed form designated in NAC 616A.480 as D-35, Request for ~~[a Rotating]~~ ***Assignment of Rating*** Physician or ~~[Chiropractor,]~~ ***Chiropractic Physician, which identifies the rating physician or chiropractic physician*** to the ~~[Workers' Compensation Section]~~ ***Administrator*** within 30 days after the insurer has received the statement from a physician or chiropractic physician that the injured employee is ratable and stable; ***and***

(b) Mailing written notice to the injured employee of the date, time and place of the appointment for the rating evaluation ***.*** ~~[; and~~

~~(c)]~~ ***4.*** At least 3 working days before ~~[the]~~ ***a*** rating evaluation, ~~[providing]~~ ***the party that requested the rating evaluation must provide*** to the assigned rating physician or chiropractic physician ~~[from the insurer's file concerning the injured employee's claim:~~

~~(1)]~~ ***(a)*** All reports or other written information concerning the injured employee's claim produced by a physician, chiropractic physician, hospital or other provider of health care, including the statement from the treating physician or chiropractic physician that the injured employee is stable and ratable, surgical reports, diagnostic, laboratory and radiography reports and information concerning any preexisting condition relating to the injured employee's claim;

~~[(2)]~~ ***(b)*** Any evidence or documentation of any previous evaluations performed to determine the extent of any of the injured employee's disabilities and any previous injury, disease or condition of the injured employee that is relevant to the evaluation being performed;

~~[(3)]~~ ***(c)*** The form designated in NAC 616A.480 as C-4, Employee's Claim for Compensation/Report of Initial Treatment;

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[~~(4)~~] ***(d)*** The form designated in NAC 616A.480 as D-35, Request for [~~a Rotating~~] ***Assignment of Rating*** Physician or [~~Chiropractor;~~] ***Chiropractic Physician;*** and

[~~(5)~~] ***(e)*** The form designated in NAC 616A.480 as D-36, Request for Additional Medical Information and Medical Release.

[~~4.~~] ***5.*** An insurer shall pay for the cost of travel for an injured employee to attend a rating evaluation as required by NAC 616C.105.

[~~5.~~] ***6.*** Except as otherwise provided in subsection [~~6,~~] 7***,*** if the rating physician or chiropractic physician finds that the injured employee has a ratable impairment, the insurer shall, within the time prescribed by NRS 616C.490, offer the injured employee the award to which he or she is entitled. The insurer shall make payment to the injured employee:

(a) Within 20 days; or

(b) If there is any child support obligation affecting the injured employee, within 35 days,

➥ after ***the later of the date on which the insurer offers the award or the date on which*** it receives the properly executed ***lump-sum*** award papers from the injured employee or his or her representative.

[~~6.~~] ***7.*** [~~If the rating physician or chiropractic physician determines that the permanent impairment may be apportioned pursuant to NAC 616C.490, the insurer shall advise the injured employee of the amount by which the rating was reduced and the reasons for the reduction.~~] If the insurer disagrees in good faith with the result of the rating evaluation, the insurer shall, within the time prescribed in NRS 616C.490:

(a) Offer ***and pay*** the injured employee the portion of the award, in installments, which it does not dispute;

(b) Provide the injured employee with a copy of each rating evaluation performed of the injured employee; and

(c) Notify the injured employee of the specific reasons for the disagreement and the right of the injured employee to appeal. The notice must also set forth a detailed proposal for resolving the dispute that can be executed in 75 days, unless the insurer demonstrates good cause for why the proposed resolution will require more than 75 days.

8. The injured employee must receive a copy of the results of each rating evaluation performed of the injured employee before accepting an award for a permanent partial disability.

9. As used in this section, [~~"award~~] ***"lump-sum award*** papers" means the following forms designated in NAC 616A.480, as appropriate:

(a) D-10(a), Election of [~~Method of~~] ***Lump Sum*** Payment of Compensation.

(b) D-10(b), Election of [~~Method of~~] ***Lump Sum*** Payment of Compensation for Disability Greater than [~~25~~] ***30*** Percent.

(c) D-11, Reaffirmation/Retraction of Lump Sum Request.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 10-26-83; A 2-22-88; 9-7-88; 8-30-91; A by Div. of Industrial Relations by R009-97, 10-27-97; R006-97, 12-9-97; R090-99, 10-28-99; R090-99, 10-28-99, eff. 1-1-2000; R105-00, 1-18-2001, eff. 3-1-2001; R118-02, 9-7-2005; R108-09, 6-30-2010; R134-20, 8-22-2023; R032-21, 8-22-2023; R076-23, 10-09-2024)

NAC 616C.105 Rating evaluation of injured employee: Payment for cost of travel. (NRS 616A.400**,** 616C.490**)**

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1. An insurer who requests that an injured employee submit to a rating evaluation pursuant to NRS 616C.490 shall include with the notice required pursuant to subsection 3 of NAC 616C.103:

(a) Payment for the cost of travel for the injured employee;

(b) A receipt evidencing payment for the cost of travel for the injured employee; or

(c) Any combination thereof.

2. For the purpose of determining the cost of travel for the injured employee:

(a) The insurer shall pay for the cost of travel incurred by the injured employee if the injured employee is required to travel at least 20 miles one way from:

(1) His or her residence to the place where the rating evaluation will be conducted; or

(2) His or her place of employment to the place where the rating evaluation will be conducted if the injured employee is required to be examined during his or her regular working hours.

(b) Except as otherwise provided in this section, payment for the cost of travel must be computed at a rate equal to:

(1) The mileage allowance for state officers and employees who use their personal vehicles for the convenience of this State; or

(2) The cost of travel actually incurred by the injured employee, if the injured employee consents to payment at that rate and the cost of travel is not more than the amount to which the injured employee would otherwise be entitled pursuant to subparagraph (1).

(c) Except as otherwise provided in this section, if the injured employee is required to travel before 7:00 a.m. or between 11:30 a.m. and 1:30 p.m., or cannot return to his or her residence or place of employment before 7:00 p.m., the insurer shall pay the injured employee an allowance for meals equal to:

(1) The rate allowed for state officers and employees; or

(2) The cost actually incurred by the injured employee for meals, if the injured employee consents to payment at that rate and the cost is not more than the amount to which the injured employee would otherwise be entitled pursuant to subparagraph (1).

(d) If an injured employee is required to travel at least 50 miles one way from his or her residence or place of employment and is required to remain away from the residence or place of employment overnight, the insurer shall pay the injured employee:

(1) The per diem allowance authorized for state officers and employees; or

(2) The cost of travel actually incurred by the injured employee,

➥ whichever is less.

(e) If the injured employee receives the prior approval of the insurer requesting the rating evaluation, the insurer shall pay for the cost of travel by airplane if the time, distance, convenience or cost of travel justifies the injured employee's travel by airplane.

(f) If the injured employee moves outside this State or to a new location within this State after filing a claim for compensation, the insurer shall pay the cost of travel for the injured employee to attend the rating evaluation, not to exceed $1,000.

(g) A person who travels with an injured employee is not entitled to receive payment for the cost of travel to accompany the injured employee unless there is a medical necessity that prevents the injured employee from traveling alone. The treating physician or chiropractic physician of the injured employee shall provide a written explanation of the medical necessity.

This is an unofficial compilation prepared by the Division of Industrial Relations which incorporates the additions, amendments and repeal of regulations as of the filing of the Permanent Regulation LCB File No. R134-20 on August 22, 2023, LCB File No. R032-21 on August 22, 2023, LCB File No. R028-23 on February 27, 2024, and LCB File No. R076-23 on October 9, 2024.

EXPLANATION — Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

(Added to NAC by Div. of Industrial Relations by R105-00, 1-18-2001, eff. 3-1-2001; A by R118-02, 9-7-2005)

NAC 616C.109 Presence of representative during rating evaluation. (NRS 616A.400**,** 616C.490**)**

1. If an injured employee, employer, insurer or third-party administrator is permitted by the rating physician or chiropractic physician to have his or her attorney or other representative present during a rating evaluation for a permanent partial disability, that party shall, in writing and at least 5 working days before the evaluation, notify each of the other persons described and the attorney or other representative of those persons of the intent to have his or her attorney or other representative attend the evaluation. The rating physician or chiropractic physician may ~~[request an attorney or representative to leave the examination room or may terminate]~~ ***suspend*** the examination ~~[:~~

~~(a) If]~~ ***if*** the attorney or representative disrupts ***or attempts to participated in*** the examination**.** ~~[; or~~

~~(b) To protect the privacy of the injured employee.]~~

2. Nothing in this section shall be deemed to limit the right conferred by subsection 4 of NRS 616C.140.

(Added to NAC by Dep't of Industrial Relations, eff. 8-30-91; A by Div. of Industrial Relations by R009-97, 10-27-97; R090-99, 10-28-99; R076-10-09-2024)

NAC 616C.112 Notice of intention to close claim. (NRS 616A.400**,** 616C.235**)** The notice of intention to close a claim required by subsection 1 of NRS 616C.235 must include:

1. The provisions of subsection 2 of NRS 616C.390; and
2. An offer to the injured employee of an opportunity to appeal from the insurer's determination to close the claim.

(Added to NAC by Div. of Industrial Insurance Regulation, 10-26-83; A by Div. of Industrial Relations by R006-97, 12-9-97; R090-99, 10-28-99)

NAC 616C.115 Expenses of investigation. (NRS 616A.400**)** The insurer shall pay all the expenses of any investigation, including, without limitation, the cost of travel and medical examinations, authorized by it to obtain a full and complete record of the cause, scope and origin of a claim and the physical condition of the injured employee.

[Industrial Comm'n, No. 4.140, eff. 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; A by Div. of Industrial Relations, 10-11-93; R098-98, 12-18-98)

NAC 616C.1156 Claim received for employer to whom insurer does not provide coverage: Copy of claim to Administrator. (NRS 616A.400**,** 616A.417**)** If an insurer receives a claim for compensation from an injured employee and determines that the employer named in the claim for compensation is not an employer to whom the insurer provides coverage, the insurer shall, within 3 working days after making such a determination, deliver by electronic transmission or other method a copy of the claim for compensation to the Administrator.

(Added to NAC by Div. of Industrial Relations by R098-98, 12-18-98, eff. 7-1-99; A by R105-00, 1-18-2001, eff. 3-1-2001)

This is an unofficial compilation prepared by the Division of Industrial Relations which incorporates the additions, amendments and repeal of regulations as of the filing of the Permanent Regulation LCB File No. R134-20 on August 22, 2023, LCB File No. R032-21 on August 22, 2023, LCB File No. R028-23 on February 27, 2024, and LCB File No. R076-23 on October 9, 2024.

EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

NAC 616C.XXX NEW REGULATION – Employees of insurers. If an insurer uses only salaried employees to investigate, negotiate and settle workers' compensation claims as described in subsection 4 of NRS 684A.040 and is not required to employ adjusters licensed pursuant to chapter 684A of NRS, the insurer's list of physicians and chiropractic physicians required pursuant to subsection 6 of NRS 616C.087 must be signed and certified as accurate by the insurer's highest ranking employee who is responsible for processing workers' compensation claims filed in this State.

(Added to NAC by Div. of Industrial Relations by R134-20, 8-22-2023)

Medical Examinations

NAC 616C.116 Applicability of provisions. (NRS 616A.400**)** The provisions of NAC 616C.1162 to 616C.1168, inclusive, do not apply to an evaluation performed pursuant to NRS 616C.490.

(Added to NAC by Div. of Industrial Relations by R098-98, 12-18-98, eff. 7-1-99)

NAC 616C.1162 Notification by insurer or employer of request for medical examination. (NRS 616A.400**,** 616C.140**)**

1. If an insurer or employer requests that an injured employee who has filed a claim for compensation submit to a medical examination pursuant to NRS 616C.140, the insurer or employer shall notify the injured employee, in writing, of the time and place of the medical examination ~~[:~~

~~(a) At]~~ ***at*** least ~~[10]~~ ***21*** days before the date of the medical examination, ~~[if the employee resides within the state in which the medical examination will be conducted; or~~

~~(b) At least 15 days before the date of the medical examination, if]~~ ***unless*** the ~~[employee resides outside of]~~ ***parties agree that*** the ~~[state in which]~~ ***insurer or employer will notify*** the ~~[medical examination will be conducted.]~~ ***injured employee of a specific date which is less than 21 days before the date of the medical examination.***

2. An insurer that requests an injured employee to submit to a medical examination pursuant to NRS 616C.140 shall provide a copy of the written notification required pursuant to subsection 1 to the employer of the injured employee at the same time at which written notification is provided to the injured employee.

3. An employer that requests an injured employee to submit to a medical examination pursuant to NRS 616C.140 shall provide a copy of the written notification required pursuant to subsection 1 to the insurer of the employer at the same time at which written notification is provided to the injured employee.

(Added to NAC by Div. of Industrial Relations by R098-98, 12-18-98, eff. 7-1-99; A by R076-23, 10-09-2024)

NAC 616C.1164 Provision by insurer or employer of copies of report of medical examination. (NRS 616A.400**,** 616C.140**)**

1. An insurer that requests an injured employee to submit to a medical examination pursuant to NRS 616C.140 shall provide a copy of the report of the medical examination to the injured employee and his or her employer within 10 days after receipt of the report.

2. An employer that requests an injured employee to submit to a medical examination pursuant to NRS 616C.140 shall provide a copy of the report of the medical examination to the injured employee and the insurer of the employer within 10 days after receipt of the report.

(Added to NAC by Div. of Industrial Relations by R098-98, 12-18-98, eff. 7-1-99)

NAC 616C.1166 Payment of charges. (NRS 616A.400**,** 616C.135**,** 616C.140**)** An insurer or employer that requests an injured employee to submit to a medical examination pursuant to NRS 616C.140 shall:

1. If the medical examination is conducted within this State, pay the charges in the manner set forth in NRS 616C.135; or

2. If the medical examination is conducted outside this State, pay:

(a) The usual and customary rate charged by the person performing the medical examination; or

(b) The charge upon which the person performing the medical examination and the insurer or employer have agreed,

➥ whichever is less.

(Added to NAC by Div. of Industrial Relations by R098-98, 12-18-98, eff. 7-1-99)

NAC 616C.1168 Payment for travel costs. (NRS 616A.400**,** 616C.140**)** An insurer or employer that requests an injured employee to submit to a medical examination pursuant to NRS 616C.140 shall include with the notification required pursuant to subsection 1 of NAC 616C.1162 payment for the travel costs of the injured employee in accordance with the following:

1. The insurer or employer shall pay for the cost of transportation incurred by the injured employee if the injured employee is required to travel 20 miles or more, one way, from:

(a) His or her residence to the place of the medical examination; or

(b) His or her place of employment to the place at which the medical examination will be conducted if the injured employee is required to be examined during his or her normal working hours.

2. Except as otherwise provided in this section, payment for the cost of transportation must be computed at a rate equal to:

(a) The mileage allowance for state employees who use their personal vehicles for the convenience of this State; or

(b) The expense actually incurred by the injured employee for transportation, if the injured employee consents to payment at this rate and the expense is not greater than the amount to which the injured employee would otherwise be entitled pursuant to paragraph (a).

3. Except as otherwise provided in this section, if the injured employee must travel before 7:00 a.m., between 11:30 a.m. and 1:30 p.m., or cannot return to his or her residence or place of employment until after 7:00 p.m., or any combination thereof, the insurer or employer shall pay the injured employee for any meals required to be purchased at a rate equal to:

(a) The rate allowed for state employees; or

(b) The expense actually incurred by the injured employee for meals, if the injured employee consents to payment at this rate and the expense is not greater than the amount to which the injured employee would otherwise be entitled pursuant to paragraph (a).

4. The insurer or employer shall pay an injured employee for his or her expenses of travel if the injured employee is required to travel 50 miles or more, one way, from his or her residence or place of employment and is required to remain away from the residence or place of employment overnight. Payment for such expenses must be computed at a rate equal to:

(a) The per diem allowance authorized for state employees; or

(b) The expenses actually incurred by the injured employee,

➥ whichever is less.

5. If the injured employee receives the prior approval of the insurer or employer requesting the medical examination, the injured employee may be paid for airfare if the time, distance, convenience or cost justifies travel by air.

6. If the injured employee moves outside this State or to a new location within this State for his or her own convenience after filing a claim for compensation, the maximum mileage for one direction for which the injured employee may be paid is the mileage allowable before the move or 40 miles, whichever is greater.

7. No payment is allowed for a person traveling with an injured employee unless there is a medical necessity that precludes the injured employee from traveling alone. The medical necessity must be substantiated in writing by the treating physician or chiropractic physician of the injured employee.

(Added to NAC by Div. of Industrial Relations by R098-98, 12-18-98, eff. 7-1-99)

Accident Benefits

NAC 616C.117 Definitions. (NRS 616A.400) As used in NAC 616C.117 to 616C.156, inclusive, unless the context otherwise requires, the words and terms defined in NAC 616C.118 and 616C.119 have the meanings ascribed to them in those sections.

(Added to NAC by Div. of Industrial Relations by R121-97, 12-10-97, eff. 1-1-98; A by R118-02, 9-7-2005)

NAC 616C.118 "Health care records" defined. (NRS 616A.400) "Health care records" means any reports, notes, orders, photographs, X-rays or other recorded data or information which:

1. Is maintained in written, electronic or any other form;

2. Is received or produced by a provider of health care or any person employed by him or her; and

3. Contains information relating to the medical history, examination, diagnosis or treatment of an injured employee.

(Added to NAC by Div. of Industrial Relations by R121-97, 12-10-97, eff. 1-1-98)

NAC 616C.119 "Provider of health care" defined. (NRS 616A.400) "Provider of health care" means any physician, hospital or other person who is licensed or otherwise authorized by this State to furnish any health care service.

(Added to NAC by Div. of Industrial Relations by R121-97, 12-10-97, eff. 1-1-98)

NAC 616C.120 Right of injured employee to inspect or obtain health care records. (NRS 616A.400) The provisions of NAC 616C.123 to 616C.156, inclusive, do not

prohibit or otherwise impair or interfere with the right of an injured employee to inspect or obtain his or her health care records pursuant to the provisions of NRS 629.061.

(Added to NAC by Div. of Industrial Relations, eff. 3-5-96; A by R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R118-02, 9-7-2005)

NAC 616C.123 *Occupational Medicine Practice Guidelines*: Adoption by reference; annual review by Administrator; use as minimum standards; authorization for treatment exceeding minimum standards. (NRS 616A.400, 616C.250)

1. The most recently published edition of or update to the *Occupational Medicine Practice Guidelines*, developed by the American College of Occupational and Environmental Medicine and published by the Reed Group, Ltd., is hereby adopted by reference as standards for the provision of accident benefits to employees who have suffered industrial injuries or occupational diseases.

2. The Administrator will, on or before February 1 of each year, review the most recently published edition of or update to the *Guidelines*. Each new edition of or update to the *Guidelines* shall be deemed approved by the Administrator for use in this State on February 1 of each year, unless a notice of disapproval of the edition or update is posted pursuant to this subsection by the immediately preceding April 1. If the Administrator wishes to disapprove a new edition of or update to the *Guidelines*, the Administrator will:

(a) Post a notice of disapproval at the largest public library in each county, the State Library, Archives and Public Records, the Grant Sawyer Office Building located at 555 East Washington Avenue, Las Vegas, Nevada, and all offices of the Division; and

(b) Send a notice to each person included on the mailing list that the Division is required to maintain pursuant to paragraph (e) of subsection 1 of NRS 233B.0603.

➥ If the Administrator disapproves an edition of or update to the *Guidelines*, the edition or update that was most recently adopted by reference or deemed approved pursuant to this section will continue in effect.

3. Except as otherwise provided in this subsection, insurers and providers of health care shall use the *Guidelines* as minimum standards for evaluating and ensuring the quality of programs of treatment provided to an injured employee who is entitled to accident benefits pursuant to chapters 616A to 617, inclusive, of NRS. If a condition of the injured employee makes compliance with the *Guidelines* impossible, medically inadvisable or not recommended by a physician or chiropractic physician who:

(a) Is employed by or works pursuant to a contract with the insurer or its third-party administrator or organization for managed care to provide medical advice on claims;

(b) Is licensed to practice in this State;

(c) Possesses the education, training and expertise necessary to evaluate the medical condition of the injured employee or obtains the advice or assistance necessary to evaluate the medical condition of the employee;

(d) Has reviewed the notes of the treating physician or chiropractic physician, the results of any tests conducted by the treating physician or chiropractic physician and any relevant health care records of the injured employee; and

(e) Recommends to the insurer not to authorize treatment pursuant to the *Guidelines*,

➥ the insurer may determine not to authorize treatment pursuant to the *Guidelines*.

4. An insurer may authorize treatment for an injured employee that exceeds the minimum standards of the *Guidelines* if the provider of health care provides, in writing, to the insurer the explanation for the need of a higher standard of treatment.

5. A copy of the *Guidelines* may be purchased from the Reed Group, Ltd., 10355 Westmoor Drive, Westminster, Colorado 80021, by telephone at (866) 889-4449 or by electronic mail at guidelines_sales@reedgroup.com, at a cost of $675 for a single-user license.

6. As used in this section, the term "*Guidelines*" means the *Occupational Medicine Practice Guidelines* adopted by reference pursuant to subsection 1.

(Added to NAC by Dep't of Industrial Relations, 1-24-92, eff. 1-1-92; A by Div. of Industrial Relations, 3-5-96; R210-97, 3-20-98, eff. 5-1-98; R118-02, 9-7-2005; R130-14, 9-9-2016)

NAC 616C.126 Treatment of injured employees in cases of emergency or severe trauma. (NRS 616A.400**,** 616C.245**,** 616C.260**)**

1. The treatment of injured employees in cases of an emergency or severe trauma is not restricted to physicians and chiropractic physicians who:

(a) Are members of the panel of physicians and chiropractic physicians established by the Administrator pursuant to NRS 616C.090; or

(b) Have contracted with an insurer or an organization for managed care to provide health care services to injured employees.

2. In the case of a medical emergency, a provider of health care or a medical facility that is not able to obtain prior written authorization to treat a person for an industrial injury or occupational disease shall submit to the insurer proof of the emergency and the reasons why prior authorization was impracticable to obtain. The proof must be submitted with the initial billing for the treatment that was rendered.

[Industrial Comm'n, No. 14.011, eff. 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 2-22-88; A by Div. of Industrial Relations, 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R118-02, 9-7-2005)

NAC 616C.129 Adherence to rules for treatment of injured employees by members of panel of physicians and chiropractic physicians. (NRS 616A.400**,** 616C.245**,** 616C.250**,** 616C.260**)** The members of the panel of physicians and chiropractic physicians, approved for treatment of employees protected by workers' compensation, shall adhere to the following rules:

1. There may be only one treating physician or chiropractic physician in any one case at any one time, unless prior authorization is obtained from the insurer. Physicians and chiropractic physicians associated with the treating physician or chiropractic physician may treat the injured employee during the temporary absence of the treating physician or chiropractic physician. In all cases, the treating physician or chiropractic physician is directly responsible for the management of the health care of the injured employee. Physicians in emergency rooms are not considered treating physicians within the meaning of NAC 616C.126 to 616C.141, inclusive.

2. The insurer shall give written notice to all interested persons of the transfer of an injured employee to a new physician or chiropractic physician, which must include notice to the injured employee or the attorney or authorized representative of the injured employee of the right to appeal the transfer.

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EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

3. Except as otherwise provided in this subsection, an injured employee or an insurer is not financially liable for the payment of the fees of a provider of health care who renders treatment to an injured employee for an industrial accident or occupational disease, knowing that the injured employee is already under the care of another provider of health care. The insurer may be liable for the payment of the fees pursuant to this subsection if the insurer gives prior written approval for the treatment or good cause is shown for the treatment provided.

4. Any prescription or service ordered by a physician or chiropractic physician other than:

(a) The treating physician or chiropractic physician; or

(b) A physician or chiropractic physician associated with the treating physician or chiropractic physician who is treating the injured employee during the temporary absence of the treating physician or chiropractic physician,

➥ is not a financial liability of the insurer unless good cause is shown for the prescription or service.

5. The treating physician or chiropractic physician must request written authorization from the insurer before ordering or performing any one of the following services with an estimated billed amount of $200 or more:

(a) Consultation;

(b) Diagnostic testing;

(c) Elective hospitalization;

(d) Any surgery which is to be performed under circumstances other than an emergency; or

(e) Any elective procedure.

6. Any request for prior authorization to order or perform any of the services set forth in subsection 5 must contain an explanation of the need for each service to be ordered or performed. If any of the services are performed without the insurer's written authorization, the insurer is not liable for the fee for the service, unless good cause is shown for providing the services without prior authorization.

7. A treatment program that consists of more than six visits, not including the initial evaluation, and is billed under codes 97010 to 97799, inclusive, or 98925 to 98943, inclusive, whether the visits are billed separately or included under different codes, must be authorized in advance by the insurer to verify the medical necessity for continued treatment. The first six visits do not require the prior authorization of the insurer. The number of requests for additional visits by the treating physician or chiropractic physician and any written authorization granted therefor are not restricted, and are subject only to the treatment prescribed by the treating physician or chiropractic physician and the determination of the insurer. A report of the status of an injured employee may be requested by an insurer at any time during the course of treatment. The initial evaluation shall be deemed to be separate from the initial six treatments. An initial evaluation may be performed on the same day as the initial treatment.

8. The treating physician or chiropractic physician shall respond in writing to an insurer's written request for a report of the status of an injured employee not later than 10 business days after receiving the request.

[Industrial Comm'n, No. 14.031, eff. 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 2-22-88; A by Div. of Industrial Relations, 10-11-93; 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R118-02, 9-7-2005; R130-14, 9-9-2016)

This is an unofficial compilation prepared by the Division of Industrial Relations which incorporates the additions, amendments and repeal of regulations as of the filing of the Permanent Regulation LCB File No. R134-20 on August 22, 2023, LCB File No. R032-21 on August 22, 2023, LCB File No. R028-23 on February 27, 2024, and LCB File No. R076-23 on October 9, 2024.

EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

NAC 616C.138 Billing for provision of certain supplies and services. (NRS 616A.400**,** 616C.260**)** Supplies and materials provided by the provider of health care over and above those usually included in a visit to his or her office or in other services rendered must be billed by report under the appropriate code set forth in the "Centers for Medicare and Medicaid Services, CMS Common Procedures Coding System (HCPCS)," as contained in the *Relative Values for Physicians*, as adopted pursuant to NAC 616C.145.

[Industrial Comm'n, No. 14.091, eff. 6-20-82]—(NAC A by Dep't of Industrial Relations, 11-12-85; A by Div. of Industrial Relations, 10-11-93; 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R118-02, 9-7-2005)

NAC 616C.141 Requirements for programs of treatment billed under certain codes; use of codes in billing; contents of bills for certain office visits. (NRS 616A.400**,** 616C.250**,** 616C.260**)**

1. If a program of treatment that is required to be billed under codes 97001 to 97799, inclusive, or 98925 to 98943, inclusive, is administered to an injured employee, the treatment, evaluation, manipulation, modality, mobilization procedure, testing or measurements must be administered by:

(a) A licensed physical therapist;
(b) A licensed physical therapist assistant;
(c) A licensed occupational therapist;
(d) A licensed occupational therapy assistant;
(e) A licensed physician;
(f) A licensed chiropractic physician; or
(g) A certified chiropractic assistant,

➥ who is acting within the authorized scope of his or her license or certification.

2. If a treating physician or chiropractic physician prescribes a program of treatment that is required to be billed under codes 97010 to 97799, inclusive, or 98925 to 98943, inclusive, it must be in writing and include:

(a) A recommendation of the modalities or procedures, or both, to be administered to specific areas of the body; and
(b) The frequency of the treatments.

3. A provider of health care shall indicate on a bill presented to an insurer for any treatment each code contained in the *Relative Values for Physicians*, as adopted by reference pursuant to NAC 616C.145, or the *Relative Value Guide* of the American Society of Anesthesiologists, as adopted by reference pursuant to NAC 616C.146, for any services. The codes must be indicated on each bill regardless of whether the provisions of NAC 616C.070 to 616C.336, inclusive, allow for the payment of the services, the payment is requested or the item is included under a different code.

4. Any bill for an office visit that is billed under codes 90000 to 99999, inclusive, must include a written report concerning the history of the injured employee, a comprehensive evaluation of the injured employee's health condition or an evaluation of specific health problems of the injured employee, any decision made concerning the treatment required by the injured employee and all forms for submitting a claim to the insurer or billing reports that are requested by an insurer. Such

a bill is not required to include a special report that is specifically requested by an insurer and is required to be billed under code 99080.

[Industrial Comm'n, No. 14.051, eff. 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 2-22-88; A by Dep't of Industrial Relations, 8-30-91; A by Div. of Industrial Relations, 10-11-93; 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R118-02, 9-7-2005)

NAC 616C.143 Consultation or treatment provided outside State: Prior written authorization; treatment in cases of emergency. (NRS 616A.400**,** 616C.250**,** 616C.260**)**

1. Except as otherwise provided in this section, an insurer is not financially liable for consultation or treatment that is provided outside this State unless the insurer has given prior written authorization to the provider of health care or the medical facility in which the consultation or treatment is provided for the consultation or treatment. At the time of giving the written authorization, the insurer shall give written notice, which must include the date on which the notice is given, to the injured employee and the provider of health care or the medical facility that:

(a) The payment for the consultation or treatment will be made in accordance with the schedule of reasonable fees and charges allowable for accident benefits adopted for this State pursuant to NRS 616C.260, unless otherwise provided in a contract between the provider of health care or the medical facility and the insurer;

(b) The insurer is solely responsible for the payment of all services rendered;

(c) The injured employee is not financially liable for any part of the cost of the services rendered and must not be billed for those services; and

(d) Any bill must be submitted within 90 days after services are rendered.

2. Prior authorization for treatment that is provided outside this State in cases of an emergency is not required. A provider of health care or a medical facility that renders such treatment to an injured employee subject to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS must bill for such services using the appropriate coding found in the American Medical Association's "Physician's Current Procedural Terminology" as contained in the *Relative Values for Physicians*, as adopted by reference in NAC 616C.145. The provider of health care or medical facility shall submit a bill for all such treatment and include the fees as set forth in the schedule of reasonable fees and charges allowable for accident benefits, if any, of the state in which the treatment was rendered or the usual and customary fees of the provider or medical facility, whichever are less.

3. The insurer shall pay for treatment that is provided outside this State in cases of an emergency according to the billing received, unless the fee is unreasonable. A fee shall be deemed to be reasonable if it is provided in accordance with the provisions of this section.

(Added to NAC by Div. of Industrial Relations, eff. 11-10-93; A 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R118-02, 9-7-2005)—(Substituted in revision for NAC 616C.176)

NAC 616C.145 *Relative Values for Physicians*: Adoption by reference; compliance by providers of health care required; annual review by Administrator. (NRS 616A.400**,** 616C.260**)**

1. Except as otherwise provided in this section, providers of health care who treat injured employees pursuant to this chapter and chapter 616C of NRS shall comply with the most recently

published edition of or update to the *Relative Values for Physicians*, which the Division hereby adopts by reference.

2. The Administrator will, on or before February 1 of each year, review the most recently published edition of or update to the *Relative Values for Physicians*. Each new edition of or update to the *Relative Values for Physicians* shall be deemed approved by the Division for use in this State from February 1 through January 31, unless a notice of disapproval of the edition or update is posted pursuant to this subsection by the immediately preceding February 1. If the Administrator wishes to disapprove a new edition of or update to the *Relative Values for Physicians*, the Administrator will:

(a) Post a notice of disapproval at the largest public library in each county, the State Library, Archives and Public Records, the Grant Sawyer Office Building located at 555 East Washington Avenue, Las Vegas, Nevada, and all offices of the Division; and

(b) Send a notice to each person included on the mailing list that the Division is required to maintain pursuant to paragraph (e) of subsection 1 of NRS 233B.0603.

➥ If the Administrator disapproves an edition of or update to the *Relative Values for Physicians* the edition or update that was most recently adopted by reference or deemed approved pursuant to this section will continue in effect.

3. A copy of *Relative Values for Physicians*, as adopted by reference pursuant to subsection 1, may be purchased from Optum360, 2525 Lake Park Boulevard, Salt Lake City, Utah 84120, by telephone at (800) 464-3649 or at the Internet address **https://www.optum360coding.com**, for the price of $329.95.

(Added to NAC by Dep't of Industrial Relations, eff. 3-15-84; A 11-30-84; 3-17-86, eff. 3-22-86; 6-23-86; 2-18-88; 7-20-89; 2-28-90, eff. 3-19-90; A by Div. of Industrial Relations, 10-11-93; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R118-02, 9-7-2005; R130-14, 9-9-2016)—(Substituted in revision for NAC 616C.188)

NAC 616C.146 *Relative Value Guide* of the American Society of Anesthesiologists: Adoption by reference; compliance by anesthesiologists required; annual review by Administrator; use of codes. (NRS 616A.400**,** 616C.260**)**

1. Anesthesiologists who treat injured employees pursuant to this chapter and chapter 616C of NRS shall comply with the most recently published edition of or update to the *Relative Value Guide* of the American Society of Anesthesiologists, which the Division hereby adopts by reference.

2. The Administrator will, on or before February 1 of each year, review the most recently published edition of or update to the *Relative Value Guide* of the American Society of Anesthesiologists. Each new edition of or update to the *Relative Value Guide* of the American Society of Anesthesiologists shall be deemed approved by the Division for use in this State on February 1 of each year, unless a notice of disapproval of the edition or update is posted pursuant to this subsection by the immediately preceding February 1. If the Administrator wishes to disapprove a new edition of or update to the *Relative Value Guide* of the American Society of Anesthesiologists, the Administrator will:

(a) Post a notice of disapproval at the largest public library in each county, the State Library, Archives and Public Records, the Grant Sawyer Office Building located at 555 East Washington Avenue, Las Vegas, Nevada, and all offices of the Division; and

(b) Send a notice to each person included on the mailing list that the Division is required to maintain pursuant to paragraph (e) of subsection 1 of NRS 233B.0603.

➥ If the Administrator disapproves an edition of or update to the *Relative Value Guide* of the American Society of Anesthesiologists, the edition or update that was most recently adopted by reference or deemed approved pursuant to this section will continue in effect.

3. A copy of the *Relative Value Guide* of the American Society of Anesthesiologists, as adopted by reference pursuant to subsection 1, may be purchased from the American Society of Anesthesiologists, 1061 American Lane, Schaumburg, Illinois 60173-4973, by telephone at (847) 825-5586, or at the Internet address **https://www.asahq.org/shop-asa**, for the price of $25 for members and $75 for nonmembers.

4. Except as otherwise provided in this subsection, an anesthesiologist shall use the codes that are stated in the *Relative Value Guide* of the American Society of Anesthesiologists for each procedure which he or she bills and submits to an insurer. If a code for a procedure performed by an anesthesiologist is not provided in the *Guide*, the anesthesiologist shall use the code provided for that procedure in the *Relative Values for Physicians*, as adopted by reference pursuant to NAC 616C.145, using the appropriate conversion factor for the code that is assigned to that procedure.

(Added to NAC by Dep't of Industrial Relations, eff. 3-15-84; A 11-30-84; 3-17-86, eff. 3-22-86; 2-18-88; 7-20-89; 8-30-91; 1-24-92, eff. 12-31-91; A by Div. of Industrial Relations, 10-11-93; 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R118-02, 9-7-2005; R130-14, 9-9-2016)—(Substituted in revision for NAC 616C.194)

NAC 616C.147 Adoption by reference of codes for hospital-based outpatient surgery centers and Ambulatory Surgical Center (ASC) payment groups and procedures. (NRS 616A.400**,** 616C.260**)** The Division hereby adopts by reference:

1. The list of eligible codes for hospital-based outpatient surgery centers and Ambulatory Surgical Center (ASC) payment groups and procedures and the payment groups to which those codes are assigned as set forth in "Provider Type 10: Outpatient Surgery, Hospital Based and Provider Type 46: Ambulatory Surgical Centers" maintained by the Rates Unit - Nevada Medicaid of the Division of Health Care Financing and Policy of the Department of Health and Human Services and available at the Internet address: **http://dir.nv.gov/uploadedFiles/dirnvgov/content/WCS/MedicalDocs/ASCOPGroupList2016.pdf**.

2. The codes set forth in the "Healthcare Common Procedure Coding System (HCPCS)," as set forth in the *Relative Values for Physicians* adopted by reference pursuant to NAC 616C.145.

(Added to NAC by Dep't of Industrial Relations, 2-28-90, eff. 3-19-90; A 1-24-92, eff. 12-31-91; A by Div. of Industrial Relations, 10-11-93; 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R118-02, 9-7-2005; R130-14, 9-9-2016)—(Substituted in revision for NAC 616C.197)

NAC 616C.148 Reports of rating evaluation by rating physician or chiropractic physician; mailing; contents; retention of report and documentation. (NRS 616A.400**,** 616C.490**)** Unless good cause is shown:

1. A rating physician or chiropractic physician shall mail a report of an evaluation of an injured employee to the insurer within 14 days after the evaluation is completed. Unless good

cause is shown, if an addendum is requested by the insurer, the rating physician or chiropractic physician shall mail the addendum to the insurer within 14 days after receiving the request.

2. If a rating evaluation is requested by an injured employee or a representative thereof, the rating physician or chiropractic physician shall mail a report of the evaluation to the injured employee or a representative within 14 days after the evaluation is completed. Unless good cause is shown, if an addendum is requested by the injured employee or a representative, the rating physician or chiropractic physician shall mail the addendum to the injured employee or a representative within 14 days after receiving the request.

3. A report of a rating evaluation performed by a rating physician or chiropractic physician must include:

(a) All the findings of the physical examination; and

(b) References to each table or figure of the American Medical Association's *Guides to the Evaluation of Permanent Impairment* used by the rating physician or chiropractic physician to determine the permanent impairment of the injured employee.

4. A rating physician or chiropractic physician shall retain at least one copy of each report of a rating evaluation and all supporting documentation of the rating physician or chiropractic physician for a period of not less than 5 years after the date on which the rating evaluation referenced in the report of rating evaluation is performed.

(Added to NAC by Div. of Industrial Relations, eff. 11-10-93; A 3-5-96; R009-97, 10-27-97; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R118-02, 9-7-2005; R130-14, 9-9-2016)—(Substituted in revision for NAC 616C.212)

NAC 616C.149 Contents of bill to insurer; adoption by reference and annual review of ICD-CM codes; submission to insurer of order for services rendered. (NRS 616A.400**,** 616C.130**,** 616C.260**)**

1. Each provider of health care and each medical facility shall submit a bill to the insurer which includes:

(a) The usual charge for services provided;

(b) The code for the procedure and a description of the services;

(c) The number of visits and date of each visit to the office of the provider of health care or to the medical facility and the procedures followed in any treatment administered during the visit;

(d) The codes for supplies and materials provided or administered to the injured employee that are set forth in the "Healthcare Common Procedure Coding System (HCPCS)," as contained in the *Relative Values for Physicians* adopted by reference pursuant to NAC 616C.145;

(e) The name of the injured employee and his or her employer and the date of the injury;

(f) The tax identification number of the provider of health care; and

(g) The signature of the person who provided the service.

2. In addition to the information required by subsection 1, each physician or chiropractic physician and each medical facility shall include on the bill the ICD-CM codes identifying the parts of the body of the injured employee that were affected by the injury, as set forth in the most recently published edition of or update to the *International Classification of Diseases, Clinical Modification* (ICD-CM), which is hereby adopted by reference.

3. The Administrator will, on or before February 1 of each year, review the most recently published edition of or update to the *International Classification of Diseases*. Each new edition of

or update to the *International Classification of Diseases* shall be deemed approved by the Administrator for use in this State on February 1 of each year, unless a notice of disapproval of the edition or update is posted pursuant to this subsection by the immediately preceding April 1. If the Administrator wishes to disapprove a new edition of or update to the *International Classification of Diseases*, the Administrator will:

(a) Post a notice of disapproval at the largest public library in each county, the State Library, Archives and Public Records, the Grant Sawyer Office Building located at 555 East Washington Avenue, Las Vegas, Nevada, and all offices of the Division; and

(b) Send a notice to each person included on the mailing list that the Division is required to maintain pursuant to paragraph (e) of subsection 1 of NRS 233B.0603.

➥ If the Administrator disapproves an edition of or update to the *International Classification of Diseases*, the edition or update that was most recently adopted by reference or deemed approved pursuant to this section will continue in effect.

4. A copy of the *International Classification of Diseases* is available, free of charge, from the Centers for Disease Control and Prevention at the Internet address **http://www.cdc.gov/nchs/icd.htm**.

5. The initial bill submitted to the insurer by a licensed physical therapist or a licensed occupational therapist must be accompanied by a copy of the order for the services rendered issued by the treating physician or chiropractic physician. Any subsequent bill submitted to the insurer by a licensed physical therapist or a licensed occupational therapist must include a copy of the order for the services rendered if the order is changed by the treating physician or chiropractic physician.

(Added to NAC by Dep't of Industrial Relations, eff. 3-15-84; A 11-30-84; A by Div. of Industrial Relations, 10-11-93; 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R118-02, 9-7-2005; R130-14, 9-9-2016)—(Substituted in revision for NAC 616C.215)

Reimbursement for Costs of Transportation and Meals

NAC 616C.150 Eligibility and computation. (NRS 616A.400**,** 616C.245**,** 616C.260**,** 616C.365**)**

1. The insurer shall reimburse an injured employee for the cost of transportation to and from the place where the injured employee receives health care if he or she is required to travel 20 miles or more, one way, from the injured employee's:

(a) Residence to the place where he or she receives health care; or

(b) Place of employment to the place where he or she receives health care if the care is required during his or her normal working hours.

2. The insurer shall reimburse an injured employee for the cost of transportation if he or she is required to travel 20 miles or more, one way, from his or her residence or place of employment to a place of hearing designated by the insurer or the Department of Administration if the hearing concerns an appeal by the employer or insurer from a decision in favor of the injured employee and the decision is upheld on appeal.

3. An injured employee who does not qualify for reimbursement under paragraph (a) or (b) of subsection 1 but is required to travel a total of 40 miles or more in any 1 week for health care

or for attendance at a rehabilitation center designated by the insurer is entitled to be reimbursed for the cost of transportation.

4. Except as otherwise provided in subsection 6, reimbursement for the cost of transportation must be computed at a rate equal to:

(a) The mileage allowance for state employees who use their personal vehicles for the convenience of the State; or

(b) The expense actually incurred by the injured employee for transportation, if the injured employee consents to reimbursement at this rate and the expense is not greater than the amount to which the injured employee would otherwise be entitled pursuant to paragraph (a).

5. Except as otherwise provided in subsection 6, if an injured employee must travel before 7 a.m. or between 11:30 a.m. and 1:30 p.m. or cannot return to his or her residence or place of employment until after 7 p.m., or any combination thereof, reimbursement for meals required to be purchased must be computed at a rate equal to:

(a) That allowed for state employees; or

(b) The expense actually incurred by the injured employee for meals, if the injured employee consents to reimbursement at this rate and the expense is not greater than the amount to which the injured employee would otherwise be entitled pursuant to paragraph (a).

6. The insurer shall reimburse an injured employee for his or her expenses of travel if he or she is required to travel 50 miles or more, one way, from his or her residence or place of employment and is required to remain away from the residence or place of employment overnight. Reimbursement must be computed at a rate equal to:

(a) The per diem allowance authorized for state employees; or

(b) The expenses actually incurred by the injured employee,

➥ whichever is less.

7. A claim for reimbursement of expenses governed by this section may be disallowed unless it is submitted to the insurer within 60 days after the expenses are incurred.

[Industrial Comm'n, No. 42 §§ 1 & 2, eff. 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 2-22-88; 8-30-91; A by Div. of Industrial Relations, 10-11-93; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R118-02, 9-7-2005)

NAC 616C.153 Reimbursement for airfare. (NRS 616A.400**,** 616C.260**)** With the prior approval of the insurer, an injured employee may be reimbursed for airfare where the time, distance, convenience or cost justifies the travel by air.

[Industrial Comm'n, No. 42 § 5, eff. 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 2-22-88; A by Div. of Industrial Relations, 10-11-93; R121-97, 12-10-97, eff. 1-1-98)

NAC 616C.156 Limitations on reimbursements. (NRS 616A.400**,** 616C.260**)**

1. Unless otherwise directed or approved by the insurer or the injured employee's treating physician or chiropractic physician, an injured employee who chooses to obtain health care services at a more distant place although adequate health care is available at a closer place may be reimbursed under NAC 616C.150 only for mileage to the closer place.

2. If an injured employee moves outside this State or to a new location within this State for his or her own convenience after becoming an injured employee, the maximum mileage for one

direction for which he or she may be reimbursed is the mileage allowable before the move or 40 miles, whichever is greater.

3. No reimbursement will be allowed for a person traveling with an injured employee unless there is a health care necessity that precludes the injured employee from traveling alone. The health care necessity must be substantiated in writing by the injured employee's treating physician or chiropractic physician.

[Industrial Comm'n, No. 42 §§ 3 & 4, eff. 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 2-22-88; A by Div. of Industrial Relations, 10-11-93; R121-97, 12-10-97, eff. 1-1-98)

Contested Claims of Injured Employees

NAC 616C.260 Definitions. (NRS 616C.295**,** 616C.310**)** As used in NAC 616C.260 to 616C.336, inclusive, unless the context otherwise requires:

1. "Hearings Division" means the Hearings Division of the Department of Administration.

2. "Licensed representative" means a person who is licensed pursuant to NAC 616C.350 to 616C.377, inclusive.

3. "Senior appeals officer" means the appeals officer designated by the Director of the Department of Administration pursuant to subsection 3 of NRS 232.215 to supervise the administrative, technical and procedural activities of the Hearings Division.

(Added to NAC by Hearings Div. by R055-98, eff. 8-12-98; A by R184-07, 9-29-2008)

NAC 616C.265 Hearing officer: Qualifications regarding education and experience. (NRS 616C.295**)** A person who wishes to serve as a hearing officer pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS must:

1. Possess a bachelor's degree from an accredited college or university and have at least 4 years of professional experience in resolving disputes between opposing parties, 2 years of which included making determinations or adjudicating issues by interpreting statutes or administrative rules or regulations;

2. Possess an associate's degree from an accredited junior college or community college and have at least 5 years of professional experience in resolving disputes between opposing parties, 2 years of which included making determinations or adjudicating issues by interpreting statutes or administrative rules or regulations;

3. Have at least 2 years of experience as a hearing officer with an administrative agency of this State; or

4. Possess any other combination of education and experience which the Chief of the Hearings Division deems to be equivalent to the education and experience required by subsection 1, 2 or 3, and demonstrate to the satisfaction of the Chief of the Hearings Division that he or she possesses the knowledge, skills and abilities required by this section and NAC 616C.267. For the purposes of this subsection, 1 year of experience in administering claims or programs for workers' compensation or representing employers in contested claims for workers' compensation, or 1 year of any other related experience, may be substituted for 1 year of education completed after graduation from high school.

(Added to NAC by Hearings Div., eff. 9-6-96)

This is an unofficial compilation prepared by the Division of Industrial Relations which incorporates the additions, amendments and repeal of regulations as of the filing of the Permanent Regulation LCB File No. R134-20 on August 22, 2023, LCB File No. R032-21 on August 22, 2023, LCB File No. R028-23 on February 27, 2024, and LCB File No. R076-23 on October 9, 2024.

EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

NAC 616C.267 Hearing officer: Additional qualifications. (NRS 616C.295)

1. In addition to possessing the qualifications required by NAC 616C.265, a hearing officer must:

(a) Be able to:

(1) Interact effectively with all participants at a hearing in a manner which ensures an impartial, orderly proceeding;

(2) Put the parties to a hearing at ease and ensure their rights of due process in a dignified manner;

(3) Coordinate and schedule various assignments by determining the time, place and sequence of actions to be taken and establishing priorities which accurately reflect the relative importance of those assignments;

(4) Work independently with a minimum amount of supervision;

(5) Listen to and analyze the evidence presented at a hearing and communicate effectively his or her decisions on motions and objections related to that evidence;

(6) Motivate persons to resolve their disputes;

(7) Provide mediation or other techniques for the resolution of disputes for the opposing parties to a hearing;

(8) Communicate effectively, orally and in writing, with persons from a variety of social, economic and educational backgrounds;

(9) Render an impartial decision based on:

(I) The evidence presented at a hearing; and

(II) An objective analysis of applicable statutes, regulations and case law; and

(10) Write decisions and opinions in a clear, concise and accurate manner; and

(b) Be knowledgeable of the provisions of Nevada Revised Statutes, the Nevada Administrative Code and the policies and procedures of state agencies related to the areas of expertise assigned to him or her by the Chief of the Hearings Division, including knowledge of the terminology, common practices, theories and trends related to those areas.

2. The Chief of the Hearings Division may require each applicant who wishes to serve as a hearing officer to complete successfully such written and oral examinations as the Chief deems necessary to ensure that the applicant possesses the qualifications set forth in subsection 1.

(Added to NAC by Hearings Div., eff. 9-6-96)

NAC 616C.269 Hearing officer: Training requirements. (NRS 616C.295)

1. To the extent that money is made available to the Hearings Division for the purpose of training hearing officers, a hearing officer must successfully complete annually at least 20 hours of training, which may include, without limitation, training in:

(a) Mediation and other techniques for the resolution of disputes;

(b) Industrial insurance law and practice, including, without limitation:

(1) The provisions of chapters 616A to 617, inclusive, of NRS; and

(2) The provisions of chapters 616A to 617, inclusive, of NAC;

(c) Adjudication of administrative law hearings;

(d) Recent relevant statutory and regulatory changes and judicial decisions;

(e) Writing, evidence and ethics; and

(f) Other similar topics approved by the senior appeals officer, including, without limitation, any training provided by the Hearings Division.

2. Excess hours of training earned during a 12-month period may be carried over to the following year.

3. The senior appeals officer shall review the past experience of each newly appointed hearing officer to determine the training, if any, that is required immediately for that particular hearing officer to carry out his or her duties and, if necessary, shall develop a plan for such training after consulting with the hearing officer.

(Added to NAC by Hearings Div., eff. 9-6-96; A by R184-07, 9-29-2008)

NAC 616C.2691 Hearing or appeals officer: Professional conduct. (NRS 616C.295**)** A hearing or appeals officer shall:

1. Act in a manner that preserves the integrity, impartiality and independence of hearings in contested cases for compensation conducted pursuant to chapters 616A to 617, inclusive, of NRS and promotes public confidence in such hearings;

2. Act in a manner that avoids the appearance of impropriety, including, without limitation, disclosing any affiliation to a party in a proceeding before the officer;

3. Perform diligently all official duties;

4. Be faithful to the law and decide matters on the basis of the facts and the applicable law, including, without limitation, judicial decisions; and

5. Maintain order and decorum in proceedings before the officer.

(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.2692 Hearing or appeals officer: Prohibited acts. (NRS 616C.295**)**

1. A hearing or appeals officer shall not:

(a) Engage in conduct that reflects adversely on the character, competence or temperament of the officer or on the officer's fitness to serve, including, without limitation, conduct involving misrepresentation, fraud, dishonesty, deceit or felonious criminal behavior.

(b) In the performance of the official duties of the officer, by words or conduct, manifest bias or prejudice because of race, religion, color, age, sex, disability, sexual orientation, national origin, ancestry, marital status or socioeconomic status.

(c) Act in a way that the officer knows or reasonably should know would be perceived by a reasonable person as biased or prejudiced toward any of the parties, witnesses or attorneys to a proceeding or members of the public at a proceeding.

(d) Be swayed by partisan interests, public clamor or fear of criticism.

(e) Allow family, social or other relationships or associations to influence his or her official conduct or judgment.

(f) Use the position of hearing or appeals officer to advance the private interests of the officer or of any other person.

(g) Convey the impression that any person has any special influence with the hearing or appeals officer.

(h) Serve as an officer, director, trustee or advisor of a private or public corporation or of an educational, religious, charitable, fraternal, political or civic organization if the corporation or organization frequently participates in proceedings that would ordinarily come before the officer.

(i) Use his or her position as a hearing or appeals officer to solicit funds for any private or public corporation or for any educational, religious, charitable, fraternal, political or civic organization or allow the prestige of the office to be used for such purposes.

(j) Use or disclose nonpublic information acquired by the hearing or appeals officer for any purpose not related to the official duties of such an officer.

(k) Make any public comment about a proceeding within the jurisdiction of the hearing or appeals officer which might reasonably be expected to affect the outcome or impair the fairness of the proceeding. The provisions of this paragraph must not be construed to prohibit a hearing or appeals officer from:

(1) Making public statements in the course of his or her official duties;

(2) Explaining for the public benefit procedures before the hearing or appeals officer;

(3) Responding to or defending from a criminal charge or civil claim against the hearing or appeals officer; or

(4) Responding to allegations concerning the conduct of the hearing or appeals officer during a proceeding before the officer.

(l) Unless under subpoena, testify under oath as a character witness. The provisions of this paragraph must not be construed to prohibit a hearing or appeals officer from providing a character or ability reference for a person about whom the officer has personal knowledge.

2. A hearing or appeals officer, a spouse of a hearing or appeals officer, or any other person residing in the household of a hearing or appeals officer shall not accept any gift, bequest or loan from any person who has a significant interest in a matter that is or that the hearing or appeals officer has reason to know will be before the officer.

(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.2693 Limitation on communications between hearing or appeals officer and party or representative; disclosure. (NRS 616C.295)

1. Except as otherwise provided in subsection 2, a hearing or appeals officer shall not engage in any communication or contact with a party to a proceeding before the hearing or appeals officer or with any attorney or other representative of a party outside the presence of any other party to the proceeding.

2. A hearing or appeals officer may communicate with a party to a proceeding before the hearing or appeals officer or with any attorney or other representative of a party outside the presence of any other party to the proceeding:

(a) If the parties to the proceeding or the attorneys or other representatives of the parties are engaged in mediation; or

(b) For scheduling or administrative purposes or for emergencies that do not address substantive matters or issues on the merits relating to the proceeding before the hearing or appeals officer and if the officer reasonably believes that no party or attorney or other representative of a party will gain a procedural or tactical advantage as a result of the communication.

3. A hearing or appeals officer shall disclose promptly to all parties to the proceeding any communication made pursuant to subsection 2. A disclosure required pursuant to this subsection must identify:

(a) The person with whom the communication occurred; and

(b) The substance of the communication.

4. A hearing or appeals officer shall provide the parties to whom a communication is disclosed pursuant to subsection 3 a reasonable opportunity to respond to the disclosure.

(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.2694 "Conflict of interest" and "personal interest" interpreted. (NRS 616C.295**)** As used in NRS 616C.300 and 616C.340, the Chief of the Hearings Division interprets the terms "conflict of interest" and "personal interest" to include, without limitation:

1. A bias or prejudice concerning a party, an attorney or other representative of a party, or any other participant in the proceeding.
2. Knowledge obtained from sources outside of the proceeding of evidentiary facts that are disputed in the proceeding.
3. Service as an attorney in the matter in controversy.
4. Service of an attorney with whom the officer previously has been associated, during the period of association with the officer, as an attorney in the matter in controversy.
5. Being a material witness in the matter in controversy.
6. Having, as an individual or as a personal representative, trustee, conservator or guardian, a financial interest in the matter in controversy or any other interest that could be affected substantially by the outcome of the proceeding.
7. Being, as an individual or as a personal representative, trustee, conservator or guardian, a party to the proceeding.
8. If the spouse, a parent or a child of the hearing or appeals officer, regardless of residence, or any other person residing in the household of the officer:

(a) Has a financial interest in the matter in controversy or any other interest that could be affected substantially by the outcome of the proceeding;

(b) Is a party in the proceeding;

(c) Is an officer, director, partner or trustee of a party in the proceeding;

(d) Is acting as an attorney in the proceeding; or

(e) To the knowledge of the hearing or appeals officer, is likely to be a material witness in the proceeding.

(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.26941 Complaint of violation; investigation. (NRS 616C.295**)**

1. A complaint alleging that a hearing or appeals officer has violated a provision of NAC 616C.2691 to 616C.2694, inclusive, must be in writing and submitted to the senior appeals officer.
2. The senior appeals officer shall investigate any complaint submitted pursuant to subsection 1 and shall notify the complainant of the results of the investigation not more than 60 days after the complaint is received.
3. If the senior appeals officer substantiates the complaint, the senior appeals officer shall report the results of the investigation:

(a) If the complaint involves a hearing officer, to the Director of the Department of Administration.

(b) If the complaint involves an appeals officer, to the Governor.

(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

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EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

NAC 616C.26942 Appeals officer: Training requirements. (NRS 616C.295)

1. To the extent that money is made available to the Hearings Division for the purpose of training appeals officers, an appeals officer must successfully complete annually at least 20 hours of training, which may include, without limitation, training in:

(a) Adjudication of administrative law hearings;

(b) Industrial insurance law and practice, including, without limitation:

(1) The provisions of chapters 616A to 617, inclusive, of NRS; and

(2) The provisions of chapters 616A to 617, inclusive, of NAC;

(c) Mediation and other techniques for the resolution of disputes;

(d) Recent relevant statutory and regulatory changes and judicial decisions;

(e) Writing, evidence and ethics;

(f) Any other similar subjects approved by the senior appeals officer; and

(g) Subjects taught in courses:

(1) Offered by the National Judicial College or the National Association of Administrative Law Judiciary or attended by an appeals officer to meet the requirements of the State Bar of Nevada for continuing legal education; and

(2) Approved for the purposes of this section by the senior appeals officer, including, without limitation, any training provided by the Hearings Division.

2. Excess hours of training earned during a 12-month period may be carried over to the following year.

3. The senior appeals officer shall review the past experience of each newly appointed appeals officer to determine the training, if any, that is required immediately for that particular officer to carry out his or her duties and, if necessary, shall develop a plan for such training after consulting with the appeals officer.

(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.2695 Special appeals officer: Qualifications; determination of assignment. (NRS 616C.295, 616C.310)

1. Each special appeals officer appointed by the Governor pursuant to subsection 4 of NRS 616C.340 must be an attorney who has been licensed to practice law before all the courts of this State for at least 2 years.

2. The senior appeals officer shall:

(a) Create and maintain a list of persons who have been appointed as special appeals officers by the Governor pursuant to subsection 4 of NRS 616C.340.

(b) Assign cases to special appeals officers from the list described in paragraph (a).

(c) If he or she assigns a particular case to a special appeals officer, provide to each party involved in that case the name of the special appeals officer to whom the case has been assigned.

(d) In determining the particular special appeals officer to whom a case will be assigned, consider:

(1) The venue in which the case will be heard;

(2) The relative workloads of the special appeals officers who are otherwise available to hear the case;

(3) Whether the special appeals officers who are otherwise available to hear the case have promptly settled and decided cases that have been assigned to them in the past;

(4) The particular expertise of the special appeals officers who are otherwise available to hear the case; and

(5) Any other factor that the senior appeals officer determines to be relevant.

(Added to NAC by Hearings Div. by R055-98, eff. 8-12-98)

NAC 616C.270 Appeal to hearing officer. (NRS 616C.310**)** Any claimant who is aggrieved by any final determination of the insurer or the insurer's staff may appeal from the decision to a hearing officer.

[Industrial Comm'n, No. 4.130, eff. 6-30-82]—(Hearings Div.)

NAC 616C.273 Explanation of right to appeal suspension of benefits. (NRS 616A.400**,** 616C.140**,** 616C.230**)** If an insurer suspends benefits pursuant to NRS 616C.140 or 616C.230, the insurer shall provide the claimant with a written explanation of the right to an appeal and the procedures he or she must follow to have the benefits reinstated.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88)—(Substituted in revision for NAC 616.611)

NAC 616C.274 Form for requesting hearing before hearing officer or for notice of appeal; information required to be provided by insurer or third-party administrator. (NRS 616C.310**)**

1. A request for a hearing before a hearing officer or a notice of appeal filed with the Hearings Division must be filed:

(a) On a form provided by an insurer, an organization for managed care or the Hearings Division; or

(b) On a similar form approved by the Department of Administration.

2. An insurer or the third-party administrator for an insurer shall provide the following information on each form used to request a hearing:

(a) The name and last known mailing address of the claimant;

(b) The name under which the employer was doing business at the time of the injury and the last known mailing address and telephone number of the employer;

(c) If the insurer is a self-insured employer:

(1) The name, address and telephone number of the self-insured employer; and

(2) The name, address and telephone number of the third-party administrator of the self-insured employer, if any;

(d) The number of the claim; and

(e) The date of injury or, in the case of occupational disease, the estimated or approximate date of injury.

(Added to NAC by Hearings Div., eff. 5-23-96; A by R184-07, 9-29-2008)

NAC 616C.2745 Hearing on decision concerning accident benefits made by organization for managed care. (NRS 616C.310**)** An appeals officer shall not convene a hearing on a dispute that is required to be submitted to a procedure for resolving disputes pursuant to NRS 616C.305 until a final decision is rendered pursuant to that procedure or the dispute is not resolved pursuant to that procedure within 14 days after it was submitted.

This is an unofficial compilation prepared by the Division of Industrial Relations which incorporates the additions, amendments and repeal of regulations as of the filing of the Permanent Regulation LCB File No. R134-20 on August 22, 2023, LCB File No. R032-21 on August 22, 2023, LCB File No. R028-23 on February 27, 2024, and LCB File No. R076-23 on October 9, 2024.

EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

(Added to NAC by Hearings Div., eff. 5-23-96; A by R184-07, 9-29-2008)

NAC 616C.275 Procedure for submission of contested claim directly to appeals officer. (NRS 616C.310**)**

1. Parties to a contested claim who wish to forego a hearing before a hearing officer and submit the contested claim directly to an appeals officer must:

(a) If a request for a hearing before a hearing officer has been filed, submit to the hearing officer a written stipulation to forego the hearing before the hearing officer.

(b) If a request for a hearing before a hearing officer has not been filed, submit to a hearing officer a request for a hearing and a written stipulation to forego the hearing before the hearing officer.

2. The written stipulation required by subsection 1 must be signed by:

(a) The claimant's legal counsel;

(b) The insurer or a third-party administrator; and

(c) The employer, if the employer has notified the parties or the Hearings Division that he or she will participate in the contested claim.

(Added to NAC by Hearings Div., eff. 5-23-96; A by R184-07, 9-29-2008)

NAC 616C.2753 Hearing or adjudication conducted by Hearings Division at request of another agency. (NRS 233B.050, 616C.310**)** If the Hearings Division, pursuant to chapter 277 of NRS, enters into an agreement with another agency in which the Hearings Division agrees to hold a hearing in a contested case or to conduct a fair hearing or impartial adjudication in regard to a matter that is not a contested case pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS:

1. The senior appeals officer shall assign an appeals officer or special appeals officer to conduct the hearing or adjudication.

2. The agency requesting the hearing or adjudication shall reimburse the Hearings Division for the cost of conducting the hearing or adjudication, including, without limitation, the cost of interpreting, recording and reporting the proceedings of the hearing or adjudication.

3. The appeals officer or special appeals officer to whom the hearing or adjudication is assigned shall, in conducting the hearing or adjudication, follow the procedures set forth in any statutes or regulations that apply specifically to such a hearing or adjudication. If no statutes or regulations set forth the procedures that apply specifically to such a hearing or adjudication, the appeals officer or special appeals officer to whom the hearing or adjudication is assigned shall, in conducting the hearing or adjudication, follow the procedures set forth in:

(a) Chapter 233B of NRS; and

(b) The regulations of the Hearings Division that are set forth in chapters 616A to 617, inclusive, of NAC.

(Added to NAC by Hearings Div. by R055-98, eff. 8-12-98)

NAC 616C.2755 Assistance in interpreting English language during proceedings. (NRS 616C.310**)**

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EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

1. A party, other than a person with a communications disability, who requires assistance in interpreting the English language during any hearing held before a hearing officer must arrange for such assistance, at no cost to the Hearings Division, before the scheduled hearing.

2. A party who requires assistance in interpreting the English language during any proceeding before an appeals officer must notify the appeals officer in writing at least 10 days before the hearing that such assistance is required. The appeals officer shall appoint an interpreter and arrange for the interpreter to attend the hearing at no cost to the party who requires such assistance.

3. As used in this section, "person with a communications disability" has the meaning ascribed to it in NRS 50.050.

(Added to NAC by Hearings Div., eff. 5-23-96; A by R184-07, 9-29-2008)

NAC 616C.277 Scheduling of prehearing conference by appeals officer. (NRS 616C.310**)**

1. An appeals officer may schedule a prehearing conference in any appeal filed to discuss settlement, discovery, scheduling, or other matters pertinent to the appeal, including, without limitation:

(a) Expedition of the pending case.

(b) Hearing motions.

(c) Submission of documentary evidence.

(d) Narrowing the issues.

(e) Setting a convenient date for the primary hearing.

2. An appeals officer may enter any order relating to the matters described in subsection 1.

(Added to NAC by Hearings Div., eff. 5-23-96; A by R184-07, 9-29-2008)

NAC 616C.278 Additional conferences called by appeals officer; request for assignment of matter for mediation. (NRS 616C.310**)**

1. In addition to a prehearing conference authorized pursuant to NAC 616C.277, an appeals officer may, in regard to any proceeding that is being heard before him or her:

(a) Call the parties to the proceeding together for a conference to be held before the taking of testimony; and

(b) Recess the proceeding to hold a conference,

➥ to address any matter that, in the opinion of the appeals officer, will assist in securing the just, speedy and economical determination of the issues that are in question in the proceeding. If an appeals officer conducts a conference pursuant to this section, the appeals officer shall ensure that the official record of the proceeding contains a notation that sets forth the results of such a conference.

2. The parties to a proceeding before an appeals officer may request that the matter be assigned for mediation. Upon receipt of such a stipulated motion, the matter will be assigned to another appeals officer. The parties may agree by stipulation to assign the mediation to a specific appeals officer. The appeals officer initially assigned to the matter maintains jurisdiction over the pending matter unless the matter is resolved by mediation.

(Added to NAC by Hearings Div. by R055-98, eff. 8-12-98; A by R184-07, 9-29-2008)

NAC 616C.279 Failure of party to appear. (NRS 616C.310**)**

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EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

1. If a party who appeals fails to appear after due notice has been given and good cause is not shown for the failure to appear, the hearing officer may dismiss the case with prejudice.

2. An appeals officer may dismiss with prejudice an appeal by a party who received notice of a hearing before a hearing officer, failed to appear at or participate in the hearing before the hearing officer and failed to show cause for his or her failure to appear at the hearing.

[Hearings Div., Practice Rule XI, eff. 2-26-80]—(NAC A 11-26-84; R184-07, 9-29-2008)—(Substituted in revision for NAC 616.616)

NAC 616C.282 Failure to comply with regulations. (NRS 616C.310**)** If a party or his or her counsel or licensed representative fails or refuses to comply with NAC 616C.274 to 616C.336, inclusive, the hearing or appeals officer may make such orders as are necessary to direct the course of the hearing, including, but not limited to, the following:

1. Continue the hearing until the party or counsel or licensed representative complies with the requirements.
2. Restrict or prohibit the introduction of evidence.
3. Dismiss the matter.
4. If the failure or refusal to comply is by a licensed representative, refer the matter to the senior appeals officer for appropriate action pursuant to NAC 616C.350 to 616C.377, inclusive.
5. If the failure or refusal to comply is by an insurer or a third-party administrator, refer the matter to the Commissioner of Insurance for appropriate action.
6. If the failure or refusal to comply is by an attorney licensed in this State, refer the matter to the State Bar of Nevada for appropriate action.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96; R184-07, 9-29-2008)

NAC 616C.2823 Failure to respond to request for determination. (NRS 616C.310**)**

1. If an insurer fails to respond to a written request for a determination within 30 days after receipt of such a request, the person who made the request may:

(a) File a request for a hearing before a hearing officer pursuant to subsection 3 of NRS 616C.315; or

(b) Resubmit the written request for a determination to the insurer.

2. A failure to file a request for a hearing within the time period specified in subsection 3 of NRS 616C.315 does not preclude a person from resubmitting a written request for a determination to the insurer.

(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.2825 Information required for appeal of a final determination. (NRS 616C.310**)**

1. Except as otherwise provided in subsection 3, if a hearing officer receives an appeal of a final determination of an insurer that does not include, if applicable, a copy of the letter of the determination being appealed or, if such a copy is unavailable, the date of the determination and the issues stated in the determination, the hearing officer shall notify the claimant in writing that the claimant must, within 15 days after the date on which the hearing officer sends the notification, provide to the hearing officer:

(a) A copy of the letter of determination;

(b) If the letter of determination is unavailable, the date of the determination and the issues stated in the determination; or

(c) Proof that a letter of determination had been requested from the insurer or third-party administrator by the claimant.

➥ If the hearing officer does not receive such documentation by the date specified in the notice sent pursuant to this subsection, the hearing officer shall dismiss the appeal without prejudice in a written order for failure to pursue the appeal.

2. A claimant who submits proof that a letter of determination had been requested from the insurer or third-party administrator by the claimant pursuant to subsection 1 may request the hearing officer to issue an order requiring the insurer or third-party administrator to provide a copy of the letter of determination to the hearing officer within 10 days after the date of the order.

3. The provisions of this section do not apply for an appeal of a failure to respond to a request.

(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.2827 Consolidation with pending case; request for consolidation; service; approval. (NRS 616C.310**)**

1. An appeal of a hearing officer's decision may be consolidated with a case pending before the appeals officer:

(a) At the request of a party to the appeal of a hearing officer's decision; and

(b) When:

(1) Both cases involve the same claim and the same parties;

(2) Both cases involve similar questions of fact or law; or

(3) Consolidation would reduce duplication and judicial effort.

2. A request for consolidation must be in writing and must contain:

(a) The name of the appeals officer who is hearing the pending case with which the appealed case would be consolidated; and

(b) The appeal number of the pending case.

3. A request for consolidation must be served pursuant to NAC 616C.291 and 616C.294 on all parties who appeared before the hearing officer in the case being appealed.

4. The appeals officer assigned to the case with which consolidation is sought shall approve or deny the request for consolidation not later than 5 days after receiving the request.

(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.284 Request for issuance of subpoena; approval or denial of request. (NRS 616C.310**)**

1. A party who wishes a hearing or appeals officer to issue a subpoena requiring the attendance of a witness or the production of a book, account, paper, record, or other document must submit a request for a subpoena to the hearing or appeals officer:

(a) At any prehearing conference held in the matter;

(b) At least 10 days before the hearing; or

(c) As otherwise allowed by the hearing or appeals officer.

2. A request for a subpoena must:

(a) Set forth the reason why the subpoena is necessary; and

(b) Be accompanied by a completed form for the subpoena.

3. The hearing or appeals officer shall:

(a) Approve the request if it appears that the witness or document requested is relevant to the issues in the matter and the party requesting the subpoena is otherwise unable to compel the attendance of the witness or the production of the document.

(b) Approve or deny the request for a subpoena within 5 days after the receipt of the request.

4. Any subpoena for the production of a book, account, paper, record, or other document must include a notice of how the requested document can be provided without requiring the appearance of a person at the hearing.

(Added to NAC by Hearings Div., eff. 5-23-96)

NAC 616C.285 Failure to comply with order or subpoena. (NRS 616C.310**)**

1. Any party aggrieved by a person's failure or refusal to comply with an order or subpoena may apply to the appeals officer or hearing officer for an order certifying the disobedience or refusal to comply.

2. Upon receipt of an application under subsection 1, the appeals officer or hearing officer shall notify the disobedient person to show cause why such an order should not be issued.

3. After the hearing, if the appeals officer or hearing officer determines an order is appropriate, he or she shall issue an order certifying disobedience or refusal to the party who applied for the order.

4. Upon receipt of such an order, the party may, on behalf of the hearing or appeals officer, file an application to compel obedience with the appropriate district court.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96)

NAC 616C.291 Filing and service of documents. (NRS 616C.310**)** For the purposes of NAC 616C.282 to 616C.336, inclusive:

1. Filing occurs when the original document is received by and is in the actual physical custody of the Hearings Division.

2. A document over five pages in length may not be filed by facsimile unless so ordered or approved in advance by a hearing or appeals officer. If a document which is five pages or less in length is received by facsimile, the document will be accepted and the date of receipt stamped on the document. If a document is received by facsimile and the original of the document is received within 3 business days after it is received by facsimile, the original will be stamped with the date it is received, but shall be deemed filed on the date the facsimile was received.

3. A document may be filed by electronic mail upon prior written approval of the Hearings Division. A document filed by electronic mail must be:

(a) Accompanied by an acknowledgment of receipt.

(b) Sent to the secretary for the hearing or appeals officer and to each party to the proceeding.

4. Except as otherwise provided in subsection 6 of NRS 616C.345, if service is to be made upon a party represented by counsel or by a licensed representative, the service must be made upon counsel or the licensed representative unless service upon the party is ordered by the appeals officer.

5. Except as otherwise provided in subsection 8, service upon counsel or upon a party must be made by delivering or mailing a copy of the document to the counsel or the party at his or her

last known address or, if the address is not known, by leaving the copy at the office of the hearing or appeals officer.

6. Delivery of a copy of the document is made by:

(a) Handing it to the party or his or her counsel;

(b) Leaving it at the office of the party or his or her counsel with a clerk or other person in charge thereof or, if there is no one in charge, leaving it in a conspicuous place therein; or

(c) Leaving it at the dwelling house or usual place of abode of the person to be served with some person of suitable age and discretion residing therein.

7. Service by mail is complete upon mailing. Any document served by mail shall be deemed received 3 days after it is mailed.

8. If requested by a party or his or her counsel, the Hearings Division will serve a document upon the party or his or her counsel by placing the document in a folder maintained for that purpose at the Hearings Division's office. If such a folder is maintained by the Hearings Division, it will be available for inspection by the party or his or her counsel during the regular business hours of the Hearings Division. A document served pursuant to this subsection shall be deemed received 3 days after the document is placed in the party's folder.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96; R184-07, 9-29-2008)

NAC 616C.294 Proof of service. (NRS 616C.310**)** Proof of service may be made by certificate of the counsel for a party or of the counsel's employee, or by written admission, affidavit, or other proof satisfactory to the appeals officer. Failure to make proof of service does not affect the validity of service.

(Added to NAC by Hearings Div., eff. 11-26-84)—(Substituted in revision for NAC 616.6186)

NAC 616C.297 Requirements for filing and service of information. (NRS 616C.310**)**

1. Within the times prescribed in subsection 2, all parties shall file with the appeals officer and serve upon all other parties:

(a) All documents to be introduced as evidence at the hearing;

(b) A statement of the issues to be raised;

(c) A list of witnesses, a brief summary of proposed testimony, and a statement whether any of the testimony is to be taken by use of the telephone; and

(d) An estimate of the length of time required to present the case, including rebuttal testimony and argument.

2. Except as otherwise provided in NAC 616C.305 or as otherwise ordered by an appeals officer after any prehearing conference conducted by the appeals officer, the materials required under subsection 1 must:

(a) Be filed by the appellant at least 14 days before the scheduled hearing;

(b) Be filed by a respondent at least 7 days before the scheduled hearing;

(c) Include a comprehensive index; and

(d) Include pages that are separately numbered.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96; R184-07, 9-29-2008)

NAC 616C.300 Service of copies of documents by insurer; submission of documents to Hearings Division; provision of documents to insurer. (NRS 616C.310**)**

1. The insurer shall, within 30 days after notice of hearing before an appeals officer or, if a prehearing conference is scheduled in the matter, on or before the date of the conference, copy all documents in the claimant's file relating to the matter on appeal and serve the copies, appropriately indexed, upon the appeals officer and all other parties.

2. The insurer shall, within 2 days before a hearing before a hearing officer, submit the following documents, appropriately numbered and indexed, to the Hearings Division:

(a) Copies of forms C-3 and C-4 or any similar forms which have been provided to the insurer pursuant to NAC 616A.480;

(b) A brief statement of the reason for the determination by the insurer; and

(c) Copies of any other documents in the claimant's file relating to the matter before the hearing officer.

3. Any other party to a dispute who submits documents to a hearing officer shall provide copies of the documents to the insurer at the time of the hearing.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96; R184-07, 9-29-2008)

NAC 616C.303 Papers and documents. (NRS 616C.310)

1. Papers and documents filed pursuant to NAC 616C.282 to 616C.336, inclusive, need not conform to any particular format.

2. All papers and documents and copies thereof must be legible.

3. A party shall furnish to the counsel for any other party, or to the party if he or she is not represented by counsel, copies of all papers and documents served upon any party or filed with the appeals officer.

4. Papers and documents offered as evidence, except for good cause shown, must not be marked with highlighting, underlining, any annotation, or other device that serves to draw attention to one part of the document over another part or one document over another document or to comment on the contents of the document.

5. Papers and documents submitted to an appeals officer must:

(a) Have any personal identifying information redacted; and

(b) If personal identifying information has been redacted, include an affirmation that the submitted papers and documents do not contain the personal identifying information of any person, ➥ unless the identity of the person is at issue.

6. Papers and documents submitted without the affirmation required pursuant to paragraph (b) of subsection 5 must not be accepted into evidence in any proceeding before an appeals officer.

7. As used in this section, "personal identifying information" has the meaning ascribed to it in NRS 616C.310.

(Added to NAC by Hearings Div., eff. 11-26-84; A by R184-07, 9-29-2008)—(Substituted in revision for NAC 616.6203)

NAC 616C.305 Request or application to permit discovery by deposition, interrogatories or production of documents. (NRS 616C.310)

1. A party who wishes an appeals officer to permit discovery by deposition, interrogatories or production of documents must request such discovery at any prehearing conference held in the matter or submit a written application to that officer at least 30 days before the hearing. The application must:

(a) Set forth the reason why the discovery is necessary; and

(b) Be accompanied by the appropriate orders for discovery.

2. The appeals officer shall approve or deny the application within 5 days after the receipt of the application.

(Added to NAC by Hearings Div., eff. 5-23-96; A by R184-07, 9-29-2008)

NAC 616C.306 Proposed findings of fact and conclusions of law; motion to amend. (NRS 616C.310**)**

1. An appeals officer may order a party to prepare proposed findings of fact and conclusions of law.

2. If an appeals officer orders a party to prepare proposed findings of fact and conclusions of law, the party shall, within 10 days after the appeals officer issues the order or as otherwise specified by the appeals officer:

(a) Submit the proposed findings of fact and conclusions of law to the appeals officer; and

(b) Serve upon the opposing party or, if the opposing party is represented, upon the counsel or licensed representative of the opposing party, a copy of the proposed findings of fact and conclusions of law.

3. If a party who has been served proposed findings of fact and conclusions of law pursuant to paragraph (b) of subsection 2 desires to oppose one or more of the findings or conclusions, that party shall, within 5 days after receiving the proposed findings of fact and conclusions of law:

(a) File with the appeals officer a motion to amend the proposed findings of fact and conclusions of law; and

(b) Serve upon the party who prepared the proposed findings of fact and conclusions of law or, if that party is represented, upon the counsel or licensed representative of that party, a copy of the motion to amend the proposed findings of fact and conclusions of law.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96; R055-98, 8-12-98)

NAC 616C.307 Evidence recorded on videotape, digitally or in any other electronic medium. (NRS 616C.310**)**

1. A party who wishes to introduce evidence before an appeals officer that is recorded on videotape, as a digital recording or in any other electronic medium, must submit to the appeals officer a written request therefor and a summary of the evidence so recorded in the statement of the issues to be raised at the hearing at least 14 days before the hearing or as otherwise allowed by the appeals officer.

2. The appeals officer shall grant or deny the request within 5 days after the receipt of the request.

3. The party requesting the introduction of such evidence shall:

(a) At least 14 days before any hearing, or as otherwise allowed by the appeals officer, provide, free of charge, an unedited copy of the evidence to the opposing party and, if requested, to the appeals officer; and

(b) Provide all equipment necessary to display the videotape, digital recording or other electronic media at the hearing.

(Added to NAC by Hearings Div., eff. 5-23-96; A by R184-07, 9-29-2008)

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EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

NAC 616C.309 Testimony by telephone. (NRS 616C.310)

1. Testimony may be taken by a hearing or appeals officer by use of the telephone. The hearing or appeals officer shall determine any issues relating to the credibility of such testimony in the same manner as the credibility of any other testimony is determined.

2. A person providing testimony by a long distance telephone call shall pay the costs of the telephone call and provide billing information or otherwise accept the charges for the call when presenting testimony at the hearing.

3. If a party requests to present testimony by telephone and is not available to do so when the hearing or appeals officer places the call, the party shall be deemed to have failed to appear.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96)

NAC 616C.312 General requirements for motions. (NRS 616C.310)

1. All motions, except those made during the hearing, must be filed with the appeals officer and a copy thereof served by the moving party upon all other parties.

2. Within 10 days after the service of a motion, an opposing party may serve and file its written opposition thereto.

3. Points and authorities may be filed with the motion.

4. All motions are submitted for decision:

(a) Ten days after the filing of the motion if a written opposition is not filed;

(b) Five days after the filing of a written opposition; or

(c) At the time designated by the appeals officer if a hearing on the motion has been ordered.

5. The appeals officer may, by a written order and for good cause:

(a) Change any times prescribed in this section; or

(b) Order a hearing on the motion.

6. All motions requesting the entry of an order must include alternate proposed orders approving and denying the motion.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96; R184-07, 9-29-2008)

NAC 616C.313 Motion for change of venue. (NRS 616C.310)

1. A party who wishes to transfer a hearing to or from Carson City or Las Vegas must submit a written motion for a change of venue to the hearing or appeals officer with whom the contested claim was filed at least 10 days before the scheduled hearing. The moving party must serve a copy of the motion on all other parties.

2. A motion for a change of venue must be administered pursuant to NAC 616C.312.

(Added to NAC by Hearings Div., eff. 5-23-96)

NAC 616C.315 Stay of decision of hearing officer. (NRS 616C.310)

1. An application for a stay of a decision of a hearing officer must:

(a) Be filed with an appeals officer;

(b) Be served on all opposing parties;

(c) Contain supporting points and authorities; and

(d) Include alternate proposed orders approving and denying the application.

2. If a party wishes to oppose a stay, the party must file an objection with the appeals officer within 10 days after receipt of a copy of the application for a stay and serve a copy of the objection

on all opposing parties. The moving party may file a reply to the objection not later than 5 days after service of the objection.

3. An appeals officer shall not rule on an application filed pursuant to subsection 1:

(a) If an objection is not timely filed pursuant to subsection 2, until 10 days after the application was filed.

(b) If an objection is timely filed pursuant to subsection 2, until 15 days after the application was filed.

4. An appeals officer may rule on an application filed pursuant to subsection 1 without a hearing or may schedule a hearing on the application.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96; R184-07, 9-29-2008)

NAC 616C.318 Continuances. (NRS 616C.310**)** Continuance of any matter set for hearing before a hearing officer or an appeals officer may be granted by the hearing officer or appeals officer only upon:

1. His or her own motion, for good cause;

2. Written stipulation of the parties and written approval of the hearing officer or appeals officer obtained not less than 5 days before the scheduled hearing, but stipulations are not necessarily good cause; or

3. Affidavit showing good cause filed by a party not less than 5 days before the scheduled hearing.

(Added to NAC by Hearings Div., eff. 11-26-84)—(Substituted in revision for NAC 616.6226)

NAC 616C.320 Conduct of parties. (NRS 616C.310**)** All parties to a hearing or other proceeding conducted pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS or regulations adopted pursuant to those chapters, their counsel or licensed representative and spectators shall conduct themselves in a respectful, appropriate and professional manner.

(Added to NAC by Hearings Div. by R055-98, eff. 8-12-98)

NAC 616C.321 Counsel of record. (NRS 616C.310**)** Counsel of record shall be deemed to be counsel for the party in all proceedings before the appeals officer until written notice of the withdrawal and the substitution of counsel is filed with the appeals officer.

(Added to NAC by Hearings Div., eff. 11-26-84)—(Substituted in revision for NAC 616.623)

NAC 616C.324 Counsel to be licensed to practice law. (NRS 616C.310**)** Any counsel appearing on behalf of a party in any proceeding before an appeals officer must be licensed to practice law before all the courts of this State.

(Added to NAC by Hearings Div., eff. 11-26-84)—(Substituted in revision for NAC 616.6235)

NAC 616C.327 Rehearings. (NRS 616C.310**)**

1. A written petition for a rehearing based on good cause or newly discovered evidence may be filed with the appeals officer within 15 days after the service of a notice of the final decision. A copy of the petition must be served upon the other parties within the same time.

2. The appeals officer shall grant or deny the petition for rehearing within 15 days after the receipt of the petition. If the petition is granted, the rehearing must be held within 30 days after the petition is granted.

[Hearings Div., Practice Rule XVI, eff. 2-26-80]—(NAC A 11-26-84; 5-23-96)

NAC 616C.328 Judicial review. (NRS 616C.310) If a party to an appeal seeks judicial review of the opinion of an appeals officer pursuant to NRS 616C.370:

1. The party shall, within 10 days after receiving the final decision of the court in which judicial review was sought, provide copies of the decision of the court to the appeals officer who rendered the opinion for which judicial review was sought.

2. The retention period for the files of the appeals officer concerning the appeal does not begin to run until the matter has reached a final determination from the highest court in which review is sought.

(Added to NAC by Hearings Div. by R055-98, eff. 8-12-98; A by R184-07, 9-29-2008)

NAC 616C.330 Records of hearings. (NRS 616C.310)

1. Every hearing before an appeals officer must be recorded as provided in NRS 616C.360.

2. A record of a proceeding maintained by the appeals officer is the official record of the proceeding.

3. The parties may supplement or amend the record upon a written stipulation approved by the appeals officer.

4. After a transcript has been filed with the appeals officer, it is available for review in the office of the appeals officer by any party to the proceeding.

[Hearings Div., Practice Rule X, eff. 2-26-80]—(NAC A by R184-07, eff. 9-29-2008)—(Substituted in revision for NAC 616.6246)

NAC 616C.333 Reimbursement for expenses incurred for attendance at hearing. (NRS 616A.400, 616C.365)

1. A claimant requesting reimbursement for expenses incurred for attendance at a hearing shall complete the form entitled "Request for Reimbursement of Expenses for Travel and Lost Wages" and submit it to the insurer.

2. The insurer may require:

(a) The claimant to submit receipts for food and lodging; and

(b) The employer to submit verification of the claimant's wages.

(Added to NAC by Dep't of Industrial Relations, eff. 1-8-86)—(Substituted in revision for NAC 616.6248)

NAC 616C.334 Interpretation of certain terms used in NRS 616D.065; payment of certain costs by attorney or licensed representative. (NRS 616C.310)

1. As used in NRS 616D.065, the Hearings Division will interpret:

(a) "Costs that are incurred by the Hearings Division of the Department of Administration for a court reporter" to include, without limitation, costs associated with the recording and transcription of a hearing or other proceeding.

(b) "Order of the appeals officer" to include, without limitation:

(1) An order that directs a party to provide in a timely manner medical reports, videotapes or other evidence that the party proposes to introduce at a hearing or other proceeding;

(2) An order that directs a party to provide or allow discovery;

(3) A prehearing order; and

(4) An order granting or denying a stay.

2. If an appeals officer orders an attorney or licensed representative of a party to pay costs pursuant to NRS 616D.065, the appeals officer may direct the attorney or licensed representative to pay the costs to:

(a) The Department of Administration; or

(b) The person or entity that provided the service for which the costs were incurred.

(Added to NAC by Hearings Div. by R055-98, eff. 8-12-98)

NAC 616C.335 Petitions concerning regulations. (NRS 233B.100**,** 616C.310**)**

1. A petition requesting that the Hearings Division adopt, file, amend or repeal a regulation must include, without limitation:

(a) The name and address of the petitioner;

(b) A clear and concise statement of the regulation to be adopted, filed, amended or repealed;

(c) The reason for the adoption, filing, amendment or repeal of the regulation;

(d) The statutory authority for the adoption, filing, amendment or repeal of the regulation; and

(e) If the petition is requesting the adoption or amendment of a regulation, the full text of that proposed regulation or amendment.

2. A person filing such a petition shall file an original and three copies of the petition and any supporting documentation with the senior appeals officer.

3. A petition filed without:

(a) The information required pursuant to subsection 1; or

(b) The number of copies required pursuant to subsection 2,

➥ will be returned to the petitioner and no action will be taken by the Hearings Division.

4. The Hearings Division will notify the petitioner in writing of its decision concerning his or her petition within 30 days after the Hearings Division receives the petition.

(Added to NAC by Hearings Div. by R055-98, eff. 8-12-98)

NAC 616C.336 Clarification of regulations and relief from strict application. (NRS 616C.310**)** To the extent not elsewhere provided in NAC 616C.274 to 616C.336, inclusive, clarification of those sections or relief from the strict application of any of their terms may be obtained by filing with the appeals officer a written motion supported by affidavit or points and authorities, copies of which must be served upon all parties.

(Added to NAC by Hearings Div., eff. 11-26-84; A by R055-98, 8-12-98)

Licensing of Representatives for Contested Claims

NAC 616C.350 Definitions. (NRS 616C.325**)** As used in NAC 616C.350 to 616C.377, inclusive, unless the context otherwise requires:

1. "Department" means the Department of Administration.

2. "Director" means the Director of the Department of Administration.

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EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

3. "Representative" means a person required to be licensed pursuant to NRS 616C.325.

(Added to NAC by Comm'r of Insurance, eff. 5-23-88; A 5-27-92; A by Dep't of Administration, 5-23-96)

NAC 616C.353 Application for license; necessary documentation; persons required to comply. (NRS 616C.325)

1. Except as otherwise provided in this section, an applicant for licensing as a representative shall submit to the Department:

(a) An application, in a form prescribed by the Director, showing that he or she:

(1) Is at least 18 years of age;

(2) Is of good moral character;

(3) Is competent to transact business and discharge the responsibilities of a representative; and

(4) Maintains a place of business as required by NAC 616C.365; and

(b) A copy of any written agreement, then in force, under the terms of which the applicant is to be compensated for his or her services as a representative.

2. If an applicant for licensing is a corporation, it shall submit to the Department:

(a) A copy of its articles of incorporation and bylaws;

(b) A list of its officers and directors;

(c) The address of its principal place of business and each of its branch offices; and

(d) The name and address of each person authorized to act for the corporation in transacting the business of a representative.

3. If an applicant for licensing is a partnership, it shall submit to the Department:

(a) A copy of the partnership agreement;

(b) The name and address of each partner;

(c) The address of its principal place of business and each of its branch offices; and

(d) The name and address of each person authorized to act for the partnership in transacting the business of a representative.

4. Except as otherwise provided in NAC 616C.359, each person designated as the agent of a corporation or partnership pursuant to paragraph (d) of subsection 2 or paragraph (d) of subsection 3, respectively, and each partner identified pursuant to paragraph (b) of subsection 3 shall comply with the provisions of subsection 1 and NAC 616C.356 and 616C.359. For the purposes of NAC 616C.350 to 616C.377, inclusive, the act of any such agent or partner shall be deemed to be the act of the corporation or partnership for which he or she is acting.

(Added to NAC by Comm'r of Insurance, eff. 5-23-88; A 5-27-92; A by Dep't of Administration, 5-23-96)

NAC 616C.356 Information concerning prior licensing of applicant. (NRS 616C.325) With respect to any license required to practice a profession or occupation, an applicant shall indicate in the application whether he or she:

1. Has ever been denied such a license;
2. Has ever had a license revoked or suspended, or its renewal denied; or
3. Has ever been subject to other disciplinary action by a licensing authority.

(Added to NAC by Comm'r of Insurance, eff. 5-23-88)—(Substituted in revision for NAC 616.2512)

NAC 616C.359 Examination required; exception; payment of fee for licensure. (NRS 616C.325**)**

1. Except as otherwise provided in subsection 3, a natural person who:

(a) Applies for licensing as a representative; or

(b) Is a person described in subsection 4 of NAC 616C.353,

➥ must take and pass, with a score of at least 75, a written examination, in a form prescribed by the Director.

2. The examination will relate to:

(a) The rights and remedies of employees and employers in contested cases, as provided by chapters 616A to 617, inclusive, of NRS, and chapters 616A to 617, inclusive, of NAC; and

(b) Practice and procedure in the prosecution and defense of contested cases.

3. Any natural person or other person described in subsection 4 of NAC 616C.353 who is employed on or before October 1, 1993, by a corporation or partnership which is licensed as a representative is not required to comply with the provisions of subsection 1 as they apply to him or her.

4. A natural person or other person described in subsection 4 of NAC 616C.353 who is licensed as a representative by the Commissioner of Insurance on or before October 1, 1993, is not required to pay the fees for licensure until the expiration of the period covered by the current license.

(Added to NAC by Comm'r of Insurance, eff. 5-23-88; A by Dep't of Administration, 5-23-96)

NAC 616C.362 Verification of information provided by applicant; misstatement as ground for denial of license or disciplinary action. (NRS 616C.325**)** Any information provided by an applicant is subject to verification by the Director. Any material misstatement made by an applicant in connection with his or her application is grounds for the denial of a license, or for disciplinary action as provided in NAC 616C.368.

(Added to NAC by Comm'r of Insurance, eff. 5-23-88; A by Dep't of Administration, 5-23-96)

NAC 616C.365 Maintenance of place of business; notification of address and telephone number; submission of agreement for compensation. (NRS 616C.325**)** A representative shall:

1. Maintain a place of business in this State at which the representative or an employee can be contacted during regular business hours. Any books or records relating to his or her clients in this State must be kept at that place of business.

2. Notify the Division, in writing, of the current mailing address and telephone number of his or her place of business, and of any change of address or telephone number within 10 days after the date the change becomes effective.

3. Submit to the Division, within 30 days after the effective date of the agreement, a copy of any written agreement under the terms of which the representative is to be compensated for his or her services as a representative.

(Added to NAC by Comm'r of Insurance, eff. 5-23-88; A 5-27-92)—(Substituted in revision for NAC 616.2515)

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NAC 616C.368 Grounds for revocation, limitation, suspension or refusal to renew license. (NRS 616C.325)

1. Except as otherwise provided in subsection 2, the Director may revoke, limit, suspend for a period of not more than 1 year, or refuse to renew any license issued pursuant to NAC 616C.350 to 616C.377, inclusive, for any of the following causes:

(a) Any cause for which issuance of the license might have been refused, had its existence been known to the Director.

(b) Violation, or aiding, abetting or assisting in a violation, of any order of the Director, any applicable provision of NRS 616D.120, or any other applicable provision of chapters 616A to 617, inclusive, of NRS, or chapters 616A to 617, inclusive, of NAC.

(c) Any material misstatement made by an applicant in connection with his or her application.

(d) Any misappropriation or conversion of money or other property received in the conduct of the business of a representative.

(e) Any unlawful withholding of money or other property received in the conduct of the business of a representative.

(f) Any other fraudulent, coercive or dishonest conduct.

(g) Any other conduct by which a representative has shown himself or herself to be incompetent, untrustworthy, financially irresponsible or a source of injury to the public.

(h) Any other conduct, including any misconduct in the presence of a hearing officer or an appeals officer, which indicates that the representative lacks knowledge or understanding of the fundamentals or practice of worker's compensation law.

2. The Director will revoke any license issued pursuant to NAC 616C.350 to 616C.377, inclusive, upon the entry of a judgment of conviction for any offense which is a felony under the law of the jurisdiction in which the conviction is obtained.

(Added to NAC by Comm'r of Insurance, eff. 5-23-88; A by Dep't of Administration, 5-23-96)

NAC 616C.372 Notice to licensee of revocation, limitation, suspension or refusal to renew license; rehearing. (NRS 616C.325)

1. If the Director revokes, limits, suspends or refuses to renew a license issued pursuant to NAC 616C.350 to 616C.377, inclusive, the Director will send notice of the action to the licensee by certified mail, return receipt requested.

2. A licensee may appeal the decision of the Director to revoke, limit, suspend or refuse to renew his or her license by requesting in writing a rehearing before the Director within 30 days after the licensee receives the notice pursuant to subsection 1.

3. Within 60 days after receipt of a request for a rehearing, the Director or a designee thereof will hold the rehearing.

4. The rehearing before the Director or a designee and any appeal therefrom must be conducted in the manner set forth in chapter 233B of NRS.

(Added to NAC by Dep't of Administration, eff. 5-23-96)

NAC 616C.374 Relicensing after revocation of license. (NRS 616C.325)

1. Except as otherwise provided in subsection 2, no representative whose license is revoked may apply for relicensing for 1 year after the date the revocation becomes final.

2. No representative whose license is twice revoked may thereafter apply for relicensing.

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(Added to NAC by Comm'r of Insurance, eff. 5-23-88)—(Substituted in revision for NAC 616.2518)

NAC 616C.377 Surrender of license upon revocation or suspension. (NRS 616C.325**)** Upon the revocation or suspension of his or her license, a representative shall forthwith surrender the license to the Department. If the license has been stolen, lost, or destroyed, the representative shall submit an affidavit, in a form prescribed by the Director, setting forth the facts concerning the theft, loss, or destruction.

(Added to NAC by Comm'r of Insurance, eff. 5-23-88; A 5-27-92; A by Dep't of Administration, 5-23-96)

Uninsured Employers

NAC 616C.393 Investigation of claim against uninsured employer: Report of findings; information to be sent to Administrator. (NRS 616A.400**)**

1. If a private carrier conducts an investigation regarding a claim against an uninsured employer, a report of its findings must be prepared.

2. Upon completion of the investigation, a copy of all available information from the file, including, without limitation, the investigative report, must be sent to the Administrator.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A by Div. of Industrial Relations by R098-98, 12-18-98; R098-98, 12-18-98, eff. 7-1-99)

NAC 616C.396 Investigation of claim against uninsured employer: Conditions for refusal to assign claims; notice of right of appeal. (NRS 616A.400, 616C.220**)**

1. The Workers' Compensation Section will investigate each claim against an uninsured employer to determine whether the claim will be assigned to the third-party administrator or insurer designated by the Division pursuant to NRS 616C.220 for the payment of benefits from the Uninsured Employers' Claim Account. The Workers' Compensation Section will refuse to assign the claim if:

(a) The private carrier has failed to exhaust its remedies by failing to charge the claim against any existing policies of the employer of the employee or any principal contractor who is liable for the payment of compensation;

(b) The claim includes a person excluded as an employee pursuant to NRS 616A.110;

(c) The notice of the claim fails to include the documents which support the claim;

(d) The claim fails to satisfy any provision of NRS 616C.220; or

(e) The injured employee fails to complete and return to the Workers' Compensation Section:

(1) Form D-16, Notice of Election for Compensation Benefits Under the Uninsured Employer Statutes;

(2) Form D-17, Employee's Claim for Compensation - Uninsured Employer; or

(3) Form D-18, Assignment ~~[of Claim]~~ ***to Division*** for Workers' Compensation ~~[- Uninsured Employer,]~~ ***Benefits,***

➥ within 30 days after receiving the form from the Workers' Compensation Section.

2. If the Workers' Compensation Section refuses to assign a claim, it will include in the notice required by NRS 616C.220 a statement of the right of appeal provided by that section.

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(Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A 8-30-91; A by Div. of Industrial Relations by R098-98, 12-18-98, eff. 7-1-99; R105-00, 1-18-2001, eff. 3-1-2001; R108-09, 6-30-2010; R032-21, 8-22-2023)

NAC 616C.399 Billing of claims assigned to designated third-party administrator or insurer; reimbursement of Uninsured Employers' Claim Account. (NRS 616A.400**,** 616C.220**)**

1. If a claim against an uninsured employer is assigned by the Administrator to the third-party administrator or insurer designated by the Division pursuant to NRS 616C.220, that third-party administrator or insurer shall bill the Division for compensation paid on the claim. The designated third-party administrator or insurer shall submit such a bill to the Division within 90 days after the date on which it paid the compensation unless it shows good cause for later submission. If good cause is shown, the designated third-party administrator or insurer shall submit such a bill not later than 6 months after the date on which it paid the compensation. The designated third-party administrator or insurer shall present with any billing copies of invoices, benefit checks, change orders, journal entries and employer's claims expense reports to evidence each transaction or payment made on the claim. The Division shall promptly reimburse the designated third-party administrator or insurer for only those billings supported by such evidence.

2. The designated third-party administrator or insurer shall reimburse the Uninsured Employers' Claim Account for a repayment or reimbursement received by it within 30 days after receipt of the repayment or reimbursement.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A by Div. of Industrial Relations by R098-98, 12-18-98)

NAC 616C.402 Notice of closure or reopening of claim. (NRS 616A.400**,** 616A.417**,** 616C.220**)**

1. If a claim against an uninsured employer is closed, the third-party administrator or insurer designated by the Division pursuant to NRS 616C.220 shall send a copy of or deliver by electronic transmission the closure notice to the Division at the same time at which the notice is delivered to the injured employee pursuant to NRS 616C.235.

2. If a claim against an uninsured employer is reopened, the designated third-party administrator or insurer shall send a copy of or deliver by electronic transmission the reopening notice to the Division at the same time at which the notice is delivered to the injured employee.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A by Div. of Industrial Relations by R098-98, 12-18-98; R105-00, 1-18-2001, eff. 3-1-2001)

NAC 616C.405 Investigation and administration of claim by employee of uninsured employer. (NRS 616A.400**,** 616C.220**)** The Administrator will:

1. Direct an immediate investigation of each claim of an employee of an uninsured employer which is received.

2. Notify the injured employee and the employer in writing of the determination of the Administrator on the claim within 30 days after receipt of the claim.

3. Deliver copies of accepted claims and the assignment of rights of action of the injured employee to the employer.

4. Advise the employer that he or she will be billed monthly for all expenses incurred in the settlement of accepted claims.

5. Take any action necessary to collect from the uninsured employer the cost incurred in the settlement of accepted claims.

[Industrial Comm'n, No. 27.020, eff. 9-25-75; renumbered as 16.020, 6-30-82]—(NAC A by Div. of Industrial Relations by R098-98, 12-18-98)

NAC 616C.408 Payment of attorney's fees. (NRS 616A.400, 616C.220)

1. If the Division uses the services of an attorney employed by the Division to carry out the provisions of NRS 616C.220, the Division may require the uninsured employer to pay attorney's fees in an amount equal to the gross hourly wage and all benefits paid to that employee by the Division while providing those services.

2. If the Division uses the services of an attorney who is not employed by the Division to carry out the provisions of NRS 616C.220, the Division may require the uninsured employer to pay the actual amount of the attorney's fees charged.

(Added to NAC by Div. of Industrial Relations by R118-02, eff. 9-7-2005)

COMPENSATION FOR INJURIES AND DEATH

Average Monthly Wage

NAC 616C.420 "Average monthly wage" defined. (NRS 616A.400, 616C.420) As used in NAC 616C.420 to [~~616C.447,~~] ***616C.444*** inclusive, "average monthly wage" means the total gross value of all money, goods and services received by an injured employee from his or her employment to compensate for his or her time or services and is used as the base for calculating the rate of compensation for the injured employee.

[Industrial Comm'n, No. 40 § 1, eff. 3-26-82]—(NAC A by Div. of Industrial Insurance Regulation, 8-30-91; A by Div. of Industrial Relations by R098-98, 12-18-98; R134-20, 8-22-2023)

NAC 616C.423 Items included in average monthly wage. (NRS 616A.400, 616C.420)

1. Money, goods and services which are paid within the period used to calculate the average monthly wage include, but are not limited to:

(a) Wages;

(b) Commissions which are prorated over the period used to calculate the average monthly wage;

(c) Incentive pay;

(d) Payment for sick leave;

(e) Bonuses which are prorated over the period used to calculate the average monthly wage;

(f) Termination pay;

(g) Tips which are collected and disbursed by the employer which are not paid at the discretion of the customer;

(h) Tips reported by the employee pursuant to NRS 616B.227;

(i) Allowance for tools or for the rental of hand and power tools not normally provided by the employee;

(j) Salary;

(k) Payment for piecework;

(l) Payment for vacation;

(m) Payment for holidays;

(n) Payment for overtime;

(o) Payment for travel when it is paid to compensate the employee for the time spent in travel; and

(p) The reasonable market value of either board or room, or both. At least $150 per month will be allowed for board and room, $5 per day or $1.50 per meal for board, and $50 per month for a room.

2. Notwithstanding paragraph (p) of subsection 1, the reasonable value of a meal furnished by an employer to an employee is the value, if any, specified in the collective bargaining agreement between the employee and employer.

3. The following payments may not be included in the calculation of an average monthly wage:

(a) Reimbursement to the employee for expenses to enable the employee to perform his or her job, including, without limitation, a per diem allowance and reimbursement for travel expenses;

(b) Payment for employment which is not subject to coverage pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS;

(c) Payment for employment for which coverage is elective, but has not been elected; and

(d) Allowances for laundry or uniforms.

[Industrial Comm'n, No. 40 §§ 2-4, eff. 3-26-82]—(NAC A by Dep't of Industrial Relations, 6-29-84; 1-8-86; A by Div. of Industrial Insurance Regulation, 8-30-91; A by Div. of Industrial Relations, 3-28-94; R098-98, 12-18-98)

NAC 616C.426 Form for reporting amount received as tips. (NRS 616A.400**,** 616B.227**,** 616C.420**)** An employee who reports the amount he or she receives in tips pursuant to NRS 616B.227 shall use the form prescribed for that purpose by the United States Internal Revenue Service.

(Added to NAC by Dep't of Industrial Relations, eff. 1-8-86; A 8-30-91)—(Substituted in revision for NAC 616.673)

NAC 616C.429 Deemed wages. (NRS 616A.400**,** 616C.420**)** Those wages which are deemed to be established in chapters 616A to 616D, inclusive, of NRS for certain groups of employees will be considered the average monthly wage when applicable.

[Industrial Comm'n, No. 40 § 13, eff. 3-26-82]—(Div. of Industrial Relations)

NAC 616C.432 Calculation of average monthly wage. (NRS 616A.400**,** 616C.420**)** The average monthly wage will be calculated by multiplying the average daily wage of an employee during a period of earnings by 30.44. The following formulas will be used to compute an average daily wage and an average monthly wage:

1. Gross earnings divided by days in period of earnings = average daily wage.
2. Average daily wage x 30.44 = average monthly wage.

[Industrial Comm'n, No. 40 § 5, eff. 3-26-82]—(Div. of Industrial Relations)

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NAC 616C.435 Period used to calculate average monthly wage. (NRS 616A.400**,** 616C.420**)**

1. Except as otherwise provided in this section, a history of earnings for a period of 12 weeks must be used to calculate an average monthly wage.

2. If a 12-week period of earnings is not representative of the average monthly wage of the injured employee, [~~earnings~~] ***wages earned*** over a period of 1 year or the full period of employment, if it is less than 1 year, may be used. [~~Earnings~~] ***Wages earned*** over 1 year or the full period of employment, if it is less than 1 year, must be used if the average monthly wage would be increased.

3. If an injured employee is a member of a labor organization and is regularly employed by referrals from the office of that organization, wages earned from all employers for a period of 1 year may be used. A period of 1 year using all the wages of the injured employee from all his or her employers must be used if the average monthly wage would be increased.

4. If information concerning payroll is not available for a period of 12 weeks, wages ***earned*** may be averaged for the available period, but not for a period of less than 4 weeks.

5. If information concerning payroll is unavailable for a period of at least 4 weeks, average [~~earnings~~] ***wages earned*** must be projected using the rate of pay on the date of the [~~accident~~] ***injury*** or illness and the projected working schedule of the injured employee.

6. If [~~earnings~~] ***wages earned*** are based on piecework and a history of earnings is unavailable for a period of at least 4 weeks, the [~~wage~~] ***wages earned*** must be determined as being equal to the average earnings of other employees doing the same work.

7. If these methods of determining a period of [~~earnings~~] ***wages earned*** cannot be applied reasonably and fairly, an average monthly wage must be calculated by the insurer at 100 percent of:

(a) The sum which reasonably represents the average monthly wage of the injured employee as defined in NAC 616C.420 to [~~616C.447,~~] ***616C.444*** inclusive, at the time the injury or illness occurs; or

(b) The ***amount determined using the*** hourly wage on the day the injury or illness occurs [~~, calculated by using~~] ***and*** the projected working schedule [~~.~~] ***of the injured employee.***

8. The period used to calculate the average monthly wage must consist of consecutive days, ending on the date on which the [~~accident~~] ***injury*** or [~~disease~~] ***illness*** occurred, or the last day of the payroll period preceding the [~~accident~~] ***injury*** or [~~disease~~] ***illness*** if this period is representative of the average monthly wage.

9. ***Wages earned in any concurrent employment:***

(a) Except as otherwise provided in paragraph (b), include, without limitation, wages earned from:

(1) Active or reserve duty with or in:

(I) The Army, Navy, Air Force, Marine Corps or Coast Guard of the United States;

(II) The Merchant Marine; or

(III) The National Guard; and

(2) Employment by:

(I) The Federal Government or any branch or agency thereof;

(II) A state, territorial, county, municipal or local government of any state or territory of the United States; or

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(III) A private employer, whether that employment is full-time, part-time, temporary, periodic, seasonal or otherwise limited in term, or pursuant to contract.

(b) Include wages earned from an employer only if the employer is insured for workers' compensation or government disability benefits by:

(1) A private carrier;

(2) A plan of self-insurance;

(3) A workers' compensation insurance system operating under the laws of any other state or territory of the United States; or

(4) A workers' compensation or disability benefit plan provided for and administered by the Federal Government or any agency thereof.

10. As used in this section, [~~"earnings"~~] ***:***

(a) "Wages earned" means [~~earnings received~~] ***wages earned*** from the employment in which the injury occurs and ***wages earned*** in any concurrent employment.

(b) "Wages earned in any concurrent employment" has the meaning ascribed to the term "concurrent wages" in NRS 616C.420, except as otherwise provided in paragraph (b) of subsection 9.

[Industrial Comm'n, No. 40 §§ 6 & 7, eff. 3-26-82]—(NAC A by Div. of Industrial Insurance Regulation, 2-22-88; 8-30-91; A by Div. of Industrial Relations by R098-98, 12-18-98; R134-20, 8-22-2023)

NAC 616C.438 Calculation of days in period of earnings. (NRS 616A.400**,** 616C.420**)** Each day within a period of earnings must be counted to determine the period of employment, except for days on which an injured employee was:

1. Absent because of a certified illness or disability, including, without limitation, time for which temporary disability payments were made;
2. Institutionalized in a hospital or other institution;
3. Enrolled as a full-time student and not employed on the days of attendance of school;
4. In military service other than training duty conducted on weekends;
5. Absent because of an officially sanctioned strike; or
6. Absent because of leave approved pursuant to the Family and Medical Leave Act of 1993, 29 U.S.C. §§ 2601 et seq.

➥ All other days in the period, including, without limitation, days while on vacation, will be used to calculate the average monthly wage.

[Industrial Comm'n, No. 40 § 9, eff. 3-26-82]—(NAC A by Div. of Industrial Relations, 3-28-94; R098-98, 12-18-98)

NAC 616C.441 Earnings used to calculate average monthly wage. (NRS 616A.400**,** 616C.420**)**

1. The earnings of an injured employee on the date on which an accident occurs or the date on which an injured employee is no longer able to work as a result of contracting an occupational disease will be used to calculate the average monthly wage.
2. As used in this section, "earnings" includes, without limitation, the money, goods and services set forth in NAC 616C.423.

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EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

[Industrial Comm'n, No. 40 § 8, eff. 3-26-82]—(NAC A by Div. of Industrial Relations by R007-06, 6-1-2006)

NAC 616C.444 Change in job. (NRS 616A.400**,** 616C.420**)** The average monthly wage of an employee who permanently or temporarily changes to a job with different duties, rate of pay, or hours of employment, must be calculated using only information concerning payroll which relates to his or her primary job at the time of the accident. The preceding sections apply in calculating the average monthly wage for such an employee.

[Industrial Comm'n, No. 40 § 11, eff. 3-26-82]—(NAC A by Div. of Industrial Relations, 3-28-94)—(Substituted in revision for NAC 616.686)

NAC 616C.447 ***Repealed.*** ~~**[Concurrent employment. (**NRS 616A.400**,** 616C.420**)** The average monthly wage of an employee who is employed by two or more employers covered by a private carrier or by a plan of self-insurance on the date of a disabling accident or disease is equal to the sum of the wages earned or deemed to have been earned at each place of employment. The insurer shall advise an injured employee in writing of his or her entitlement to compensation for concurrent employment at the time of the initial payment of the compensation.~~

~~[Industrial Comm'n, No. 40 § 12, eff. 3-26-82] (NAC A by Dep't of Industrial Relations, 6-29-84; A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations by R098-98, 12-18-98, eff. 7-1-99; repealed by R134-20)]~~

Permanent Partial Disability

NAC 616C.460 Factors for determining percentage of permanent partial disability. (NRS 616A.400**,** 616C.490**)** In determining the percentage of permanent partial disability of an injured employee whose accident occurred before July 1, 1973, and whose disability has not been shown on any applicable statutory schedule, the insurer shall consider:

1. The following factors:
(a) The extent of the injured employee's physical impairment.
(b) The injured employee's age at the time of injury.
(c) The injured employee's occupation and number of years in the occupation.
(d) The loss of earning power caused by the injury.
(e) The incapacity for work as a result of the injury.
(f) The inability to find work as a result of the injury.
(g) Any previous disability.
2. The American Medical Association's *Guides to the Evaluation of Permanent Impairment*.
3. The "Nevada Schedule for Rating Permanent Disabilities," issued by the former Nevada Industrial Commission on July 1, 1971. That schedule is incorporated by reference into this section. A copy of that schedule may be obtained from the Division of Industrial Relations, 400 West King Street, Carson City, Nevada 89710, for the cost of the reproduction.

[Industrial Comm'n, No. 5.011, eff. 6-30-82]—(NAC A by Dep't of Industrial Relations, 10-26-83; A by Div. of Industrial Relations by R009-97, 10-27-97)

NAC 616C.463 Scope. (NRS 616A.400**,** 616C.490**)** The provisions of NAC 616C.463 to ~~[616C.490,]~~ ***616C.487,*** inclusive:

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EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

1. Apply to ratings of permanent partial disabilities which are determined on or after May 1, 1997.

2. May not be used as the only basis for a change of circumstances pursuant to NRS 616C.390 to require an increase of compensation for any ratings of permanent partial disability for injuries which occurred before May 1, 1997.

[Comm'r of Insurance & Industrial Comm'n, No. 41 § 11, eff. 5-13-82]—(NAC A by Dep't of Industrial Relations, 10-26-83; A by Div. of Industrial Relations by R009-97, 10-27-97; R032-21, 8-22-2023)

NAC 616C.476 Rating physician or chiropractic physician: Performance of evaluation and calculation of entitlement to compensation. (NRS 616A.400**,** 616C.110**,** 616C.490**)**

1. A rating physician or chiropractic physician who performs an evaluation of a permanent partial disability shall evaluate the industrial injury or occupational disease of the injured employee as it exists at the time of the rating evaluation. The rating physician or chiropractic physician shall take into account any improvement or worsening of the industrial injury or occupational disease that has resulted from treatment of the industrial injury or occupational disease. The rating physician or chiropractic physician shall not consider any factor other than the degree of physical impairment of the whole person in calculating the entitlement to compensation.

2. In performing an evaluation of a permanent partial disability, a rating physician or chiropractic physician shall not use:

(a) Chapter 14, "Mental and Behavioral Disorders," of the *Guide*, unless the claim was accepted pursuant to NRS 616C.180; or

(b) Chapter 18, "Pain," of the *Guide*.

(Added to NAC by Div. of Industrial Relations by R009-97, eff. 10-27-97; A by R105-00, 1-18-2001, eff. 3-1-2001; R060-03, 9-8-2003, eff. 10-1-2003; R108-09, 6-30-2010)

NAC 616C.479 Rating physician: Form for evaluation of injury or disease caused by stress. (NRS 616A.400**,** 616C.110**,** 616C.490**)** When performing an evaluation of a permanent partial disability for a claim accepted pursuant to NRS 616C.180, a rating physician shall use the form designated in NAC 616A.480 as Form [~~D-9(c),~~] ***D-9c,*** Permanent [~~Partial Disability Worksheet for Stress Claims Pursuant to NRS 616C.180,~~] ***Work-Related Mental Impairment Rating Report Work Sheet*** to determine the percentage of impairment under Chapter 14, "Mental and Behavioral Disorders," of the *Guide*.

(Added to NAC by Div. of Industrial Relations by R108-09, eff. 6-30-2010; A by R134-20, 8-22-2023; R032-21, 8-22-2023)

NAC 616C.487 Limitation on percentage of impairment. (NRS 616A.400**,** 616C.490**)** The percentage of impairment in any specific rating or combination of ratings may not exceed 100 percent of the applicable extremity or of the whole person.

[Comm'r of Insurance & Industrial Comm'n, No. 41 § 8, eff. 5-13-82]—(NAC A by Div. of Industrial Relations by R009-97, 10-27-97; R108-09, 6-30-2010)

NAC 616C.490 ***(Repealed)*** [~~**Apportionment of impairments. (**NRS 616A.400, 616C.490**)**~~

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EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

~~1. If any permanent impairment from which an employee is suffering following an accidental injury or the onset of an occupational disease is due in part to the injury or disease, and in part to a preexisting or intervening injury, disease or condition, the rating physician or chiropractic physician, except as otherwise provided in subsection 8, shall determine the portion of the impairment which is reasonably attributable to the injury or occupational disease and the portion which is reasonably attributable to the preexisting or intervening injury, disease or condition. The injured employee may receive compensation for that portion of his or her impairment which is reasonably attributable to the present industrial injury or occupational disease and may not receive compensation for that portion which is reasonably attributable to the preexisting or intervening injury, disease or condition. The injured employee is not entitled to receive compensation for his or her impairment if the percentage of impairment established for his or her preexisting or intervening injury, disease or condition is equal to or greater than the percentage of impairment established for the present industrial injury or occupational disease.~~

~~2. Except as otherwise provided in subsection 8, the rating of a permanent partial disability must be apportioned if there is a preexisting permanent impairment or intervening injury, disease or condition, whether it resulted from an industrial or nonindustrial injury, disease or condition.~~

~~3. A precise apportionment must be completed if a prior evaluation of the percentage of impairment is available and recorded for the preexisting impairment. The condition, organ or anatomical structure of the preexisting impairment must be identical with that subject to current evaluation. Sources of information upon which an apportionment may be based include, but are not limited to:~~

~~(a) Prior ratings of the insurer;~~

~~(b) Other ratings;~~

~~(c) Findings of the loss of range of motion;~~

~~(d) Information concerning previous surgeries; or~~

~~(e) For claims accepted pursuant to NRS 616C.180, other medical or psychological records regarding the prior mental or behavioral condition.~~

~~4. Except as otherwise provided in subsection 5, if a rating evaluation was completed in another state or using an edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*, other than the edition of the *Guides* as adopted by reference pursuant to NAC 616C.002, for a previous injury or disease involving a condition, organ or anatomical structure that is identical to the condition, organ or anatomical structure being evaluated for the present industrial injury or occupational disease, or if no previous rating evaluation was performed, the percentage of impairment for the previous injury or disease and the present industrial injury or occupational disease must be recalculated by using the *Guides*, as adopted by reference pursuant to NAC 616C.002. The apportionment must be determined by subtracting the percentage of impairment established for the previous injury or disease from the percentage of impairment established for the present industrial injury or occupational disease.~~

~~5. If precise information is not available, and the rating physician or chiropractic physician is unable to determine an apportionment using the *Guides* as set forth in subsection 4, an apportionment may be allowed if at least 50 percent of the total present impairment is due to a preexisting or intervening injury, disease or condition. The rating physician or chiropractic physician may base the apportionment upon X-rays, historical records and diagnoses made by physicians or chiropractic physicians or records of treatment which confirm the prior impairment.~~

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~~6. If there are preexisting conditions, including, without limitation, degenerative arthritis, rheumatoid variants, congenital malformations or, for claims accepted under NRS 616C.180, mental or behavioral disorders, the apportionment must be supported by documentation concerning the scope and the nature of the impairment which existed before the industrial injury or the onset of disease.~~

~~7. A rating physician or chiropractic physician shall always explain the underlying basis of the apportionment as specifically as possible by citing pertinent data in the health care records or other records.~~

~~8. If no documentation exists pursuant to subsection 6 or 7, the impairment may not be apportioned.~~

~~[Comm'r of Insurance & Industrial Comm'n, No. 41 § 9, eff. 5-13-82] (NAC A by Dep't of Industrial Relations, 10-26-83; 6-23-86; A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations by R009-97, 10-27-97; R105-00, 1-18-2001, eff. 3-1-2001; R108-09, 6-30-2010; R136-14, 6-28-2016; repealed by R032-21, 8-22-2023)~~

NAC 616C.496 Evaluation of disability from multiple accidents. (NRS 616A.400**,** 616C.490**)** If no factual measurement has been made of a disability that:

1. Involves the same anatomical structure or the same or a related condition or organ; and
2. Is attributable to the injury from the first accident,

➥ before a disability occurs as a result of the second accident, the total disability from both accidents must not be evaluated until both injuries are stabilized following the second accident.

[Industrial Comm'n, No. 5.041, eff. 6-30-82]—(NAC A by Dep't of Industrial Relations, 10-26-83; A by Div. of Industrial Relations by R105-00, 1-18-2001, eff. 3-1-2001)

NAC 616C.499 Election to receive award in lump sum: Reaffirmation; payment; notice of waiver of rights. (NRS 616A.400**,** 616C.495**)**

1. If an injured employee elects to receive an award for a permanent partial disability in a lump sum, he or she must reaffirm the election within 20 days after receiving notification from the insurer pursuant to subsection ~~[2]~~ ***3*** of NRS 616C.495 before the lump sum will be paid.

2. If an injured employee reaffirms the election within 20 days, the insurer shall make payment to the injured employee:

(a) Within 20 days; or

(b) If there is any child support obligation affecting the injured employee, within 35 days,

➥ after the insurer receives the reaffirmation.

3. In offering an award for a permanent partial disability in a lump sum, the insurer shall notify the injured employee that acceptance of the award waives ~~[all]~~ ***certain*** of his or her rights regarding the claim ~~[, including the right to appeal, except the right to reopen the claim and to vocational rehabilitation services.]~~ ***as set forth in subsection 2 of NRS 616C.495.***

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A by Div. of Industrial Relations, 3-28-94; R009-97, 10-27-97; R032-21, 8-22-2023)

NAC 616C.502 Method for computing present value for lump-sum payment. (NRS 616A.400**,** 616C.495**)** The determination of the age of an injured employee must be made by subtracting the birthdate of the injured employee from the date of the request by the injured

employee for a lump-sum payment for an award for a permanent partial disability. Only the month and year may be used in the determination.

(Added to NAC by Dep't of Industrial Relations, eff. 6-29-84; A 11-12-85; 6-23-86, eff. 7-1-86; 8-31-87; A by Div. of Industrial Relations by R009-97, 10-27-97; R127-17, 1-30-2019)

NAC 616C.505 ***(Repealed)*** ~~**[Acceptance of award in installment payments. (**NRS 616A.400**) An injured employee may accept an award for a permanent partial disability in installment payments without prejudice to any right which he or she may have to an administrative or judicial review.]~~

~~[Industrial Comm'n, No. 5.031, eff. 6-30-82] (NAC A by Div. of Industrial Relations by R009-97, 10-27-97; repealed by R032-21, 8-22-2023)~~

NAC 616C.508 Compensation for loss of or permanent damage to tooth. (NRS 616A.400**,** 616C.485**,** 616C.495**)**

1. An injured employee is entitled to receive the following compensation for the loss of or permanent damage to a tooth:

Incisor	$200
Cuspid	300
Bicuspid	300
Molar	400

2. An insurer or third-party administrator shall pay an injured employee for the loss of or permanent damage to a tooth within 30 days after he or she is notified by the treating dentist that the dental treatment related to the tooth has been completed.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 8-30-91; A by Div. of Industrial Relations by R009-97, 10-27-97; R105-00, 1-18-2001, eff. 3-1-2001)

Temporary Total Disability

NAC 616C.520 Forms for inclusion with payments of compensation. (NRS 616A.400**,** 616C.475**)**

1. Each insurer shall include with the initial payment of compensation for a temporary total disability a copy of Form D-7, "Explanation of Wage Calculation."

2. Each insurer may provide Form D-6, "Injured Employee's Request for Compensation," to the injured employee with each check for a temporary total disability. The form must be used by the injured employee to request compensation for the temporary total disability if the insurer elects to use it. Failure to submit the form does not preclude the payment of the compensation if there is documentation on file which indicates a continued disability.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A by Div. of Industrial Relations, 3-28-94; R104-97, 3-6-98; R098-98, 12-18-98)

NAC 616C.522 Compensation for lost wages incurred by employee who receives medical treatment after returning to work. (NRS 616A.400**,** 616C.477**)**

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1. In determining whether an injured employee is entitled to compensation pursuant to NRS 616C.477, the insurer shall calculate the required distance the injured employee is required to travel to receive medical treatment with the use of:

(a) Any computer software that determines the distance between one or more geographic locations;

(b) A map which indicates the distance between one or more geographic locations and which has been published;

(c) A travel calculator established on the Internet; or

(d) A properly calibrated odometer that is capable of verifying the distance between one or more geographic locations.

2. The amount of time for which an injured employee who is entitled to compensation pursuant to this section is absent from the place of employment of the responsible employer includes the amount of time the injured employee spends:

(a) Traveling from the place of employment to the location at which the employee receives medical treatment;

(b) Awaiting and receiving medical treatment at the facility for such treatment; and

(c) Traveling to return to the place of employment from the location at which he or she receives medical treatment.

3. If the amount of time for which the injured employee is entitled to compensation pursuant to subsection 2 is:

(a) Four hours or less in 1 working day, the injured employee is entitled to compensation at the rate of 50 percent of the daily rate of compensation that the employee is entitled to pursuant to NRS 616C.475 for a temporary total disability.

(b) More than 4 hours in 1 working day, the injured employee is entitled to compensation at the rate of 100 percent of the daily rate of compensation that the employee is entitled to pursuant to NRS 616C.475 for a temporary total disability.

4. If an injured employee seeks compensation pursuant to this section, the injured employee shall submit the request for such compensation to the employer on Form D-24, Request for Reimbursement of Expenses for Travel and Lost Wages, as required by NAC 616A.480.

5. As used in this section, "place of employment" means the office, facility or site of the responsible employer at which the injured employee is required to report for work, including, without limitation, the office, facility or site at which the injured employee:

(a) Is regularly scheduled to report for work; or

(b) Is scheduled to report for a particular period, date or assignment, if the office, facility or site is different from the regularly scheduled location to report to work.

(Added to NAC by Div. of Industrial Relations by R007-06, eff. 6-1-2006)

Permanent Total Disability

NAC 616C.526 ***Repealed.*** **~~[Annual payments to certain claimants and dependents of claimants. (NRS 616A.400, 616C.453)~~**

~~1. The Administrator will make an annual payment to each claimant or dependent who is entitled as of July 1 to receive such a payment for a permanent total disability pursuant to NRS 616C.453. The amount of the payment to each claimant or dependent is equal to two-fifths of the~~

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~~amount the Administrator withdraws from the Uninsured Employers' Claim Account for this purpose divided by the total number of claimants and dependents entitled to be paid and:~~

~~(a) If the claimant or dependent receives compensation of less than $1,000 per month, an additional amount that is equal to two-fifths of the amount the Administrator withdraws from the Uninsured Employers' Claim Account divided by the total number of claimants and dependents entitled to be paid pursuant to this paragraph; or~~

~~(b) If the claimant or dependent receives compensation of $1,000 per month or more, but less than $1,500 per month, an additional amount that is equal to one-fifth of the amount the Administrator withdraws from the Uninsured Employers' Claim Account divided by the total number of claimants and dependents entitled to be paid pursuant to this paragraph.~~

~~2. As used in this section:~~

~~(a) "Claimant" means a person who is entitled to receive compensation pursuant to chapters 616A to 617, inclusive, of NRS for a permanent total disability and is not entitled to an annual increase in that compensation pursuant to NRS 616C.473.~~

~~(b) "Compensation" means compensation a claimant or dependent is entitled to receive pursuant to chapters 616A to 617, inclusive, of NRS for a permanent total disability.~~

~~(c) "Dependent" means a dependent of a claimant.~~

~~(Added to NAC by Div. of Industrial Relations by R163-05, eff. 11-17-2005; repealed by R134-20, 8-22-2023)]~~

NAC 616C.527 Provision of certain information by insurer to Administrator. (NRS 616A.400**,** 616C.453**,** 616D.120**)**

1. An insurer shall provide any information required by the Administrator to carry out the provisions of ~~[NAC 616C.526 and]~~ NRS ~~[616C.453.]~~ ***616C.473.***

2. An insurer who violates subsection 1 is subject to administrative action pursuant to NRS 616D.120.

(Added to NAC by Div. of Industrial Relations by R163-05, eff. 11-17-2005; A by R134-20, 8-22-2023)

Benefits for Dependents

NAC 616C.530 Full-time students. (NRS 616A.400**,** 616C.505**)**

1. For the purpose of administering NRS 616C.505, the Division considers a dependent child over 18 years of age to be a full-time student while the child is actually enrolled and actively engaged in a course of education which will result in:

(a) A credit of at least 12 semester hours or their equivalent toward a degree;

(b) A certificate of qualification; or

(c) The child's graduation from an accredited institution.

2. The child's status as a full-time student does not apply during any period of vacation or break between semesters if the period or break encompasses 30 days or more.

[Industrial Comm'n, No. 4.081, eff. 6-30-82]—(Div. of Industrial Relations)

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EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

NAC 616C.533 Compensation for claim if dependent is full-time student. (NRS 616A.400**,** 616C.505**)** A claim for compensation as a full-time student must be submitted on a form approved by the Division and must be accompanied by:

1. A certificate of enrollment from the vocational or educational institution which the student is attending; and
2. A report from the vocational or educational institution of the credits earned or marks attained during the preceding semester or quarter of enrollment.

[Industrial Comm'n, No. 4.091, eff. 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83)—(Substituted in revision for NAC 616.668)

VOCATIONAL REHABILITATION SERVICES

NAC 616C.550 Definitions. (NRS 616A.400**)** As used in NAC 616C.550 to [~~616C.613~~] ***616C.610***, inclusive, unless the context otherwise requires:

1. "Employer" means the employer for whom an employee worked when the employee:
   (a) Sustained an injury arising out of and in the course of his or her employment; or
   (b) Was last exposed to the conditions resulting in an occupational disease,

   ➥ for which the employee requires vocational rehabilitation services.
2. "Vocational rehabilitation maintenance" has the meaning ascribed to it in NRS 616C.575.
3. "Vocational rehabilitation services" may include:
   (a) Counseling and guidance by a vocational rehabilitation counselor.
   (b) An evaluation of the functional capacity of the injured employee and medical consultations to determine his or her level of participation in a program of vocational rehabilitation.
   (c) Ergonomic modifications, lifting devices and other reasonable accommodations approved by the insurer which would enhance the employability of the injured employee.
   (d) Assistance in job placement by vocational rehabilitation counselors, with special consideration given to fitting the requirements of the job to the ability of the injured employee.
   (e) Vocational testing.
   (f) Programs of vocational rehabilitation.
   (g) Vocational rehabilitation maintenance.
   (h) A reasonable allowance for transportation.
   (i) The payment of compensation in a lump sum in lieu of the provision of vocational rehabilitation services.

[Industrial Comm'n, No. 14.010, eff. 7-1-73; A 6-23-76; 3-26-82; renumbered as 6.010, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 9-7-88; A by Div. of Industrial Relations, 1-20-94; 3-28-94; R006-97, 12-9-97; R028-23, 02-26-24)

NAC 616C.553 Notice of opinion that injured employee is not eligible for services. (NRS 616A.400**,** 616C.555**)**

1. If, based upon the opinion of a treating or an examining physician or chiropractic physician, a vocational rehabilitation counselor determines that an injured employee is not eligible for vocational rehabilitation services, the counselor shall, within 10 days after receiving that opinion, provide a copy of the opinion to the injured employee and the injured employee's attorney or other representative, the employer and the insurer.

2. If, based upon the opinion of a consulting physician or chiropractic physician, an insurer finds that an injured employee is not eligible for vocational rehabilitation services, the insurer shall, within 10 days after it receives that opinion, provide a copy of the opinion to the treating physician or chiropractic physician.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 9-7-88; A by Div. of Industrial Relations, 3-28-94; R006-97, 12-9-97)

NAC 616C.555 Duty of insurer to ensure compliance with certain provisions. (NRS 616A.400**,** 616C.550**)** An insurer shall ensure that:

1. The vocational rehabilitation counselor assigned to a claim by the insurer complies with the provisions of subsection 2 of NRS 616C.547, subsections 1 to 8, inclusive, of NRS 616C.555 and NAC 616C.556;

2. The written assessment developed pursuant to NRS 616C.550 includes the document containing the information described in subsection 2 of NAC 616C.556; and

3. The plan for a program of vocational rehabilitation developed pursuant to NRS 616C.555 complies with the provisions of that section.

(Added to NAC by Div. of Industrial Relations by R007-97, eff. 12-10-97; A by R130-14, 9-9-2016)

NAC 616C.556 Vocational rehabilitation counselor: Notification of assignment of case; written assessment. (NRS 616A.400**,** 616C.550**)**

1. A vocational rehabilitation counselor shall, within 10 days after receiving a written assignment of a case from an insurer or third-party administrator, notify:

(a) The injured employee of the assignment; and

(b) The injured employee's treating physician or chiropractic physician, unless the pertinent medical information has already been provided to the vocational rehabilitation counselor.

2. A written assessment developed pursuant to NRS 616C.550 must include a document that contains a description of:

(a) The nature and scope of the vocational rehabilitation benefits that the injured employee is eligible to receive;

(b) The priorities for returning the injured employee to work;

(c) Any temporary or permanent physical limitations of the injured employee; and

(d) The process for obtaining vocational rehabilitation services.

(Added to NAC by Div. of Industrial Relations, eff. 1-20-94; A by R006-97, 12-9-97)

NAC 616C.558 Plan for program of vocational rehabilitation. (NRS 616A.400**,** 616C.555**)**

1. If an insurer or third-party administrator determines that an injured employee is eligible for vocational rehabilitation services, the insurer or third-party administrator shall, within 60 days after making that determination, submit to the treating or examining physician or chiropractic physician a written plan for a program of vocational rehabilitation that includes the characteristics of physical demand for the occupational goal for the injured employee.

2. A treating or examining physician or chiropractic physician shall, within 10 days after receiving a plan for a program of vocational rehabilitation, provide the vocational rehabilitation

counselor with a written approval or denial of the plan that includes the rationale for the approval or denial and a determination of the medical capability of the injured employee safely to achieve the occupational goal set forth in the plan.

3. A plan for a program of vocational rehabilitation must be approved in writing by the treating or examining physician or chiropractic physician before the program may be commenced.

(Added to NAC by Div. of Industrial Relations by R006-97, eff. 12-9-97)

NAC 616C.559 Development and extension of program of vocational rehabilitation. (NRS 616A.400**,** 616C.555**,** 616C.560**)**

1. In developing a program of vocational rehabilitation for an industrially injured employee, the insurer shall consider the injured employee's experience, skills and desires.

2. A program of vocational rehabilitation must be outlined in writing. The outline for an individual program must:

(a) Show the amount of money budgeted;

(b) Contain a justification of the expense; and

(c) Include a description of:

(1) The nature and the length of the program;

(2) The skills that the injured employee will acquire; and

(3) The dates on which the program will begin and end.

3. The insurer or a vocational rehabilitation counselor shall explain the planned program of vocational rehabilitation to the injured employee. Before an injured employee may participate in a program of vocational rehabilitation, the insurer and the employee must execute a written agreement that contains the outline for the program. A copy of the agreement must be delivered to the injured employee and his or her rights and duties under the agreement must be explained to him or her.

4. The injured employee must acknowledge:

(a) Receipt of a dated copy of the proposed agreement for the program of vocational rehabilitation;

(b) That the program has been explained to him or her; and

(c) That he or she agrees to the conditions of the program.

5. A copy of the written agreement must be sent to the employer of the injured employee.

~~[6. If the insurer finds that good cause exists for the extension, the injured employee may be provided vocational rehabilitation services after the date on which the program would otherwise end pursuant to the provisions of NRS 616C.560.]~~

[Industrial Comm'n, No. 14.060, eff. 7-1-73; A 3-26-82; renumbered as 6.060, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 9-7-88; A by Div. of Industrial Relations, 1-20-94)—(Substituted in revision for NAC 616.082) (A by Div. of Industrial Relations, R134-20, 8-22-2023)

NAC 616C.562 Use of surveys of labor market. (NRS 616A.400**)** An insurer shall use surveys of the labor market to determine whether gainful employment is available for an injured employee.

(Added to NAC by Div. of Industrial Relations, eff. 3-28-94)—(Substituted in revision for NAC 616.0822)

This is an unofficial compilation prepared by the Division of Industrial Relations which incorporates the additions, amendments and repeal of regulations as of the filing of the Permanent Regulation LCB File No. R134-20 on August 22, 2023, LCB File No. R032-21 on August 22, 2023, LCB File No. R028-23 on February 27, 2024, and LCB File No. R076-23 on October 9, 2024.

EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

NAC 616C.565 Inclusion of period for job search in program. (NRS 616A.400**,** 616C.555**)** In developing a program of vocational rehabilitation for an injured employee pursuant to subsection 3 of NRS 616C.555, a vocational rehabilitation counselor shall consider including in the program a period of not more than 28 days during which the injured employee must search for a job. This period must commence after the injured employee has successfully completed the portion of the program involving training or education.

(Added to NAC by Div. of Industrial Relations, eff. 3-28-94)—(Substituted in revision for NAC 616.0824)

NAC 616C.568 Relocation: Expenses; notice of decision; limitations. (NRS 616A.400**,** 616C.555**)**

1. Except as otherwise provided in NRS 616C.580, an insurer shall pay the expenses incurred by an injured employee for relocating as part of a program of vocational rehabilitation if the insurer determines that the injured employee does not have a reasonable prospect of obtaining employment in the current labor market of the area of this State where the injured employee resides, considering the:

(a) Occupational aptitudes of the injured employee as determined by the vocational rehabilitation counselor; and

(b) Physical limitations of the injured employee as established by the medically objective findings of the treating physician or chiropractic physician.

2. The injured employee must decide whether to relocate within 30 days after the date on which he or she is notified by the insurer that he or she does not have a reasonable prospect of obtaining employment in the current labor market of the area in which he or she resides. If the injured employee decides to relocate, the insurer shall give the employee 30 days in which to relocate, commencing on the date on which the employee informed the insurer of the decision to relocate.

3. Except as otherwise provided in subsection 4, expenses incurred by an injured employee who has relocated as part of a program of vocational rehabilitation may include the costs of:

(a) Connections for a telephone, gas and electricity;

(b) Rent for the first month;

(c) Security deposits;

(d) Utility deposits; and

(e) Assistance with moving, limited to the costs associated with:

(1) Moving not more than 10,000 pounds of household items;

(2) Driving one motor vehicle to the new location; and

(3) Renting a moving van and hiring persons to assist with loading and unloading the moving van.

➥ The costs of using a moving company may only be included as expenses incurred for relocation if it is not feasible for the injured employee to rent a van and hire persons to assist with loading and unloading the van.

4. Expenses incurred for relocation may not include:

(a) Security deposits for pets;

(b) The cost of connections for cable television;

(c) The expenses for moving and installing a satellite for television;

(d) The expenses for moving livestock or pets; and

(e) The expenses for moving mobile homes or motor vehicles.

5. An insurer shall not pay an injured employee's expenses for relocation more than once per claim.

(Added to NAC by Div. of Industrial Relations, eff. 1-20-94; A by R006-97, 12-9-97)

NAC 616C.571 Reimbursement for costs of transportation. (NRS 616A.400**)** If an injured employee is required to travel more than 50 miles per day to participate in a program of vocational rehabilitation, an insurer shall reimburse the injured employee for the costs of transportation which must be computed at a rate equal to the mileage allowance for state employees who use their personal vehicles for the convenience of the State.

(Added to NAC by Div. of Industrial Relations, eff. 1-20-94; A by R098-98, 12-18-98; R007-06, 6-1-2006)

NAC 616C.574 Commencement of limits on length of program. (NRS 616A.400**,** 616C.555**)** Except as otherwise provided in subsection 6 of NRS 616C.555, the limitations on the length of a program of vocational rehabilitation, as prescribed in subsection 3 of NRS 616C.555, commence on the day after the period for developing the program of vocational rehabilitation ends.

(Added to NAC by Div. of Industrial Relations, eff. 3-28-94)—(Substituted in revision for NAC 616.083)

NAC 616C.577 Vocational rehabilitation maintenance: Rate; commencement; timing of payments; termination; payment during development of program. (NRS 616A.400**,** 616C.575**)**

1. An insurer shall pay vocational rehabilitation maintenance to an injured employee at the rate at which the compensation for a temporary total disability is calculated, as provided in NRS 616C.475.

2. The compensation for a temporary total disability terminates and vocational rehabilitation maintenance commences on the date on which an injured employee becomes eligible for vocational rehabilitation benefits. An insurer shall pay the injured employee vocational rehabilitation maintenance at least every 14 days thereafter until the injured employee:

(a) Fails to:

(1) Cooperate with the insurer; or

(2) Participate in a program of vocational rehabilitation;

(b) Completes a program of vocational rehabilitation; or

(c) Moves out of this State.

3. An insurer shall pay vocational rehabilitation maintenance to an injured employee for not more than 60 days during the period in which the program of vocational rehabilitation is being developed.

(Added to NAC by Div. of Industrial Relations, eff. 3-28-94)—(Substituted in revision for NAC 616.0835)

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EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

NAC 616C.580 Consultation concerning proposed program of vocational rehabilitation; general requirements for offers of employment. (NRS 616A.400)

1. When a consultation is held by a private carrier with an injured employee and the treating physician or chiropractic physician with respect to whether a proposed program of vocational rehabilitation is compatible with the physical limitations of the injured employee, and the employer is present, the private carrier shall explain to the employer:

(a) Any incentives which are available to the employer if he or she participates in the vocational rehabilitation of the injured employee;

(b) The estimated cost of the proposed program of vocational rehabilitation; and

(c) That the cost of the program of vocational rehabilitation will be included in the calculation of the employer's experience rating.

2. The private carrier shall send a written summary of the consultation to the employer, whether or not he or she was present during the consultation.

3. Except as otherwise provided in subsection 5, within 30 days after such a consultation, the employer shall give the private carrier a written notice stating whether or not he or she will offer the injured employee employment which is consistent with the physical limitations of the injured employee. If the employer intends to make an offer of employment, the employer must make the offer to the injured employee in writing within 10 days after notifying the private carrier of the intent to offer employment. If the offer of employment does not meet the requirements set forth in NAC 616C.583, the employer must conform the offer to those requirements within an additional 10 days.

4. If the employer fails to offer employment that is compatible with the physical limitations of the injured employee or fails to meet any of the requirements imposed pursuant to subsection 3, the employer waives any right to object to the provision of any future vocational rehabilitation services to the injured employee.

5. If the offer of employment requires an evaluation of the feasibility of structural modifications to the place of business of the employer, the employer may have an additional 30 days to make an offer of employment to the injured employee.

6. If subsequent medical evidence demonstrates that the injured employee is unable to perform the work contained in the offer of employment made pursuant to subsection 3, and written notice of the opinion of the physician or chiropractic physician to this effect is given to the employer, the employer may make another offer of employment within 30 days after receipt of the notice. If the employer fails to make another offer of employment pursuant to this subsection, the employer waives any right to object to the provision of future vocational rehabilitation services to the injured employee.

7. Except as otherwise provided in this subsection, if the employer makes an offer of employment, the injured employee must commence the employment within 30 days after the offer has been made. The private carrier may extend the date on which the injured employee must commence the employment:

(a) For an additional 30 days if structural modifications to the place of business of the employer are required; or

(b) For good cause shown.

➥ The injured employee remains eligible for vocational rehabilitation maintenance until commencing the employment.

8. The private carrier shall submit a description of the proposed employment for the injured employee to the treating physician or chiropractic physician of the injured employee. Within 10 days after receiving the description, the treating physician or chiropractic physician shall determine if the employment is compatible with the physical limitations of the injured employee and inform the private carrier of the determination. If the treating physician or chiropractic physician fails to inform the private carrier of the determination within 10 days after receiving the description, the medical adviser of the private carrier or the consulting physician shall make the determination.

[Industrial Comm'n, No. 14.099, eff. 3-26-82; renumbered as 6.099, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 9-7-88; A by Div. of Industrial Relations, 1-20-94; R098-98, 12-18-98, eff. 7-1-99)

NAC 616C.583 Offer of employment: Light duty. (NRS 616A.400)

1. An offer of employment at light duty to an injured employee by his or her employer must:

(a) Be in writing;

(b) Be mailed to both the insurer and the injured employee; and

(c) Include:

(1) The net wage to be paid the injured employee;

(2) The hours which the injured employee will be expected to work;

(3) A reasonable description of the physical requirements of the employment;

(4) A reasonable description of the duties the injured employee will be expected to perform;

(5) A description of any fringe benefits of the employment; and

(6) The geographical location of the employment.

2. If the insurer finds that the actual requirements of the employment at light duty materially differ from the offer of employment and the employer fails to take corrective action, the insurer may provide vocational rehabilitation services.

3. The injured employee must be allowed a reasonable time, not to exceed 7 days after the date the offer of the employment at light duty is made, within which to accept or reject the offer.

4. If the employment at light duty offered to the injured employee is expected to be of limited duration, the employer shall disclose that fact to the injured employee in the offer of employment and state the expected duration.

5. An employer must not offer temporary or permanent employment at light duty which he or she does not then expect to be available to the injured employee as offered.

6. An employer does not have to comply with the requirements in subsections 1 to 5, inclusive, if the employer offers the injured employee temporary employment at light duty which is:

(a) Immediately available;

(b) Compatible with the physical limitations of the injured employee as established by the treating physician or chiropractic physician; and

(c) Substantially similar in terms of the location and the working hours to the position that the injured employee held at the time of the injury.

7. Temporary employment at light duty offered pursuant to subsection 6 must cease within 30 days after the injured employee's physical restrictions are determined to be permanent. Any subsequent offers of employment at light duty by the employer must comply with the requirements of subsections 1 to 5, inclusive.

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EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 9-7-88; A by Div. of Industrial Relations, 1-20-94)—(Substituted in revision for NAC 616.085)

NAC 616C.586 Offer of employment: Termination of vocational rehabilitation services; limitations; light duty. (NRS 616A.400**,** 616C.590**)**

1. Except as otherwise provided in subsection 2, an injured employee may no longer receive vocational rehabilitation services if he or she receives an offer of gainful employment which does not exceed any limitations imposed by a treating physician or chiropractic physician.

2. Employment offered pursuant to paragraph (b) of subsection 1 of NRS 616C.590 is not deemed an offer of employment if:

(a) The job offered is demeaning, degrading, or subjects the employee to ridicule or embarrassment. Temporary employment at light duty offered by the employer which is a part of the employer's regular business operations shall not be deemed to be demeaning or degrading or to subject the employee to ridicule or embarrassment.

(b) The net salary offered is less than the starting salary a fellow employee would receive for performing similar duties.

(c) The employee has no reasonable prospect of continued employment.

(d) The employee accepted employment with light duties but has been dismissed through no fault of his or her own.

(e) The employment is offered after the employee has commenced a program of vocational rehabilitation.

3. If the employer offers the injured employee temporary employment at light duty, the offer shall be deemed to comply with the requirements of subsection 1.

[Industrial Comm'n, No. 14.063, eff. 3-26-82; renumbered as 6.063, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; A by Div. of Industrial Relations, 1-20-94)—(Substituted in revision for NAC 616.086)

NAC 616C.589 Offer of employment: Compensation. (NRS 616A.400**)**

1. If the net wage of the employment being offered to an injured employee by an employer is less than the compensation for a temporary total disability, the insurer shall inform the injured employee that the wage will be supplemented by compensation for a temporary partial disability to equal the temporary total disability rate.

2. As used in this section, "net wage" has the meaning ascribed to it in subsection 9 of NAC 616C.598.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 9-7-88; A by Div. of Industrial Relations, 1-20-94; R098-98, 12-18-98)

NAC 616C.592 Self-employment. (NRS 616A.400**,** 616C.600**)**

1. An insurer may not finance saleable inventories in programs for self-employment. The prospective self-employed owner must find financing for that purpose.

2. An injured employee who elects self-employment rather than other types of rehabilitation may be required to pay for part of the proposed business.

3. There must be a reasonable possibility of success before the insurer may enter into an agreement for a program of self-employment.

4. An adequate report of an independent business consultant may be required before the insurer approves a program of self-employment.

[Industrial Comm'n, No. 14.048, eff. 3-26-82; renumbered as 6.048, 6-30-82]—(NAC A by Div. of Industrial Relations by R098-98, 12-18-98)

NAC 616C.595 Return of employee to employment; reinstatement of vocational rehabilitation benefits. (NRS 616A.400**,** 616C.590**)**

1. Except as otherwise provided in subsection 2, the return of an injured employee to employment for which a person is customarily remunerated terminates his or her eligibility for vocational rehabilitation benefits.

2. If the injured employee is unable to perform the duties of a new job for reasons related to the injury or disease, the insurer must reinstate vocational rehabilitation benefits. If the insurer determines that the employee's duties at the new job exceed the physical limitations of the employee as established by the physician or chiropractic physician who initially released the injured employee for employment, the insurer may reinstate the employee's vocational rehabilitation benefits if the employer does not modify the duties of the job to conform to the injured employee's physical limitations or otherwise does not reasonably accommodate the injured employee within 10 days after receiving notice from the insurer of its determination.

[Industrial Comm'n, No. 14.066, eff. 3-26-82; renumbered as 6.066, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; A by Div. of Industrial Relations, 1-20-94)—(Substituted in revision for NAC 616.096)

NAC 616C.598 Compensation for temporary partial disability. (NRS 616A.400**)**

1. If the wage that an injured employee receives upon reemployment is less than the compensation for a temporary total disability to which he or she is entitled, compensation for a temporary partial disability must be used to make up the difference.

2. To calculate compensation for a temporary partial disability, the wage earned upon reemployment:

(a) Must be based on the net wage; or

(b) Is that earned, on average:

(1) On each of 7 days in succession, if the calculation is for a weekly rate;

(2) On each of 14 days in succession, if the calculation is for a biweekly rate; or

(3) On each day of the pay period, if the calculation is for a semimonthly rate,

➥ whichever is greater.

3. Compensation for a temporary partial disability is not available for any programs of vocational rehabilitation for self-employment.

4. An injured employee who:

(a) Is capable of working, but rejects employment at a wage which exceeds compensation for a temporary total disability; and

(b) Accepts a job at a lesser wage,

➥ is not entitled to receive compensation for a temporary partial disability.

5. An injured employee who is capable of full-time employment in an occupation paying a wage which would exceed compensation for a temporary total disability, but who is unable to find such employment, is not entitled to receive compensation for a temporary partial disability.

6. Before compensation for a temporary partial disability may be granted, there must be a reasonable indication that the rate of compensation may be met within 2 years.

7. Compensation for a temporary partial disability must be calculated on Form D-46.

8. Compensation for a temporary partial disability must be paid within 14 days after receipt from the injured employee of information regarding his or her wages.

9. As used in this section, "net wage" means that amount paid to the injured employee after the usual deductions are made for social security, income taxes and other required state or federal deductions.

[Industrial Comm'n, No. 14.095, eff. 3-26-82; renumbered as 6.095, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 2-22-88; 8-30-91; A by Div. of Industrial Relations, 1-20-94; R098-98, 12-18-98)

NAC 616C.601 Suspension or termination of vocational rehabilitation benefits: Grounds; report by private carrier; notice; appeal. (NRS 616A.400**)**

1. An injured employee who:

(a) Rejects a suitable program of vocational rehabilitation which is offered to him or her;

(b) Rejects employment which is within the limitations prescribed by a treating physician or chiropractic physician; or

(c) Refuses to cooperate with the insurer in the development of a program of vocational rehabilitation or a search for a job,

➥ is subject to a suspension or termination of his or her vocational rehabilitation benefits.

2. An injured employee who has agreed to participate in a suitable program of vocational rehabilitation but who:

(a) Fails to report for scheduled activities, a search for a job, training or employment;

(b) Reports but refuses to cooperate with the insurer;

(c) Reports but is impaired by alcohol or drugs not prescribed by a physician;

(d) Has an unexcused absence of 3 or more consecutive days; or

(e) Has unexcused absences that prevent him or her from:

(1) Completing the training in the period specified in the agreement for the program; or

(2) Developing skills for employment,

➥ is subject to a suspension or termination of his or her vocational rehabilitation benefits.

3. An insurer may terminate vocational rehabilitation benefits if the injured employee has misrepresented or concealed a matter which was material to the evaluation of his or her eligibility or the provision of vocational rehabilitation services.

4. If the insurer is a private carrier, it shall report to the employer each injured employee who rejects or fails to participate in a program of vocational rehabilitation. The report must contain a brief description of the facts and a statement of the determination of the private carrier to suspend or terminate benefits at a specified future date.

5. Vocational rehabilitation benefits terminate on the date specified in the report of the private carrier.

6. An insurer shall give the injured employee a written notice that his or her vocational rehabilitation benefits have been suspended or terminated and a statement of the reason for the suspension or termination.

7. An injured employee whose vocational rehabilitation benefits have been suspended or terminated is entitled to a hearing on the suspension or termination and may appeal from any decision of a hearing officer on that matter.

[Industrial Comm'n, No. 14.070, eff. 7-1-73; A 3-26-82; renumbered as 6.070, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; A by Div. of Industrial Relations, 1-20-94; R098-98, 12-18-98; R098-98, 12-18-98, eff. 7-1-99)

NAC 616C.604 Claimants outside of State. (NRS 616A.400**,** 616C.580**)**

1. No payment will be made for medical care and vocational rehabilitation services which are provided outside the State without the prior written approval of the insurer or a designated agent thereof unless good cause is shown for not obtaining prior approval.

2. An injured employee who is eligible for vocational rehabilitation services outside the State may be required to return to this State at his or her own expense:

(a) If gainful employment is offered in this State.

(b) For an evaluation of his or her disability and an assessment of the prospects for rehabilitation before any program of vocational rehabilitation will be approved.

3. This section applies to all injured employees who are outside the State.

[Industrial Comm'n, No. 14.085, eff. 3-26-82; renumbered as 6.085, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations, 3-28-94; R098-98, 12-18-98)

NAC 616C.607 Effect of injury received during program of vocational rehabilitation. (NRS 616A.400**,** 616C.575**)** If a previously injured employee is injured, or his or her condition worsens for reasons related to the industrial injury or the occupational disease, while participating in an approved program of vocational rehabilitation and receiving vocational rehabilitation maintenance, the injured employee is entitled to continue receiving vocational rehabilitation maintenance in an amount equal to the compensation for a temporary total disability which he or she received under the claim which required the vocational rehabilitation services.

[Industrial Comm'n, No. 14.098, eff. 3-26-82; renumbered as 6.098, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; A by Div. of Industrial Relations, 1-20-94)—(Substituted in revision for NAC 616.106)

NAC 616C.610 Right to appeal. (NRS 616A.400**)** An injured employee who has been denied vocational rehabilitation services or has had vocational rehabilitation services terminated has the same rights of hearing and appeal as are outlined for other injured employees in chapters 616A to 617, inclusive, of NRS.

[Industrial Comm'n, No. 14.050, eff. 7-1-73; A 3-26-82; renumbered as 6.050, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations, 3-28-94)—(Substituted in revision for NAC 616.110)

Repealed per LCB File No. R028-23. ~~**[NAC 616C.613 Reports of employee exposure and claims. (**NRS 616A.400**)**~~

~~1. Reports relating to employees' exposure and losses from claims are due by April 1 and must cover employment and loss experience during the preceding calendar year.~~

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EXPLANATION — Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

~~2. The Chief will provide employers with the proper forms and instructions for their completion at least 60 days before the date on which they are due.~~

~~[Industrial Comm'n, No. 22.020, eff. 7-1-73; renumbered as 12.060, 6-30-82; No. 22.030, eff. 7-1-73; renumbered as 12.070, 6-30-82] (NAC A by Div. of Industrial Insurance Regulation, 10-26-83) (Substituted in revision for NAC 616.134)]~~

CESSATION OF WORKERS' COMPENSATION COVERAGE BY INSURER

NAC 616C.675 Notification by insurer of Administrator; contents. (NRS 616A.400**)** An insurer shall notify the Administrator at least 60 days before ceasing to provide workers' compensation coverage in this State. The notification must include, without limitation, the name, business address and physical location of the person who will assume responsibility for the open and closed claims of the insurer after the insurer ceases providing workers' compensation coverage in this State.

(Added to NAC by Div. of Industrial Relations by R098-98, 12-18-98, eff. 7-1-99)