

This is an unofficial compilation prepared by the Division of Industrial Relations which incorporates the additions, amendments and repeal of regulations as of the filing of the Permanent Regulation LCB File No. R134-20 on August 22, 2023, LCB File No. R032-21 on August 22, 2023, and LCB File No. R028-23 on February 27, 2024.

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are not restricted, and are subject only to the treatment prescribed by the treating physician or chiropractic physician and the determination of the insurer. A report of the status of an injured employee may be requested by an insurer at any time during the course of treatment. The initial evaluation shall be deemed to be separate from the initial six treatments. An initial evaluation may be performed on the same day as the initial treatment.

8. The treating physician or chiropractic physician shall respond in writing to an insurer's written request for a report of the status of an injured employee not later than 10 business days after receiving the request.

[Industrial Comm'n, No. 14.031, eff. 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 2-22-88; A by Div. of Industrial Relations, 10-11-93; 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R118-02, 9-7-2005; R130-14, 9-9-2016)

NAC 616C.138 Billing for provision of certain supplies and services. ([NRS 616A.400](#), [616C.260](#)) Supplies and materials provided by the provider of health care over and above those usually included in a visit to his or her office or in other services rendered must be billed by report under the appropriate code set forth in the "Centers for Medicare and Medicaid Services, CMS Common Procedures Coding System (HCPCS)," as contained in the *Relative Values for Physicians*, as adopted pursuant to [NAC 616C.145](#).

[Industrial Comm'n, No. 14.091, eff. 6-20-82]—(NAC A by Dep't of Industrial Relations, 11-12-85; A by Div. of Industrial Relations, 10-11-93; 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R118-02, 9-7-2005)

NAC 616C.141 Requirements for programs of treatment billed under certain codes; use of codes in billing; contents of bills for certain office visits. ([NRS 616A.400](#), [616C.250](#), [616C.260](#))

1. If a program of treatment that is required to be billed under codes 97001 to 97799, inclusive, or 98925 to 98943, inclusive, is administered to an injured employee, the treatment, evaluation, manipulation, modality, mobilization procedure, testing or measurements must be administered by:

- (a) A licensed physical therapist;
- (b) A licensed physical therapist assistant;
- (c) A licensed occupational therapist;
- (d) A licensed occupational therapy assistant;
- (e) A licensed physician;
- (f) A licensed chiropractic physician; or
- (g) A certified chiropractic assistant,

↳ who is acting within the authorized scope of his or her license or certification.

2. If a treating physician or chiropractic physician prescribes a program of treatment that is required to be billed under codes 97010 to 97799, inclusive, or 98925 to 98943, inclusive, it must be in writing and include:

- (a) A recommendation of the modalities or procedures, or both, to be administered to specific areas of the body; and
- (b) The frequency of the treatments.

3. A provider of health care shall indicate on a bill presented to an insurer for any treatment each code contained in the *Relative Values for Physicians*, as adopted by reference pursuant

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to [NAC 616C.145](#), or the *Relative Value Guide* of the American Society of Anesthesiologists, as adopted by reference pursuant to [NAC 616C.146](#), for any services. The codes must be indicated on each bill regardless of whether the provisions of [NAC 616C.070](#) to [616C.336](#), inclusive, allow for the payment of the services, the payment is requested or the item is included under a different code.

4. Any bill for an office visit that is billed under codes 90000 to 99999, inclusive, must include a written report concerning the history of the injured employee, a comprehensive evaluation of the injured employee's health condition or an evaluation of specific health problems of the injured employee, any decision made concerning the treatment required by the injured employee and all forms for submitting a claim to the insurer or billing reports that are requested by an insurer. Such a bill is not required to include a special report that is specifically requested by an insurer and is required to be billed under code 99080.

[Industrial Comm'n, No. 14.051, eff. 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 2-22-88; A by Dep't of Industrial Relations, 8-30-91; A by Div. of Industrial Relations, 10-11-93; 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R118-02, 9-7-2005)

NAC 616C.143 Consultation or treatment provided outside State: Prior written authorization; treatment in cases of emergency. ([NRS 616A.400](#), [616C.250](#), [616C.260](#))

1. Except as otherwise provided in this section, an insurer is not financially liable for consultation or treatment that is provided outside this State unless the insurer has given prior written authorization to the provider of health care or the medical facility in which the consultation or treatment is provided for the consultation or treatment. At the time of giving the written authorization, the insurer shall give written notice, which must include the date on which the notice is given, to the injured employee and the provider of health care or the medical facility that:

(a) The payment for the consultation or treatment will be made in accordance with the schedule of reasonable fees and charges allowable for accident benefits adopted for this State pursuant to [NRS 616C.260](#), unless otherwise provided in a contract between the provider of health care or the medical facility and the insurer;

(b) The insurer is solely responsible for the payment of all services rendered;

(c) The injured employee is not financially liable for any part of the cost of the services rendered and must not be billed for those services; and

(d) Any bill must be submitted within 90 days after services are rendered.

2. Prior authorization for treatment that is provided outside this State in cases of an emergency is not required. A provider of health care or a medical facility that renders such treatment to an injured employee subject to the provisions of [chapters 616A](#) to [616D](#), inclusive, or chapter [617](#) of NRS must bill for such services using the appropriate coding found in the American Medical Association's "Physician's Current Procedural Terminology" as contained in the *Relative Values for Physicians*, as adopted by reference in [NAC 616C.145](#). The provider of health care or medical facility shall submit a bill for all such treatment and include the fees as set forth in the schedule of reasonable fees and charges allowable for accident benefits, if any, of the state in which the treatment was rendered or the usual and customary fees of the provider or medical facility, whichever are less.

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3. The insurer shall pay for treatment that is provided outside this State in cases of an emergency according to the billing received, unless the fee is unreasonable. A fee shall be deemed to be reasonable if it is provided in accordance with the provisions of this section.

(Added to NAC by Div. of Industrial Relations, eff. 11-10-93; A 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R118-02, 9-7-2005)—(Substituted in revision for NAC 616C.176)

NAC 616C.145 *Relative Values for Physicians: Adoption by reference; compliance by providers of health care required; annual review by Administrator.* (NRS 616A.400, 616C.260)

1. Except as otherwise provided in this section, providers of health care who treat injured employees pursuant to this chapter and [chapter 616C](#) of NRS shall comply with the most recently published edition of or update to the *Relative Values for Physicians*, which the Division hereby adopts by reference.

2. The Administrator will, on or before February 1 of each year, review the most recently published edition of or update to the *Relative Values for Physicians*. Each new edition of or update to the *Relative Values for Physicians* shall be deemed approved by the Division for use in this State from February 1 through January 31, unless a notice of disapproval of the edition or update is posted pursuant to this subsection by the immediately preceding February 1. If the Administrator wishes to disapprove a new edition of or update to the *Relative Values for Physicians*, the Administrator will:

(a) Post a notice of disapproval at the largest public library in each county, the State Library, Archives and Public Records, the Grant Sawyer Office Building located at 555 East Washington Avenue, Las Vegas, Nevada, and all offices of the Division; and

(b) Send a notice to each person included on the mailing list that the Division is required to maintain pursuant to paragraph (e) of subsection 1 of [NRS 233B.0603](#).

➤ If the Administrator disapproves an edition of or update to the *Relative Values for Physicians* the edition or update that was most recently adopted by reference or deemed approved pursuant to this section will continue in effect.

3. A copy of *Relative Values for Physicians*, as adopted by reference pursuant to subsection 1, may be purchased from Optum360, 2525 Lake Park Boulevard, Salt Lake City, Utah 84120, by telephone at (800) 464-3649 or at the Internet address <https://www.optum360coding.com>, for the price of \$329.95.

(Added to NAC by Dep't of Industrial Relations, eff. 3-15-84; A 11-30-84; 3-17-86, eff. 3-22-86; 6-23-86; 2-18-88; 7-20-89; 2-28-90, eff. 3-19-90; A by Div. of Industrial Relations, 10-11-93; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R118-02, 9-7-2005; R130-14, 9-9-2016)—(Substituted in revision for NAC 616C.188)

NAC 616C.146 *Relative Value Guide of the American Society of Anesthesiologists: Adoption by reference; compliance by anesthesiologists required; annual review by Administrator; use of codes.* (NRS 616A.400, 616C.260)

1. Anesthesiologists who treat injured employees pursuant to this chapter and [chapter 616C](#) of NRS shall comply with the most recently published edition of or update to the *Relative Value Guide* of the American Society of Anesthesiologists, which the Division hereby adopts by reference.

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2. The Administrator will, on or before February 1 of each year, review the most recently published edition of or update to the *Relative Value Guide* of the American Society of Anesthesiologists. Each new edition of or update to the *Relative Value Guide* of the American Society of Anesthesiologists shall be deemed approved by the Division for use in this State on February 1 of each year, unless a notice of disapproval of the edition or update is posted pursuant to this subsection by the immediately preceding February 1. If the Administrator wishes to disapprove a new edition of or update to the *Relative Value Guide* of the American Society of Anesthesiologists, the Administrator will:

(a) Post a notice of disapproval at the largest public library in each county, the State Library, Archives and Public Records, the Grant Sawyer Office Building located at 555 East Washington Avenue, Las Vegas, Nevada, and all offices of the Division; and

(b) Send a notice to each person included on the mailing list that the Division is required to maintain pursuant to paragraph (e) of subsection 1 of [NRS 233B.0603](#).

↪ If the Administrator disapproves an edition of or update to the *Relative Value Guide* of the American Society of Anesthesiologists, the edition or update that was most recently adopted by reference or deemed approved pursuant to this section will continue in effect.

3. A copy of the *Relative Value Guide* of the American Society of Anesthesiologists, as adopted by reference pursuant to subsection 1, may be purchased from the American Society of Anesthesiologists, 1061 American Lane, Schaumburg, Illinois 60173-4973, by telephone at (847) 825-5586, or at the Internet address <https://www.asahq.org/shop-asa>, for the price of \$25 for members and \$75 for nonmembers.

4. Except as otherwise provided in this subsection, an anesthesiologist shall use the codes that are stated in the *Relative Value Guide* of the American Society of Anesthesiologists for each procedure which he or she bills and submits to an insurer. If a code for a procedure performed by an anesthesiologist is not provided in the *Guide*, the anesthesiologist shall use the code provided for that procedure in the *Relative Values for Physicians*, as adopted by reference pursuant to [NAC 616C.145](#), using the appropriate conversion factor for the code that is assigned to that procedure.

(Added to NAC by Dep't of Industrial Relations, eff. 3-15-84; A 11-30-84; 3-17-86, eff. 3-22-86; 2-18-88; 7-20-89; 8-30-91; 1-24-92, eff. 12-31-91; A by Div. of Industrial Relations, 10-11-93; 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R118-02, 9-7-2005; R130-14, 9-9-2016)—(Substituted in revision for NAC 616C.194)

NAC 616C.147 Adoption by reference of codes for hospital-based outpatient surgery centers and Ambulatory Surgical Center (ASC) payment groups and procedures. ([NRS 616A.400](#), [616C.260](#)) The Division hereby adopts by reference:

1. The list of eligible codes for hospital-based outpatient surgery centers and Ambulatory Surgical Center (ASC) payment groups and procedures and the payment groups to which those codes are assigned as set forth in “Provider Type 10: Outpatient Surgery, Hospital Based and Provider Type 46: Ambulatory Surgical Centers” maintained by the Rates Unit - Nevada Medicaid of the Division of Health Care Financing and Policy of the Department of Health and Human Services and available at the Internet address: <http://dir.nv.gov/uploadedFiles/dirnvgov/content/WCS/MedicalDocs/ASCOPGroupList2016.pdf>.

2. The codes set forth in the “Healthcare Common Procedure Coding System (HCPCS),” as set forth in the *Relative Values for Physicians* adopted by reference pursuant to [NAC 616C.145](#).

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(Added to NAC by Dep't of Industrial Relations, 2-28-90, eff. 3-19-90; A 1-24-92, eff. 12-31-91; A by Div. of Industrial Relations, 10-11-93; 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R118-02, 9-7-2005; R130-14, 9-9-2016)—(Substituted in revision for NAC 616C.197)

NAC 616C.148 Reports of rating evaluation by rating physician or chiropractic physician; mailing; contents; retention of report and documentation. (NRS [616A.400](#), [616C.490](#)) Unless good cause is shown:

1. A rating physician or chiropractic physician shall mail a report of an evaluation of an injured employee to the insurer within 14 days after the evaluation is completed. Unless good cause is shown, if an addendum is requested by the insurer, the rating physician or chiropractic physician shall mail the addendum to the insurer within 14 days after receiving the request.

2. If a rating evaluation is requested by an injured employee or a representative thereof, the rating physician or chiropractic physician shall mail a report of the evaluation to the injured employee or a representative within 14 days after the evaluation is completed. Unless good cause is shown, if an addendum is requested by the injured employee or a representative, the rating physician or chiropractic physician shall mail the addendum to the injured employee or a representative within 14 days after receiving the request.

3. A report of a rating evaluation performed by a rating physician or chiropractic physician must include:

(a) All the findings of the physical examination; and

(b) References to each table or figure of the American Medical Association's *Guides to the Evaluation of Permanent Impairment* used by the rating physician or chiropractic physician to determine the permanent impairment of the injured employee.

4. A rating physician or chiropractic physician shall retain at least one copy of each report of a rating evaluation and all supporting documentation of the rating physician or chiropractic physician for a period of not less than 5 years after the date on which the rating evaluation referenced in the report of rating evaluation is performed.

(Added to NAC by Div. of Industrial Relations, eff. 11-10-93; A 3-5-96; R009-97, 10-27-97; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R118-02, 9-7-2005; R130-14, 9-9-2016)—(Substituted in revision for NAC 616C.212)

NAC 616C.149 Contents of bill to insurer; adoption by reference and annual review of ICD-CM codes; submission to insurer of order for services rendered. (NRS [616A.400](#), [616C.130](#), [616C.260](#))

1. Each provider of health care and each medical facility shall submit a bill to the insurer which includes:

(a) The usual charge for services provided;

(b) The code for the procedure and a description of the services;

(c) The number of visits and date of each visit to the office of the provider of health care or to the medical facility and the procedures followed in any treatment administered during the visit;

(d) The codes for supplies and materials provided or administered to the injured employee that are set forth in the "Healthcare Common Procedure Coding System (HCPCS)," as contained in the *Relative Values for Physicians* adopted by reference pursuant to [NAC 616C.145](#);

(e) The name of the injured employee and his or her employer and the date of the injury;

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- (f) The tax identification number of the provider of health care; and
- (g) The signature of the person who provided the service.

2. In addition to the information required by subsection 1, each physician or chiropractic physician and each medical facility shall include on the bill the ICD-CM codes identifying the parts of the body of the injured employee that were affected by the injury, as set forth in the most recently published edition of or update to the *International Classification of Diseases, Clinical Modification (ICD-CM)*, which is hereby adopted by reference.

3. The Administrator will, on or before February 1 of each year, review the most recently published edition of or update to the *International Classification of Diseases*. Each new edition of or update to the *International Classification of Diseases* shall be deemed approved by the Administrator for use in this State on February 1 of each year, unless a notice of disapproval of the edition or update is posted pursuant to this subsection by the immediately preceding April 1. If the Administrator wishes to disapprove a new edition of or update to the *International Classification of Diseases*, the Administrator will:

(a) Post a notice of disapproval at the largest public library in each county, the State Library, Archives and Public Records, the Grant Sawyer Office Building located at 555 East Washington Avenue, Las Vegas, Nevada, and all offices of the Division; and

(b) Send a notice to each person included on the mailing list that the Division is required to maintain pursuant to paragraph (e) of subsection 1 of [NRS 233B.0603](#).

➔ If the Administrator disapproves an edition of or update to the *International Classification of Diseases*, the edition or update that was most recently adopted by reference or deemed approved pursuant to this section will continue in effect.

4. A copy of the *International Classification of Diseases* is available, free of charge, from the Centers for Disease Control and Prevention at the Internet address <http://www.cdc.gov/nchs/icd.htm>.

5. The initial bill submitted to the insurer by a licensed physical therapist or a licensed occupational therapist must be accompanied by a copy of the order for the services rendered issued by the treating physician or chiropractic physician. Any subsequent bill submitted to the insurer by a licensed physical therapist or a licensed occupational therapist must include a copy of the order for the services rendered if the order is changed by the treating physician or chiropractic physician.

(Added to NAC by Dep't of Industrial Relations, eff. 3-15-84; A 11-30-84; A by Div. of Industrial Relations, 10-11-93; 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R105-00, 1-18-2001, eff. 3-1-2001; R118-02, 9-7-2005; R130-14, 9-9-2016)—(Substituted in revision for NAC 616C.215)

Reimbursement for Costs of Transportation and Meals

NAC 616C.150 Eligibility and computation. ([NRS 616A.400](#), [616C.245](#), [616C.260](#), [616C.365](#))

1. The insurer shall reimburse an injured employee for the cost of transportation to and from the place where the injured employee receives health care if he or she is required to travel 20 miles or more, one way, from the injured employee's:

- (a) Residence to the place where he or she receives health care; or

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(b) Place of employment to the place where he or she receives health care if the care is required during his or her normal working hours.

2. The insurer shall reimburse an injured employee for the cost of transportation if he or she is required to travel 20 miles or more, one way, from his or her residence or place of employment to a place of hearing designated by the insurer or the Department of Administration if the hearing concerns an appeal by the employer or insurer from a decision in favor of the injured employee and the decision is upheld on appeal.

3. An injured employee who does not qualify for reimbursement under paragraph (a) or (b) of subsection 1 but is required to travel a total of 40 miles or more in any 1 week for health care or for attendance at a rehabilitation center designated by the insurer is entitled to be reimbursed for the cost of transportation.

4. Except as otherwise provided in subsection 6, reimbursement for the cost of transportation must be computed at a rate equal to:

(a) The mileage allowance for state employees who use their personal vehicles for the convenience of the State; or

(b) The expense actually incurred by the injured employee for transportation, if the injured employee consents to reimbursement at this rate and the expense is not greater than the amount to which the injured employee would otherwise be entitled pursuant to paragraph (a).

5. Except as otherwise provided in subsection 6, if an injured employee must travel before 7 a.m. or between 11:30 a.m. and 1:30 p.m. or cannot return to his or her residence or place of employment until after 7 p.m., or any combination thereof, reimbursement for meals required to be purchased must be computed at a rate equal to:

(a) That allowed for state employees; or

(b) The expense actually incurred by the injured employee for meals, if the injured employee consents to reimbursement at this rate and the expense is not greater than the amount to which the injured employee would otherwise be entitled pursuant to paragraph (a).

6. The insurer shall reimburse an injured employee for his or her expenses of travel if he or she is required to travel 50 miles or more, one way, from his or her residence or place of employment and is required to remain away from the residence or place of employment overnight. Reimbursement must be computed at a rate equal to:

(a) The per diem allowance authorized for state employees; or

(b) The expenses actually incurred by the injured employee,
↪ whichever is less.

7. A claim for reimbursement of expenses governed by this section may be disallowed unless it is submitted to the insurer within 60 days after the expenses are incurred.

[Industrial Comm'n, No. 42 §§ 1 & 2, eff. 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 2-22-88; 8-30-91; A by Div. of Industrial Relations, 10-11-93; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R118-02, 9-7-2005)

NAC 616C.153 Reimbursement for airfare. (NRS 616A.400, 616C.260) With the prior approval of the insurer, an injured employee may be reimbursed for airfare where the time, distance, convenience or cost justifies the travel by air.

[Industrial Comm'n, No. 42 § 5, eff. 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 2-22-88; A by Div. of Industrial Relations, 10-11-93; R121-97, 12-10-97, eff. 1-1-98)

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NAC 616C.156 Limitations on reimbursements. (NRS 616A.400, 616C.260)

1. Unless otherwise directed or approved by the insurer or the injured employee's treating physician or chiropractic physician, an injured employee who chooses to obtain health care services at a more distant place although adequate health care is available at a closer place may be reimbursed under [NAC 616C.150](#) only for mileage to the closer place.

2. If an injured employee moves outside this State or to a new location within this State for his or her own convenience after becoming an injured employee, the maximum mileage for one direction for which he or she may be reimbursed is the mileage allowable before the move or 40 miles, whichever is greater.

3. No reimbursement will be allowed for a person traveling with an injured employee unless there is a health care necessity that precludes the injured employee from traveling alone. The health care necessity must be substantiated in writing by the injured employee's treating physician or chiropractic physician.

[Industrial Comm'n, No. 42 §§ 3 & 4, eff. 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 2-22-88; A by Div. of Industrial Relations, 10-11-93; R121-97, 12-10-97, eff. 1-1-98)

Contested Claims of Injured Employees

NAC 616C.260 Definitions. (NRS 616C.295, 616C.310) As used in [NAC 616C.260](#) to [616C.336](#), inclusive, unless the context otherwise requires:

1. "Hearings Division" means the Hearings Division of the Department of Administration.

2. "Licensed representative" means a person who is licensed pursuant to [NAC 616C.350](#) to [616C.377](#), inclusive.

3. "Senior appeals officer" means the appeals officer designated by the Director of the Department of Administration pursuant to subsection 3 of [NRS 232.215](#) to supervise the administrative, technical and procedural activities of the Hearings Division.

(Added to NAC by Hearings Div. by R055-98, eff. 8-12-98; A by R184-07, 9-29-2008)

NAC 616C.265 Hearing officer: Qualifications regarding education and experience. (NRS 616C.295) A person who wishes to serve as a hearing officer pursuant to [chapters 616A](#) to [616D](#), inclusive, or chapter [617](#) of NRS must:

1. Possess a bachelor's degree from an accredited college or university and have at least 4 years of professional experience in resolving disputes between opposing parties, 2 years of which included making determinations or adjudicating issues by interpreting statutes or administrative rules or regulations;

2. Possess an associate's degree from an accredited junior college or community college and have at least 5 years of professional experience in resolving disputes between opposing parties, 2 years of which included making determinations or adjudicating issues by interpreting statutes or administrative rules or regulations;

3. Have at least 2 years of experience as a hearing officer with an administrative agency of this State; or

4. Possess any other combination of education and experience which the Chief of the Hearings Division deems to be equivalent to the education and experience required by subsection 1, 2 or 3, and demonstrate to the satisfaction of the Chief of the Hearings Division that he or she possesses

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the knowledge, skills and abilities required by this section and [NAC 616C.267](#). For the purposes of this subsection, 1 year of experience in administering claims or programs for workers' compensation or representing employers in contested claims for workers' compensation, or 1 year of any other related experience, may be substituted for 1 year of education completed after graduation from high school.

(Added to NAC by Hearings Div., eff. 9-6-96)

NAC 616C.267 Hearing officer: Additional qualifications. ([NRS 616C.295](#))

1. In addition to possessing the qualifications required by [NAC 616C.265](#), a hearing officer must:

(a) Be able to:

(1) Interact effectively with all participants at a hearing in a manner which ensures an impartial, orderly proceeding;

(2) Put the parties to a hearing at ease and ensure their rights of due process in a dignified manner;

(3) Coordinate and schedule various assignments by determining the time, place and sequence of actions to be taken and establishing priorities which accurately reflect the relative importance of those assignments;

(4) Work independently with a minimum amount of supervision;

(5) Listen to and analyze the evidence presented at a hearing and communicate effectively his or her decisions on motions and objections related to that evidence;

(6) Motivate persons to resolve their disputes;

(7) Provide mediation or other techniques for the resolution of disputes for the opposing parties to a hearing;

(8) Communicate effectively, orally and in writing, with persons from a variety of social, economic and educational backgrounds;

(9) Render an impartial decision based on:

(I) The evidence presented at a hearing; and

(II) An objective analysis of applicable statutes, regulations and case law; and

(10) Write decisions and opinions in a clear, concise and accurate manner; and

(b) Be knowledgeable of the provisions of Nevada Revised Statutes, the Nevada Administrative Code and the policies and procedures of state agencies related to the areas of expertise assigned to him or her by the Chief of the Hearings Division, including knowledge of the terminology, common practices, theories and trends related to those areas.

2. The Chief of the Hearings Division may require each applicant who wishes to serve as a hearing officer to complete successfully such written and oral examinations as the Chief deems necessary to ensure that the applicant possesses the qualifications set forth in subsection 1.

(Added to NAC by Hearings Div., eff. 9-6-96)

NAC 616C.269 Hearing officer: Training requirements. ([NRS 616C.295](#))

1. To the extent that money is made available to the Hearings Division for the purpose of training hearing officers, a hearing officer must successfully complete annually at least 20 hours of training, which may include, without limitation, training in:

(a) Mediation and other techniques for the resolution of disputes;

(b) Industrial insurance law and practice, including, without limitation:

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- (1) The provisions of [chapters 616A](#) to [617](#), inclusive, of NRS; and
- (2) The provisions of [chapters 616A](#) to [617](#), inclusive, of NAC;
- (c) Adjudication of administrative law hearings;
- (d) Recent relevant statutory and regulatory changes and judicial decisions;
- (e) Writing, evidence and ethics; and
- (f) Other similar topics approved by the senior appeals officer, including, without limitation, any training provided by the Hearings Division.

2. Excess hours of training earned during a 12-month period may be carried over to the following year.

3. The senior appeals officer shall review the past experience of each newly appointed hearing officer to determine the training, if any, that is required immediately for that particular hearing officer to carry out his or her duties and, if necessary, shall develop a plan for such training after consulting with the hearing officer.

(Added to NAC by Hearings Div., eff. 9-6-96; A by R184-07, 9-29-2008)

NAC 616C.2691 Hearing or appeals officer: Professional conduct. ([NRS 616C.295](#)) A hearing or appeals officer shall:

1. Act in a manner that preserves the integrity, impartiality and independence of hearings in contested cases for compensation conducted pursuant to [chapters 616A](#) to [617](#), inclusive, of NRS and promotes public confidence in such hearings;
2. Act in a manner that avoids the appearance of impropriety, including, without limitation, disclosing any affiliation to a party in a proceeding before the officer;
3. Perform diligently all official duties;
4. Be faithful to the law and decide matters on the basis of the facts and the applicable law, including, without limitation, judicial decisions; and
5. Maintain order and decorum in proceedings before the officer.

(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.2692 Hearing or appeals officer: Prohibited acts. ([NRS 616C.295](#))

1. A hearing or appeals officer shall not:
 - (a) Engage in conduct that reflects adversely on the character, competence or temperament of the officer or on the officer's fitness to serve, including, without limitation, conduct involving misrepresentation, fraud, dishonesty, deceit or felonious criminal behavior.
 - (b) In the performance of the official duties of the officer, by words or conduct, manifest bias or prejudice because of race, religion, color, age, sex, disability, sexual orientation, national origin, ancestry, marital status or socioeconomic status.
 - (c) Act in a way that the officer knows or reasonably should know would be perceived by a reasonable person as biased or prejudiced toward any of the parties, witnesses or attorneys to a proceeding or members of the public at a proceeding.
 - (d) Be swayed by partisan interests, public clamor or fear of criticism.
 - (e) Allow family, social or other relationships or associations to influence his or her official conduct or judgment.
 - (f) Use the position of hearing or appeals officer to advance the private interests of the officer or of any other person.

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(g) Convey the impression that any person has any special influence with the hearing or appeals officer.

(h) Serve as an officer, director, trustee or advisor of a private or public corporation or of an educational, religious, charitable, fraternal, political or civic organization if the corporation or organization frequently participates in proceedings that would ordinarily come before the officer.

(i) Use his or her position as a hearing or appeals officer to solicit funds for any private or public corporation or for any educational, religious, charitable, fraternal, political or civic organization or allow the prestige of the office to be used for such purposes.

(j) Use or disclose nonpublic information acquired by the hearing or appeals officer for any purpose not related to the official duties of such an officer.

(k) Make any public comment about a proceeding within the jurisdiction of the hearing or appeals officer which might reasonably be expected to affect the outcome or impair the fairness of the proceeding. The provisions of this paragraph must not be construed to prohibit a hearing or appeals officer from:

(1) Making public statements in the course of his or her official duties;

(2) Explaining for the public benefit procedures before the hearing or appeals officer;

(3) Responding to or defending from a criminal charge or civil claim against the hearing or appeals officer; or

(4) Responding to allegations concerning the conduct of the hearing or appeals officer during a proceeding before the officer.

(l) Unless under subpoena, testify under oath as a character witness. The provisions of this paragraph must not be construed to prohibit a hearing or appeals officer from providing a character or ability reference for a person about whom the officer has personal knowledge.

2. A hearing or appeals officer, a spouse of a hearing or appeals officer, or any other person residing in the household of a hearing or appeals officer shall not accept any gift, bequest or loan from any person who has a significant interest in a matter that is or that the hearing or appeals officer has reason to know will be before the officer.

(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.2693 Limitation on communications between hearing or appeals officer and party or representative; disclosure. ([NRS 616C.295](#))

1. Except as otherwise provided in subsection 2, a hearing or appeals officer shall not engage in any communication or contact with a party to a proceeding before the hearing or appeals officer or with any attorney or other representative of a party outside the presence of any other party to the proceeding.

2. A hearing or appeals officer may communicate with a party to a proceeding before the hearing or appeals officer or with any attorney or other representative of a party outside the presence of any other party to the proceeding:

(a) If the parties to the proceeding or the attorneys or other representatives of the parties are engaged in mediation; or

(b) For scheduling or administrative purposes or for emergencies that do not address substantive matters or issues on the merits relating to the proceeding before the hearing or appeals officer and if the officer reasonably believes that no party or attorney or other representative of a party will gain a procedural or tactical advantage as a result of the communication.

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3. A hearing or appeals officer shall disclose promptly to all parties to the proceeding any communication made pursuant to subsection 2. A disclosure required pursuant to this subsection must identify:

- (a) The person with whom the communication occurred; and
- (b) The substance of the communication.

4. A hearing or appeals officer shall provide the parties to whom a communication is disclosed pursuant to subsection 3 a reasonable opportunity to respond to the disclosure.

(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.2694 “Conflict of interest” and “personal interest” interpreted. (NRS 616C.295) As used in [NRS 616C.300](#) and [616C.340](#), the Chief of the Hearings Division interprets the terms “conflict of interest” and “personal interest” to include, without limitation:

1. A bias or prejudice concerning a party, an attorney or other representative of a party, or any other participant in the proceeding.

2. Knowledge obtained from sources outside of the proceeding of evidentiary facts that are disputed in the proceeding.

3. Service as an attorney in the matter in controversy.

4. Service of an attorney with whom the officer previously has been associated, during the period of association with the officer, as an attorney in the matter in controversy.

5. Being a material witness in the matter in controversy.

6. Having, as an individual or as a personal representative, trustee, conservator or guardian, a financial interest in the matter in controversy or any other interest that could be affected substantially by the outcome of the proceeding.

7. Being, as an individual or as a personal representative, trustee, conservator or guardian, a party to the proceeding.

8. If the spouse, a parent or a child of the hearing or appeals officer, regardless of residence, or any other person residing in the household of the officer:

(a) Has a financial interest in the matter in controversy or any other interest that could be affected substantially by the outcome of the proceeding;

(b) Is a party in the proceeding;

(c) Is an officer, director, partner or trustee of a party in the proceeding;

(d) Is acting as an attorney in the proceeding; or

(e) To the knowledge of the hearing or appeals officer, is likely to be a material witness in the proceeding.

(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.26941 Complaint of violation; investigation. (NRS 616C.295)

1. A complaint alleging that a hearing or appeals officer has violated a provision of [NAC 616C.2691](#) to [616C.2694](#), inclusive, must be in writing and submitted to the senior appeals officer.

2. The senior appeals officer shall investigate any complaint submitted pursuant to subsection 1 and shall notify the complainant of the results of the investigation not more than 60 days after the complaint is received.

3. If the senior appeals officer substantiates the complaint, the senior appeals officer shall report the results of the investigation:

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(a) If the complaint involves a hearing officer, to the Director of the Department of Administration.

(b) If the complaint involves an appeals officer, to the Governor.
(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.26942 Appeals officer: Training requirements. (NRS 616C.295)

1. To the extent that money is made available to the Hearings Division for the purpose of training appeals officers, an appeals officer must successfully complete annually at least 20 hours of training, which may include, without limitation, training in:

- (a) Adjudication of administrative law hearings;
- (b) Industrial insurance law and practice, including, without limitation:
 - (1) The provisions of [chapters 616A](#) to [617](#), inclusive, of NRS; and
 - (2) The provisions of [chapters 616A](#) to [617](#), inclusive, of NAC;
- (c) Mediation and other techniques for the resolution of disputes;
- (d) Recent relevant statutory and regulatory changes and judicial decisions;
- (e) Writing, evidence and ethics;
- (f) Any other similar subjects approved by the senior appeals officer; and
- (g) Subjects taught in courses:

(1) Offered by the National Judicial College or the National Association of Administrative Law Judiciary or attended by an appeals officer to meet the requirements of the State Bar of Nevada for continuing legal education; and

(2) Approved for the purposes of this section by the senior appeals officer, including, without limitation, any training provided by the Hearings Division.

2. Excess hours of training earned during a 12-month period may be carried over to the following year.

3. The senior appeals officer shall review the past experience of each newly appointed appeals officer to determine the training, if any, that is required immediately for that particular officer to carry out his or her duties and, if necessary, shall develop a plan for such training after consulting with the appeals officer.

(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.2695 Special appeals officer: Qualifications; determination of assignment. (NRS 616C.295, 616C.310)

1. Each special appeals officer appointed by the Governor pursuant to subsection 4 of [NRS 616C.340](#) must be an attorney who has been licensed to practice law before all the courts of this State for at least 2 years.

2. The senior appeals officer shall:

(a) Create and maintain a list of persons who have been appointed as special appeals officers by the Governor pursuant to subsection 4 of [NRS 616C.340](#).

(b) Assign cases to special appeals officers from the list described in paragraph (a).

(c) If he or she assigns a particular case to a special appeals officer, provide to each party involved in that case the name of the special appeals officer to whom the case has been assigned.

(d) In determining the particular special appeals officer to whom a case will be assigned, consider:

- (1) The venue in which the case will be heard;

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(b) If the letter of determination is unavailable, the date of the determination and the issues stated in the determination; or

(c) Proof that a letter of determination had been requested from the insurer or third-party administrator by the claimant.

↪ If the hearing officer does not receive such documentation by the date specified in the notice sent pursuant to this subsection, the hearing officer shall dismiss the appeal without prejudice in a written order for failure to pursue the appeal.

2. A claimant who submits proof that a letter of determination had been requested from the insurer or third-party administrator by the claimant pursuant to subsection 1 may request the hearing officer to issue an order requiring the insurer or third-party administrator to provide a copy of the letter of determination to the hearing officer within 10 days after the date of the order.

3. The provisions of this section do not apply for an appeal of a failure to respond to a request. (Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.2827 Consolidation with pending case; request for consolidation; service; approval. ([NRS 616C.310](#))

1. An appeal of a hearing officer's decision may be consolidated with a case pending before the appeals officer:

(a) At the request of a party to the appeal of a hearing officer's decision; and

(b) When:

(1) Both cases involve the same claim and the same parties;

(2) Both cases involve similar questions of fact or law; or

(3) Consolidation would reduce duplication and judicial effort.

2. A request for consolidation must be in writing and must contain:

(a) The name of the appeals officer who is hearing the pending case with which the appealed case would be consolidated; and

(b) The appeal number of the pending case.

3. A request for consolidation must be served pursuant to [NAC 616C.291](#) and [616C.294](#) on all parties who appeared before the hearing officer in the case being appealed.

4. The appeals officer assigned to the case with which consolidation is sought shall approve or deny the request for consolidation not later than 5 days after receiving the request.

(Added to NAC by Hearings Div. by R184-07, eff. 9-29-2008)

NAC 616C.284 Request for issuance of subpoena; approval or denial of request. ([NRS 616C.310](#))

1. A party who wishes a hearing or appeals officer to issue a subpoena requiring the attendance of a witness or the production of a book, account, paper, record, or other document must submit a request for a subpoena to the hearing or appeals officer:

(a) At any prehearing conference held in the matter;

(b) At least 10 days before the hearing; or

(c) As otherwise allowed by the hearing or appeals officer.

2. A request for a subpoena must:

(a) Set forth the reason why the subpoena is necessary; and

(b) Be accompanied by a completed form for the subpoena.

3. The hearing or appeals officer shall:

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(a) Approve the request if it appears that the witness or document requested is relevant to the issues in the matter and the party requesting the subpoena is otherwise unable to compel the attendance of the witness or the production of the document.

(b) Approve or deny the request for a subpoena within 5 days after the receipt of the request.

4. Any subpoena for the production of a book, account, paper, record, or other document must include a notice of how the requested document can be provided without requiring the appearance of a person at the hearing.

(Added to NAC by Hearings Div., eff. 5-23-96)

NAC 616C.285 Failure to comply with order or subpoena. ([NRS 616C.310](#))

1. Any party aggrieved by a person's failure or refusal to comply with an order or subpoena may apply to the appeals officer or hearing officer for an order certifying the disobedience or refusal to comply.

2. Upon receipt of an application under subsection 1, the appeals officer or hearing officer shall notify the disobedient person to show cause why such an order should not be issued.

3. After the hearing, if the appeals officer or hearing officer determines an order is appropriate, he or she shall issue an order certifying disobedience or refusal to the party who applied for the order.

4. Upon receipt of such an order, the party may, on behalf of the hearing or appeals officer, file an application to compel obedience with the appropriate district court.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96)

NAC 616C.291 Filing and service of documents. ([NRS 616C.310](#)) For the purposes of [NAC 616C.282](#) to [616C.336](#), inclusive:

1. Filing occurs when the original document is received by and is in the actual physical custody of the Hearings Division.

2. A document over five pages in length may not be filed by facsimile unless so ordered or approved in advance by a hearing or appeals officer. If a document which is five pages or less in length is received by facsimile, the document will be accepted and the date of receipt stamped on the document. If a document is received by facsimile and the original of the document is received within 3 business days after it is received by facsimile, the original will be stamped with the date it is received, but shall be deemed filed on the date the facsimile was received.

3. A document may be filed by electronic mail upon prior written approval of the Hearings Division. A document filed by electronic mail must be:

(a) Accompanied by an acknowledgment of receipt.

(b) Sent to the secretary for the hearing or appeals officer and to each party to the proceeding.

4. Except as otherwise provided in subsection 6 of [NRS 616C.345](#), if service is to be made upon a party represented by counsel or by a licensed representative, the service must be made upon counsel or the licensed representative unless service upon the party is ordered by the appeals officer.

5. Except as otherwise provided in subsection 8, service upon counsel or upon a party must be made by delivering or mailing a copy of the document to the counsel or the party at his or her last known address or, if the address is not known, by leaving the copy at the office of the hearing or appeals officer.

6. Delivery of a copy of the document is made by:

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- (a) Handing it to the party or his or her counsel;
- (b) Leaving it at the office of the party or his or her counsel with a clerk or other person in charge thereof or, if there is no one in charge, leaving it in a conspicuous place therein; or
- (c) Leaving it at the dwelling house or usual place of abode of the person to be served with some person of suitable age and discretion residing therein.

7. Service by mail is complete upon mailing. Any document served by mail shall be deemed received 3 days after it is mailed.

8. If requested by a party or his or her counsel, the Hearings Division will serve a document upon the party or his or her counsel by placing the document in a folder maintained for that purpose at the Hearings Division's office. If such a folder is maintained by the Hearings Division, it will be available for inspection by the party or his or her counsel during the regular business hours of the Hearings Division. A document served pursuant to this subsection shall be deemed received 3 days after the document is placed in the party's folder.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96; R184-07, 9-29-2008)

NAC 616C.294 Proof of service. ([NRS 616C.310](#)) Proof of service may be made by certificate of the counsel for a party or of the counsel's employee, or by written admission, affidavit, or other proof satisfactory to the appeals officer. Failure to make proof of service does not affect the validity of service.

(Added to NAC by Hearings Div., eff. 11-26-84)—(Substituted in revision for NAC 616.6186)

NAC 616C.297 Requirements for filing and service of information. ([NRS 616C.310](#))

1. Within the times prescribed in subsection 2, all parties shall file with the appeals officer and serve upon all other parties:

- (a) All documents to be introduced as evidence at the hearing;
- (b) A statement of the issues to be raised;
- (c) A list of witnesses, a brief summary of proposed testimony, and a statement whether any of the testimony is to be taken by use of the telephone; and
- (d) An estimate of the length of time required to present the case, including rebuttal testimony and argument.

2. Except as otherwise provided in [NAC 616C.305](#) or as otherwise ordered by an appeals officer after any prehearing conference conducted by the appeals officer, the materials required under subsection 1 must:

- (a) Be filed by the appellant at least 14 days before the scheduled hearing;
- (b) Be filed by a respondent at least 7 days before the scheduled hearing;
- (c) Include a comprehensive index; and
- (d) Include pages that are separately numbered.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96; R184-07, 9-29-2008)

NAC 616C.300 Service of copies of documents by insurer; submission of documents to Hearings Division; provision of documents to insurer. ([NRS 616C.310](#))

1. The insurer shall, within 30 days after notice of hearing before an appeals officer or, if a prehearing conference is scheduled in the matter, on or before the date of the conference, copy all documents in the claimant's file relating to the matter on appeal and serve the copies, appropriately indexed, upon the appeals officer and all other parties.

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2. The insurer shall, within 2 days before a hearing before a hearing officer, submit the following documents, appropriately numbered and indexed, to the Hearings Division:

(a) Copies of forms C-3 and C-4 or any similar forms which have been provided to the insurer pursuant to [NAC 616A.480](#);

(b) A brief statement of the reason for the determination by the insurer; and

(c) Copies of any other documents in the claimant's file relating to the matter before the hearing officer.

3. Any other party to a dispute who submits documents to a hearing officer shall provide copies of the documents to the insurer at the time of the hearing.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96; R184-07, 9-29-2008)

NAC 616C.303 Papers and documents. ([NRS 616C.310](#))

1. Papers and documents filed pursuant to [NAC 616C.282](#) to [616C.336](#), inclusive, need not conform to any particular format.

2. All papers and documents and copies thereof must be legible.

3. A party shall furnish to the counsel for any other party, or to the party if he or she is not represented by counsel, copies of all papers and documents served upon any party or filed with the appeals officer.

4. Papers and documents offered as evidence, except for good cause shown, must not be marked with highlighting, underlining, any annotation, or other device that serves to draw attention to one part of the document over another part or one document over another document or to comment on the contents of the document.

5. Papers and documents submitted to an appeals officer must:

(a) Have any personal identifying information redacted; and

(b) If personal identifying information has been redacted, include an affirmation that the submitted papers and documents do not contain the personal identifying information of any person, ↪ unless the identity of the person is at issue.

6. Papers and documents submitted without the affirmation required pursuant to paragraph (b) of subsection 5 must not be accepted into evidence in any proceeding before an appeals officer.

7. As used in this section, "personal identifying information" has the meaning ascribed to it in [NRS 616C.310](#).

(Added to NAC by Hearings Div., eff. 11-26-84; A by R184-07, 9-29-2008)—(Substituted in revision for NAC 616.6203)

NAC 616C.305 Request or application to permit discovery by deposition, interrogatories or production of documents. ([NRS 616C.310](#))

1. A party who wishes an appeals officer to permit discovery by deposition, interrogatories or production of documents must request such discovery at any prehearing conference held in the matter or submit a written application to that officer at least 30 days before the hearing. The application must:

(a) Set forth the reason why the discovery is necessary; and

(b) Be accompanied by the appropriate orders for discovery.

2. The appeals officer shall approve or deny the application within 5 days after the receipt of the application.

(Added to NAC by Hearings Div., eff. 5-23-96; A by R184-07, 9-29-2008)

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NAC 616C.306 Proposed findings of fact and conclusions of law; motion to amend. ([NRS 616C.310](#))

1. An appeals officer may order a party to prepare proposed findings of fact and conclusions of law.

2. If an appeals officer orders a party to prepare proposed findings of fact and conclusions of law, the party shall, within 10 days after the appeals officer issues the order or as otherwise specified by the appeals officer:

(a) Submit the proposed findings of fact and conclusions of law to the appeals officer; and

(b) Serve upon the opposing party or, if the opposing party is represented, upon the counsel or licensed representative of the opposing party, a copy of the proposed findings of fact and conclusions of law.

3. If a party who has been served proposed findings of fact and conclusions of law pursuant to paragraph (b) of subsection 2 desires to oppose one or more of the findings or conclusions, that party shall, within 5 days after receiving the proposed findings of fact and conclusions of law:

(a) File with the appeals officer a motion to amend the proposed findings of fact and conclusions of law; and

(b) Serve upon the party who prepared the proposed findings of fact and conclusions of law or, if that party is represented, upon the counsel or licensed representative of that party, a copy of the motion to amend the proposed findings of fact and conclusions of law.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96; R055-98, 8-12-98)

NAC 616C.307 Evidence recorded on videotape, digitally or in any other electronic medium. ([NRS 616C.310](#))

1. A party who wishes to introduce evidence before an appeals officer that is recorded on videotape, as a digital recording or in any other electronic medium, must submit to the appeals officer a written request therefor and a summary of the evidence so recorded in the statement of the issues to be raised at the hearing at least 14 days before the hearing or as otherwise allowed by the appeals officer.

2. The appeals officer shall grant or deny the request within 5 days after the receipt of the request.

3. The party requesting the introduction of such evidence shall:

(a) At least 14 days before any hearing, or as otherwise allowed by the appeals officer, provide, free of charge, an unedited copy of the evidence to the opposing party and, if requested, to the appeals officer; and

(b) Provide all equipment necessary to display the videotape, digital recording or other electronic media at the hearing.

(Added to NAC by Hearings Div., eff. 5-23-96; A by R184-07, 9-29-2008)

NAC 616C.309 Testimony by telephone. ([NRS 616C.310](#))

1. Testimony may be taken by a hearing or appeals officer by use of the telephone. The hearing or appeals officer shall determine any issues relating to the credibility of such testimony in the same manner as the credibility of any other testimony is determined.

2. A person providing testimony by a long distance telephone call shall pay the costs of the telephone call and provide billing information or otherwise accept the charges for the call when presenting testimony at the hearing.

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3. If a party requests to present testimony by telephone and is not available to do so when the hearing or appeals officer places the call, the party shall be deemed to have failed to appear.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96)

NAC 616C.312 General requirements for motions. ([NRS 616C.310](#))

1. All motions, except those made during the hearing, must be filed with the appeals officer and a copy thereof served by the moving party upon all other parties.

2. Within 10 days after the service of a motion, an opposing party may serve and file its written opposition thereto.

3. Points and authorities may be filed with the motion.

4. All motions are submitted for decision:

(a) Ten days after the filing of the motion if a written opposition is not filed;

(b) Five days after the filing of a written opposition; or

(c) At the time designated by the appeals officer if a hearing on the motion has been ordered.

5. The appeals officer may, by a written order and for good cause:

(a) Change any times prescribed in this section; or

(b) Order a hearing on the motion.

6. All motions requesting the entry of an order must include alternate proposed orders approving and denying the motion.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96; R184-07, 9-29-2008)

NAC 616C.313 Motion for change of venue. ([NRS 616C.310](#))

1. A party who wishes to transfer a hearing to or from Carson City or Las Vegas must submit a written motion for a change of venue to the hearing or appeals officer with whom the contested claim was filed at least 10 days before the scheduled hearing. The moving party must serve a copy of the motion on all other parties.

2. A motion for a change of venue must be administered pursuant to [NAC 616C.312](#).

(Added to NAC by Hearings Div., eff. 5-23-96)

NAC 616C.315 Stay of decision of hearing officer. ([NRS 616C.310](#))

1. An application for a stay of a decision of a hearing officer must:

(a) Be filed with an appeals officer;

(b) Be served on all opposing parties;

(c) Contain supporting points and authorities; and

(d) Include alternate proposed orders approving and denying the application.

2. If a party wishes to oppose a stay, the party must file an objection with the appeals officer within 10 days after receipt of a copy of the application for a stay and serve a copy of the objection on all opposing parties. The moving party may file a reply to the objection not later than 5 days after service of the objection.

3. An appeals officer shall not rule on an application filed pursuant to subsection 1:

(a) If an objection is not timely filed pursuant to subsection 2, until 10 days after the application was filed.

(b) If an objection is timely filed pursuant to subsection 2, until 15 days after the application was filed.

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4. An appeals officer may rule on an application filed pursuant to subsection 1 without a hearing or may schedule a hearing on the application.

(Added to NAC by Hearings Div., eff. 11-26-84; A 5-23-96; R184-07, 9-29-2008)

NAC 616C.318 Continuances. ([NRS 616C.310](#)) Continuance of any matter set for hearing before a hearing officer or an appeals officer may be granted by the hearing officer or appeals officer only upon:

1. His or her own motion, for good cause;
2. Written stipulation of the parties and written approval of the hearing officer or appeals officer obtained not less than 5 days before the scheduled hearing, but stipulations are not necessarily good cause; or
3. Affidavit showing good cause filed by a party not less than 5 days before the scheduled hearing.

(Added to NAC by Hearings Div., eff. 11-26-84)—(Substituted in revision for NAC 616.6226)

NAC 616C.320 Conduct of parties. ([NRS 616C.310](#)) All parties to a hearing or other proceeding conducted pursuant to the provisions of [chapters 616A](#) to [616D](#), inclusive, or chapter [617](#) of NRS or regulations adopted pursuant to those chapters, their counsel or licensed representative and spectators shall conduct themselves in a respectful, appropriate and professional manner.

(Added to NAC by Hearings Div. by R055-98, eff. 8-12-98)

NAC 616C.321 Counsel of record. ([NRS 616C.310](#)) Counsel of record shall be deemed to be counsel for the party in all proceedings before the appeals officer until written notice of the withdrawal and the substitution of counsel is filed with the appeals officer.

(Added to NAC by Hearings Div., eff. 11-26-84)—(Substituted in revision for NAC 616.623)

NAC 616C.324 Counsel to be licensed to practice law. ([NRS 616C.310](#)) Any counsel appearing on behalf of a party in any proceeding before an appeals officer must be licensed to practice law before all the courts of this State.

(Added to NAC by Hearings Div., eff. 11-26-84)—(Substituted in revision for NAC 616.6235)

NAC 616C.327 Rehearings. ([NRS 616C.310](#))

1. A written petition for a rehearing based on good cause or newly discovered evidence may be filed with the appeals officer within 15 days after the service of a notice of the final decision. A copy of the petition must be served upon the other parties within the same time.

2. The appeals officer shall grant or deny the petition for rehearing within 15 days after the receipt of the petition. If the petition is granted, the rehearing must be held within 30 days after the petition is granted.

[Hearings Div., Practice Rule XVI, eff. 2-26-80]—(NAC A 11-26-84; 5-23-96)

NAC 616C.328 Judicial review. ([NRS 616C.310](#)) If a party to an appeal seeks judicial review of the opinion of an appeals officer pursuant to [NRS 616C.370](#):

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1. The party shall, within 10 days after receiving the final decision of the court in which judicial review was sought, provide copies of the decision of the court to the appeals officer who rendered the opinion for which judicial review was sought.

2. The retention period for the files of the appeals officer concerning the appeal does not begin to run until the matter has reached a final determination from the highest court in which review is sought.

(Added to NAC by Hearings Div. by R055-98, eff. 8-12-98; A by R184-07, 9-29-2008)

NAC 616C.330 Records of hearings. ([NRS 616C.310](#))

1. Every hearing before an appeals officer must be recorded as provided in [NRS 616C.360](#).

2. A record of a proceeding maintained by the appeals officer is the official record of the proceeding.

3. The parties may supplement or amend the record upon a written stipulation approved by the appeals officer.

4. After a transcript has been filed with the appeals officer, it is available for review in the office of the appeals officer by any party to the proceeding.

[Hearings Div., Practice Rule X, eff. 2-26-80]—(NAC A by R184-07, eff. 9-29-2008)—
(Substituted in revision for NAC 616.6246)

NAC 616C.333 Reimbursement for expenses incurred for attendance at hearing. ([NRS 616A.400](#), [616C.365](#))

1. A claimant requesting reimbursement for expenses incurred for attendance at a hearing shall complete the form entitled “Request for Reimbursement of Expenses for Travel and Lost Wages” and submit it to the insurer.

2. The insurer may require:

(a) The claimant to submit receipts for food and lodging; and

(b) The employer to submit verification of the claimant’s wages.

(Added to NAC by Dep’t of Industrial Relations, eff. 1-8-86)—(Substituted in revision for NAC 616.6248)

NAC 616C.334 Interpretation of certain terms used in [NRS 616D.065](#); payment of certain costs by attorney or licensed representative. ([NRS 616C.310](#))

1. As used in [NRS 616D.065](#), the Hearings Division will interpret:

(a) “Costs that are incurred by the Hearings Division of the Department of Administration for a court reporter” to include, without limitation, costs associated with the recording and transcription of a hearing or other proceeding.

(b) “Order of the appeals officer” to include, without limitation:

(1) An order that directs a party to provide in a timely manner medical reports, videotapes or other evidence that the party proposes to introduce at a hearing or other proceeding;

(2) An order that directs a party to provide or allow discovery;

(3) A prehearing order; and

(4) An order granting or denying a stay.

2. If an appeals officer orders an attorney or licensed representative of a party to pay costs pursuant to [NRS 616D.065](#), the appeals officer may direct the attorney or licensed representative to pay the costs to:

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- (a) The Department of Administration; or
 - (b) The person or entity that provided the service for which the costs were incurred.
- (Added to NAC by Hearings Div. by R055-98, eff. 8-12-98)

NAC 616C.335 Petitions concerning regulations. ([NRS 233B.100](#), [616C.310](#))

1. A petition requesting that the Hearings Division adopt, file, amend or repeal a regulation must include, without limitation:

- (a) The name and address of the petitioner;
- (b) A clear and concise statement of the regulation to be adopted, filed, amended or repealed;
- (c) The reason for the adoption, filing, amendment or repeal of the regulation;
- (d) The statutory authority for the adoption, filing, amendment or repeal of the regulation; and
- (e) If the petition is requesting the adoption or amendment of a regulation, the full text of that proposed regulation or amendment.

2. A person filing such a petition shall file an original and three copies of the petition and any supporting documentation with the senior appeals officer.

3. A petition filed without:

- (a) The information required pursuant to subsection 1; or
- (b) The number of copies required pursuant to subsection 2,

↪ will be returned to the petitioner and no action will be taken by the Hearings Division.

4. The Hearings Division will notify the petitioner in writing of its decision concerning his or her petition within 30 days after the Hearings Division receives the petition.

(Added to NAC by Hearings Div. by R055-98, eff. 8-12-98)

NAC 616C.336 Clarification of regulations and relief from strict application. ([NRS 616C.310](#)) To the extent not elsewhere provided in [NAC 616C.274](#) to [616C.336](#), inclusive, clarification of those sections or relief from the strict application of any of their terms may be obtained by filing with the appeals officer a written motion supported by affidavit or points and authorities, copies of which must be served upon all parties.

(Added to NAC by Hearings Div., eff. 11-26-84; A by R055-98, 8-12-98)

Licensing of Representatives for Contested Claims

NAC 616C.350 Definitions. ([NRS 616C.325](#)) As used in [NAC 616C.350](#) to [616C.377](#), inclusive, unless the context otherwise requires:

- 1. “Department” means the Department of Administration.
- 2. “Director” means the Director of the Department of Administration.
- 3. “Representative” means a person required to be licensed pursuant to [NRS 616C.325](#).

(Added to NAC by Comm’r of Insurance, eff. 5-23-88; A 5-27-92; A by Dep’t of Administration, 5-23-96)

NAC 616C.353 Application for license; necessary documentation; persons required to comply. ([NRS 616C.325](#))

1. Except as otherwise provided in this section, an applicant for licensing as a representative shall submit to the Department:

- (a) An application, in a form prescribed by the Director, showing that he or she:

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- (1) Is at least 18 years of age;
 - (2) Is of good moral character;
 - (3) Is competent to transact business and discharge the responsibilities of a representative;
- and
- (4) Maintains a place of business as required by [NAC 616C.365](#); and
 - (b) A copy of any written agreement, then in force, under the terms of which the applicant is to be compensated for his or her services as a representative.
2. If an applicant for licensing is a corporation, it shall submit to the Department:
 - (a) A copy of its articles of incorporation and bylaws;
 - (b) A list of its officers and directors;
 - (c) The address of its principal place of business and each of its branch offices; and
 - (d) The name and address of each person authorized to act for the corporation in transacting the business of a representative.
 3. If an applicant for licensing is a partnership, it shall submit to the Department:
 - (a) A copy of the partnership agreement;
 - (b) The name and address of each partner;
 - (c) The address of its principal place of business and each of its branch offices; and
 - (d) The name and address of each person authorized to act for the partnership in transacting the business of a representative.
 4. Except as otherwise provided in [NAC 616C.359](#), each person designated as the agent of a corporation or partnership pursuant to paragraph (d) of subsection 2 or paragraph (d) of subsection 3, respectively, and each partner identified pursuant to paragraph (b) of subsection 3 shall comply with the provisions of subsection 1 and [NAC 616C.356](#) and [616C.359](#). For the purposes of [NAC 616C.350](#) to [616C.377](#), inclusive, the act of any such agent or partner shall be deemed to be the act of the corporation or partnership for which he or she is acting.
(Added to NAC by Comm'r of Insurance, eff. 5-23-88; A 5-27-92; A by Dep't of Administration, 5-23-96)

NAC 616C.356 Information concerning prior licensing of applicant. ([NRS 616C.325](#))
With respect to any license required to practice a profession or occupation, an applicant shall indicate in the application whether he or she:

1. Has ever been denied such a license;
2. Has ever had a license revoked or suspended, or its renewal denied; or
3. Has ever been subject to other disciplinary action by a licensing authority.

(Added to NAC by Comm'r of Insurance, eff. 5-23-88)—(Substituted in revision for NAC 616.2512)

NAC 616C.359 Examination required; exception; payment of fee for licensure. ([NRS 616C.325](#))

1. Except as otherwise provided in subsection 3, a natural person who:
 - (a) Applies for licensing as a representative; or
 - (b) Is a person described in subsection 4 of [NAC 616C.353](#),↪ must take and pass, with a score of at least 75, a written examination, in a form prescribed by the Director.
2. The examination will relate to:

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(a) The rights and remedies of employees and employers in contested cases, as provided by [chapters 616A to 617](#), inclusive, of NRS, and [chapters 616A to 617](#), inclusive, of NAC; and

(b) Practice and procedure in the prosecution and defense of contested cases.

3. Any natural person or other person described in subsection 4 of [NAC 616C.353](#) who is employed on or before October 1, 1993, by a corporation or partnership which is licensed as a representative is not required to comply with the provisions of subsection 1 as they apply to him or her.

4. A natural person or other person described in subsection 4 of [NAC 616C.353](#) who is licensed as a representative by the Commissioner of Insurance on or before October 1, 1993, is not required to pay the fees for licensure until the expiration of the period covered by the current license.

(Added to NAC by Comm'r of Insurance, eff. 5-23-88; A by Dep't of Administration, 5-23-96)

NAC 616C.362 Verification of information provided by applicant; misstatement as ground for denial of license or disciplinary action. ([NRS 616C.325](#)) Any information provided by an applicant is subject to verification by the Director. Any material misstatement made by an applicant in connection with his or her application is grounds for the denial of a license, or for disciplinary action as provided in [NAC 616C.368](#).

(Added to NAC by Comm'r of Insurance, eff. 5-23-88; A by Dep't of Administration, 5-23-96)

NAC 616C.365 Maintenance of place of business; notification of address and telephone number; submission of agreement for compensation. ([NRS 616C.325](#)) A representative shall:

1. Maintain a place of business in this State at which the representative or an employee can be contacted during regular business hours. Any books or records relating to his or her clients in this State must be kept at that place of business.

2. Notify the Division, in writing, of the current mailing address and telephone number of his or her place of business, and of any change of address or telephone number within 10 days after the date the change becomes effective.

3. Submit to the Division, within 30 days after the effective date of the agreement, a copy of any written agreement under the terms of which the representative is to be compensated for his or her services as a representative.

(Added to NAC by Comm'r of Insurance, eff. 5-23-88; A 5-27-92)—(Substituted in revision for NAC 616.2515)

NAC 616C.368 Grounds for revocation, limitation, suspension or refusal to renew license. ([NRS 616C.325](#))

1. Except as otherwise provided in subsection 2, the Director may revoke, limit, suspend for a period of not more than 1 year, or refuse to renew any license issued pursuant to [NAC 616C.350 to 616C.377](#), inclusive, for any of the following causes:

(a) Any cause for which issuance of the license might have been refused, had its existence been known to the Director.

(b) Violation, or aiding, abetting or assisting in a violation, of any order of the Director, any applicable provision of [NRS 616D.120](#), or any other applicable provision of [chapters 616A to 617](#), inclusive, of NRS, or [chapters 616A to 617](#), inclusive, of NAC.

(c) Any material misstatement made by an applicant in connection with his or her application.

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(d) Any misappropriation or conversion of money or other property received in the conduct of the business of a representative.

(e) Any unlawful withholding of money or other property received in the conduct of the business of a representative.

(f) Any other fraudulent, coercive or dishonest conduct.

(g) Any other conduct by which a representative has shown himself or herself to be incompetent, untrustworthy, financially irresponsible or a source of injury to the public.

(h) Any other conduct, including any misconduct in the presence of a hearing officer or an appeals officer, which indicates that the representative lacks knowledge or understanding of the fundamentals or practice of worker's compensation law.

2. The Director will revoke any license issued pursuant to [NAC 616C.350](#) to [616C.377](#), inclusive, upon the entry of a judgment of conviction for any offense which is a felony under the law of the jurisdiction in which the conviction is obtained.

(Added to NAC by Comm'r of Insurance, eff. 5-23-88; A by Dep't of Administration, 5-23-96)

NAC 616C.372 Notice to licensee of revocation, limitation, suspension or refusal to renew license; rehearing. ([NRS 616C.325](#))

1. If the Director revokes, limits, suspends or refuses to renew a license issued pursuant to [NAC 616C.350](#) to [616C.377](#), inclusive, the Director will send notice of the action to the licensee by certified mail, return receipt requested.

2. A licensee may appeal the decision of the Director to revoke, limit, suspend or refuse to renew his or her license by requesting in writing a rehearing before the Director within 30 days after the licensee receives the notice pursuant to subsection 1.

3. Within 60 days after receipt of a request for a rehearing, the Director or a designee thereof will hold the rehearing.

4. The rehearing before the Director or a designee and any appeal therefrom must be conducted in the manner set forth in [chapter 233B](#) of NRS.

(Added to NAC by Dep't of Administration, eff. 5-23-96)

NAC 616C.374 Relicensing after revocation of license. ([NRS 616C.325](#))

1. Except as otherwise provided in subsection 2, no representative whose license is revoked may apply for relicensing for 1 year after the date the revocation becomes final.

2. No representative whose license is twice revoked may thereafter apply for relicensing.

(Added to NAC by Comm'r of Insurance, eff. 5-23-88)—(Substituted in revision for NAC 616.2518)

NAC 616C.377 Surrender of license upon revocation or suspension. ([NRS 616C.325](#))

Upon the revocation or suspension of his or her license, a representative shall forthwith surrender the license to the Department. If the license has been stolen, lost, or destroyed, the representative shall submit an affidavit, in a form prescribed by the Director, setting forth the facts concerning the theft, loss, or destruction.

(Added to NAC by Comm'r of Insurance, eff. 5-23-88; A 5-27-92; A by Dep't of Administration, 5-23-96)

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NAC 616C.393 Investigation of claim against uninsured employer: Report of findings; information to be sent to Administrator. ([NRS 616A.400](#))

1. If a private carrier conducts an investigation regarding a claim against an uninsured employer, a report of its findings must be prepared.

2. Upon completion of the investigation, a copy of all available information from the file, including, without limitation, the investigative report, must be sent to the Administrator.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A by Div. of Industrial Relations by R098-98, 12-18-98; R098-98, 12-18-98, eff. 7-1-99)

NAC 616C.396 Investigation of claim against uninsured employer: Conditions for refusal to assign claims; notice of right of appeal. ([NRS 616A.400](#), [616C.220](#))

1. The Workers' Compensation Section will investigate each claim against an uninsured employer to determine whether the claim will be assigned to the third-party administrator or insurer designated by the Division pursuant to [NRS 616C.220](#) for the payment of benefits from the Uninsured Employers' Claim Account. The Workers' Compensation Section will refuse to assign the claim if:

(a) The private carrier has failed to exhaust its remedies by failing to charge the claim against any existing policies of the employer of the employee or any principal contractor who is liable for the payment of compensation;

(b) The claim includes a person excluded as an employee pursuant to [NRS 616A.110](#);

(c) The notice of the claim fails to include the documents which support the claim;

(d) The claim fails to satisfy any provision of [NRS 616C.220](#); or

(e) The injured employee fails to complete and return to the Workers' Compensation Section:

(1) Form D-16, Notice of Election for Compensation Benefits Under the Uninsured Employer Statutes;

(2) Form D-17, Employee's Claim for Compensation - Uninsured Employer; or

(3) Form D-18, Assignment ~~[of Claim]~~ to *Division* for Workers' Compensation ~~[Uninsured Employer,]~~ *Benefits*,

↪ within 30 days after receiving the form from the Workers' Compensation Section.

2. If the Workers' Compensation Section refuses to assign a claim, it will include in the notice required by [NRS 616C.220](#) a statement of the right of appeal provided by that section.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A 8-30-91; A by Div. of Industrial Relations by R098-98, 12-18-98, eff. 7-1-99; R105-00, 1-18-2001, eff. 3-1-2001; R108-09, 6-30-2010; R032-21, 8-22-2023)

NAC 616C.399 Billing of claims assigned to designated third-party administrator or insurer; reimbursement of Uninsured Employers' Claim Account. ([NRS 616A.400](#), [616C.220](#))

1. If a claim against an uninsured employer is assigned by the Administrator to the third-party administrator or insurer designated by the Division pursuant to [NRS 616C.220](#), that third-party administrator or insurer shall bill the Division for compensation paid on the claim. The designated third-party administrator or insurer shall submit such a bill to the Division within 90 days after the date on which it paid the compensation unless it shows good cause for later submission. If good cause is shown, the designated third-party administrator or insurer shall submit such a bill not later than 6 months after the date on which it paid the compensation. The designated third-party

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administrator or insurer shall present with any billing copies of invoices, benefit checks, change orders, journal entries and employer's claims expense reports to evidence each transaction or payment made on the claim. The Division shall promptly reimburse the designated third-party administrator or insurer for only those billings supported by such evidence.

2. The designated third-party administrator or insurer shall reimburse the Uninsured Employers' Claim Account for a repayment or reimbursement received by it within 30 days after receipt of the repayment or reimbursement.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A by Div. of Industrial Relations by R098-98, 12-18-98)

NAC 616C.402 Notice of closure or reopening of claim. ([NRS 616A.400](#), [616A.417](#), [616C.220](#))

1. If a claim against an uninsured employer is closed, the third-party administrator or insurer designated by the Division pursuant to [NRS 616C.220](#) shall send a copy of or deliver by electronic transmission the closure notice to the Division at the same time at which the notice is delivered to the injured employee pursuant to [NRS 616C.235](#).

2. If a claim against an uninsured employer is reopened, the designated third-party administrator or insurer shall send a copy of or deliver by electronic transmission the reopening notice to the Division at the same time at which the notice is delivered to the injured employee.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A by Div. of Industrial Relations by R098-98, 12-18-98; R105-00, 1-18-2001, eff. 3-1-2001)

NAC 616C.405 Investigation and administration of claim by employee of uninsured employer. ([NRS 616A.400](#), [616C.220](#)) The Administrator will:

1. Direct an immediate investigation of each claim of an employee of an uninsured employer which is received.

2. Notify the injured employee and the employer in writing of the determination of the Administrator on the claim within 30 days after receipt of the claim.

3. Deliver copies of accepted claims and the assignment of rights of action of the injured employee to the employer.

4. Advise the employer that he or she will be billed monthly for all expenses incurred in the settlement of accepted claims.

5. Take any action necessary to collect from the uninsured employer the cost incurred in the settlement of accepted claims.

[Industrial Comm'n, No. 27.020, eff. 9-25-75; renumbered as 16.020, 6-30-82]—(NAC A by Div. of Industrial Relations by R098-98, 12-18-98)

NAC 616C.408 Payment of attorney's fees. ([NRS 616A.400](#), [616C.220](#))

1. If the Division uses the services of an attorney employed by the Division to carry out the provisions of [NRS 616C.220](#), the Division may require the uninsured employer to pay attorney's fees in an amount equal to the gross hourly wage and all benefits paid to that employee by the Division while providing those services.

2. If the Division uses the services of an attorney who is not employed by the Division to carry out the provisions of [NRS 616C.220](#), the Division may require the uninsured employer to pay the actual amount of the attorney's fees charged.

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(Added to NAC by Div. of Industrial Relations by R118-02, eff. 9-7-2005)

COMPENSATION FOR INJURIES AND DEATH

Average Monthly Wage

NAC 616C.420 “Average monthly wage” defined. ([NRS 616A.400](#), [616C.420](#)) As used in [NAC 616C.420](#) to ~~[616C.447,]~~ [616C.444](#) inclusive, “average monthly wage” means the total gross value of all money, goods and services received by an injured employee from his or her employment to compensate for his or her time or services and is used as the base for calculating the rate of compensation for the injured employee.

[Industrial Comm’n, No. 40 § 1, eff. 3-26-82]—(NAC A by Div. of Industrial Insurance Regulation, 8-30-91; A by Div. of Industrial Relations by R098-98, 12-18-98; R134-20, 8-22-2023)

NAC 616C.423 **Items included in average monthly wage.** ([NRS 616A.400](#), [616C.420](#))

1. Money, goods and services which are paid within the period used to calculate the average monthly wage include, but are not limited to:

- (a) Wages;
- (b) Commissions which are prorated over the period used to calculate the average monthly wage;
- (c) Incentive pay;
- (d) Payment for sick leave;
- (e) Bonuses which are prorated over the period used to calculate the average monthly wage;
- (f) Termination pay;
- (g) Tips which are collected and disbursed by the employer which are not paid at the discretion of the customer;
- (h) Tips reported by the employee pursuant to [NRS 616B.227](#);
- (i) Allowance for tools or for the rental of hand and power tools not normally provided by the employee;
- (j) Salary;
- (k) Payment for piecework;
- (l) Payment for vacation;
- (m) Payment for holidays;
- (n) Payment for overtime;
- (o) Payment for travel when it is paid to compensate the employee for the time spent in travel; and
- (p) The reasonable market value of either board or room, or both. At least \$150 per month will be allowed for board and room, \$5 per day or \$1.50 per meal for board, and \$50 per month for a room.

2. Notwithstanding paragraph (p) of subsection 1, the reasonable value of a meal furnished by an employer to an employee is the value, if any, specified in the collective bargaining agreement between the employee and employer.

3. The following payments may not be included in the calculation of an average monthly wage:

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(a) Reimbursement to the employee for expenses to enable the employee to perform his or her job, including, without limitation, a per diem allowance and reimbursement for travel expenses;

(b) Payment for employment which is not subject to coverage pursuant to [chapters 616A to 616D](#), inclusive, or chapter [617](#) of NRS;

(c) Payment for employment for which coverage is elective, but has not been elected; and

(d) Allowances for laundry or uniforms.

[Industrial Comm'n, No. 40 §§ 2-4, eff. 3-26-82]—(NAC A by Dep't of Industrial Relations, 6-29-84; 1-8-86; A by Div. of Industrial Insurance Regulation, 8-30-91; A by Div. of Industrial Relations, 3-28-94; R098-98, 12-18-98)

NAC 616C.426 Form for reporting amount received as tips. ([NRS 616A.400](#), [616B.227](#), [616C.420](#)) An employee who reports the amount he or she receives in tips pursuant to [NRS 616B.227](#) shall use the form prescribed for that purpose by the United States Internal Revenue Service.

(Added to NAC by Dep't of Industrial Relations, eff. 1-8-86; A 8-30-91)—(Substituted in revision for NAC 616.673)

NAC 616C.429 Deemed wages. ([NRS 616A.400](#), [616C.420](#)) Those wages which are deemed to be established in [chapters 616A to 616D](#), inclusive, of NRS for certain groups of employees will be considered the average monthly wage when applicable.

[Industrial Comm'n, No. 40 § 13, eff. 3-26-82]—(Div. of Industrial Relations)

NAC 616C.432 Calculation of average monthly wage. ([NRS 616A.400](#), [616C.420](#)) The average monthly wage will be calculated by multiplying the average daily wage of an employee during a period of earnings by 30.44. The following formulas will be used to compute an average daily wage and an average monthly wage:

1. Gross earnings divided by days in period of earnings = average daily wage.
2. Average daily wage x 30.44 = average monthly wage.

[Industrial Comm'n, No. 40 § 5, eff. 3-26-82]—(Div. of Industrial Relations)

NAC 616C.435 Period used to calculate average monthly wage. ([NRS 616A.400](#), [616C.420](#))

1. Except as otherwise provided in this section, a history of earnings for a period of 12 weeks must be used to calculate an average monthly wage.

2. If a 12-week period of earnings is not representative of the average monthly wage of the injured employee, ~~[earnings]~~ *wages earned* over a period of 1 year or the full period of employment, if it is less than 1 year, may be used. ~~[Earnings]~~ *Wages earned* over 1 year or the full period of employment, if it is less than 1 year, must be used if the average monthly wage would be increased.

3. If an injured employee is a member of a labor organization and is regularly employed by referrals from the office of that organization, wages earned from all employers for a period of 1 year may be used. A period of 1 year using all the wages of the injured employee from all his or her employers must be used if the average monthly wage would be increased.

4. If information concerning payroll is not available for a period of 12 weeks, wages *earned* may be averaged for the available period, but not for a period of less than 4 weeks.

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5. If information concerning payroll is unavailable for a period of at least 4 weeks, average ~~[earnings]~~ *wages earned* must be projected using the rate of pay on the date of the ~~[accident]~~ *injury* or illness and the projected working schedule of the injured employee.

6. If ~~[earnings]~~ *wages earned* are based on piecework and a history of earnings is unavailable for a period of at least 4 weeks, the ~~[wage]~~ *wages earned* must be determined as being equal to the average earnings of other employees doing the same work.

7. If these methods of determining a period of ~~[earnings]~~ *wages earned* cannot be applied reasonably and fairly, an average monthly wage must be calculated by the insurer at 100 percent of:

(a) The sum which reasonably represents the average monthly wage of the injured employee as defined in [NAC 616C.420](#) to ~~[616C.447,]~~ [616C.444](#) inclusive, at the time the injury or illness occurs; or

(b) The *amount determined using the* hourly wage on the day the injury or illness occurs ~~[-]~~ *calculated by using* ~~[-]~~ *of the injured employee.*

8. The period used to calculate the average monthly wage must consist of consecutive days, ending on the date on which the ~~[accident]~~ *injury* or ~~[disease]~~ *illness* occurred, or the last day of the payroll period preceding the ~~[accident]~~ *injury* or ~~[disease]~~ *illness* if this period is representative of the average monthly wage.

9. *Wages earned in any concurrent employment:*

(a) Except as otherwise provided in paragraph (b), include, without limitation, wages earned from:

(1) Active or reserve duty with or in:

(I) The Army, Navy, Air Force, Marine Corps or Coast Guard of the United States;

(II) The Merchant Marine; or

(III) The National Guard; and

(2) Employment by:

(I) The Federal Government or any branch or agency thereof;

(II) A state, territorial, county, municipal or local government of any state or territory of the United States; or

(III) A private employer, whether that employment is full-time, part-time, temporary, periodic, seasonal or otherwise limited in term, or pursuant to contract.

(b) Include wages earned from an employer only if the employer is insured for workers' compensation or government disability benefits by:

(1) A private carrier;

(2) A plan of self-insurance;

(3) A workers' compensation insurance system operating under the laws of any other state or territory of the United States; or

(4) A workers' compensation or disability benefit plan provided for and administered by the Federal Government or any agency thereof.

10. As used in this section, ~~["earnings"]~~ :

(a) "Wages earned" means ~~[earnings received]~~ wages earned from the employment in which the injury occurs and wages earned in any concurrent employment.

(b) "Wages earned in any concurrent employment" has the meaning ascribed to the term "concurrent wages" in NRS 616C.420, except as otherwise provided in paragraph (b) of subsection 9.

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[Industrial Comm'n, No. 40 §§ 6 & 7, eff. 3-26-82]—(NAC A by Div. of Industrial Insurance Regulation, 2-22-88; 8-30-91; A by Div. of Industrial Relations by R098-98, 12-18-98; R134-20, 8-22-2023)

NAC 616C.438 Calculation of days in period of earnings. ([NRS 616A.400](#), [616C.420](#))
Each day within a period of earnings must be counted to determine the period of employment, except for days on which an injured employee was:

1. Absent because of a certified illness or disability, including, without limitation, time for which temporary disability payments were made;
2. Institutionalized in a hospital or other institution;
3. Enrolled as a full-time student and not employed on the days of attendance of school;
4. In military service other than training duty conducted on weekends;
5. Absent because of an officially sanctioned strike; or
6. Absent because of leave approved pursuant to the Family and Medical Leave Act of 1993, 29 U.S.C. §§ 2601 et seq.

↪ All other days in the period, including, without limitation, days while on vacation, will be used to calculate the average monthly wage.

[Industrial Comm'n, No. 40 § 9, eff. 3-26-82]—(NAC A by Div. of Industrial Relations, 3-28-94; R098-98, 12-18-98)

NAC 616C.441 Earnings used to calculate average monthly wage. ([NRS 616A.400](#), [616C.420](#))

1. The earnings of an injured employee on the date on which an accident occurs or the date on which an injured employee is no longer able to work as a result of contracting an occupational disease will be used to calculate the average monthly wage.

2. As used in this section, “earnings” includes, without limitation, the money, goods and services set forth in [NAC 616C.423](#).

[Industrial Comm'n, No. 40 § 8, eff. 3-26-82]—(NAC A by Div. of Industrial Relations by R007-06, 6-1-2006)

NAC 616C.444 Change in job. ([NRS 616A.400](#), [616C.420](#)) The average monthly wage of an employee who permanently or temporarily changes to a job with different duties, rate of pay, or hours of employment, must be calculated using only information concerning payroll which relates to his or her primary job at the time of the accident. The preceding sections apply in calculating the average monthly wage for such an employee.

[Industrial Comm'n, No. 40 § 11, eff. 3-26-82]—(NAC A by Div. of Industrial Relations, 3-28-94)—(Substituted in revision for NAC 616.686)

NAC 616C.447 *Repealed.* ~~[Concurrent employment. ([NRS 616A.400](#), [616C.420](#))—The average monthly wage of an employee who is employed by two or more employers covered by a private carrier or by a plan of self insurance on the date of a disabling accident or disease is equal to the sum of the wages earned or deemed to have been earned at each place of employment. The insurer shall advise an injured employee in writing of his or her entitlement to compensation for concurrent employment at the time of the initial payment of the compensation.~~

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~~—[Industrial Comm'n, No. 40 § 12, eff. 3-26-82]—(NAC A by Dep't of Industrial Relations, 6-29-84; A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations by R098-98, 12-18-98, eff. 7-1-99; repealed by R134-20)}~~

Permanent Partial Disability

NAC 616C.460 Factors for determining percentage of permanent partial disability. (NRS 616A.400, 616C.490) In determining the percentage of permanent partial disability of an injured employee whose accident occurred before July 1, 1973, and whose disability has not been shown on any applicable statutory schedule, the insurer shall consider:

1. The following factors:

- (a) The extent of the injured employee's physical impairment.
- (b) The injured employee's age at the time of injury.
- (c) The injured employee's occupation and number of years in the occupation.
- (d) The loss of earning power caused by the injury.
- (e) The incapacity for work as a result of the injury.
- (f) The inability to find work as a result of the injury.
- (g) Any previous disability.

2. The American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

3. The "Nevada Schedule for Rating Permanent Disabilities," issued by the former Nevada Industrial Commission on July 1, 1971. That schedule is incorporated by reference into this section. A copy of that schedule may be obtained from the Division of Industrial Relations, 400 West King Street, Carson City, Nevada 89710, for the cost of the reproduction.

[Industrial Comm'n, No. 5.011, eff. 6-30-82]—(NAC A by Dep't of Industrial Relations, 10-26-83; A by Div. of Industrial Relations by R009-97, 10-27-97)

NAC 616C.463 Scope. (NRS 616A.400, 616C.490) The provisions of NAC 616C.463 to ~~[616C.490,]~~ 616C.487, inclusive:

1. Apply to ratings of permanent partial disabilities which are determined on or after May 1, 1997.

2. May not be used as the only basis for a change of circumstances pursuant to NRS 616C.390 to require an increase of compensation for any ratings of permanent partial disability for injuries which occurred before May 1, 1997.

[Comm'r of Insurance & Industrial Comm'n, No. 41 § 11, eff. 5-13-82]—(NAC A by Dep't of Industrial Relations, 10-26-83; A by Div. of Industrial Relations by R009-97, 10-27-97; R032-21, 8-22-2023)

NAC 616C.476 Rating physician or chiropractic physician: Performance of evaluation and calculation of entitlement to compensation. (NRS 616A.400, 616C.110, 616C.490)

1. A rating physician or chiropractic physician who performs an evaluation of a permanent partial disability shall evaluate the industrial injury or occupational disease of the injured employee as it exists at the time of the rating evaluation. The rating physician or chiropractic physician shall take into account any improvement or worsening of the industrial injury or occupational disease that has resulted from treatment of the industrial injury or occupational disease. The rating

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physician or chiropractic physician shall not consider any factor other than the degree of physical impairment of the whole person in calculating the entitlement to compensation.

2. In performing an evaluation of a permanent partial disability, a rating physician or chiropractic physician shall not use:

(a) Chapter 14, “Mental and Behavioral Disorders,” of the *Guide*, unless the claim was accepted pursuant to [NRS 616C.180](#); or

(b) Chapter 18, “Pain,” of the *Guide*.

(Added to NAC by Div. of Industrial Relations by R009-97, eff. 10-27-97; A by R105-00, 1-18-2001, eff. 3-1-2001; R060-03, 9-8-2003, eff. 10-1-2003; R108-09, 6-30-2010)

NAC 616C.479 Rating physician: Form for evaluation of injury or disease caused by stress. ([NRS 616A.400](#), [616C.110](#), [616C.490](#)) When performing an evaluation of a permanent partial disability for a claim accepted pursuant to [NRS 616C.180](#), a rating physician shall use the form designated in [NAC 616A.480](#) as Form ~~[D-9(e),]~~ *D-9c*, Permanent ~~[Partial-Disability Worksheet for Stress Claims Pursuant to NRS 616C.180,]~~ *Work-Related Mental Impairment Rating Report Work Sheet* to determine the percentage of impairment under Chapter 14, “Mental and Behavioral Disorders,” of the *Guide*.

(Added to NAC by Div. of Industrial Relations by R108-09, eff. 6-30-2010; A by R134-20, 8-22-2023; R032-21, 8-22-2023)

NAC 616C.487 Limitation on percentage of impairment. ([NRS 616A.400](#), [616C.490](#)) The percentage of impairment in any specific rating or combination of ratings may not exceed 100 percent of the applicable extremity or of the whole person.

[Comm’r of Insurance & Industrial Comm’n, No. 41 § 8, eff. 5-13-82]—(NAC A by Div. of Industrial Relations by R009-97, 10-27-97; R108-09, 6-30-2010)

NAC 616C.490 (Repealed) ~~[Apportionment of impairments. (NRS 616A.400, 616C.490)]~~

~~—1.—If any permanent impairment from which an employee is suffering following an accidental injury or the onset of an occupational disease is due in part to the injury or disease, and in part to a preexisting or intervening injury, disease or condition, the rating physician or chiropractic physician, except as otherwise provided in subsection 8, shall determine the portion of the impairment which is reasonably attributable to the injury or occupational disease and the portion which is reasonably attributable to the preexisting or intervening injury, disease or condition. The injured employee may receive compensation for that portion of his or her impairment which is reasonably attributable to the present industrial injury or occupational disease and may not receive compensation for that portion which is reasonably attributable to the preexisting or intervening injury, disease or condition. The injured employee is not entitled to receive compensation for his or her impairment if the percentage of impairment established for his or her preexisting or intervening injury, disease or condition is equal to or greater than the percentage of impairment established for the present industrial injury or occupational disease.~~

~~—2.—Except as otherwise provided in subsection 8, the rating of a permanent partial disability must be apportioned if there is a preexisting permanent impairment or intervening injury, disease or condition, whether it resulted from an industrial or nonindustrial injury, disease or condition.~~

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~~—3.— A precise apportionment must be completed if a prior evaluation of the percentage of impairment is available and recorded for the preexisting impairment. The condition, organ or anatomical structure of the preexisting impairment must be identical with that subject to current evaluation. Sources of information upon which an apportionment may be based include, but are not limited to:~~

~~—(a) Prior ratings of the insurer;~~

~~—(b) Other ratings;~~

~~—(c) Findings of the loss of range of motion;~~

~~—(d) Information concerning previous surgeries; or~~

~~—(e) For claims accepted pursuant to NRS 616C.180, other medical or psychological records regarding the prior mental or behavioral condition.~~

~~—4.— Except as otherwise provided in subsection 5, if a rating evaluation was completed in another state or using an edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*, other than the edition of the *Guides* as adopted by reference pursuant to NAC 616C.002, for a previous injury or disease involving a condition, organ or anatomical structure that is identical to the condition, organ or anatomical structure being evaluated for the present industrial injury or occupational disease, or if no previous rating evaluation was performed, the percentage of impairment for the previous injury or disease and the present industrial injury or occupational disease must be recalculated by using the *Guides*, as adopted by reference pursuant to NAC 616C.002. The apportionment must be determined by subtracting the percentage of impairment established for the previous injury or disease from the percentage of impairment established for the present industrial injury or occupational disease.~~

~~—5.— If precise information is not available, and the rating physician or chiropractic physician is unable to determine an apportionment using the *Guides* as set forth in subsection 4, an apportionment may be allowed if at least 50 percent of the total present impairment is due to a preexisting or intervening injury, disease or condition. The rating physician or chiropractic physician may base the apportionment upon X-rays, historical records and diagnoses made by physicians or chiropractic physicians or records of treatment which confirm the prior impairment.~~

~~—6.— If there are preexisting conditions, including, without limitation, degenerative arthritis, rheumatoid variants, congenital malformations or, for claims accepted under NRS 616C.180, mental or behavioral disorders, the apportionment must be supported by documentation concerning the scope and the nature of the impairment which existed before the industrial injury or the onset of disease.~~

~~—7.— A rating physician or chiropractic physician shall always explain the underlying basis of the apportionment as specifically as possible by citing pertinent data in the health care records or other records.~~

~~—8.— If no documentation exists pursuant to subsection 6 or 7, the impairment may not be apportioned.~~

~~—[Comm'r of Insurance & Industrial Comm'n, No. 41 § 9, eff. 5-13-82]—(NAC A by Dep't of Industrial Relations, 10-26-83; 6-23-86; A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations by R009-97, 10-27-97; R105-00, 1-18-2001, eff. 3-1-2001; R108-09, 6-30-2010; R136-14, 6-28-2016; repealed by R032-21, 8-22-2023)~~

NAC 616C.496 Evaluation of disability from multiple accidents. (NRS 616A.400, 616C.490) If no factual measurement has been made of a disability that:

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1. Involves the same anatomical structure or the same or a related condition or organ; and
 2. Is attributable to the injury from the first accident,
- ↪ before a disability occurs as a result of the second accident, the total disability from both accidents must not be evaluated until both injuries are stabilized following the second accident.
- [Industrial Comm'n, No. 5.041, eff. 6-30-82]—(NAC A by Dep't of Industrial Relations, 10-26-83; A by Div. of Industrial Relations by R105-00, 1-18-2001, eff. 3-1-2001)

NAC 616C.499 Election to receive award in lump sum: Reaffirmation; payment; notice of waiver of rights. (NRS 616A.400, 616C.495)

1. If an injured employee elects to receive an award for a permanent partial disability in a lump sum, he or she must reaffirm the election within 20 days after receiving notification from the insurer pursuant to subsection ~~[2]~~ 3 of [NRS 616C.495](#) before the lump sum will be paid.
 2. If an injured employee reaffirms the election within 20 days, the insurer shall make payment to the injured employee:
 - (a) Within 20 days; or
 - (b) If there is any child support obligation affecting the injured employee, within 35 days,↪ after the insurer receives the reaffirmation.
 3. In offering an award for a permanent partial disability in a lump sum, the insurer shall notify the injured employee that acceptance of the award waives ~~[all]~~ *certtain* of his or her rights regarding the claim ~~[, including the right to appeal, except the right to reopen the claim and to vocational rehabilitation services.]~~ *as set forth in subsection 2 of NRS 616C.495.*
- (Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A by Div. of Industrial Relations, 3-28-94; R009-97, 10-27-97; R032-21, 8-22-2023)

NAC 616C.502 Method for computing present value for lump-sum payment. (NRS 616A.400, 616C.495) The determination of the age of an injured employee must be made by subtracting the birthdate of the injured employee from the date of the request by the injured employee for a lump-sum payment for an award for a permanent partial disability. Only the month and year may be used in the determination.

(Added to NAC by Dep't of Industrial Relations, eff. 6-29-84; A 11-12-85; 6-23-86, eff. 7-1-86; 8-31-87; A by Div. of Industrial Relations by R009-97, 10-27-97; R127-17, 1-30-2019)

NAC 616C.505 (Repealed) ~~[Acceptance of award in installment payments. (NRS 616A.400) An injured employee may accept an award for a permanent partial disability in installment payments without prejudice to any right which he or she may have to an administrative or judicial review.]~~
~~— [Industrial Comm'n, No. 5.031, eff. 6-30-82]—(NAC A by Div. of Industrial Relations by R009-97, 10-27-97; repealed by R032-21, 8-22-2023)~~

NAC 616C.508 Compensation for loss of or permanent damage to tooth. (NRS 616A.400, 616C.485, 616C.495)

1. An injured employee is entitled to receive the following compensation for the loss of or permanent damage to a tooth:

Incisor..... \$200

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Cuspid.....	300
Bicuspid.....	300
Molar.....	400

2. An insurer or third-party administrator shall pay an injured employee for the loss of or permanent damage to a tooth within 30 days after he or she is notified by the treating dentist that the dental treatment related to the tooth has been completed.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 8-30-91; A by Div. of Industrial Relations by R009-97, 10-27-97; R105-00, 1-18-2001, eff. 3-1-2001)

Temporary Total Disability

NAC 616C.520 Forms for inclusion with payments of compensation. ([NRS 616A.400](#), [616C.475](#))

1. Each insurer shall include with the initial payment of compensation for a temporary total disability a copy of Form D-7, “Explanation of Wage Calculation.”

2. Each insurer may provide Form D-6, “Injured Employee’s Request for Compensation,” to the injured employee with each check for a temporary total disability. The form must be used by the injured employee to request compensation for the temporary total disability if the insurer elects to use it. Failure to submit the form does not preclude the payment of the compensation if there is documentation on file which indicates a continued disability.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A by Div. of Industrial Relations, 3-28-94; R104-97, 3-6-98; R098-98, 12-18-98)

NAC 616C.522 Compensation for lost wages incurred by employee who receives medical treatment after returning to work. ([NRS 616A.400](#), [616C.477](#))

1. In determining whether an injured employee is entitled to compensation pursuant to [NRS 616C.477](#), the insurer shall calculate the required distance the injured employee is required to travel to receive medical treatment with the use of:

- (a) Any computer software that determines the distance between one or more geographic locations;
- (b) A map which indicates the distance between one or more geographic locations and which has been published;
- (c) A travel calculator established on the Internet; or
- (d) A properly calibrated odometer that is capable of verifying the distance between one or more geographic locations.

2. The amount of time for which an injured employee who is entitled to compensation pursuant to this section is absent from the place of employment of the responsible employer includes the amount of time the injured employee spends:

- (a) Traveling from the place of employment to the location at which the employee receives medical treatment;
- (b) Awaiting and receiving medical treatment at the facility for such treatment; and
- (c) Traveling to return to the place of employment from the location at which he or she receives medical treatment.

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3. If the amount of time for which the injured employee is entitled to compensation pursuant to subsection 2 is:

(a) Four hours or less in 1 working day, the injured employee is entitled to compensation at the rate of 50 percent of the daily rate of compensation that the employee is entitled to pursuant to [NRS 616C.475](#) for a temporary total disability.

(b) More than 4 hours in 1 working day, the injured employee is entitled to compensation at the rate of 100 percent of the daily rate of compensation that the employee is entitled to pursuant to [NRS 616C.475](#) for a temporary total disability.

4. If an injured employee seeks compensation pursuant to this section, the injured employee shall submit the request for such compensation to the employer on Form D-24, Request for Reimbursement of Expenses for Travel and Lost Wages, as required by [NAC 616A.480](#).

5. As used in this section, “place of employment” means the office, facility or site of the responsible employer at which the injured employee is required to report for work, including, without limitation, the office, facility or site at which the injured employee:

(a) Is regularly scheduled to report for work; or

(b) Is scheduled to report for a particular period, date or assignment, if the office, facility or site is different from the regularly scheduled location to report to work.

(Added to NAC by Div. of Industrial Relations by R007-06, eff. 6-1-2006)

Permanent Total Disability

NAC 616C.526 *Repealed.* ~~[Annual payments to certain claimants and dependents of claimants. (NRS 616A.400, 616C.453)]~~

~~—1.— The Administrator will make an annual payment to each claimant or dependent who is entitled as of July 1 to receive such a payment for a permanent total disability pursuant to [NRS 616C.453](#). The amount of the payment to each claimant or dependent is equal to two-fifths of the amount the Administrator withdraws from the Uninsured Employers’ Claim Account for this purpose divided by the total number of claimants and dependents entitled to be paid and:~~

~~—(a) If the claimant or dependent receives compensation of less than \$1,000 per month, an additional amount that is equal to two-fifths of the amount the Administrator withdraws from the Uninsured Employers’ Claim Account divided by the total number of claimants and dependents entitled to be paid pursuant to this paragraph; or~~

~~—(b) If the claimant or dependent receives compensation of \$1,000 per month or more, but less than \$1,500 per month, an additional amount that is equal to one-fifth of the amount the Administrator withdraws from the Uninsured Employers’ Claim Account divided by the total number of claimants and dependents entitled to be paid pursuant to this paragraph.~~

~~—2.— As used in this section:~~

~~—(a) “Claimant” means a person who is entitled to receive compensation pursuant to [chapters 616A to 617](#), inclusive, of NRS for a permanent total disability and is not entitled to an annual increase in that compensation pursuant to [NRS 616C.473](#).~~

~~—(b) “Compensation” means compensation a claimant or dependent is entitled to receive pursuant to [chapters 616A to 617](#), inclusive, of NRS for a permanent total disability.~~

~~—(c) “Dependent” means a dependent of a claimant.~~

~~—(Added to NAC by Div. of Industrial Relations by R163-05, eff. 11-17-2005; repealed by R134-20, 8-22-2023)]~~

This is an unofficial compilation prepared by the Division of Industrial Relations which incorporates the additions, amendments and repeal of regulations as of the filing of the Permanent Regulation LCB File No. R134-20 on August 22, 2023, LCB File No. R032-21 on August 22, 2023, and LCB File No. R028-23 on February 27, 2024.

EXPLANATION — Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

NAC 616C.527 Provision of certain information by insurer to Administrator. ([NRS 616A.400](#), [616C.453](#), [616D.120](#))

1. An insurer shall provide any information required by the Administrator to carry out the provisions of ~~[NAC 616C.526 and]~~ NRS ~~[616C.453.]~~ [616C.473](#).

2. An insurer who violates subsection 1 is subject to administrative action pursuant to [NRS 616D.120](#).

(Added to NAC by Div. of Industrial Relations by R163-05, eff. 11-17-2005; A by R134-20, 8-22-2023)

Benefits for Dependents

NAC 616C.530 Full-time students. ([NRS 616A.400](#), [616C.505](#))

1. For the purpose of administering [NRS 616C.505](#), the Division considers a dependent child over 18 years of age to be a full-time student while the child is actually enrolled and actively engaged in a course of education which will result in:

- (a) A credit of at least 12 semester hours or their equivalent toward a degree;
- (b) A certificate of qualification; or
- (c) The child's graduation from an accredited institution.

2. The child's status as a full-time student does not apply during any period of vacation or break between semesters if the period or break encompasses 30 days or more.

[Industrial Comm'n, No. 4.081, eff. 6-30-82]—(Div. of Industrial Relations)

NAC 616C.533 Compensation for claim if dependent is full-time student. ([NRS 616A.400](#), [616C.505](#)) A claim for compensation as a full-time student must be submitted on a form approved by the Division and must be accompanied by:

1. A certificate of enrollment from the vocational or educational institution which the student is attending; and

2. A report from the vocational or educational institution of the credits earned or marks attained during the preceding semester or quarter of enrollment.

[Industrial Comm'n, No. 4.091, eff. 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83)—(Substituted in revision for NAC 616.668)

VOCATIONAL REHABILITATION SERVICES

NAC 616C.550 Definitions. ([NRS 616A.400](#)) As used in [NAC 616C.550](#) to ~~[616C.613]~~ [616C.610](#), inclusive, unless the context otherwise requires:

1. "Employer" means the employer for whom an employee worked when the employee:
 - (a) Sustained an injury arising out of and in the course of his or her employment; or
 - (b) Was last exposed to the conditions resulting in an occupational disease,↪ for which the employee requires vocational rehabilitation services.
2. "Vocational rehabilitation maintenance" has the meaning ascribed to it in [NRS 616C.575](#).
3. "Vocational rehabilitation services" may include:
 - (a) Counseling and guidance by a vocational rehabilitation counselor.
 - (b) An evaluation of the functional capacity of the injured employee and medical consultations to determine his or her level of participation in a program of vocational rehabilitation.

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(c) Ergonomic modifications, lifting devices and other reasonable accommodations approved by the insurer which would enhance the employability of the injured employee.

(d) Assistance in job placement by vocational rehabilitation counselors, with special consideration given to fitting the requirements of the job to the ability of the injured employee.

(e) Vocational testing.

(f) Programs of vocational rehabilitation.

(g) Vocational rehabilitation maintenance.

(h) A reasonable allowance for transportation.

(i) The payment of compensation in a lump sum in lieu of the provision of vocational rehabilitation services.

[Industrial Comm'n, No. 14.010, eff. 7-1-73; A 6-23-76; 3-26-82; renumbered as 6.010, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 9-7-88; A by Div. of Industrial Relations, 1-20-94; 3-28-94; R006-97, 12-9-97; R028-23, 02-26-24)

NAC 616C.553 Notice of opinion that injured employee is not eligible for services. ([NRS 616A.400](#), [616C.555](#))

1. If, based upon the opinion of a treating or an examining physician or chiropractic physician, a vocational rehabilitation counselor determines that an injured employee is not eligible for vocational rehabilitation services, the counselor shall, within 10 days after receiving that opinion, provide a copy of the opinion to the injured employee and the injured employee's attorney or other representative, the employer and the insurer.

2. If, based upon the opinion of a consulting physician or chiropractic physician, an insurer finds that an injured employee is not eligible for vocational rehabilitation services, the insurer shall, within 10 days after it receives that opinion, provide a copy of the opinion to the treating physician or chiropractic physician.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 9-7-88; A by Div. of Industrial Relations, 3-28-94; R006-97, 12-9-97)

NAC 616C.555 Duty of insurer to ensure compliance with certain provisions. ([NRS 616A.400](#), [616C.550](#)) An insurer shall ensure that:

1. The vocational rehabilitation counselor assigned to a claim by the insurer complies with the provisions of subsection 2 of [NRS 616C.547](#), subsections 1 to 8, inclusive, of [NRS 616C.555](#) and [NAC 616C.556](#);

2. The written assessment developed pursuant to [NRS 616C.550](#) includes the document containing the information described in subsection 2 of [NAC 616C.556](#); and

3. The plan for a program of vocational rehabilitation developed pursuant to [NRS 616C.555](#) complies with the provisions of that section.

(Added to NAC by Div. of Industrial Relations by R007-97, eff. 12-10-97; A by R130-14, 9-9-2016)

NAC 616C.556 Vocational rehabilitation counselor: Notification of assignment of case; written assessment. ([NRS 616A.400](#), [616C.550](#))

1. A vocational rehabilitation counselor shall, within 10 days after receiving a written assignment of a case from an insurer or third-party administrator, notify:

(a) The injured employee of the assignment; and

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(b) The injured employee's treating physician or chiropractic physician, unless the pertinent medical information has already been provided to the vocational rehabilitation counselor.

2. A written assessment developed pursuant to [NRS 616C.550](#) must include a document that contains a description of:

(a) The nature and scope of the vocational rehabilitation benefits that the injured employee is eligible to receive;

(b) The priorities for returning the injured employee to work;

(c) Any temporary or permanent physical limitations of the injured employee; and

(d) The process for obtaining vocational rehabilitation services.

(Added to NAC by Div. of Industrial Relations, eff. 1-20-94; A by R006-97, 12-9-97)

NAC 616C.558 Plan for program of vocational rehabilitation. ([NRS 616A.400](#), [616C.555](#))

1. If an insurer or third-party administrator determines that an injured employee is eligible for vocational rehabilitation services, the insurer or third-party administrator shall, within 60 days after making that determination, submit to the treating or examining physician or chiropractic physician a written plan for a program of vocational rehabilitation that includes the characteristics of physical demand for the occupational goal for the injured employee.

2. A treating or examining physician or chiropractic physician shall, within 10 days after receiving a plan for a program of vocational rehabilitation, provide the vocational rehabilitation counselor with a written approval or denial of the plan that includes the rationale for the approval or denial and a determination of the medical capability of the injured employee safely to achieve the occupational goal set forth in the plan.

3. A plan for a program of vocational rehabilitation must be approved in writing by the treating or examining physician or chiropractic physician before the program may be commenced.

(Added to NAC by Div. of Industrial Relations by R006-97, eff. 12-9-97)

NAC 616C.559 Development and extension of program of vocational rehabilitation. ([NRS 616A.400](#), [616C.555](#), [616C.560](#))

1. In developing a program of vocational rehabilitation for an industrially injured employee, the insurer shall consider the injured employee's experience, skills and desires.

2. A program of vocational rehabilitation must be outlined in writing. The outline for an individual program must:

(a) Show the amount of money budgeted;

(b) Contain a justification of the expense; and

(c) Include a description of:

(1) The nature and the length of the program;

(2) The skills that the injured employee will acquire; and

(3) The dates on which the program will begin and end.

3. The insurer or a vocational rehabilitation counselor shall explain the planned program of vocational rehabilitation to the injured employee. Before an injured employee may participate in a program of vocational rehabilitation, the insurer and the employee must execute a written agreement that contains the outline for the program. A copy of the agreement must be delivered to the injured employee and his or her rights and duties under the agreement must be explained to him or her.

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4. The injured employee must acknowledge:

(a) Receipt of a dated copy of the proposed agreement for the program of vocational rehabilitation;

(b) That the program has been explained to him or her; and

(c) That he or she agrees to the conditions of the program.

5. A copy of the written agreement must be sent to the employer of the injured employee.

~~—[6. — If the insurer finds that good cause exists for the extension, the injured employee may be provided vocational rehabilitation services after the date on which the program would otherwise end pursuant to the provisions of NRS 616C.560.]~~

[Industrial Comm'n, No. 14.060, eff. 7-1-73; A 3-26-82; renumbered as 6.060, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 9-7-88; A by Div. of Industrial Relations, 1-20-94)—(Substituted in revision for NAC 616.082) (A by Div. of Industrial Relations, R134-20, 8-22-2023)

NAC 616C.562 Use of surveys of labor market. (NRS 616A.400) An insurer shall use surveys of the labor market to determine whether gainful employment is available for an injured employee.

(Added to NAC by Div. of Industrial Relations, eff. 3-28-94)—(Substituted in revision for NAC 616.0822)

NAC 616C.565 Inclusion of period for job search in program. (NRS 616A.400, 616C.555) In developing a program of vocational rehabilitation for an injured employee pursuant to subsection 3 of NRS 616C.555, a vocational rehabilitation counselor shall consider including in the program a period of not more than 28 days during which the injured employee must search for a job. This period must commence after the injured employee has successfully completed the portion of the program involving training or education.

(Added to NAC by Div. of Industrial Relations, eff. 3-28-94)—(Substituted in revision for NAC 616.0824)

NAC 616C.568 Relocation: Expenses; notice of decision; limitations. (NRS 616A.400, 616C.555)

1. Except as otherwise provided in NRS 616C.580, an insurer shall pay the expenses incurred by an injured employee for relocating as part of a program of vocational rehabilitation if the insurer determines that the injured employee does not have a reasonable prospect of obtaining employment in the current labor market of the area of this State where the injured employee resides, considering the:

(a) Occupational aptitudes of the injured employee as determined by the vocational rehabilitation counselor; and

(b) Physical limitations of the injured employee as established by the medically objective findings of the treating physician or chiropractic physician.

2. The injured employee must decide whether to relocate within 30 days after the date on which he or she is notified by the insurer that he or she does not have a reasonable prospect of obtaining employment in the current labor market of the area in which he or she resides. If the injured employee decides to relocate, the insurer shall give the employee 30 days in which to

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relocate, commencing on the date on which the employee informed the insurer of the decision to relocate.

3. Except as otherwise provided in subsection 4, expenses incurred by an injured employee who has relocated as part of a program of vocational rehabilitation may include the costs of:

- (a) Connections for a telephone, gas and electricity;
- (b) Rent for the first month;
- (c) Security deposits;
- (d) Utility deposits; and
- (e) Assistance with moving, limited to the costs associated with:
 - (1) Moving not more than 10,000 pounds of household items;
 - (2) Driving one motor vehicle to the new location; and
 - (3) Renting a moving van and hiring persons to assist with loading and unloading the moving van.

↳ The costs of using a moving company may only be included as expenses incurred for relocation if it is not feasible for the injured employee to rent a van and hire persons to assist with loading and unloading the van.

4. Expenses incurred for relocation may not include:
- (a) Security deposits for pets;
 - (b) The cost of connections for cable television;
 - (c) The expenses for moving and installing a satellite for television;
 - (d) The expenses for moving livestock or pets; and
 - (e) The expenses for moving mobile homes or motor vehicles.

5. An insurer shall not pay an injured employee's expenses for relocation more than once per claim.

(Added to NAC by Div. of Industrial Relations, eff. 1-20-94; A by R006-97, 12-9-97)

NAC 616C.571 Reimbursement for costs of transportation. ([NRS 616A.400](#)) If an injured employee is required to travel more than 50 miles per day to participate in a program of vocational rehabilitation, an insurer shall reimburse the injured employee for the costs of transportation which must be computed at a rate equal to the mileage allowance for state employees who use their personal vehicles for the convenience of the State.

(Added to NAC by Div. of Industrial Relations, eff. 1-20-94; A by R098-98, 12-18-98; R007-06, 6-1-2006)

NAC 616C.574 Commencement of limits on length of program. ([NRS 616A.400](#), [616C.555](#)) Except as otherwise provided in subsection 6 of [NRS 616C.555](#), the limitations on the length of a program of vocational rehabilitation, as prescribed in subsection 3 of [NRS 616C.555](#), commence on the day after the period for developing the program of vocational rehabilitation ends.

(Added to NAC by Div. of Industrial Relations, eff. 3-28-94)—(Substituted in revision for NAC 616.083)

NAC 616C.577 Vocational rehabilitation maintenance: Rate; commencement; timing of payments; termination; payment during development of program. ([NRS 616A.400](#), [616C.575](#))

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1. An insurer shall pay vocational rehabilitation maintenance to an injured employee at the rate at which the compensation for a temporary total disability is calculated, as provided in [NRS 616C.475](#).

2. The compensation for a temporary total disability terminates and vocational rehabilitation maintenance commences on the date on which an injured employee becomes eligible for vocational rehabilitation benefits. An insurer shall pay the injured employee vocational rehabilitation maintenance at least every 14 days thereafter until the injured employee:

(a) Fails to:

(1) Cooperate with the insurer; or

(2) Participate in a program of vocational rehabilitation;

(b) Completes a program of vocational rehabilitation; or

(c) Moves out of this State.

3. An insurer shall pay vocational rehabilitation maintenance to an injured employee for not more than 60 days during the period in which the program of vocational rehabilitation is being developed.

(Added to NAC by Div. of Industrial Relations, eff. 3-28-94)—(Substituted in revision for NAC 616.0835)

NAC 616C.580 Consultation concerning proposed program of vocational rehabilitation; general requirements for offers of employment. ([NRS 616A.400](#))

1. When a consultation is held by a private carrier with an injured employee and the treating physician or chiropractic physician with respect to whether a proposed program of vocational rehabilitation is compatible with the physical limitations of the injured employee, and the employer is present, the private carrier shall explain to the employer:

(a) Any incentives which are available to the employer if he or she participates in the vocational rehabilitation of the injured employee;

(b) The estimated cost of the proposed program of vocational rehabilitation; and

(c) That the cost of the program of vocational rehabilitation will be included in the calculation of the employer's experience rating.

2. The private carrier shall send a written summary of the consultation to the employer, whether or not he or she was present during the consultation.

3. Except as otherwise provided in subsection 5, within 30 days after such a consultation, the employer shall give the private carrier a written notice stating whether or not he or she will offer the injured employee employment which is consistent with the physical limitations of the injured employee. If the employer intends to make an offer of employment, the employer must make the offer to the injured employee in writing within 10 days after notifying the private carrier of the intent to offer employment. If the offer of employment does not meet the requirements set forth in [NAC 616C.583](#), the employer must conform the offer to those requirements within an additional 10 days.

4. If the employer fails to offer employment that is compatible with the physical limitations of the injured employee or fails to meet any of the requirements imposed pursuant to subsection 3, the employer waives any right to object to the provision of any future vocational rehabilitation services to the injured employee.

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5. If the offer of employment requires an evaluation of the feasibility of structural modifications to the place of business of the employer, the employer may have an additional 30 days to make an offer of employment to the injured employee.

6. If subsequent medical evidence demonstrates that the injured employee is unable to perform the work contained in the offer of employment made pursuant to subsection 3, and written notice of the opinion of the physician or chiropractic physician to this effect is given to the employer, the employer may make another offer of employment within 30 days after receipt of the notice. If the employer fails to make another offer of employment pursuant to this subsection, the employer waives any right to object to the provision of future vocational rehabilitation services to the injured employee.

7. Except as otherwise provided in this subsection, if the employer makes an offer of employment, the injured employee must commence the employment within 30 days after the offer has been made. The private carrier may extend the date on which the injured employee must commence the employment:

(a) For an additional 30 days if structural modifications to the place of business of the employer are required; or

(b) For good cause shown.

↪ The injured employee remains eligible for vocational rehabilitation maintenance until commencing the employment.

8. The private carrier shall submit a description of the proposed employment for the injured employee to the treating physician or chiropractic physician of the injured employee. Within 10 days after receiving the description, the treating physician or chiropractic physician shall determine if the employment is compatible with the physical limitations of the injured employee and inform the private carrier of the determination. If the treating physician or chiropractic physician fails to inform the private carrier of the determination within 10 days after receiving the description, the medical adviser of the private carrier or the consulting physician shall make the determination.

[Industrial Comm'n, No. 14.099, eff. 3-26-82; renumbered as 6.099, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 9-7-88; A by Div. of Industrial Relations, 1-20-94; R098-98, 12-18-98, eff. 7-1-99)

NAC 616C.583 Offer of employment: Light duty. ([NRS 616A.400](#))

1. An offer of employment at light duty to an injured employee by his or her employer must:

(a) Be in writing;

(b) Be mailed to both the insurer and the injured employee; and

(c) Include:

(1) The net wage to be paid the injured employee;

(2) The hours which the injured employee will be expected to work;

(3) A reasonable description of the physical requirements of the employment;

(4) A reasonable description of the duties the injured employee will be expected to perform;

(5) A description of any fringe benefits of the employment; and

(6) The geographical location of the employment.

2. If the insurer finds that the actual requirements of the employment at light duty materially differ from the offer of employment and the employer fails to take corrective action, the insurer may provide vocational rehabilitation services.

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3. The injured employee must be allowed a reasonable time, not to exceed 7 days after the date the offer of the employment at light duty is made, within which to accept or reject the offer.

4. If the employment at light duty offered to the injured employee is expected to be of limited duration, the employer shall disclose that fact to the injured employee in the offer of employment and state the expected duration.

5. An employer must not offer temporary or permanent employment at light duty which he or she does not then expect to be available to the injured employee as offered.

6. An employer does not have to comply with the requirements in subsections 1 to 5, inclusive, if the employer offers the injured employee temporary employment at light duty which is:

(a) Immediately available;

(b) Compatible with the physical limitations of the injured employee as established by the treating physician or chiropractic physician; and

(c) Substantially similar in terms of the location and the working hours to the position that the injured employee held at the time of the injury.

7. Temporary employment at light duty offered pursuant to subsection 6 must cease within 30 days after the injured employee's physical restrictions are determined to be permanent. Any subsequent offers of employment at light duty by the employer must comply with the requirements of subsections 1 to 5, inclusive.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 9-7-88; A by Div. of Industrial Relations, 1-20-94)—(Substituted in revision for NAC 616.085)

NAC 616C.586 Offer of employment: Termination of vocational rehabilitation services; limitations; light duty. ([NRS 616A.400](#), [616C.590](#))

1. Except as otherwise provided in subsection 2, an injured employee may no longer receive vocational rehabilitation services if he or she receives an offer of gainful employment which does not exceed any limitations imposed by a treating physician or chiropractic physician.

2. Employment offered pursuant to paragraph (b) of subsection 1 of [NRS 616C.590](#) is not deemed an offer of employment if:

(a) The job offered is demeaning, degrading, or subjects the employee to ridicule or embarrassment. Temporary employment at light duty offered by the employer which is a part of the employer's regular business operations shall not be deemed to be demeaning or degrading or to subject the employee to ridicule or embarrassment.

(b) The net salary offered is less than the starting salary a fellow employee would receive for performing similar duties.

(c) The employee has no reasonable prospect of continued employment.

(d) The employee accepted employment with light duties but has been dismissed through no fault of his or her own.

(e) The employment is offered after the employee has commenced a program of vocational rehabilitation.

3. If the employer offers the injured employee temporary employment at light duty, the offer shall be deemed to comply with the requirements of subsection 1.

[Industrial Comm'n, No. 14.063, eff. 3-26-82; renumbered as 6.063, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; A by Div. of Industrial Relations, 1-20-94)—(Substituted in revision for NAC 616.086)

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NAC 616C.589 Offer of employment: Compensation. ([NRS 616A.400](#))

1. If the net wage of the employment being offered to an injured employee by an employer is less than the compensation for a temporary total disability, the insurer shall inform the injured employee that the wage will be supplemented by compensation for a temporary partial disability to equal the temporary total disability rate.

2. As used in this section, “net wage” has the meaning ascribed to it in subsection 9 of [NAC 616C.598](#).

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 9-7-88; A by Div. of Industrial Relations, 1-20-94; R098-98, 12-18-98)

NAC 616C.592 Self-employment. ([NRS 616A.400](#), [616C.600](#))

1. An insurer may not finance saleable inventories in programs for self-employment. The prospective self-employed owner must find financing for that purpose.

2. An injured employee who elects self-employment rather than other types of rehabilitation may be required to pay for part of the proposed business.

3. There must be a reasonable possibility of success before the insurer may enter into an agreement for a program of self-employment.

4. An adequate report of an independent business consultant may be required before the insurer approves a program of self-employment.

[Industrial Comm’n, No. 14.048, eff. 3-26-82; renumbered as 6.048, 6-30-82]—(NAC A by Div. of Industrial Relations by R098-98, 12-18-98)

NAC 616C.595 Return of employee to employment; reinstatement of vocational rehabilitation benefits. ([NRS 616A.400](#), [616C.590](#))

1. Except as otherwise provided in subsection 2, the return of an injured employee to employment for which a person is customarily remunerated terminates his or her eligibility for vocational rehabilitation benefits.

2. If the injured employee is unable to perform the duties of a new job for reasons related to the injury or disease, the insurer must reinstate vocational rehabilitation benefits. If the insurer determines that the employee’s duties at the new job exceed the physical limitations of the employee as established by the physician or chiropractic physician who initially released the injured employee for employment, the insurer may reinstate the employee’s vocational rehabilitation benefits if the employer does not modify the duties of the job to conform to the injured employee’s physical limitations or otherwise does not reasonably accommodate the injured employee within 10 days after receiving notice from the insurer of its determination.

[Industrial Comm’n, No. 14.066, eff. 3-26-82; renumbered as 6.066, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; A by Div. of Industrial Relations, 1-20-94)—(Substituted in revision for NAC 616.096)

NAC 616C.598 Compensation for temporary partial disability. ([NRS 616A.400](#))

1. If the wage that an injured employee receives upon reemployment is less than the compensation for a temporary total disability to which he or she is entitled, compensation for a temporary partial disability must be used to make up the difference.

2. To calculate compensation for a temporary partial disability, the wage earned upon reemployment:

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- (a) Must be based on the net wage; or
 - (b) Is that earned, on average:
 - (1) On each of 7 days in succession, if the calculation is for a weekly rate;
 - (2) On each of 14 days in succession, if the calculation is for a biweekly rate; or
 - (3) On each day of the pay period, if the calculation is for a semimonthly rate,
- ↪ whichever is greater.
3. Compensation for a temporary partial disability is not available for any programs of vocational rehabilitation for self-employment.
4. An injured employee who:
- (a) Is capable of working, but rejects employment at a wage which exceeds compensation for a temporary total disability; and
 - (b) Accepts a job at a lesser wage,
- ↪ is not entitled to receive compensation for a temporary partial disability.
5. An injured employee who is capable of full-time employment in an occupation paying a wage which would exceed compensation for a temporary total disability, but who is unable to find such employment, is not entitled to receive compensation for a temporary partial disability.
6. Before compensation for a temporary partial disability may be granted, there must be a reasonable indication that the rate of compensation may be met within 2 years.
7. Compensation for a temporary partial disability must be calculated on Form D-46.
8. Compensation for a temporary partial disability must be paid within 14 days after receipt from the injured employee of information regarding his or her wages.
9. As used in this section, “net wage” means that amount paid to the injured employee after the usual deductions are made for social security, income taxes and other required state or federal deductions.
- [Industrial Comm’n, No. 14.095, eff. 3-26-82; renumbered as 6.095, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 2-22-88; 8-30-91; A by Div. of Industrial Relations, 1-20-94; R098-98, 12-18-98)

NAC 616C.601 Suspension or termination of vocational rehabilitation benefits: Grounds; report by private carrier; notice; appeal. ([NRS 616A.400](#))

- 1. An injured employee who:
 - (a) Rejects a suitable program of vocational rehabilitation which is offered to him or her;
 - (b) Rejects employment which is within the limitations prescribed by a treating physician or chiropractic physician; or
 - (c) Refuses to cooperate with the insurer in the development of a program of vocational rehabilitation or a search for a job,
- ↪ is subject to a suspension or termination of his or her vocational rehabilitation benefits.
2. An injured employee who has agreed to participate in a suitable program of vocational rehabilitation but who:
- (a) Fails to report for scheduled activities, a search for a job, training or employment;
 - (b) Reports but refuses to cooperate with the insurer;
 - (c) Reports but is impaired by alcohol or drugs not prescribed by a physician;
 - (d) Has an unexcused absence of 3 or more consecutive days; or
 - (e) Has unexcused absences that prevent him or her from:
 - (1) Completing the training in the period specified in the agreement for the program; or

This is an unofficial compilation prepared by the Division of Industrial Relations which incorporates the additions, amendments and repeal of regulations as of the filing of the Permanent Regulation LCB File No. R134-20 on August 22, 2023, LCB File No. R032-21 on August 22, 2023, and LCB File No. R028-23 on February 27, 2024.

EXPLANATION — Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

(2) Developing skills for employment,

↳ is subject to a suspension or termination of his or her vocational rehabilitation benefits.

3. An insurer may terminate vocational rehabilitation benefits if the injured employee has misrepresented or concealed a matter which was material to the evaluation of his or her eligibility or the provision of vocational rehabilitation services.

4. If the insurer is a private carrier, it shall report to the employer each injured employee who rejects or fails to participate in a program of vocational rehabilitation. The report must contain a brief description of the facts and a statement of the determination of the private carrier to suspend or terminate benefits at a specified future date.

5. Vocational rehabilitation benefits terminate on the date specified in the report of the private carrier.

6. An insurer shall give the injured employee a written notice that his or her vocational rehabilitation benefits have been suspended or terminated and a statement of the reason for the suspension or termination.

7. An injured employee whose vocational rehabilitation benefits have been suspended or terminated is entitled to a hearing on the suspension or termination and may appeal from any decision of a hearing officer on that matter.

[Industrial Comm'n, No. 14.070, eff. 7-1-73; A 3-26-82; renumbered as 6.070, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; A by Div. of Industrial Relations, 1-20-94; R098-98, 12-18-98; R098-98, 12-18-98, eff. 7-1-99)

NAC 616C.604 Claimants outside of State. ([NRS 616A.400](#), [616C.580](#))

1. No payment will be made for medical care and vocational rehabilitation services which are provided outside the State without the prior written approval of the insurer or a designated agent thereof unless good cause is shown for not obtaining prior approval.

2. An injured employee who is eligible for vocational rehabilitation services outside the State may be required to return to this State at his or her own expense:

(a) If gainful employment is offered in this State.

(b) For an evaluation of his or her disability and an assessment of the prospects for rehabilitation before any program of vocational rehabilitation will be approved.

3. This section applies to all injured employees who are outside the State.

[Industrial Comm'n, No. 14.085, eff. 3-26-82; renumbered as 6.085, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations, 3-28-94; R098-98, 12-18-98)

NAC 616C.607 Effect of injury received during program of vocational rehabilitation. ([NRS 616A.400](#), [616C.575](#)) If a previously injured employee is injured, or his or her condition worsens for reasons related to the industrial injury or the occupational disease, while participating in an approved program of vocational rehabilitation and receiving vocational rehabilitation maintenance, the injured employee is entitled to continue receiving vocational rehabilitation maintenance in an amount equal to the compensation for a temporary total disability which he or she received under the claim which required the vocational rehabilitation services.

[Industrial Comm'n, No. 14.098, eff. 3-26-82; renumbered as 6.098, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83; A by Div. of Industrial Relations, 1-20-94)—(Substituted in revision for NAC 616.106)

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EXPLANATION — Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

NAC 616C.610 Right to appeal. ([NRS 616A.400](#)) An injured employee who has been denied vocational rehabilitation services or has had vocational rehabilitation services terminated has the same rights of hearing and appeal as are outlined for other injured employees in [chapters 616A to 617](#), inclusive, of NRS.

[Industrial Comm'n, No. 14.050, eff. 7-1-73; A 3-26-82; renumbered as 6.050, 6-30-82]— (NAC A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations, 3-28-94)—(Substituted in revision for NAC 616.110)

~~**Repealed per LCB File No. R028-23. [NAC 616C.613—Reports of employee exposure and claims. (NRS 616A.400)]**~~

~~—1. Reports relating to employees' exposure and losses from claims are due by April 1 and must cover employment and loss experience during the preceding calendar year.~~

~~—2. The Chief will provide employers with the proper forms and instructions for their completion at least 60 days before the date on which they are due.~~

~~—[Industrial Comm'n, No. 22.020, eff. 7-1-73; renumbered as 12.060, 6-30-82; No. 22.030, eff. 7-1-73; renumbered as 12.070, 6-30-82]—(NAC A by Div. of Industrial Insurance Regulation, 10-26-83)—(Substituted in revision for NAC 616.134)]~~

CESSATION OF WORKERS' COMPENSATION COVERAGE BY INSURER

NAC 616C.675 Notification by insurer of Administrator; contents. ([NRS 616A.400](#)) An insurer shall notify the Administrator at least 60 days before ceasing to provide workers' compensation coverage in this State. The notification must include, without limitation, the name, business address and physical location of the person who will assume responsibility for the open and closed claims of the insurer after the insurer ceases providing workers' compensation coverage in this State.

(Added to NAC by Div. of Industrial Relations by R098-98, 12-18-98, eff. 7-1-99)