



Workers' Compensation Section

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OCCUPATIONAL DISEASE CLAIM REPORT (OD-8 FORM)

Reporting Requirements

NRS 617.357

Every workers' compensation insurer is required to submit an Occupational Disease Claim Report (OD-8 Form) to the Workers' Compensation Section (WCS) of the Division of Industrial Relations (DIR) for occupational disease claims of firefighters, police officers, arson investigators or emergency medical attendants that encompass diseases of the heart or lungs or diseases that are infectious or relate to cancer pursuant to NRS 617.453, 617.455, 617.457, 617.481, 617.485 or 617.487.

Accessing the OD-8 Form

The OD-8 Form can be found on our website. It can be accessed from the [WCS Home Page](#) under the "Insurer and TPA Reporting" box and in the "Forms and Worksheets" page, or directly here: [OD-8 Occupational Disease Claim Report](#) form.

When to Submit the OD-8 Form

Submitter Information: Complete the "Submitted By" section for every submission.

Part 1 (Claim Information):

Within 30 days of:

- Acceptance or denial of the claim
- Claim closure
- Claim reopening

Parts 1 (Claim Information) & 2 (Appeal Information):

Within 30 days of:

- An appeal filed regarding claim acceptance or denial
- A decision rendered on an appeal regarding acceptance or denial
- Subsequent appeals and decisions regarding acceptance/denial

Filing the OD-8 Form

Electronically by email to: wcsra@dir.nv.gov

Hard copy by fax to: (702) 486-8712, Attention: Research & Analysis Unit

Hard copy by U.S. Postal Service or other mail service to:

State of Nevada
DIR/Workers' Compensation Section
Research & Analysis Unit
3360 W. Sahara Ave, Suite 250
Las Vegas, NV 89102

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Insurers with Zero Reportable Claims During a Calendar Year

Insurers with zero reportable claims pursuant to this statute during a calendar year are required to file an *Occupational Disease Claim Statement of Inactivity* form within 5 working days of the end of the calendar year for which they are reporting. This will ensure that all insurers have addressed the requirements of this statute and are represented in the Administrator's report required by NRS 617.357(3). The [Occupational Disease Claim Statement of Inactivity](#) form is available on our website and may be filed electronically via email as an attachment or may be mailed or faxed as a hard copy. See above *Filing the OD-8 Form*.

The OD-8 reporting requirements are mandated by the NRS. Failure to file the required reports may result in administrative fines pursuant to NAC 616D.415(1)(d).

OD-8 Reporting Requirement Background

NRS 617.357 became effective July 1, 2001 and was amended on May 24, 2013.

Initially, insurers were required to submit to the Administrator a written report for all claims for compensation that were filed for an occupational disease of the heart or lungs or any occupational disease that was infectious or related to cancer. The 2013 Nevada Legislature Assembly Bill 11 (AB 11) amended NRS 617.357 limiting the reporting requirement to only claims in which the claimant is a firefighter, police officer, arson investigator, or emergency medical attendant and that are filed pursuant to NRS 617.453, 617.455, 617.457, 617.481, 617.485 or 617.487.

The OD-8 Form reporting triggers remain the same. The OD-8 Form (Part 1) must be submitted within 30 days of claim acceptance or denial pursuant to NRS 617.356, and within 30 days of claim closure or reopening. Additionally, the insurer is required to submit the OD-8 Form (Parts 1 & 2) within 30 days of an initial or subsequent appeal of claim acceptance or denial, and within 30 days of a hearing/appeals decision of affirmed, modified or reversed or stipulation on appeal.

The Occupational Disease Claim Report was initially introduced in February 2003 for reporting claims pursuant to NRS 617.357(1) and for updating each claim pursuant to NRS 617.357(2). In June 2006, it was adopted as the OD-8 Form. In January 2014, the OD-8 Form was updated to reflect the changes from AB 11 (2013). The current OD-8 Form, revised in June and July 2018, includes the Claimant First and Last Name and Appeal Number fields to assist the DIR in implementing and enforcing the requirements set forth in AB 267 (2017).

Inquiries

Please contact the WCS Research & Analysis Unit at wcsra@dir.nv.gov or (702) 486-9080 if you have any questions or concerns.