



D-35s & You

Let's Talk About What's New

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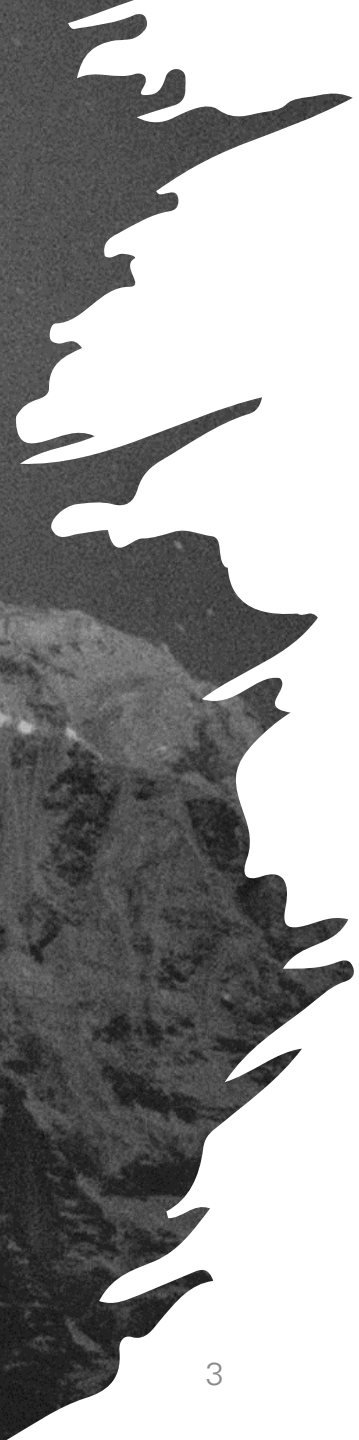
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Embrace change
to grow



D-35 Form Changes

Fax Facts

Addressing Addresses

Treating and Consulting

Decoding Body Parts

Expansions

Dating Deleted

Agreeing to Agreements





*And so, we begin . . .
with the first section of
the D-35 Form*

Request For A Rotating Physician Or Chiropractor

State of Nevada - Department of Business and Industry - Division of Industrial Relations - Workers' Compensation Section

Email Questions and Completed Forms to MedUnit@dir.nv.gov

REQUESTOR INFORMATION

Request Date	<input type="text"/>	Requestor Type	<input type="text" value="Choose....."/>	Email	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>	Phone Number	<input type="text"/>
Address	<input type="text"/>		City	<input type="text"/>	ST <input type="text"/> Zip <input type="text"/>



It's All About You

Fax Facts:

- Email all D-35s to medunit@dir.nv.gov
- No fax #s



8/05/20XX

It's All About You

Addressing Addresses:

- One address line instead of two

CLAIM INFORMATION

NO changes
here!



Request For A Rotating Physician Or Chiropractor

State of Nevada - Department of Business and Industry - Division of Industrial Relations - Workers' Compensation Section
Email Questions and Completed Forms to MedUnit@dir.nv.gov

REQUESTOR INFORMATION

Request Date Requestor Type Email
First Name Last Name Phone Number
Address City ST Zip

CLAIM INFORMATION

Insurer or TPA Claim Nbr
Self-Insured Emp Date of Injury
Employer
Employee Name SSN Birth Date
Employee City ST Zip

“THE MEASURE
OF INTELLIGENCE
IS THE ABILITY TO
CHANGE.”

A. EINSTEIN

REQUEST INFORMATION

- Treating and Consulting
- Decoding Body Parts
- Expansions



REQUEST INFORMATION - If court ordered, decision MUST be attached

Stable and Ratable Date Received

Treating/Evaluating

Physician(s)/Chiropractor(s)

USE MOST SPECIFIC BODY PART CODE POSSIBLE

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LIST ONLY CURRENT BODY PARTS TO BE RATED

Body Part Code

Injury Side

Choose.....

Choose....

Choose.....

Choose....

Choose.....

Choose....

Choose.....

Choose....

Choose.....

Choose....

Choose.....

Choose....

Diagnosis(es)

Comments

INCLUDE:

All treating physicians
All consulting physicians



New Body Part Codes for **D-35s Only**



- Available at http://dir.nv.gov/WCS/Medical_Providers/
- Eliminates vague codes lacking specificity required for PPD ratings
- Groups related codes
- Adds code for mental disorders with/without physical injury
- Clarifies use of brain code

Expansions

More space
available for
information

Attach
second
page, if
necessary

Don't use
second D-35
Form for
additional
information

Diagnosis(es)

Comments

A group of diverse business professionals in a meeting. In the foreground, two men are embracing; one is wearing a patterned blue shirt and glasses, and the other is in a light blue shirt. In the background, several other people are smiling and engaged in conversation. The scene is set in a bright, modern office environment.

“
*None of us is as smart
as . . .*

ALL OF US!”

Booker T. Washington 15

Moving on . . .

to Section Four

Mo

COMPLETE FOR PREVIOUS PPD EVALUATIONS ONLY

Prior Rating| Physician(s)/Chiropractor(s)

Prior Treating Physician(s)/Chiropractor(s)

Reason for Additional PPD Request

Dating Deleted (for prior PPDs only)

- Dates of prior PPDs no longer required
- **ALL** prior PPD **raters** must be listed (correlate with information in CARDS)

COMPLETE FOR MUTUAL AGREEMENT ONLY

PPD Rating Physician/Chiropractor: Last Name First Name License

Injured Employee/Representative: Insurer/TPA Representative:

NEW Section for Mutual Agreements

- No additional documentation necessary when fields completed appropriately
- Mutually agreed rater must be on the WCS Rating Panel of Physicians and Chiropractic Physicians and be qualified under NAC 616C.021 to rate listed body part(s)
- Names of injured employee/representative and insurer/representative must be legible and be the individuals mutually agreeing to the rater
- Leave blank if PPD request is per rotation or court order

WCS USE ONLY



THIS SECTION FOR WCS STAFF USE ONLY

Physician/Chiropractor Assigned Physician/Chiropractor Phone
Assigned by Date Assigned

Includes: Date D-35 Form processed
 Name of assigned rater
 Telephone number to schedule PPD evaluation
 WCS reference number



FINAL TIPS

- Insurers/TPAs ensure claim indexed in CARDS and information correlates with information on D-35
- ALL PPD evaluations require a D-35 submitted to WCS prior to scheduling PPD appointment
- Submitter **MUST** provide copy of D-35 processed by WCS to rater
- Court ordered PPDs require copy of court order

medunit@dir.nv.gov

