



# Workers' Compensation Section

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## Instructions for Completing a D-35 Form (Request For A Rotating Physician Or Chiropractor)

### Introductory Matters

#### Purpose of a D-35 Form

- D-35 Forms are only used to request an impairment evaluation (rating) of a possible permanent partial disability (PPD)
- Do not use a D-35 Form for other types of independent medical evaluations
- 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 employee must reach maximum medical improvement (MMI) prior to being referred for a PPD evaluation
- Rating physicians/chiropractors are required to make a determination of maximum medical improvement (MMI) as part of a PPD evaluation
- If an injured employee 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/chiropractor, not the rating physician/chiropractor

#### Before A D-35 Form is Submitted

- 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/chiropractor

#### Completing a D-35 Form

- The D-35 Form is designed to be completed online on the Workers' Compensation Section website at [https://dir.nv.gov/WCS/Workers\\_Compensation\\_Forms\\_and\\_Worksheets/](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 send the PDF to WCS

## Submitting a D-35 Form

- D-35 Forms may be emailed to [medunit@dir.nv.gov](mailto:medunit@dir.nv.gov) or faxed to (702) 486-8713
- 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/chiropractor
- The submitter is always responsible to contact the rater, schedule the PPD appointment and send the rating physician/chiropractor 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, except for the field labeled Address 2. This line is reserved for building or suite numbers. This field may be left blank if this information is not applicable
- The Requestor Type varies so use the drop-down menu to identify who is sending the D-35 Form. If the requestor is an attorney, a letter of representation must be attached. If no letter is attached, the D-35 Form will be returned as an error

The screenshot shows the 'REQUESTOR INFORMATION' section of a form. It contains the following fields and values:

Request Date	10/15/1942	Requestor Type	Insurer / TPA		
First Name	Dorothy	Last Name	Gale	Phone Number	(702) 777-7777
Email	dgale@wizardofoz.com		Fax Number		
Address1	567 Cedar St.		Address 2		
City	Liberal	ST	KS	Zip	67901

Arrows in the image point to the 'Request Date' field, the 'Requestor Type' dropdown menu, and the 'Address 2' field.

## Requestor Type Options:

**Requestor Type \***

**Insurer/Third-Party Administrator**  
Injured Employee  
Injured Employee Attorney or Representative  
Other

## 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 employee 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	Employers	Claim Nbr	123456789-WC-07
Self-Insured Emp		Date of Injury	08/25/1939
Employer	Munchkinland		
Employee Name	Glinda Good	SSN	123-45-6789
		Birth Date	01/01/1900
Employee City	Spring Creek	ST	NV
		Zip	89815

## REQUEST INFORMATION

- All fields must be completed. The only exception is the Comments field which should be used to clarify or specify information such as body parts and/or diagnosis(es)
- Stable and Ratable Date Received – required when submitted by insurers/TPAs; otherwise, leave blank
- List ALL treating and consulting physicians/chiropractors; use a separate piece of paper, if necessary, and submit list with D-35 Form

- Body Part code – must list all 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
- 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

### **COMPLETE FOR PREVIOUS PPD EVALUATIONS ONLY**

- All fields must be completed if one or more previous PPD evaluations have been performed
- List date and rating physician/chiropractor name of ALL previous PPD evaluations related to the same claim
- Prior Treating Physicians/Chiropractors – may be left blank if listed in REQUEST INFORMATION. Use to list previous treating providers that may have treated injured employee prior to claim reopening, etc.

### **ASSIGNMENT/AGREEMENT OF RATER – THIS SECTION FOR WCS 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/chiropractor, phone number for scheduling PPD evaluation and a reference number when completed

## **Important Additional Information**

Nevada Administrative Code (NAC) 616C.021 includes the following limitations:

- Subsection 5
  - An ophthalmologist must rate injured employees with impaired vision only
  - A psychiatrist may rate brain, mental/behavioral health disorders according to their specialty, however, there are currently no psychiatrists on the WCS Rating Panel. WCS recommends a neurologist/neurosurgeon rate brain injuries. However, an MD/DO may be mutually agreed to
- Subsection 6: Chiropractors are limited to rating neuromusculoskeletal injuries only
- Subsection 7: A rating physician/chiropractor may not rate a disability that he/she has previously reviewed the medical records, examined, or treated

the injured employee for the injury related to his/her workers' compensation claim

Post-traumatic stress disorder (PTSD) is the only mental health disorder 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/>).

#### Legal Representation, Mutual Agreements and Court Orders

- If the D-35 Form is submitted by an attorney or attorney's office, a letter of representation **MUST** be submitted
- If the D-35 Form involves a mutual agreed rater, the name of the rater may NOT be written on the D-35 Form. Instead, the submitter **MUST** attach separate written documentation of agreement to a specific rater by both parties (payer and injured employee/legal representative). The submitter **MUST** also ensure the mutually agreed on rater complies with the requirements of NAC 616C.021. (see above)
- 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/chiropractor; this information does not need to be noted on the D-35 Form itself

## Questions

Any questions may be referred to [medunit@dir.nv.gov](mailto:medunit@dir.nv.gov) or (702) 486-9080. WCS also offers free training periodically throughout the year regarding D-35s. Stakeholders may access the training schedule and register for classes on the WCS website at <https://dir.nv.gov/WCS/home/>.