

Instructions for Completing a D-35 Form Request for Assignment of Rating Physician or Chiropractic Physician

Introductory Matters

Purpose of a D-35 Form

- D-35 Forms are used to request an impairment evaluation (rating) of a possible permanent partial disability (PPD) per NRS 616C.145 (5), NRS 616C.330, NRS 616C.360, and NRS 616C.490.
- D-35 Forms are used to request an independent medical examination for a PPD per NRS 616C.145 (5)
- PPD evaluations may not be completed in conjunction with other types of independent medical evaluations, such as consultations, adding body parts, claim closures, etc. [NAC 616C.021(7)].
- An Injured Worker (IW) must reach maximum medical improvement (MMI) prior to being referred for a PPD evaluation.
- Rating physicians/chiropractic physicians are required to make a determination of maximum medical improvement (MMI) as part of a PPD evaluation.
- If an IW is determined not to have reached MMI, an impairment rating should not be given. Further evaluation, diagnostic testing, and/or treatment may be provided/ordered by the treating physician/chiropractic physician, not the rating physician/chiropractic physician.

Considerations Before Submitting a D-35 Form

- The workers' compensation claim must be indexed by the insurer/Third-Party Administrator (TPA) before WCS can process a D-35 Form
- **All** PPD evaluations require a D-35 Form submitted to the Division of Industrial Relations (DIR), Workers' Compensation Section (WCS) **prior** to scheduling an appointment with a rating physician/chiropractic physician.

Completing a D-35 Form

- The D-35 Form is a fillable form available on the WCS website at https://dir.nv.gov/WCS/Workers_Compensation_Forms_and_Worksheets/ and includes multiple fields with drop-down menus to assist users.
- The fillable form cannot be submitted to WCS directly from the website.
- After completing the D-35 Form, the user must save the completed form as a PDF then email the PDF to WCS.
- Handwritten forms will not be accepted.

Submitting a D-35 Form

- D-35 Forms must be emailed to medunit@dir.nv.gov
- Once processed by WCS, the D-35 Form will be emailed back to the sender with the name and telephone number of the rating physician/chiropractic physician.
- The submitter is responsible to contact the rater, schedule the PPD appointment and send the rating physician/chiropractic physician a copy of the D-35 processed by WCS, copies of all medical records, including reports of any previous PPD ratings concerning the same body part(s)

- If an error is found, WCS will notify the sender of each discrepancy and return the original D-35 Form attached. WCS staff may also contact the sender of a D-35 Form via email to clarify the information provided.

Detailed Instructions for Completing D-35 Forms

The D-35 Form is divided into five sections, four of which are to be completed by the person submitting the form. The following information is key to accurately completing each section of the D-35 Form.

REQUESTOR INFORMATION

- Request date **MUST** be the date the D-35 Form is submitted to WCS. Any revised or resubmitted D-35 Forms must have an updated Request Date.
- All fields must be completed.
- The Requestor Type varies so use the drop-down menu to identify who is sending the D-35 Form.
- D-35s Forms are returned via email to the requestor.

REQUESTOR INFORMATION

Request Date Requestor Type Email

First Name Last Name Phone Number

Address City ST Zip

CLAIM INFORMATION

- All fields must be completed. The only exception is the Self-Insured Emp field as this field is only completed if the employer is self-insured.
- A complete social security number (SSN) is required. If the injured worker does not have a SSN, a state-issued identification number may be used, or the CARDS system will issue a number (UD) for an undocumented employee when the claim is indexed by the insurer/third-party administrator. Be sure to enter the complete SSN/UD number in this field.

CLAIM INFORMATION

Insurer or TPA Claim Nbr

Self-Insured Emp Date of Injury

Employer

Employee Name SSN Birth Date

Employee City ST Zip

REQUEST INFORMATION

- All fields must be completed. The only exception is the Comments field which should be used to clarify or specify information, as needed.
- Stable and Ratable Date Received – required when D-35 Form(s) submitted by insurers/TPAs regarding first PPD evaluation for the claim; otherwise, leave blank.
- List **ALL** treating and consulting physicians/chiropractic physicians; use a separate piece of paper, if necessary, and submit the treating provider list with the D-35 Form. *Do not submit a second D-35 Form for additional information.*
- Body Part codes – must list **only the body parts to be rated**. Do not list body parts that are not to be rated. Use the most specific code possible; if only non-specific codes listed, use Comments section to further specify body part(s) to be rated. See Body Part Codes for D-35 Form Use Only on the WCS Medical Providers Info webpage (https://dir.nv.gov/WCS/Medical_Providers/).
- Injury side should be left blank for body parts such as spine/spinal regions, disc, vertebra, pelvis, internal organs, brain, etc.
- Diagnosis(es) – every body part requiring a rating must have an applicable diagnosis. Please note that procedures are not diagnoses. Surgical procedures may be noted in the Comments section.
- Comments – multi-purpose field used to add and/or clarify information in other fields in this section. May be left blank if no additional/clarifying information is necessary or available.

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 -- LIST ONLY CURRENT BODY PARTS TO BE RATED

| Body Part Code | Injury Side |
|--|---|
| <input type="text" value="Choose....."/> | <input type="text" value="Choose...."/> |
| <input type="text" value="Choose....."/> | <input type="text" value="Choose...."/> |
| <input type="text" value="Choose....."/> | <input type="text" value="Choose...."/> |
| <input type="text" value="Choose....."/> | <input type="text" value="Choose...."/> |
| <input type="text" value="Choose....."/> | <input type="text" value="Choose...."/> |
| <input type="text" value="Choose....."/> | <input type="text" value="Choose...."/> |

Diagnosis(es)

Comments

COMPLETE FOR PREVIOUS PPD EVALUATIONS ONLY

- All fields must be completed if one or more previous PPD evaluations have been performed.
- List ALL prior rating physicians/chiropractors related to the claim submitted.
- Prior Treating Physicians/Chiropractors –List ALL prior treating/consulting providers, including those that may have treated the IW prior to claim reopening, etc. May be left blank if listed in REQUEST INFORMATION.

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|---|----------------------|
| COMPLETE FOR PREVIOUS PPD EVALUATIONS ONLY | |
| Prior Rating Physician(s)/Chiropractor(s) | <input type="text"/> |
| Prior Treating Physician(s)/Chiropractor(s) | <input type="text"/> |
| Reason for Additional PPD Request | <input type="text"/> |

COMPLETE FOR MUTUAL AGREEMENT ONLY

- Complete all fields. No additional documentation is necessary provided the listed fields are completed appropriately.
- The mutually agreed rater must be on the WCS Rating Panel of Physicians and Chiropractic Physicians and be qualified under NAC 616C.021 to rate the listed body part(s).
- The names of the injured worker/representative and insurer/representative **must** be typed and **must** be the people mutually agreeing to the rater.
- Leave blank if PPD request is per random panel or court order.

| | | | |
|--|----------------------|-----------------------------|---------------------------------|
| COMPLETE FOR MUTUAL AGREEMENT ONLY | | | |
| PPD Rating Physician/Chiropractor: Last Name | <input type="text"/> | First Name | <input type="text"/> |
| | | License | <input type="text" value="DC"/> |
| Injured Employee/Representative: | <input type="text"/> | Insurer/TPA Representative: | <input type="text"/> |

THIS SECTION FOR WCS STAFF USE ONLY

- Do not complete. WCS staff will complete and return to the submitter via email when the D-35 is processed. This will include the date it was processed, name of rating physician/chiropractic physician, phone number for scheduling PPD evaluation and a reference number when completed.

| | | | |
|--|----------------------|------------------------------|----------------------|
| THIS SECTION FOR WCS STAFF USE ONLY | | | |
| Physician/Chiropractor Assigned | <input type="text"/> | Physician/Chiropractor Phone | <input type="text"/> |
| Assigned by | <input type="text"/> | Date Assigned | <input type="text"/> |

Important Additional Information

Post-traumatic stress disorder (PTSD)/Acute Stress Disorder are the only mental health disorders eligible to be evaluated for an impairment rating (NRS 616C.180). Appropriate raters are designated on the WCS Rating Panel (available on <https://dir.nv.gov/WCS/home/>).

Court Orders: If the D-35 Form involves a court order, the submitter **MUST** include a copy of the court order. This documentation is sufficient to notify WCS of the court order, including any named rating physician/chiropractic physician. Submitters should not record the rater's name or other information in the court order on the D-35.

Mutual Agreements: Pursuant to NRS 616C.490 (2)(b), a mutual agreement will not be processed if a previously requested random selection is active and the provider has not declined the rating assignment. Once a D-35 request has been completed for a random selection, it is considered an active/open assignment to the randomly selected rater, and a mutual agreement will not cancel the randomly assigned rating. The assigned rater has 30 days from the date of assignment to schedule the impairment rating appointment with the IW. If the rater declined the assignment pursuant to NRS 616C.490 (2)(b)(3) or 30 days have passed since the random assignment and no appointment is scheduled, a mutual agreement or another request for random assignment can be submitted to medunit@dir.nv.gov for processing.

Out-of-State Injured Workers: Out-of-state random D-35 assignments are processed to randomly select a panel rater from any region in Nevada. When submitting Form D-35 for random assignments, the submitter cannot choose a preferred Nevada region for out-of-state Injured Workers (IW). If a D-35 for random selection is received with a request to select a rater from a preferred region, the Workers' Compensation Section (WCS) will do a random assignment with no geographic preference.

Important Timelines

Insurers must submit a completed D-35 Form to WCS within 30 days after receiving the treatment physician or chiropractic physician's statement that the injured employee is ratable and stable per NAC 616C.103 (3)(a).

Assigned raters have two business days from the date of the D-35 assignment email to decline the rating or indicate they are ineligible to do a rating.

Assigned rating physicians or chiropractic physicians have 30 days from the date of the rating assignment email to schedule and perform the PPD evaluation pursuant to NAC 616C.021 (4)(b).

Insurers must send raters all reports or other written information concerning the injured employee's claim, any evidence or documentation of any previous evaluations performed, and forms C-4, D-35, and D-36 at least three working days before the permanent partial disability evaluation per NAC 616C.103 (3)(c).

Reassignment

A rater may decline a random rating assignment within two business days if he or she believes he or she does not have the ability to rate the disability at issue. (NRS 616C.490 (2)(b)(3))

A rater may indicate that he or she is ineligible to do a rating within two business days if: (a) the rater previously examined or treated the injured employee, (b) the rater has 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, or (c) the rater previously provided a rating for the injured employee and the injured employee is requesting a second determination of the percentage of disability pursuant to NRS 616C.100 or 616C.145.

The rater will reply all on the D-35 assignment email and decline the PPD evaluation.

The requestor has five business days after receipt of the rater's email declining the selection to submit another D-35 Form.

On the 6th business day, the Workers' Compensation Section will reassign the rating through random selection if another D-35 Form has not been received.

Questions

Any questions may be referred to medunit@dir.nv.gov or (702) 486-9080.