



Division of Industrial Relations **WORKERS' COMPENSATION SECTION**

DEEP DIVE INTO THE D-35

Training for Healthcare Providers, Insurers, TPAs, Attorneys and Injured Employees



Workers' Compensation Section
US Bank Building, Ste 300, 2300 W Sahara Ave, Las Vegas, NV 89102

Workers' Compensation Section **MISSION STATEMENT**

Impartially serve the interests of Nevada employers and employees by providing assistance, information, and a fair and consistent regulatory structure focused on:

- Ensuring the timely and accurate delivery of workers' compensation benefits
- Ensuring employer compliance with the mandatory coverage provisions



Please submit questions in the chat box, and the Workers' Compensation Section (WCS) will answer them there.

You can also email your questions to:

WCSHelp@dir.nv.gov



Request For Assignment of Rating Physician Or Chiropractic Physician

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

REQUEST INFORMATION - If court ordered, decision MUST be attached

Stable and Ratable Date Received
Treating/Evaluating Physician(s)/
Chiropractic Physician(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...."/>
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<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

Prior Rating Physician(s)/Chiropractic
Physician(s)
Prior Treating Physician(s)/Chiropractic
Physician(s)
Reason for Additional PPD Request

COMPLETE FOR MUTUAL AGREEMENT ONLY

PPD Rating Physician/Chiropractic Physician: Last Name First Name License
Injured Employee/Representative: Insurer/TPA Representative:

THIS SECTION FOR WCS STAFF USE ONLY

Physician/Chiropractic Physician(s)
Assigned Physician/Chiropractic
Physician(s) Phone
Assigned by Date Assigned

D-35 (Rev 10/24)

In this training, you will learn:

- What a D-35 Form is
- The parts of a D-35 Form
- Your responsibilities
- Errors which can cause delays
- The D-35 process

What is a D-35 Form?



The D-35 is the Request for Assignment of a Rating Physician or Chiropractic Physician.

Per NRS 616C.145(5), the D-35 Form should be submitted when requesting a rater assignment to perform an Independent Medical Examination (IME) for the purpose of determining if there is a ratable impairment or a dispute to a previous rating.

The Injured Employee (IE) must be stable and ratable. The treating physician must have documented that the IE has reached Maximum Medical Improvement (MMI).

Ratings may be assigned at random, through mutual agreement, or by court order.

Parts of the D-35 Form

- 1
- 2
- 3
- 4
- 5
- 6



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Assigned by Date Assigned

Requestor Information



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Address City ST Zip

- Request Date MUST be the current date the D-35 Form is submitted to the WCS.
- All boxes need to be completed.
- The Requestor Type will vary depending on who is requesting the Permanent Partial Disability (PPD) evaluation.

Claim Information



CLAIM INFORMATION			
Insurer or TPA	<input type="text"/>	Claim Nbr	<input type="text"/>
Self-Insured Emp	<input type="text"/>	Date of Injury	<input type="text"/>
Employer	<input type="text"/>		
Employee Name	<input type="text"/>		
Employee City	<input type="text"/>	ST	<input type="text"/>
		Zip	<input type="text"/>
			<input type="text"/>

- All boxes need to be completed except the Self-Insured Emp box. If the employer is not self-insured, it will be left blank. If the employer is self-insured, type the name of the employer.
- SSN might be blank if the Injured Employee (IE) is undocumented. If the IE is undocumented, the Claims and Regulatory Data System (CARDS) will issue a UD number for the IE that can be listed in the comments line. Make sure the complete SSN is listed in the box if not undocumented.

Request Information



REQUEST INFORMATION - If court ordered, decision MUST be attached	
Stable and Ratable Date Received	<input type="text"/>
Treating/Evaluating Physician(s)/ Chiropractic Physician(s)	<input type="text"/>
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...."/>
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<input type="text" value="Choose....."/>	<input type="text" value="Choose...."/>
<input type="text" value="Choose....."/>	<input type="text" value="Choose...."/>
Diagnosis(es)	<input type="text"/>
Comments	<input type="text"/>

- ALL boxes must be completed with two exceptions. The Stable and Ratable Date Received may be left blank if the requestor type is the IE or the IE's legal representative. The Comments section also may be left blank if there is no additional information needed.
- Stable and Ratable Date Received must be after the Date of Injury.

Request Information



REQUEST INFORMATION - If court ordered, decision MUST be attached

Stable and Ratable Date Received

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<input type="text" value="Choose....."/>	<input type="text" value="Choose...."/>

Diagnosis(es)

Comments

Treating/Evaluating Physician(s)/Chiropractic Physician(s) must be completed. All treating physician(s) should be listed by name, including degree (DC, DO, or MD).

All body parts to be rated MUST have a proper diagnosis. Make sure the diagnosis is not a procedure; the diagnosis is used to assign raters qualified to rate specific injuries. There is a quick link to the Current Rating Panel Eligibility List on the WCS Medical Providers webpage: https://dir.nv.gov/WCS/Medical_Providers/.

Request Information



REQUEST INFORMATION - If court ordered, decision MUST be attached

Stable and Ratable Date Received

Treating/Evaluating Physician(s)/
Chiropractic Physician(s)

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<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

- Use most specific body part code(s) possible.
- For example:
 - knee instead of lower extremity
 - skull and/or brain instead of multiple head injury
 - elbow instead of upper extremity

Complete for Previous PPD Evaluation Only



COMPLETE FOR PREVIOUS PPD EVALUATIONS ONLY

Prior Rating Physician(s)/Chiropractic Physician(s)

Prior Treating Physician(s)/Chiropractic Physician(s)

Reason for Additional PPD Request

- Any previous PPDs that have been completed for the SAME claim need to be listed in this section.
- If this is not the first PPD for the claim, the box Reason for Additional PPD Request should be complete.
- If no previous PPDs have been completed, this section should be left blank.

Complete for Mutual Agreement Only



COMPLETE FOR MUTUAL AGREEMENT ONLY

PPD Rating Physician/Chiropractic Physician: Last Name First Name License Choose

Injured Employee/Representative: Insurer/TPA Representative:

- 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 Employee/Representative AND Insurer/TPA Representative MUST be typed and MUST be the people mutually agreeing to the rater, for example Stan Still/Justin Case Law AND Robin Banks/Zurwick.
- Leave blank if PPD request is per random assignment or court order.

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Assignment/ Agreement of Rater



THIS SECTION FOR WCS STAFF USE ONLY

Physician/Chiropractic Physician(s) Assigned	<input type="text"/>	Physician/Chiropractic Physician(s) Phone	<input type="text"/>
Assigned by	<input type="text"/>	Date Assigned	<input type="text"/>

- This section will be completed by WCS staff ONLY.
- Once the D-35 Form has been verified and the information is complete and accurate, a rater shall be assigned.
- Some D-35 Form requests have a mutual agreement. If there is a mutual agreement, the mutual agreement section will need to be completed and accurate, including the License.
- If there is no agreement, the rater will be assigned randomly.

SUBMITTER'S RESPONSIBILITIES

1. Within 30 days of receiving the stable and ratable date, the insurer must schedule an appointment with a rating physician or chiropractic physician per NRS 616C.490.
2. Ensure the claim is indexed in CARDS (by the insurer or Third-Party Administrator) prior to submission.
3. Complete the D -35 Form accurately.
4. Submit the D-35 Form timely.
5. Mutual agreements must be submitted prior to requesting a rater by random assignment. Please refer to Frequently Asked Questions (FAQs) 41. There is a quick link to the FAQs on the WCS homepage under What's Hot! on the right.

SUBMITTER'S RESPONSIBILITIES

6. Always send a copy of the completed D-35 Form to the rater with medical records. Include all previous PPD reports.
7. Court Orders – provide a copy of the actual court order
8. Mutual Agreements – parties must agree to qualified rater (NAC 616C.021)
9. Chiropractors can now rate any injuries if they passed the Nevada Impairment Rating Skills Assessment Test (NIRSAT) and completed the Nevada Impairment Rating of Stress Disorders Seminar.
10. Use only raters designated on the WCS Rating Panel to rate Post-Traumatic Stress Disorder (PTSD).

WCS RESPONSIBILITIES



- Review D -35 Form for completeness and accuracy
- Complete Error Notification (when necessary) and return with the D - 35 Form to sender
- Enter the information into CARDS
- Assign appropriate rater – random, mutual agreement, or court order
- Return completed D -35 Form to sender and rater



Errors

Disrupt & Delay

COMMON ERRORS IN THE D-35 PROCESS

COMMON ERRORS

- Not submitting or late submission of the D -35 Form to the WCS. All PPD evaluations require that the D -35 Form is sent to the WCS before the PPD evaluation.
- Insurers or TPAs failing to index the claim timely
- Inaccurate Request Date – must update with resubmission
- Incomplete information (SSN, missing previous PPDs or raters, etc.)

COMMON ERRORS

- Diagnosis(es) does not match body parts. List diagnosis(es) for each body part to be rated.
- Failure to send the D - 35 Form and medical records to the rater at least 3 days prior to the rating
- Ineligible mental health disorder(s)
- Listing ICD -10 codes
- Inaccurate body part code(s)
- Listing physicians as "Dr. Smith" (There is more than one rater with the same last name.)

COMMON ERRORS

- Submitter completing Assignment/Agreement of Rater section
- Missing documentation of mutual agreement
- Inappropriate mutual agreements
 - Rater must be on the WCS Rating Panel
 - Request must be in compliance with NAC 616C.021

REMEMBER:



- Review the D -35 Form prior to sending to the WCS
- Insurer/TPAs, ensure the claim is already indexed, note TK# when appropriate
- Monitor email for Error Notifications
- Do not submit duplicate D -35 Forms



THE D-35 PROCESS

THE D-35 PROCESS



Step 1

Once the treating physician declares the injured employee is at **Maximum Medical Improvement (MMI)** declaring the injured employee stable and ratable, complete a D-35 Form and submit via email to the WCS Medical Unit within 30 days.

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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

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Diagnosis(es)

Comments

COMPLETE FOR PREVIOUS PPD EVALUATIONS ONLY

Prior Rating Physician(s)/Chiropractic Physician(s)
Prior Treating Physician(s)/Chiropractic Physician(s)
Reason for Additional PPD Request

COMPLETE FOR MUTUAL AGREEMENT ONLY

PPD Rating Physician/Chiropractic Physician: Last Name First Name License
Injured Employee/Representative: Insurer/TPA Representative:

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Assigned by Date Assigned

D-35 (Rev 10/24)

NRS616C.490

THE D-35 PROCESS



NRS 616C.490 Permanent partial disability: Compensation; selection of and evaluation by rating physician or chiropractic physician; required commencement of installment payments for portion of award not in dispute; Administrator to publish annual report of rating physicians and chiropractic physicians selected to conduct evaluations to determine disabilities.

1. Except as otherwise provided in [NRS 616C.175](#), every employee, in the employ of an employer within the provisions of [chapters 616A to 616D](#), inclusive, of NRS, who is injured by an accident arising out of and in the course of employment is entitled to receive the compensation provided for permanent partial disability. As used in this section, "disability" and "impairment of the whole person" are equivalent terms.

2. Except as otherwise provided in subsection 3:
 (a) Within 30 days after receiving from a physician or chiropractic physician a report indicating that the injured employee may have suffered a permanent disability and is stable and ratable, the insurer shall schedule an appointment with the rating physician or chiropractic physician selected pursuant to this subsection to determine the extent of the employee's disability.

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 Assigned by Date Assigned

D-35 (Rev 10/24)

THE D-35 PROCESS



Step 2

The WCS reviews the information on the D-35 Form. If errors are found, the D-35 Form is sent back to the originator.

If there are no errors, the WCS enters the information into CARDS, creating a ticket.

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Diagnosis(es)

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D-35 (Rev 10/24)

THE D-35 PROCESS



Step 3

If the D-35 Form has no errors, a rater is randomly assigned from the WCS Rating Panel of Physicians and Chiropractic Physicians. The WCS will email the completed D-35 Form back to the requestor and copy the assigned rater. This is the official notification to the requestor and the assigned rater.

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D-35 (Rev 10/24)

THE D-35 PROCESS



Step 4

The assigned rater will be notified via email and will have 2 days to decline the rating assignment.

If the rater declines, a new rater will be assigned per chosen method.

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Assigned by Date Assigned

D-35 (Rev 10/24)

THE D-35 PROCESS



Step 5

If the assigned rater does not respond within 2 days of notification, the assignment is deemed accepted.

The rater needs to schedule the PPD evaluation as soon as possible, keeping in mind the 30-day timeframe from MMI.

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D-35 (Rev 10/24)

WCS WEBSITE

<https://dir.nv.gov/WCS/Home/>



MEDICAL PROVIDERS

[Medical Providers Info Page](#)
[WCS Treating Panel of Physicians and Chiropractors](#)
[Current Rating Panel Eligibility List](#)
[2024 Medical Fee Schedule-eff 2/1/24](#)
[2023 Medical Fee Schedule-eff 2/1/23](#)
[D-35 Instructions-eff 12/24](#)
[D-35 Form-eff 10/24](#)
[Insurers' Treating Provider Lists](#)
[Medical Bill Appeal Form – eff 4/11/24](#)

INJURED WORKERS

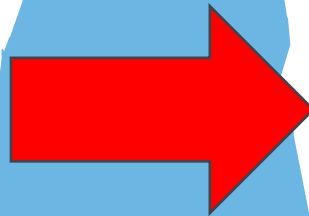
[Injured Worker Info Page](#)
[Complaint Form - eff 6/24/24](#)
[Appeal Rights](#)
[Claim Reopening](#)
[Nevada Attorney for Injured Workers](#)
[Benefit Penalties Search](#)

INSURERS / TPAs

[Insurers Info Page](#)
[Insurer & TPA Reporting](#)
[COLA Info - PTD and Survivors Benefits \(Death\) Claims](#)
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THANK YOU



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