



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

## **DEEP DIVE INTO D-35**

Including changes in CARDS 2025

**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

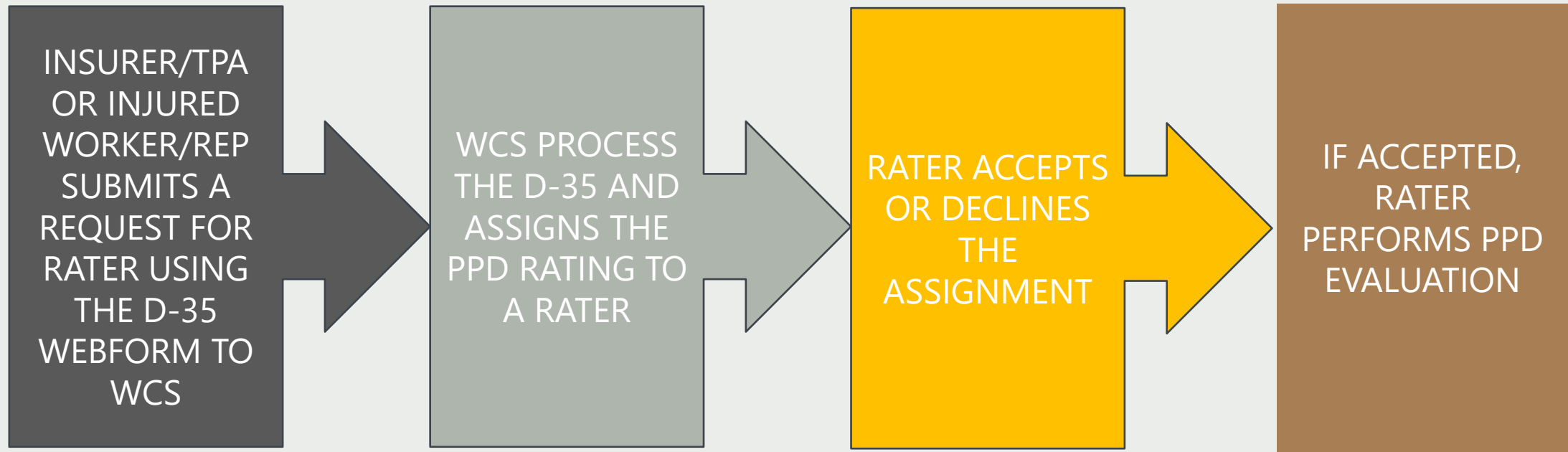


**Please submit questions in the chat box, and the Workers' Compensation Section (WCS) will answer them there.**

You can also email your questions to:

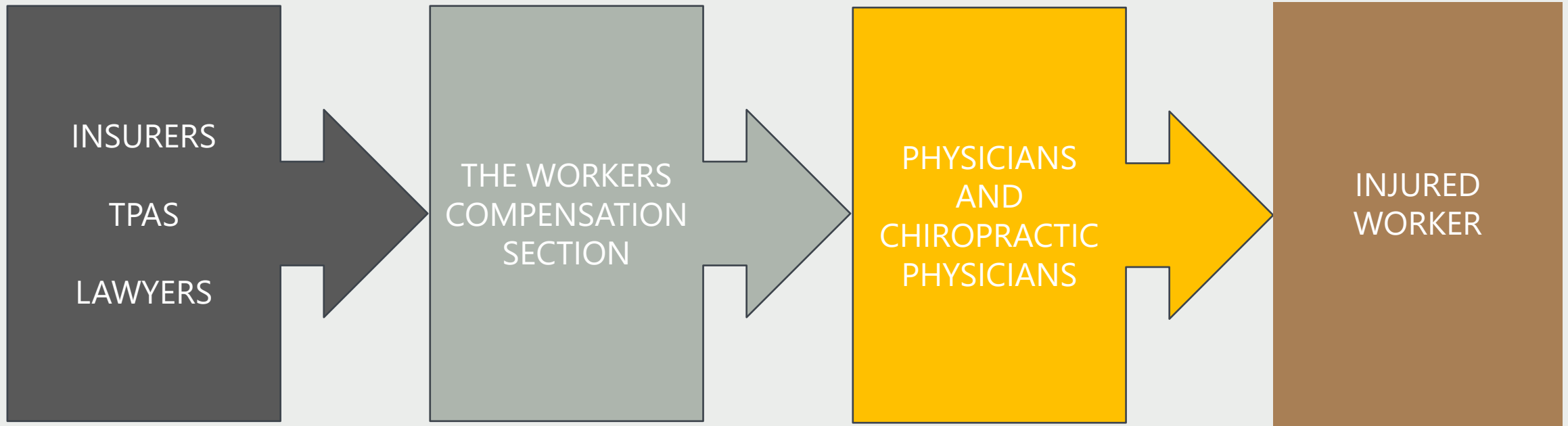
**[WCSHelp@dir.nv.gov](mailto:WCSHelp@dir.nv.gov)**

# QUICK OVERVIEW OF THE D-35 PROCESS



The claim needs to be "Indexed" first in our CARDS system before a Request for a Rater is processed by WCS.

# PLAYERS IN THE D-35 PROCESS



Understand your role and the role of the other parties in the D-35 process.

# Recent changes



1. With our new enhanced system, all D-35s are processed through CARDS ONLY.
2. Insurers/TPAs can submit requests for rating through CARDS.
3. Lawyers can also submit requests for rating through CARDS.
4. Raters can now accept and decline rating requests online.

**CARDS**  
Claims and Regulatory Data System

First step: Make sure you are registered in our CARDS system!

# What is CARDS?

CARDS, which stands for "Claims and Regulatory Data System", is a data collection system for the State of Nevada Workers' Compensation Section.

For external users in the application, the main function has previously been for indexing claims, running reports, and maintain Insurer and TPA contact information up to date.

With the enhancements to the application, the features will extend to other functionality including, but not limited to; submitting webforms, increased reporting capabilities, processing payments, and improvements to the auditing process.



**CARDS**  
Claims and Regulatory Data System



# CARDS USER TYPES

## EXTERNAL USER TYPES IN THE CARDS APPLICATION

**Insurers:** Already included as users in the CARDS application. Insurer users will be associated with at least one Insurer entity and have may have a relationship to TPAs.

**Third Party Administrators (TPAs):** Already included as users in the CARDS application. TPA users will be associated to their TPA entity and can be granted permissions to perform actions on behalf of an Insurer.

**Attorneys:** New user type in the CARDS system. Attorneys are associated with a Law Firm entity, submitting forms on behalf of injured workers.

**Clinical Practitioners:** New user type in the CARDS system. Their entity will be the Clinical Practitioner Profile, they will be set up as admins and can have a few additional authenticated users on their account. Clinical practitioners will primarily use CARDS to submit evaluation forms for injured workers.

# 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.



# FILING A D-35 WEBFORM

# FILING A D-35

FILING A D-35 REQUEST FOR AUTHENTICATED USERS

# WEBFORM



# INSURERS/TPAS' HOMEPAGE

## EXTERNAL USER TYPES IN THE CARDS APPLICATION

**CARDS**  
Claims and Regulatory Data System

Hello, Tyler Thomas! [Log Out](#)

[Home](#) [Find a Treating Provider](#) [Benefit Penalties Search](#) [Make a Payment](#) [My Account](#)

### My Dashboard

For Insurer instructions related to maintaining Treating Provider lists please visit: <https://dir.nv.gov/uploadedFiles/dirnvgov/content/WCS/MedicalDocs/Instructions-Provider-List.pdf>.

**IMPORTANT: CLICK HERE TO PAY INVOICES DUE. FAILURE TO PAY BY THE DEADLINE CAN RESULT IN FINES OR PENALTIES AND REFERRAL TO COLLECTIONS.**

Entity Selection

The Greatest Insurer

#### The Greatest Insurer

**FEIN**  
674984698

**NV Certificate of Authority Number**  
876846523423

**NCCI Carrier Code**  
324243

**NAIC Number**  
wr6735673

**Date Certified**  
03/01/2025

**Worker Comp Status**  
Active

**Worker Comp Status Date**  
01/04/2016

#### Associated TPAs

Name	FEIN	Effective Date	Expire Date
AIG CLAIMS INC	132925174	4/17/2025	
AMTRUST NORTH AMERICA	341965476	4/11/2025	4/1/2025
BROADSPIRE SERVICES, INC.	363917295	3/1/2025	
My Great TPA	846846846	3/1/2025	
RISK ADMINISTRATION SERVICES INC	460407236	4/17/2025	

Showing (1-5) of 5

Items per page 10


Insurer and TPA's Forms and Tools may have different look depending on the type of Access they have.

#### Forms and Tools

- D-38: Create Claim
- D-38: Update Claim
- Claims History Form
- Occupational Disease Forms
- Claims Expenditure and Premium Data
- D-37: New Request
- D-35: New Form PPD Rating Request
- Edit Treating Provider Lists
- Treating Provider List Update Webform
- Reports
- Online Complaint

# LAWYERS' HOMEPAGE

## EXTERNAL USER TYPES IN THE CARDS APPLICATION

Hello, LP Test! [Log Out](#)

[Home](#) [Find a Treating Provider](#) [Benefit Penalties Search](#) [Make a Payment](#) [My Account](#)

### My Dashboard

For Insurer instructions related to maintaining Treating Provider lists please visit: <https://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/MedicalDocs/Instructions-Provider-List.pdf>.

Entity Selection  
Luis Franks

#### Luis Franks

123 Tester lane  
Las Vegas, Nevada 89131


**Primary Phone Number**  
7861687676

**Filing History** PPD Rating Request Tab

Ticket #	Submission Type	Status	Insurer/TPA	Filing Date	
TK-0720-395	MED - D-35 Submission	Pending	Luis Franks	5/5/2025 5:13 PM	
TK-0720-391	MED - D-35 Submission	Pending	Luis Franks	5/5/2025 5:13 PM	
TK-0720-203	MED - D-35 Submission	Accepted	Luis Franks	4/22/2025 3:35 PM	
TK-0720-039	SIU - D-37 Submission	Accepted	Luis Franks	4/4/2025 3:35 PM	
TK-0720-043	SIU - D-37 Submission	Accepted	Luis Franks	4/4/2025 9:44 AM	LP Test
TK-0720-003	MED - D-35 Submission	Accepted	Luis Franks	3/27/2025 4:53 PM	LP Test
TK-0719-983	MED - D-35 Submission	Accepted	Luis Franks	3/26/2025 5:22 PM	LP Test
TK-0719-978	MED - D-35 Submission	Accepted	Luis Franks	3/26/2025 1:56 PM	LP Test

Forms and Tools

- Law Firm Information Webform
- D-35 PPD Rating Request
- D-37: New Request
- Reports
- User Access
- Online Complaint



# FILING A D-35 WEBFORM

## PART 1 : CLAIM SEARCH

**CARDS**  
Claims and Regulatory Data System

Hello, LP Test! [Log Out](#)

[Home](#) [Find a Treating Provider](#) [Benefit Penalties Search](#) [Make a Payment](#) [My Account](#)

### D-35 Webform

1 Claim Search      2 D-35 Information      3 Court Ordered Document Upload

#### D-35 PPD - Claim Search

Claim Number \*  
Claim Number

Date Of Injury \*  
(mm/dd/yyyy)

Date Of Birth \*  
(mm/dd/yyyy)

[Clear](#) [Search](#) [Next](#)

[Home](#) | [Contact Us](#) | [Privacy Policy](#) | [Terms and Conditions](#)  
Copyright © 2025 State of Nevada - All Rights Reserved

The screenshot shows the 'D-35 PPD - Claim Search' section of the webform. A red circle highlights the '1 Claim Search' step indicator. Red arrows point to the 'Claim Number \*' field, the 'Date Of Injury \*' field, the 'Date Of Birth \*' field, and the 'Search' button. A yellow box on the right contains the text 'Fill out the information needed then hit Search.' The 'Next' button is visible at the bottom right of the form area.

# FILING A D-35 WEBFORM

## FILING A D-35 REQUEST FOR AUTHENTICATED USERS

### D-35 Webform

1 Claim Search

2 D-35 Information

3 Court Ordered Document Upload

#### D-35 PPD - Claim Search

Claim Number \*

4 [REDACTED] QG0QH0001

Date Of Injury \*

10/23/2023

(mm/dd/yyyy)

Date Of Birth \*

[REDACTED] 999

(mm/dd/yyyy)

Clear

Search

Success! Please select Next to initiate the D-35 PPD Rating Request on the claim listed below.

#### Search Results

Claim Number	Date of Injury	Date of Birth	Injured Employee First Name	Injured Employee Last Name	Date Last Updated	
> 4 [REDACTED] QG0QH0001	10/23/2023	[REDACTED] 999	[REDACTED]	[REDACTED]	11/30/2023	

Showing (1-1) of 1

Items per page 10



Next

Once you found the claim, hit Next.



# FILING A D-35 WEBFORM


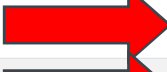


## PART 2 : D-35 INFORMATION – BODY PARTS

The body parts that can be selected on the webform must come from an approved claim and must be accepted on the claim. Select the body part and add the diagnosis for each body part selected.

<b>Tpa Name</b> [REDACTED] CLAIMS MANAGEMENT SERVICES INC	<b>Date Of Injury</b> 10/23/2023
<b>Employee Name</b> [REDACTED]	<b>Date Of Birth</b> [REDACTED] 1999
<b>Employee City *</b> [REDACTED]	<b>State/Province *</b> <span>▼</span> <b>Zip *</b> Zip

**Request Information**

**Stable And Ratable Date Received \*** 📅 **Current and Prior Treating/Evaluating Physician(s)/Chiropractic Ph...** ▼  
(mm/dd/yyyy)

Body Part Code	Name	Injured Side	Diagnosis
0035	Hand	L	 <input type="button" value="Add"/>
0054	Lower Leg	L	 <input type="button" value="Add"/>
0046	Pelvis	L	 <input type="button" value="Add"/>
0042	Lower Back		 <input type="button" value="Add"/>

**Selected Body Parts**

None

Comments

Comments

# FILING A D-35 WEBFORM

## PART 2 : D-35 INFORMATION – COURT ORDERED

If the PPD rating request has been court ordered, it must be indicated on the D-35. In part 3 of the form, the user will be able to submit any documentation pertaining to the court order. In the case of a court ordered request, you will have the ability to select a rating physician from the available raters if they had been selected from the court order.

PPD Rating Physician/Chiropractic

Court Ordered?

Mutual Agreement?

Previous PPD Evaluation?

Back

Next

Save

Cancel

# FILING A D-35 WEBFORM

## PART 2 : D-35 INFORMATION – COURT ORDERED DOCUMENT UPLOAD

If the requestor has indicated that the PPD request is court ordered, they must upload all relevant documentation before submitting the D-35 webform. For PPD requests that are not court ordered, requestors will be able to submit after Part 2.

The screenshot displays the 'D-35 Webform' interface. At the top, there are three progress steps: 'Claim Search', 'D-35 Information', and 'Court Ordered Document Upload', with the third step being the active one. Below the progress bar, the section is titled 'Court Ordered D-35 PPD Rating Request' with a sub-header 'PPD Rating Request for Claim ADSAD123123'. A red circle highlights a '+ Upload Document' button. An 'Add Document' modal is open, showing a file named 'test document upload.txt (20 B)' with a 'Remove' icon. Below the file, the 'Document Type' is set to 'MED - Court Ordered Document' and there is a text field for 'Description of court ordered document upload'. At the bottom of the modal are 'Proceed' and 'Close' buttons.

# FILING A D-35 WEBFORM

## PART 2 : D-35 INFORMATION – MUTUAL AGREEMENT

If a user has a mutual agreement with a rating physician that is willing to conduct the PPD rating requested, they can select the middle check box at the bottom of the form and fill out the information about the agreement. The rating physician must be selected in the case of a Mutual agreement, and additional fields will populate based on the selection.

PPD Rating Physician/Chiropractic \*

Court Ordered?

Mutual Agreement?

Previous PPD Evaluation?

### Mutual Agreement

Injured Employee/Representative \*  
Injured Employee/Representative

Insurer/TPA Representative \*  
Insurer/TPA Representative

I have confirmed with the Rating Practitioner listed above that they are willing and able to perform the rating requested on this form.

Back

Submit

Save

Cancel

# FILING A D-35 WEBFORM

## PART 2 : D-35 INFORMATION – PREVIOUS PPD EVALUATION

If this is not the first PPD evaluation process that has been initiated on the selected claim, the name of the rating physician and the reason for a new request must be provided. A rater can not be assigned to a request if they had conducted a previous PPD rating, unless the rating is related to a body part that has not previously been rated.

Court Ordered?       Mutual Agreement?       Previous PPD Evaluation?

**Previous PPD Evaluations**

PPD Rating Physician/Chiropractic Physician \*  
test, test

Reason for Additional PPD Request \*  
Rate body parts previously not rated

--

Rate body parts previously not rated ✓

Requesting a second determination of the percentage of disability pursuant to NRS 616C.100 or 616C.145

Submit Save Cancel

# FILING A D-35 WEBFORM

## FILING A D-35 REQUEST FOR AUTHENTICATED USERS

After all the required fields have been filled in, users can submit the webform. After pressing the submit button, a modal will pop up to confirm the submission. After pressing submit in the modal, users will be taken back to the dashboard and shown a success message. The submission can be viewed on the Filing History tab.

0046	Lower Leg	L
0042	Pelvis	L
0042	Lower Back	

**Selected Body Parts**

Body Part Code	Name	Injured Side	Diagnosis	
0035	Hand	L	Strain	<a href="#">Remove</a>
0054	Lower Leg	L	Strain	<a href="#">Remove</a>
0046	Pelvis	L	Strain	<a href="#">Remove</a>
0042	Lower Back		Strain	<a href="#">Remove</a>

Comments  
Lets do it

PPD Rating Physician/Chiropractic \*  
[Redacted]

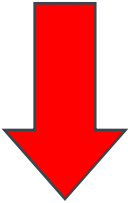
Court Ordered?       Mutual Agreement?       Previous PPD Evaluation?

**Mutual Agreement**

Injured Employee/Representative \*      Insurer/TPA Representative \*  
Attorney At Law      Third Party Administrating

I have confirmed with the Rating Practitioner listed above that they are willing and able to perform the rating requested on this form.

[Back](#) [Submit](#) [Save](#) [Cancel](#)



# FILING A D-35 WEBFORM

## CORRECTING THE D-35 WEBFORM

If the Med Unit finds any errors in a D-35 submission, they can send the webform back to the requestor for corrections. If your D-35 submission needs corrections, you will receive an email notification with instructions when it needs to be updated. Note: This may mean that there is information that you need to go back and update on the original claim (D-38) form as well.

Filing History		PPD Rating Request Tab		
Ticket #	Submission Type	Status	Insurer/TPA	Filing Date
	RAU - Law Firm Information Form	Draft	Luis Franks	3/26/2025 1:46 PM
	RAU - Law Firm Information Form	Draft	Luis Franks	3/26/2025 1:44 PM
TK-0719-974	MED - D-35 Submission	Accepted	Luis Franks	3/26/2025 11:00 AM
TK-0719-962	MED - D-35 Submission	Corrections Required	Luis Franks	3/25/2025 2:11 PM


The webforms that require corrections can be found in the Filing History tab and will show the “Corrections Required” status. The form can be opened from the link in the Submission Type column to correct any necessary information.


# FILING A D-35 WEBFORM

## D-35 CORRECTIONS REQUIRED EMAIL NOTIFICATION

The correction notification email will include a link for you navigate into CARDS to view the corrections needed to the D-35 webform.

PPD Rating Process Webform Requires Corrections


 no-reply@nv.gov 👤 📧 📅 ⋮

To: 

Thu 5/8/2025 5:37 PM

**Attention:** This email originated from outside of CapTech. Please take care when clicking links or opening attachments.

Hello, Insurer Test

You are receiving this email to notify you that corrections are needed to the D-35 webform (Request for Assignment of Rating Physician or Chiropractic Physician) you submitted for , Claim Number .

Use this link [CARDS](#) and navigate to the Filing History table to make corrections to the webform. If you need assistance accessing the webform, please reach out to [CARDS@dir.nv.gov](mailto:CARDS@dir.nv.gov).

Thank you, Workers' Compensation Section - Medical Unit  
[MedUnit@dir.nv.gov](mailto:MedUnit@dir.nv.gov)

👤 Reply ➡ Forward

# FILING A D-35 WEBFORM

## ACCEPTED D-35 WEBFORM

Once the webform has been accepted by the internal Med Unit, the status of the webform will update to "Accepted" and the generated PPD Rating Request will populate in the PPD Rating Tab. At this point, the rating physician has been assigned.

Claim Submissions		Filing History		PPD Rating Request Tab			
Filters							Reset
Column	Value	Ticket #					
		Apply	TK-0720-407				
Ticket #	Submission Type	Status	Insurer/TPA	Filing Date	Filed By		
TK-0720-407	MED - D-35 Submission	Accepted	Boulevard Insurance	5/6/2025 5:33 PM	Insurer Account		

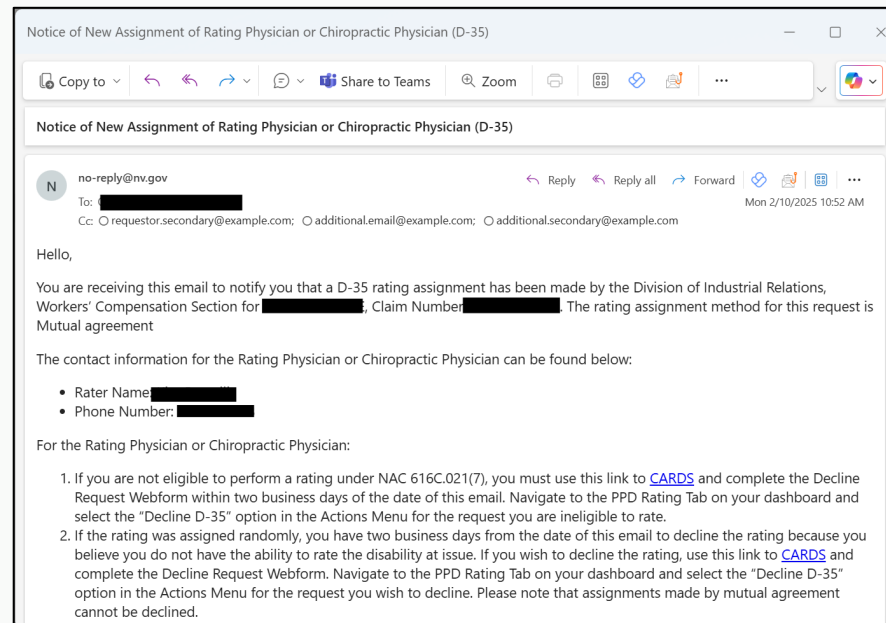
Claim Submissions		Filing History		PPD Rating Request Tab			
Filters							Reset
RA Number	Claim Number	Status	Submitted Date	Submitted By	SSN (Last 4)	Date of Injury	
RA-0044-851	8675309	Pending	5/6/2025 5:33 PM	insurer@training.com	0000	1/1/2024	

# RATING ASSIGNMENT



# RATING ASSIGNMENT

When an assignment has occurred on the request, the submitter of the form and the assigned physician will be notified via email of the assignment. The contact information of the physician will be provided in the email. The email will include a PDF version of the submitted data from CARDS in the template shown below.

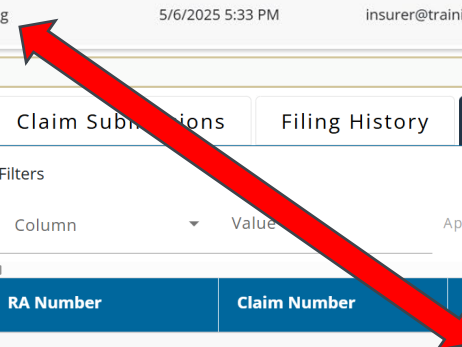


# PPD RATING REQUEST STATUS

When an assignment has occurred on the request, request will remain in the "Pending" status until the physician chooses to either decline a request, mark themselves as ineligible to perform the request, or two days have elapsed since the assignment. Once the two days have elapsed, the request will be accepted, and the rating appointment can be completed

RA Number	Claim Number	Status	Submitted Date	Submitted By	SSN (Last 4)	Date of Injury
RA-0044-851	8675309	Pending	5/6/2025 5:33 PM	insurer@training.com	0000	1/1/2024

RA Number	Claim Number	Status	Submitted Date	Submitted By	SSN (Last 4)	Date of Injury
RA-0044-848	ADSAD123123	Accepted	5/6/2025 4:02 PM	tpa@training.com	3012	1/7/2025



# CLINICAL PRACTITIONER HOMEPAGE

## EXTERNAL USER TYPES IN THE CARDS APPLICATION

**CARDS**  
Claims and Regulatory Data System

Hello, CP Test! [Log Out](#)

[Home](#) [Find a Treating Provider](#) [Benefit Penalties Search](#) [Make a Payment](#) [My Account](#)

### My Dashboard

For Insurer instructions related to maintaining Treating Provider lists please visit: <https://dir.nv.gov/uploadedFiles/dirnvgov/content/WCS/MedicalDocs/>

Entity Selection  
Curtis Peirce

**Curtis Peirce**  
123 Test Lane  
123 Test Lane  
Las Vegas, Nevada 89557

**License Type**  
MD - medical doctor

**License Number**  
23423

**Specialty**  
Cardiology

**Rating Panel**  
Yes

**Geographic Area**  
South

**Forms and Tools**

- Reports
- Clinical Practitioner Information Webform
- User Access
- Online Complaint

**Filing History** **PPD Rating Requests**

RA Number	Claim Number	Status	Assigned	Due Date	Injured Employee Name	
RA-0044-776	201804592	New Request			Applegate	3/7/2018
RA-0044-812	AR2ABP	New Request			WOld	12/31/2024
RA-0044-813	AR2ABP	New Request			WOld	12/31/2024
RA-0044-773	201804592	New Request	3/26/2025	3/28/2025	Applegate	3/7/2018
RA-0044-774	201804592	New Request	3/26/2025	3/28/2025	Applegate	3/7/2018

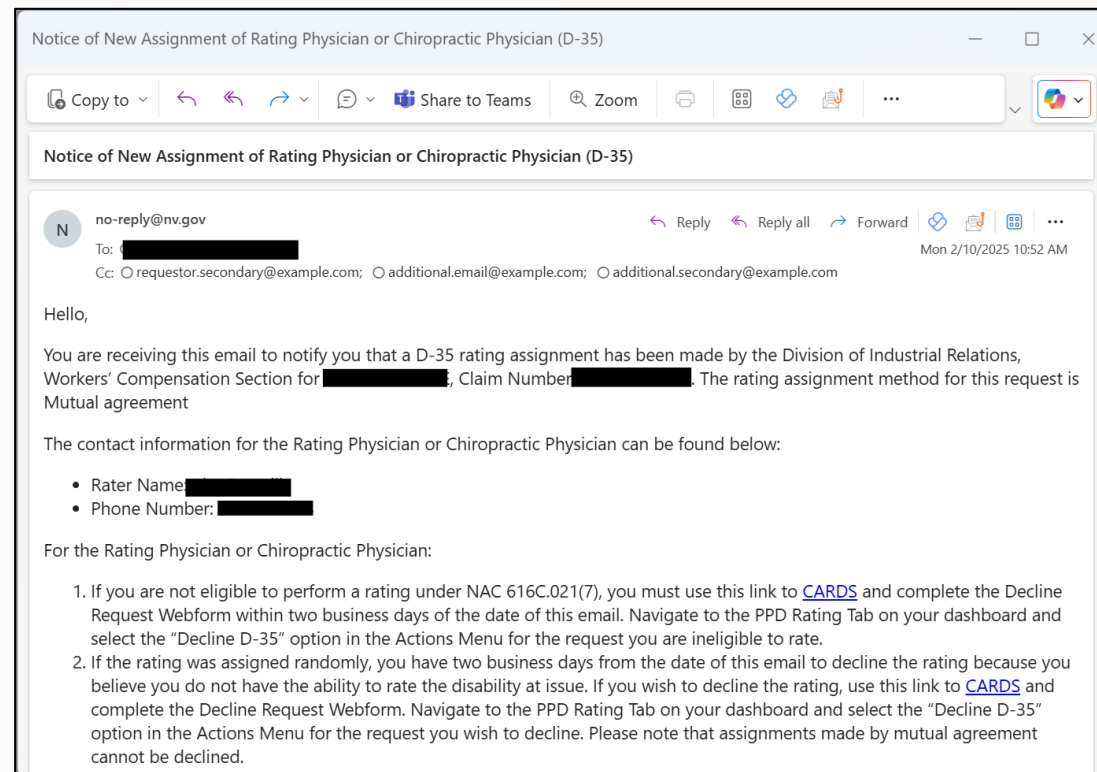
The look of your dashboard will depend on the kind of access you were given.



# VIEWING THE D-35 AS A CLINICAL PRACTITIONER


## ACCESSING THE WEBFORM

As a clinical practitioner, you will be able to view a read-only version of the D-35 for rating requests that have been assigned to you. Once you have been assigned a PPD request, you will receive an email notification that you have a new request.



# VIEWING THE D-35 AS A CLINICAL PRACTITIONER

## ACCESSING THE WEBFORM



**CARDS**  
Claims and Regulatory Data System

Hello, CP Test! [Log Out](#)

[Home](#) [Find a Treating Provider](#) [Benefit Penalties Search](#) [Make a Payment](#) [My Account](#)

### My Dashboard

For Insurer instructions related to maintaining Treating Provider lists please visit: <https://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/MedicalDocs/Instructions-Provider-List.pdf>.

Entity Selection  
Curtis Peirce

**Curtis Peirce**

123 Test Lane  
123 Test Lane  
Las Vegas, Nevada 89557

**License Type**  
MD - medical doctor

**Specialty**  
Cardiology

**License Number**  
23423

**Rating Panel**  
Yes

**Geographic Area**  
South

[Forms and Tools](#)

### Watchout for New Requests

Filing History **PPD Rating Requests**

RA Number	Claim Number	Status	Assigned	Due Date	Injured Employee Last Name	Date of Injury	
RA-0044-776	201804592	New Request			Applegate	3/7/2018	⋮
RA-0044-812	AR2ABP	New Request			WOld		⋮
RA-0044-813	AR2ABP	New Request			WOld	12/7/2024	⋮
RA-0044-773	201804592	New Request	3/26/2025	3/28/2025	Applegate	3/7/2018	⋮
RA-0044-774	201804592	New Request	3/26/2025	3/28/2025	Applegate	3/7/2018	⋮
RA-0044-772	201804592	New Request	4/4/2025	4/6/2025	Applegate	3/7/2018	⋮
RA-0044-802	TWODAYTEST2250407	Awaiting Final Rating	4/5/2025	5/20/2025	Test	3/6/2025	⋮

[Decline/Mark As Ineligible](#)

[View PPD](#)

# VIEWING THE D-35 AS A CLINICAL PRACTITIONER

## ACCESSING THE WEBFORM

**CARDS**  
Claims and Regulatory Data System

Home Find a Treating Provider Benefit Penalties Search Make a Payment My Account

### My Dashboard

For Insurer instructions related to maintaining Treating Provider lists please visit: <https://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/MedicalDocs/Instructions-Provider-List.pdf>.

Entity Selection  
Curtis Peirce

**Curtis Peirce**  
123 Test Lane  
123 Test Lane  
Las Vegas, Nevada 89557

License Type  
MD - medical doctor

Specialty  
Cardiology

Forms and Tools

Filing History **PPD Rating Requests**

RA Number	Claim Number	Status	Assigned	Due Date	Injured Employee Last Name	Date of Injury	
RA-0044-776	201804592	New Request			Applegate	3/7/2018	⋮
RA-0044-812	AR2ABP	New Request			Wold	12/1/2018	⋮
RA-0044-813	AR2ABP	New Request			Wold	12/1/2018	⋮
RA-0044-773	201804592	New Request	3/26/2025	3/28/2025	Applegate	3/7/2018	⋮
RA-0044-774	201804592	New Request	3/26/2025	3/28/2025	Applegate	3/7/2018	⋮
RA-0044-772	201804592	New Request	4/4/2025	4/6/2025	Applegate	3/7/2018	⋮
RA-0044-802	TWODAYTEST2250407	Awaiting Final Rating	4/5/2025	5/20/2025	Test	3/6/2025	⋮

Downloads  
D35Submission.docx  
Open file  
See more

Click on View PPD and a Word Document version of the D-35 will be generated. Review the D-35.

Decline/Mark As Ineligible  
View PPD

# D-35 WORD DOC

## ACCESSING THE WEBFORM

### Request For A 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](mailto:MedUnit@dir.nv.gov)

#### Requestor Information Section

Request Date: April 10, 2025 First Name: Isiah Last Name: Turtle  
Email: insurertest44@gmail.com Secondary Email: Phone Number: 4353453453  
Address: sfgd City: sfgd State: Alaska Zip: 243444444

#### Claim Information

Insurer: The Greatest Insurer TPA: Claim Number: AR2ABP  
Employee Name: hELLO WOLd Date of Injury: December 31, 2024 Date of Birth: January 1, 1957  
Employee City: afsvda State: Arizona Zip: 444444444

#### Request Information - If court ordered, decision MUST be attached.

Stable and Ratable Date Received: April 1, 2025

Current and Prior Treating/Evaluating Physician(s)/Chiropractic Physician(s):

Other:

Body Part Code	Name	Injured Side	Diagnosis
0014	Eye(s)		gav

Comments:

PPD Rating Physician/Chiropractor: Curtis Peirce

Court Ordered?

Mutual Agreement?

#### Mutual Agreement

Agreed By: sfdca & sdac

I have confirmed with the Rating Practitioner listed above that they are willing and able to perform the rating requested on this form

Previous PPD Evaluation?

#### Previous PPD Evaluation(s)

Prior Rating Physician(s)/Chiropractic Physician(s): Curtis Peirce

Other:

Reason for Additional PPD Request: Rate body parts previously not rated

# NAVIGATION

## RESPONDING TO A PPD RATING REQUEST

Once you have been notified that you have been requested as a rating physician or practitioner, you can view the request in the PPD Rating Table under the PPD Rating Process Tab. The PPD transaction will have a New Request Status. If you believe that you are unable to complete the rating or are ineligible to complete the rating, you can select the Decline/Mark As Ineligible action. This action will bring you to the Request Decision Webform.

The screenshot displays the 'PPD Rating Requests' section of a web application. It features a table with the following columns: RA Number, Claim Number, Status, Assigned, Due Date, Injured Employee Last Name, and Date of Injury. The first row of data shows RA-0044-708, a redacted claim number, 'New Request' status, assigned on 3/10/2025, due on 3/12/2025, and redacted names. A dropdown menu is open for the first row, with 'Decline/Mark As Ineligible' highlighted in red. Other options in the menu include 'View PPD'. The interface also includes a 'Filters' section with a 'Claim Number' search box and a 'Showing (1-1) of 1' pagination indicator.

RA Number	Claim Number	Status	Assigned	Due Date	Injured Employee Last Name	Date of Injury	
RA-0044-708	[REDACTED]	New Request	3/10/2025	3/12/2025	[REDACTED]	[REDACTED]	<ul style="list-style-type: none"><li>Decline/Mark As Ineligible</li><li>View PPD</li></ul>

# REQUEST DECISION WEBFORM

## RESPONDING TO A PPD RATING REQUEST

The Request Decision Webform will allow you to see information about the D-35 and submit a statement of decline or a statement of ineligibility. The form displays the submitted data from the D-35 webform to help inform your decision.

**PPD Rating Request Decision**

**PPD Rating Request Information**

**Claim Information**

<b>Insurer Name</b> [REDACTED]	<b>Claim Number</b> [REDACTED]
<b>Injured Worker First Name</b> [REDACTED]	<b>Injured Worker Last Name</b> [REDACTED]
<b>Injured Worker Date Of Birth</b> [REDACTED]	<b>Date Of Injury</b> 10/25/2023
<b>City</b> city	<b>State/Province</b> South Carolina
	<b>Zip</b> 11111

**Requestor Information**

<b>Request Date</b> 3/10/2025	<b>First Name</b> [REDACTED]	<b>Last Name</b> Insurer
<b>Email</b> [REDACTED]	<b>Secondary Email</b>	<b>Phone Number</b> 1111111111
<b>Address Line 1</b> test	<b>City</b> city	
<b>State/Province</b> Nevada	<b>Zip</b> 11111	

**Request Information**

<b>Stable And Ratable Received Date</b> 3/10/2025	<b>Current and Prior Treating/Evaluating Physician(s)/Chiropractic Physician(s)</b>
--	---

**Previous PPD Evaluations**

<b>Current and Prior Treating/Evaluating Physician(s)/Chiropractic Physician(s)</b>	<b>Other</b>	<b>Reason for Additional PPD Request</b>
---	--------------	--

**Body Parts**

Body Part Code	Name	Injured Side	Diagnosis
0042	Lower Back		test

# REQUEST DECISION WEBFORM

## RESPONDING TO A PPD RATING REQUEST

You are required to select either one of the statements of ineligibility or the statement of decline before submitting the webform. Select the response that most accurately describes the reason you will not be performing the rating.

### Statements of Ineligibility

If you meet one of the criteria below, you are ineligible to perform the rating evaluation pursuant to NAC 616C.021(7). If applicable, please select an option below.

- I have previously examined or treated the injured employee; or
- I have reviewed the health care records of the injured employee for any purpose relating to his or her claim for workers' compensation and have made recommendations regarding the likelihood of the injured employee's ratable impairment; or
- I 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.

### Statement of Decline

NRS 616C.490(2)(b)(3) allows rating physicians or chiropractic physicians to decline a random selection. To decline this rating selection, you must select the option below and agree to the following statement.

- I decline this rating selection because I believe that I do not have the ability to rate the disability at issue.

Cancel

Submit

# REQUEST DECISION WEBFORM

## RESPONDING TO A PPD RATING REQUEST

For PPD requests that are a Mutual Agreement, you will only be able to select an ineligibility reason on the Request Decision Webform.

### Assignment

**Assignment Method**  
Mutual agreement

**Date of Assignment**  
3/10/2025

### Mutual Agreement

**Agreed By**  
[REDACTED]

### Statements of Ineligibility

If you meet one of the criteria below, you are ineligible to perform the rating evaluation pursuant to NAC 616C.021(7). If applicable, please select an option below.

- I have previously examined or treated the injured employee; or
- I have reviewed the health care records of the injured employee for any purpose relating to his or her claim for workers' compensation and have made recommendations regarding the likelihood of the injured employee's ratable impairment; or
- I 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.

Cancel

Submit

# WEBFORM SUBMISSIONS IN FILING HISTORY

## RESPONDING TO A PPD RATING REQUEST

As webforms are submitted, they will be available to view in the Filing History tab on the dashboard. By selecting the submission, you will be able to see a view-only version of the webform.

Filing History		PPD Rating Requests				
Ticket #	Submission Type	Status	Clinical Practitioner	Filing Date	Filed By	
	MED - D-35 PPD Rating Webform	Accepted	[REDACTED]	3/7/2025 4:32 PM	[REDACTED]	
	MED - D-35 PPD Decision Webform	Accepted	[REDACTED]	3/7/2025 1:59 PM	[REDACTED]	

# DECLINED/ INELIGIBLE REQUESTS

If the assigned rating physician chooses to decline a request or mark them as ineligible to perform the rating, the status of the request will update to reflect the action taken. You will have the ability to update the rating for a new assignment or a random assignment will occur automatically after 6 days.

Filing History **PPD Rating Request Tab**

Filters Reset

Column Value Apply RA Number RA-0044-651 ×

RA Number	Claim Number	Status	Submitted Date	Submitted By	SSN (Last 4)	Date of Injury	
RA-0044-651	[REDACTED]	Declined	3/6/2025 6:10 AM	insurertest@test.com	[REDACTED]	2/16/2024	⋮

Showing (1-1) of 1 ⏪ < 1 > ⏩ Items per page 10

Update D-35  
View D-35

# DECLINED/ INELIGIBLE REQUESTS

Once a request has been declined, you are able to reopen the D-35 webform to submit updates. Updates can also be made prior to the acceptance of the request from the physician if there are any changes to the request.

Update PPD Request		
<b>Original Requestor Information</b>		
<b>Request Date</b> 5/6/2025	<b>First Name</b> TPA	<b>Last Name</b> Account
<b>Email</b> tpa@training.com	<b>Secondary Email</b>	<b>Phone Number</b> (555) 555-5555
<b>Address 1 *</b> Random St		
<b>Address 2</b>		
<b>City *</b> Las Vegas	<b>State/Province</b> Nevada	<b>Zip *</b> 89102
<b>Current Requestor Information</b>		
<b>Request Date</b> 5/8/2025	<b>First Name</b> Insurer	<b>Last Name</b> Account
<b>Email</b> insurer@training.com	<b>Secondary Email</b> Secondary Email	<b>Phone Number *</b> Phone Number
<b>Address 1 *</b> Address 1		
<b>Address 2</b> Address 2		
<b>City *</b> City	<b>State/Province *</b>	<b>Zip *</b> Zip

# UPDATED D-35 WEBFORM

The update form only allows certain details to be updated, such as the injured employee information and updates to the selected body parts. The rating physician can only be updated if the rater declined the request or marked themselves as ineligible. If a general update is made, the rater will remain on the request.

Employee City \*  
test

State/Province \*  
Alaska

Zip \*  
11111

---

**Request Information**

Stable And Ratable Date Received  
3/17/2025

Current and Prior Treating/Evaluating Physician(s)/Chiropractic Physician(s) \*  
test, test

Comments  
Comments

---

**Claim Body Parts**

Body Part Code	Name	Injured Side	Diagnosis
0052	Upper Leg	R	Already Added

**Selected Body Parts**

Body Part Code	Name	Injured Side	Diagnosis
0052	Upper Leg	R	test

**Assignment**

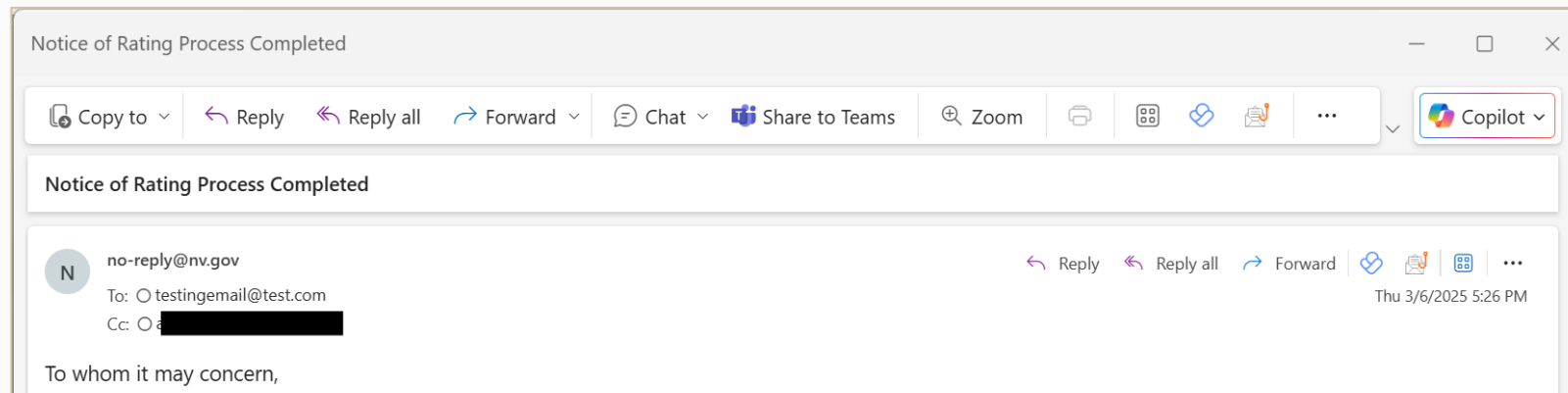
PPD Rating Physician/Chiropractic  
[Redacted]

Previous PPD Evaluation?

Save Cancel Submit

# COMPLETING THE RATING PROCESS

The rating process is complete once the rating has been submitted. An email will be sent to all involved parties including the requestor, the clinical practitioner, and any additional emails provided in the PPD transaction.



Filing History **PPD Rating Request Tab**

Filters Reset

Column Value RA Number Apply RA-0044-659 x

RA Number	Claim Number	Status	Submitted Date	Submitted By	SSN (Last 4)	Date of Injury	
RA-0044-659	2230638191	Complete	3/5/2025 11:53 AM	insurertest@test.com	8636	1/31/2024	⋮

# WITHDRAWN REQUESTS

When a request is withdrawn, an email will be sent to all involved parties including the requestor, the clinical practitioner, and any additional emails provided in the PPD transaction. No additional action can be taken once a request is withdrawn.

**Important Notification! PPD Request D-35 Withdrawn Claim # [REDACTED] for [REDACTED]**

no-reply@nv.gov  
To: [REDACTED]  
Cc: [REDACTED] <testingemail@test.com>; [REDACTED] <testingemail@test.com>

Mon 3/17/2025 4:01 PM

To whom it may concern,

RA-0000-031 withdrawn  
Claim Number: 1 [REDACTED]  
[REDACTED]  
12/30/2015

The above referenced PPD Request (D-35) has been withdrawn.  
Action required: Submit a new PPD Request (D-35) to have  
For questions about the rating assignment process, please c

Thank you,  
Workers' Compensation Section – Medical Unit [MedUnit@](mailto:MedUnit@)

Reply Reply all Forward

Filing History **PPD Rating Request Tab**

Filters Reset

Column Value RA Number Apply RA-0044-661

RA Number	Claim Number	Status	Submitted Date	Submitted By	SSN (Last 4)	Date of Injury	
RA-0044-661	001627194030WC01	Withdrawn	3/6/2025 12:48 PM	insurertest@test.com	5074	2/20/2024	

# SUBMITTER RESPONSIBILITIES



# SUBMITTER 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 Webform accurately.
4. Submit the D-35 Webform timely.
5. Mutual agreements must be submitted prior to requesting a rater by random assignment.  
Identify previous treating or rating physicians
6. Court Orders – provide a copy of the actual court order
7. Mutual Agreements – parties must agree to qualified rater (NAC 616C.021)

# RATER RESPONSIBILITIES



# RATER RESPONSIBILITIES

1. Always check your emails for notification
2. Respond timely (within 2 days if you want to decline)
3. Provide completed PPD report to the submitter with 14 days of the evaluation completion



# 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 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)

# 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

# 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

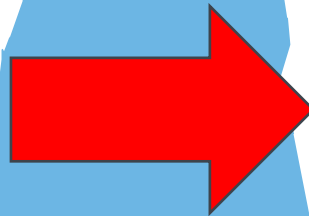
[Injured Worker Info Page](#)  
[Complaint Form - eff 6/24/24](#)  
[Appeal Rights](#)  
[Claim Reopening](#)  
[Nevada Attorney for Injured Workers](#)  
[Benefit Penalties Search](#)

## INSURERS / TPAs

[Insurers Info Page](#)  
[Insurer & TPA Reporting](#)  
[COLA Info - PTD and Survivors Benefits \(Death\) Claims](#)  
[Time Frames](#)  
[Standard Audit Requirements](#)  
[Subsequent Injury Accounts](#)  
[CARDS Brochure](#)  
[Claims Indexing \(D-38\) Brochure](#)  
[WC Safety Fund Assessments Information](#)

## EMPLOYERS

[Employers Info Page](#)  
[Professional Employer Organizations \(PEOs\)](#)  
[Posting Requirements](#)  
[SilverFlume](#)  
[Uninsured Employers](#)





Please submit  
unanswered questions  
to [WCSHelp@dir.nv.gov](mailto:WCSHelp@dir.nv.gov).

**THANK YOU**



Email:  
[medunit@dir.nv.gov](mailto:medunit@dir.nv.gov)