



Workers' Compensation

ABBREVIATIONS & ACRONYMS

AB	Assembly Bill	NAIW	Nevada Attorney for Injured Workers
ACU	Audit Compliance Unit	NCCI	National Council on Compensation Insurance
AMA	American Medical Association	NRS	Nevada Revised Statutes
AMW	Average Monthly Wage	OCR	Office for Civil Rights
AO	Appeals Officer	OD	Occupational Disease
B&I	Department of Business and Industry	OJT	On Job Training
BP	Benefit Penalty	OOS	Out of State
CAO	Chief Administrative Officer	OSHA	Occupational Safety and Health Administration (formerly OSHES)
CFR	Code of Federal Regulations	PC	Private Carrier
CVS	Coverage Verification Service	PI	Performance Indicator
DBA	Doing Business As	POC	Proof of Coverage
DIR	Division of Industrial Relations	PPO	Preferred Provider Organization
DOI	Division of Insurance	PPO Audit	Policy, Procedures & Operations Audit
ECU	Employer Compliance Unit	PPD	Permanent Partial Disability
EIG	Employers Insurance Group (formerly EICN)	PTD	Permanent Total Disability
FY	Fiscal Year	RTW	Return To Work
GOVCHA	Office of the Governor-Consumer Health Assistance	SB	Senate Bill
HCP	Health Care Provider	SCATS	Safety Consultation and Training Section
HHS	Health and Human Services	S & R	Stable and Ratable
HIPAA	Health Insurance Portability & Accountability Act	SIA	Subsequent Injury Account
HO	Hearing Officer	SIE	Self-Insured Employer
IAIABC	International Association of Industrial Accident Boards & Commissions	TPA	Third-party Administrator
IE	Injured Employee	TPD	Temporary Partial Disability
LCB	Legislative Council Bureau	TTD	Temporary Total Disability
LSBO	Lump Sum Buyout	UEA	Uninsured Employers Account
MCO	Managed Care Organization	Voc Rehab	Vocational Rehabilitation
MMI	Maximum Medical Improvement	WC	Workers' Compensation
MSATS	Mine Safety and Training Section	WCS	Workers' Compensation Section
NAC	Nevada Administrative Code		

For additional information on Nevada's workers' compensation system visit the WCS website:

<http://dir.nv.gov/WCS/home/>



Workers' Compensation

Who to Contact on Workers' Compensation

Division of Insurance

1818 E. College Parkway, Ste. 103
Carson City, NV 89706
Telephone: (775) 687-0700
Fax: (775) 687-0787

2501 East Sahara Avenue, Ste. 302
Las Vegas, NV 89104
Telephone: (702) 486-4009
Fax: (702) 486-4007

Website: <http://doi.nv.gov/>

HOW TO CONTACT THE DIVISION OF INDUSTRIAL RELATIONS (DIR) WORKERS' COMPENSATION SECTION (WCS)

For general correspondence:

400 West King Street, Suite 400
Carson City, NV 89703
Telephone: (775) 684-7270
Fax: (775) 687-6305

3360 W. Sahara, Suite 250
Las Vegas, NV 89102
Telephone: (702) 486-9090
Fax: (702) 486-8712

Toll free: (888) 872-3234

For electronic correspondence, forms, or information:

Email: WCSHelp@business.nv.gov
Website: <http://dir.nv.gov/WCS/Home/>

For Form C-4 and all other forms: Visit our website:

http://dir.nv.gov/WCS/Workers_Compensation_Forms_and_Worksheets/

For information regarding denial of benefits: contact the Nevada Attorney for Injured Workers:

1000 E. William Street, Suite 208
Carson City, NV 89701
Telephone: (775) 684-7555
Fax: (775) 684-7575
Email address: naiw@naiw.nv.gov

2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102
Telephone: (702) 486-2830
Fax: (702) 486-2844
Website: <http://www.naiw.nv.gov>

Office of Consumer Health Assistance:

Las Vegas: (702) 486-3587
All other Nevada: (888) 333-1597

Website: <http://dhhs.nv.gov/Programs/CHA/>

The Attorney General's Workers' Compensation Fraud Hotline:

Toll free: (800) 266-8688

For more information: http://ag.nv.gov/About/Criminal_Justice/Workers_comp/

For information regarding NRS/NAC: contact the Legislative Counsel Bureau:

Carson City: (775) 684-6800

Las Vegas: (702) 486-2800

Website: <http://www.leg.state.nv.us/Division/LCB/>



Division of Industrial Relations Workers' Compensation Nevada Statutory & Regulatory Timeframes

Number of Days	Action	Statute/Regulation	DIR Form #
70 Calendar Days	Appeal timeframe for written determination	NRS 616C.345(2)	N/A
	Appeal rights on any written determination	NAC 616C.097	N/A
	Average Monthly Wage (AMW) requirements	NAC 616C.420-447	N/A
	AMW determination due on actual & estimated wages with appeal rights	NAC 616C.420-447	N/A
6 Working Days	Employers Wage Verification Form due	NRS 616C.045(2) (d); NRS 616A.480	D-8
	Challenge AMW determination	NRS 616C.427	N/A
7 Calendar Days	C-1 Completion by Injured Employee, retention by employer	NRS 616C.015	C-1
6 Working Days	C-3 submission by the employer	NRS 616C.045; NRS 616A.480	C-3
3 Working Days	C-4 submission by the treating physician	NRS 616C.040	C-4
	Catastrophic claim requirements	NRS 616C.700	N/A
14 Working Days	Certificate of disability (PPR form)	NRS 616C.475(7)	N/A
	Change/selection of treating physician	NRS 616C.090	D-52
30 Calendar Days	Claim determination must be made regarding acceptance/denial.	NRS 616C.065	D-30
	Notice of intention to Close Claim (NITC)	NRS 616C.235; NAC 616C.112	D-31
30 Calendar Days	Compliance timeframe for filing an appeal	NRS 616C.345(1)	N/A
30 Calendar Days	Compliance deadline for the hearing officer/appeal officer decisions	NRS 616D.120	N/A
10 Calendar Days	Compliance deadline if stay denied	NRS 616D.120(1)(c)(2); NRS 616C.375	N/A
10 Calendar Days	Compliance for Stipulated Agreements	NRS 616D.120(1)(c)(1)	N/A
30 Calendar Days	Request a stay of hearing officer/appeal officer order	NRS 616C.330(11)	N/A
	Computation of time	NAC 616A.310	N/A
	Concurrent employment	NAC 616C.447	N/A
	Contents of claim file requirements	NAC 616C.088	N/A
	Death Benefits	NRS 616C.505	N/A
	Date of receipt on all documents	NAC 616C.082	N/A
	Employee's Declaration of Election to Report Tips	NRS 616B.227	D-23

Nevada Statutory & Regulatory Timeframes

Number of Days	Action	Statute/Regulation	DIR Form #
48 hrs. after notice	Fatality Report	NAC 616B.018	D-21
	Interest Calculation for Compensation Due	NRS 616C.335	D-27
10 Calendar Days	Medical examination notice to the Injured Employee	NAC 616C.1162	N/A
30 Calendar Days	Approve/deny bill from date of receipt. Pay bill after approval	NRS 616C.136	N/A
	Request for Additional Medical Information and Medical Release form	NRS 616C.490(4); NRS 616C.177; NAC 616C.079	D-36
3 Working Days	Provide Provider list upon receipt of written request	NAC 616C.030	N/A
30 Calendar Days	Permanent Partial Disability: Request for a Rotating Rating Physician or Chiropractor	NRS 616C.490(2)(a)(b)	D-35
14 Calendar Days	Timeframe for rating physician to submit PPD Evaluation	NAC 616C.148 (1)	N/A
14 Calendar Days	PPD award offer letter, timeframe to offer disputed/undisputed award	NRS 616C.490(6); NAC 616C.103	D-10a, D-11 D-12a, D-13
14 Calendar Days	Permanent Partial Disability Award Calculation Worksheet	NRS 616C.495	D-9 a,b
20 Calendar Days	Election of Method of Payment of Compensation	NRS 616C.495	D-10 a,b
20 Calendar Days	PPD Reaffirmation/Retraction of Lump Sum Request	NRS 616C.495(2); NAC 616C.499(1)	D-11
	PPD Offset	NRS 616C.440(4); NRS 616C.405	D-13
	Permanent Total Disability requirements	NRS 616C.435	N/A
Annually	Permanent Total Disability Report of Employment	NRS 616C.445	D-14
30 Calendar Days	Response to written correspondence	NAC 616C.094	N/A
5 Working Days	Response to request for medical authorization	NRS 616C.157	N/A
30 Calendar Days	Reopening determination required with or without medical reporting	NRS 616C.390; NRS 616C.392; NAC 616C.094	N/A
	Injured Employees Right to Reopen a Claim Which Has Been Closed	NRS 616C.390	D-13
	Subsequent Injury Account	NRS 616B.557-590	D-37
5 Calendar Days	TTD: waiting period	NRS 616C.400	N/A
14 Working Days	TTD: Injured Employee's Request for Compensation	NRS 616C.475	D-6
14 Working Days	TTD: first payment due (regularly thereafter)	NRS 616C.475 (3)	N/A
	Temporary Partial Disability (TPD worksheet)	NRS 616C.500; NAC 616C.598(7)	D-46
	Temporary modified duty requirements	NRS 616C.475(8)	N/A
	Vocational Rehabilitation requirements	NRS 616C.530-600; NAC 616C.550-613	N/A

For updated NRS & NAC refer to WCS website: http://dir.nv.gov/WCS/Nevada_Law/

All forms are available on the WCS website: <http://dir.nv.gov/WCS/home/>



Workers' Compensation

CLAIMS PROCESSING TIME FRAMES

All forms are available on the WCS website: <http://dir.nv.gov/wcs/home/>

C-1 Form Notice of Injury or Occupational Disease - Incident Report NRS 616C.015	Employee should complete within 7 days after the accident; must be maintained by employer for 3 years; employer required to keep adequate supply of blank forms for employee use. Insurer/TPA should supply forms to employer.
C-3 Form Employer's Report of Industrial Injury or Occupational Disease NRS 616C.045	Employer must complete and file with the insurer within 6 working days after receiving a copy of the C-4 Form. Insurer/TPA should supply forms to employer. Maximum fine of \$1,000 per occurrence.
C-4 Form Employee's Claim for Compensation/Report of Initial Treatment NRS 616C.040	Physician or chiropractor must complete and file with employer and employer's insurer within 3 working days of treatment. Maximum fine of \$1,000 per occurrence.
Claim Determination NRS 616C.065 NRS 616D.120-150	Insurers have 30 days after accident notification (or 30 working days after claim receipt for occupational disease): <ul style="list-style-type: none"> • Accept the claim & notify claimant or claimant's rep of acceptance • Begin payment on the claim • Or deny the claim and notify claimant or claimant's rep and DIR of denial • Insurer's notification must be documented with a certificate of mailing. Three (3) times penalty with \$3,000 maximum fine.
D-8 Form Employer's Wage Verification Form NRS 616C.045 & NRS 616A.480	Employer must complete and file with the insurer within 6 working days of receipt of the C-4 (if the C-4 indicates the injured employee will be off work for 5 consecutive days or more or 5 days in a 20 day period) or when requested by the insurer. Insurer/TPA should supply forms. Maximum fine of \$1,000.00 per occurrence.
D-35 Form Request for Rotating Physician or Chiropractor NRS 616C.490 & NAC 616C.103	Within 30 days of receiving stable & ratable reporting, insurer must schedule an appointment with a rating physician/chiropractor on the rotating list.
Medical Billing NRS 616C.136 & NV Medical Fee Schedule	Billing must be submitted within 90 days after the date of service (if good cause, up to 12 months). Insurer has 45 days to approve or deny.
Blank Forms NRS 616A.480	Employer must fully complete any blank form received by the insurer or the administrator and return to appropriate party within 6 working days. Maximum fine of \$1,000 per occurrence
Filing a claim for compensation NRS 616C.020	An injured employee shall file a claim for compensation with the insurer within 90 days after an accident if: <ol style="list-style-type: none"> (a) The employee has sought medical treatment for an injury arising out of and in the course of his employment; or (b) The employee was off work as a result of an injury arising out of and in the course of his employment. In the event of the death of the injured employee resulting from the injury, a dependent of the employee, or a person acting on his behalf, shall file a claim for compensation with the insurer within 1 year after the death of the injured employee.

For additional information on Nevada's workers' compensation system visit the WCS website:

<http://dir.nv.gov/wcs/home/>



Workers' Compensation

EMPLOYERS FREQUENTLY ASKED QUESTIONS

What is workers' compensation?

Workers' compensation is a no-fault insurance program in the State of Nevada, which provides benefits to employees who are injured on the job and protection to employers who have provided coverage at the time of injury.

Which employers are required to provide workers' compensation insurance?

Unless excluded by statute, it is mandatory for an employer who has one or more employees to provide workers' compensation insurance coverage. Some employees are excluded by [NRS 616A.110](#) due to unique criteria.

Is there a waiting period for workers' compensation coverage?

No. From the moment they are hired, employees are covered by the applicable statutes and regulations of Nevada Revised Statutes and Nevada Administrative Code 616 and 617 and must be insured by their employers.

Do employees who are family members have to be insured?

The short answer is yes. A short recap of information found in the [Nevada Employer's Guide to Workers' Compensation](#) provides the answer: <http://dir.nv.gov/WCS/Employers/>

Does an out-of-state company have to provide Nevada workers' compensation insurance?

It depends on many conditions. [NRS 616B.600](#) describes in detail the exemptions and requirements of out-of-state employers with workers in Nevada.

Are sole proprietors required to have workers' compensation insurance?

Although a sole proprietor having no employees is not required to maintain workers' compensation insurance on himself/herself, the sole proprietor may elect to secure coverage for himself/herself. However, if there are any employees working for the sole proprietor, then the sole proprietor must maintain workers' compensation insurance on them. In addition, sole proprietors who are contractors as defined in [NRS 624.020](#), operating within the scope of their license, must secure coverage.

What type of workers' compensation benefits are employees entitled to?

These benefits may include (among others):

- Medical treatment
- Lost time compensation (Temporary Total Disability/Temporary Partial Disability)
- Permanent Partial Disability (PPD)
- Permanent Total Disability (PTD)
- Vocational Rehabilitation
- Dependent's benefits in the event of death
- Other claims-related benefits or expenses (e.g., mileage)

What can happen to an employer who fails to obtain or maintain workers' compensation insurance?

- An administrative fine up to \$15,000
- Appropriate premium penalties (forced to pay missed premium payments)
- Ordered to close business until insurance has been obtained
- Held financially responsible for all costs arising from a work-related injury
- In addition, may be subject to a criminal penalty for claims resulting in substantial bodily harm or death ([NRS 616D.200](#) & [NAC 616D.345](#)).

How do I report workers' comp fraud?

The Attorney General's Workers' Compensation Fraud Unit investigates allegations related to claimant, employer, and provider fraud on behalf of the state and self-insured employers. This unit is also generally responsible for the investigation of any fraud related to the administration of workers' compensation. Report suspected fraud to the AG Fraud Hotline: 1-800-266-8688. More information for detecting possible fraud is available on their website at: http://ag.nv.gov/About/Criminal_Justice/Workers_comp/

How do I verify an employer's worker's comp coverage?

DIR/WCS's [Coverage Verification Service \(CVS\)](#) can help users verify workers' compensation coverage of employers who have policies with private carriers. CVS searches can indicate policy coverage status on current and past dates. <http://dir.nv.gov/WCS/Home/>

Note: CVS will not display self-insured employers. A listing of self-insured employers is available on the Division of Insurance website: <http://www.doi.state.nv.us/>

Do I have the right to reopen my claim in the future?

[NRS 616C.390](#) details the requirements, procedure and limitations of claim reopening. Also, the Nevada Attorney for Injured Workers has compiled helpful suggestions for claim reopening. <http://naiw.nv.gov/>

Must an injured worker accept the offer of a light duty job?

An injured worker who rejects a light duty offer made in accordance with [NRS 616C.475](#) and [NAC 616C.583](#) risks the discontinuation of temporary total disability compensation.

How is an injured employee's average monthly wage determined?

[NACs 616C.420 – 616C.447](#), inclusive, provides details on all aspects of average monthly wage definition and calculation.

Are illegal immigrant workers covered under Nevada's workers' comp statutes?

Yes. According to [NRS 616A.105](#), "employee and workman are used interchangeably ... and mean every person in service of an employer ... whether lawfully or unlawfully employed" including "aliens." However, illegal aliens are not eligible for vocational rehabilitation.

What will happen to an employer who fails to obtain or maintain workers' compensation insurance?

The Division of Industrial Relations, Workers' Compensation Section (WCS) is responsible for ensuring that all employers are in compliance with the law. Employers who do not provide workers' compensation will be charged with an administrative fine up to \$15,000; appropriate premium penalties; may be ordered to close business until insurance has been obtained; and will be held financially responsible for all costs arising from a work-related injury. In addition, the uninsured employer may be subject to a criminal penalty for claims resulting in substantial bodily harm or death. ([NRS 616D.200 & NAC 616D.345](#))

What protection is provided for the employer?

Because Nevada has "exclusive remedy," the injured workers' benefits are set forth in the statutes. Employers who provide coverage for their employees at the time of injury are protected from any additional damages claimed by their employees as a result of an injury on the job. This protection is established when the injured employee opts to receive workers' compensation benefits.

How do the Subsequent Injury Accounts benefit employers?

The Subsequent Injury Accounts encourage employers to hire workers with a permanent physical impairment. The costs of any qualified subsequent injury are paid from the appropriate subsequent injury account. ([NRS 616B.545 – 590](#)) Contact Jacque Everhart at (702) 486-9089 or everhart@business.nv.gov for more information.

What do I do if I get hurt on the job?

Tell your supervisor. Fill out the paperwork your employer provides (Form C-1/Notice of Injury or Occupational Disease (Incident Report)). Get medical care if you need it and fill out that paperwork, as well (Form C-4/Employee's Claim for Compensation/Report of Initial Treatment).

Will I be allowed to go to any doctor, chiropractor or therapist that I choose?

No, you must go to an authorized medical provider who is a member of the [Panel of Treating Physicians and Chiropractors](#). Insurers may use a managed care organization (MCO), preferred provider organization (PPO), health maintenance organization (HMO) or the insurance company's internal managed care unit. **In the event of a serious injury, go to your nearest emergency room and follow staff directions.**

What should I do if my question isn't listed here?

Use the following link to email your questions to WCS: WCSHelp@business.nv.gov

Where can I obtain more information on workers' compensation?

Website Address: <http://dir.nv.gov/WCS/home/>

Division of Industrial Relations/Workers' Compensation Section
3360 W. Sahara Ave., Suite 250
Las Vegas, Nevada 89102
Telephone # (702) 486-9080



Workers' Compensation

HOW DO I OBTAIN WORKERS' COMPENSATION INSURANCE?

Employers may obtain workers' compensation insurance from a **private insurance carrier** authorized by the Division of Insurance (DOI) to provide workers' compensation in Nevada. If qualified, an employer may be **self-insured** through an approval process overseen by the DOI. There are associations for smaller businesses interested in becoming self-insured. **Associations of self-insured employers** are groups of employers generally in the same type of business. Current listings of approved self-insured associations and self-insured employers may be found on DOI's website at <http://doi.state.nv.us/>. Business owners looking for private carriers should contact the insurer(s) of their other lines of insurance. Or a quick Google search ("get workers' compensation insurance Nevada") will produce a wide range of choices.



Nevada law requires business owners with **one or more** employees in the State of Nevada to obtain and maintain workers' compensation coverage. There are few exceptions to this requirement. Business owners failing to comply with this law face fines up to \$15,000, may have their business ordered closed until the insurance has been obtained and be held financially responsible for all costs associated with an employee who sustains a work-related injury. In addition, the uninsured business owner may be subject to civil litigation brought about by an injured employee.

What is "Exclusive Remedy"?

Exclusive remedy means that an injured employee, generally, cannot sue an employer, for work-related injuries **if** the employer has purchased workers' compensation insurance as required by Nevada law.

What benefits are provided under "Exclusive Remedy"?

Employer Benefit: If an injured employee accepts benefits under workers' compensation, the employer is protected from lawsuits.

Employee Benefit: An injured employee does not have to sue an employer to receive benefits.

If you have any further questions regarding requirements for workers' compensation or about "exclusive remedy" you may contact the Workers' Compensation Section (WCS) at (702) 486-9080 in the Las Vegas area or at (775) 684-7270 in the Carson City/Reno area. You may also email us at WCSHelp@business.nv.gov.



Workers' Compensation

WORKERS' COMPENSATION MYTH:

"I DON'T NEED COVERAGE BECAUSE I USE INDEPENDENT CONTRACTORS"

Last year the Workers' Compensation Fraud Unit in the Nevada Department of Justice prosecuted dozens of employers that failed to provide workers' compensation coverage. One of the most common excuses made by employers is that coverage is not needed because the employer uses "independent contractors" instead of employees. However, harboring such beliefs may result in employers facing criminal charges and being held responsible for the medical benefits paid for the injured worker.

Nevada law requires a person to provide workers' compensation coverage for employees but also subcontractors, independent contractors and their employees. Such contractors are deemed to be employees of the prime contractor unless the subcontractor is an "independent enterprise."

To pass the "independent enterprise" test, the subcontractor must hold self out as a separate business by having a separate business or occupational license or by owning or renting property used in the business. In addition to being a separate business, the work being performed must be the type of work normally done by an independent contractor rather than by employees.

Some employers that have been prosecuted believe the requirement to provide workers' compensation can be avoided just by labeling the employees as independent contractors or by entering into a written contract with the employee. But labels alone are not successful in avoiding criminal charges.

One example of the common type of dubious claims made involves a Las Vegas trucking company. A driver was asked to sign an independent contractor agreement. The driver, however, worked regular shifts, drove the company truck and was told what routes to take. The driver was not responsible for the costs associated with the operation of the truck. Therefore, this driver was an employee and his employer was prosecuted despite his belief he was using an independent contractor.

The amount of control the employer exercises over "how" the job is performed is more important than what one tries to call the legal relationship. An employer controls how an employee performs the job. With an independent contractor, the employer only controls the actual result of the job. Also, even if he or she is an independent contractor, an employer still may have responsibility to provide workers' compensation coverage because the contractor is not considered an "independent enterprise."

Contractors on construction projects need to be particularly careful. The "independent enterprise" exception does not apply to construction projects. There are no exceptions when the work being performed requires a contractor's license. Prime contractors must ensure subcontractors have and maintain coverage because the prime contractor is always responsible for injuries to employees of independent subcontractors on construction projects.

Running a business based on workers' compensation mythology, rather than the law, is a very bad idea. The consequences are not worth the risks. Failing to provide coverage is a crime in Nevada and will be prosecuted. Employers face paying criminal fines, costs of investigation and restitution for the benefits

provided to the uninsured worker. Anyone suspecting this type of fraud or any fraud associated with workers' compensation should contact the Attorney General's fraud hotline at **1-800-266-8688**. Other information about detecting workers' compensation fraud is also available on our website:

http://ag.nv.gov/About/Criminal_Justice/Workers_comp/



Bob Giunta, Director, Workers' Compensation Fraud Unit

(Revised 5/26/2016)



Workers' Compensation

NEVADA EMPLOYER COVERAGE REQUIREMENTS

Caution: The information below is provided as a public service and is not intended to be legal advice. If you believe the provisions discussed do not cover you, you may want to consult with an attorney experienced in industrial insurance.

Introduction

The statutes are clear on the issue of employer coverage. Unless excluded by statute, "...Every person, firm, voluntary association and private corporation, including any public service corporation, which has in service any person under a contract of hire" needs coverage. ([NRS 616A.230](#))

The information below is not meant to cover every situation. Many of these concepts have been litigated and have been addressed by district courts and the Nevada Supreme Court. In most cases, the definitions presented here have been the key to decisions regarding when an employer is required to have coverage.

Definitions

A review of some of the definitions found in Nevada Statutes is appropriate. [NRS 616A.105](#) broadly defines an employee as:

"Employee" and "workman" defined. "Employee" and "workman" are used interchangeably in chapters 616A to 616D, inclusive, of NRS and mean every person in the service of an employer under any appointment or contract of hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed, and include, but not exclusively:

1. Aliens and minors.
2. All elected and appointed paid public officers.
3. Members of boards of directors of quasi-public or private corporations while rendering actual service for such corporations for pay.
4. Musicians providing music for hire, including members of local supporting bands and orchestras commonly known as house bands."

Note: **NRS 616A.115 through 225** have other specific clarifications to the employee definition.

Exclusions:

NRS 616A.110 "Employee": Persons excluded. "Employee" excludes:

1. Any person whose employment is both casual and not in the course of the trade, business, profession or occupation of his employer.
2. Any person engaged as a theatrical or stage performer or in an exhibition.
3. Musicians when their services are merely casual in nature and not lasting more than 2 consecutive days, and not recurring for the same employer, as in wedding receptions, private parties and similar miscellaneous engagements.

4. Any person engaged in household domestic service, farm, dairy, agricultural or horticultural labor, or in stock or poultry raising, except as otherwise provided in chapters [616A to 616D](#), inclusive, of NRS.

5. Any person performing services as a voluntary ski patrolman who receives no compensation for his services other than meals, lodging, or use of the ski tow or lift facilities.

6. Any person who performs services as a sports official for a nominal fee at a sporting event that is amateur, intercollegiate or interscholastic and is sponsored by a public agency, public entity or private, nonprofit organization. As used in this subsection, “sports official” includes an umpire, referee, judge, scorekeeper, timekeeper or other person who is a neutral participant in a sporting event.

7. Any clergyman, rabbi or lay reader in the service of a church, or any person occupying a similar position with respect to any other religion.

8. Any real estate broker, broker-salesman or salesman licensed pursuant to [chapter 645](#) of NRS.

9. Any person who:

(a) Directly sells or solicits the sale of products, in person or by telephone:

(1) On the basis of a deposit, commission, purchase for resale or similar arrangement specified by the Administrator by regulation, if the products are to be resold to another person in his home or place other than a retail store; or

(2) To another person from his home or place other than a retail store;

(b) Receives compensation or remuneration based on sales to customers rather than for the number of hours that he works; and

(c) Performs pursuant to a written agreement with the person for whom the services are performed which provides that he is not an employee for the purposes of this chapter.

Other exceptions can be found in [NRS 616B.606](#):

Real estate brokers and salesmen not employers under certain circumstances. Any person licensed pursuant to the provisions of [chapter 645 of NRS](#) who engages an independent contractor to maintain or repair property on behalf of an individual property owner or an association of property owners is not a statutory employer for the purposes of chapters 616A to 616D, inclusive, of NRS.

Contractors (Licensed or not)

Another consideration is whether the employer is a licensed contractor as defined by NRS 624. If you are a licensed contractor, you should know that you may be determined – as a matter of law – to be the employer of independent contractors, subcontractors and their employees for purposes of providing industrial insurance coverage.

This result stems from NRS 616A.210, which states:

“...subcontractors, independent contractors and the employees of either shall be deemed to be employees of the principal contractor for purposes of [the Nevada Industrial Insurance Act (the “Act”)]...”

Licensed contractors need to be wary because the Act has a broad definition of principal contractor:

NRS 616A.285 “Principal contractor” defined. “Principal contractor” means a person who:

1. **Coordinates all the work on an entire project;**
2. **Contracts to complete an entire project;**
3. **Contracts for the services of any subcontractor or independent contractor; or**
4. **Is responsible for payment to any contracted subcontractors or independent contractors.**

If you meet any one of the above criteria, you are a “principal contractor.” You are subject to monetary penalties, criminal prosecution, and/or being ordered to shut your business down if industrial insurance coverage is not provided for your subcontractors, independent contractors and their employees. You, your subcontractor, or independent contractor must provide this coverage. You will be held responsible if no coverage exists.

In addition, if one of the employees – that is, an employee of a subcontractor or an independent contractor – has a work-related injury and the employer has not secured industrial insurance, the principal contractor will be responsible for the actual cost of the claim, plus administrative fees. See [NRS 616C.220](#).

If you are **not a licensed contractor** the exemption “independent enterprise” may apply: NRS 616B.603 states:

Independent enterprises

1. A person is not an employer for the purposes of chapters 616A to 616D, inclusive, of NRS if:
 - (a) He enters into a contract with another person or business which is an independent enterprise; and
 - (b) He is **not in the same trade, business, profession or occupation** as the independent enterprise.
2. As used in this section, “independent enterprise” means a person who holds himself out as being engaged in a separate business and:
 - (a) Holds a business or occupational license in his own name; or
 - (b) Owns, rents or leases property used in furtherance of his business.
3. The provisions of this section do not apply to:
 - (a) A principal contractor who is licensed pursuant to [chapter 624 of NRS](#).
 - (b) A real estate broker who has a broker-salesman or salesman associated with him pursuant to [NRS 645.520](#). (Emphasis added in 1, (b).)

In order to not be deemed the employer under the “independent enterprise exemption,” 1.) You must not be “in the same trade, business, profession or occupation” as the person or business with whom you contract. And 2.) The person or business with whom you contract must be an independent enterprise. Otherwise, workers’ compensation coverage is required.

Several questions arise regarding “sole proprietors” and whether they can reject coverage. [NRS 616A.310](#) defines “Sole proprietor” as “a self-employed owner of an unincorporated business and includes working partners and members of working associations. Coverage remains in effect only if the sole proprietor remains a domiciliary of Nevada.” If the sole proprietor is involved as a “principal contractor, subcontractor, etc.” described above that requires coverage, the sole proprietor must still be

covered and/or provide coverage for others. Also, no statutes prohibit principal contractors from requiring that all subcontractors carry workers' compensation coverage, including sole proprietors.

Questions arise about **when a contractor is not responsible** for workers' compensation for an independent contractor. In the case of construction, the principal contractor is almost always responsible for coverage. The principal contractor can, however, require proof of coverage from subcontractors.

In the case of non-construction contractors, [NRS 616B.639](#) describes their liability this way:

Limitation of liability of principal contractor for industrial injury to independent contractor or employee of independent contractor.

1. A principal contractor is not liable for the payment of compensation for any industrial injury to any independent contractor or any employee of an independent contractor if:

(a) The contract between the principal contractor and the independent contractor is in writing and the contract provides that the independent contractor agrees to maintain coverage for industrial insurance pursuant to chapters 616A to 616D, inclusive, of NRS;

(b) Proof of such coverage is provided to the principal contractor;

(c) The principal contractor is not engaged in any construction project; and

(d) The independent contractor is **not in the same trade, business, profession or occupation as the principal contractor**. Emphasis added in 1, (d).

Again, it must be kept in mind that the hired entity must not be in the same trade, business, profession or occupation. Otherwise, the principal contractor is responsible for the failure to provide workers' compensation coverage, if the independent contractor is not covered.

Rejection of Coverage

There are instances where an officer or manager of a "quasi-public or private corporation or limited liability company" that requires insurance can reject coverage by the company's workers' compensation insurer. These instances are covered in [NRS 616B.624](#) and the rejection must be in writing to the company and the insurer, and the rejection may later be rescinded in writing.

Conclusion

The general answer to questions about employer coverage requirements is, unless excluded by statute, "...Every person, firm, voluntary association and private corporation...which has in service any person under a contract of hire," needs coverage. If you are seeking legal advice on the above provisions, you should contact an attorney familiar with industrial insurance.

"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"
(Incident Report)
Pursuant to NRS 616C.015

Name of Employer _____

Name of Employee		Social Security Number	Telephone Number	
Date of Accident (if applicable)	Time of Accident (if applicable)	Place where accident occurred (if applicable)		
What is the nature of the injury or occupational disease?			List any body parts involved:	
Briefly describe accident or circumstances of occupational disease: (Note: if you are claiming an occupational disease, indicate the date on which employee first became aware of connection between condition and employment)				
Names of witnesses:				
Did the employee leave work because of the injury or occupational disease?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when (date and time)?	Has the employee returned to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when (date and time)?
Was first aid provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, by whom?	Name and address of treating physician, if applicable or known	
Did the accident happen in the normal course of work? (if applicable)				
Was anyone else involved?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Names of others involved		

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO A HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. I HAVE BEEN NOTIFIED OF THESE ARRANGEMENTS.

Supervisor's Signature

Date

Signature of Injured or Disabled Employee

Date

TO FILE A CLAIM FOR COMPENSATION, SEE REVERSE SIDE, SECTION ENTITLED, CLAIM FOR COMPENSATION (FORM C-4).

For assistance with Workers' Compensation Issues you may contact the State of Nevada for Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: <http://dhhs.nv.gov/Programs/CHA> E-mail: cha@govcha.nv.gov

Employee should sign, date and retain a copy.
Original to Employer, Copy to Employee

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM

Please Type or Print

EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE

EMPLOYER	Employer's Name		Nature of Business (mfg., etc.)		FEIN		OSHA Log #												
	Office Mail Address			Location . . . If different from mailing address			Telephone												
	City		State		Zip		INSURER			THIRD-PARTY ADMINISTRATOR									
EMPLOYEE	First Name		M.I.		Last Name		Social Security		Birthdate		Age		Primary Language Spoken						
	Home Address (Number and Street)						Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed										
	City		State		Zip		Was the employee paid for the day of injury? (If applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No				How long has this person been employed by you in Nevada?								
	In which state was employee hired?			Employee's occupation (job title) when hired or disabled					Department in which regularly employed:										
	Telephone		Is the injured employee a corporate officer? . . . sole proprietor? . . . partner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No						Was employee in your employ when injured or disabled by occupational disease (O/D)? <input type="checkbox"/> Yes <input type="checkbox"/> No										
ACCIDENT OR DISEASE	Date of Injury (if applicable)		Time of injury (Hours; Minute AM/PM) (if applicable)			Date employer notified of injury or O/D			Supervisor to whom injury or O/D reported										
	Address or location of accident (Also provide city, county, state) (if applicable)								Accident on employer's premises? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No										
	What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable)																		
	How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary.																		
INJURY OR DISEASE	Specify machine, tool, substance, or object most closely connected with the accident (if applicable)						Witness			Was there more than one person injured in this accident? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No									
	Part of body injured or affected			If fatal, give date of death			Witness												
	Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.)						Witness			Will you have light duty work available if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No									
	If validity of claim is doubted, state reason						Did employee return to next scheduled shift after accident? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No												
	Treating physician/chiropractor name						Location of Initial Treatment			Emergency Room <input type="checkbox"/> Yes <input type="checkbox"/> No			Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No						
	IMPORTANT		How many days per week does employee work?			From		<input type="checkbox"/> am <input type="checkbox"/> pm		To		<input type="checkbox"/> am <input type="checkbox"/> pm		Last day wages were earned					
Scheduled days off		S <input type="checkbox"/>		M <input type="checkbox"/>		T <input type="checkbox"/>		W <input type="checkbox"/>		T <input type="checkbox"/>		F <input type="checkbox"/>		S <input type="checkbox"/>		Rotating <input type="checkbox"/>		Are you paying injured or disabled employee's wages during disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IMPORTANT LOST TIME INFO	Date employee was hired			Last day of work after injury or disability			Date of return to work			Number of work days lost									
	Was the employee hired to work 40 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No			If not, for how many hours a week was the employee hired?			Did the employee receive unemployment compensation any time during the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know												
	For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability. If the injured employee is expected to be off work 5 days or more, attach wage verification form (D-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.																		
	Pay period ends on: <input type="checkbox"/> SUN <input type="checkbox"/> TUE <input type="checkbox"/> THUR <input type="checkbox"/> SAT <input type="checkbox"/> MON <input type="checkbox"/> WED <input type="checkbox"/> FRI			Employee is paid: <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER <input type="checkbox"/> BI-WKLY <input type="checkbox"/> SEMI-MONTHLY			On the date of injury or disability the employee's wage was: \$ _____ per <input type="checkbox"/> Hr <input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mo												
<p>For assistance with Workers' Compensation Issues you may contact the State of Nevada Office for Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: http://dhhs.nv.gov/Programs/CHA/ E-mail: cha@govcha.nv.gov</p>																			
Insurer Use Only	I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.						Employer's Signature and Title			Date									
	Claim is: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> 3 rd Party			Deemed Wage			Account No.			Class Code									
Claims Examiner's Signature						Date			Status Clerk			Date							

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT

FORM C-4

PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION REQUESTED

EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION REQUESTED								
First Name	M.I.	Last Name	Birthdate	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Claim Number (Insurer's Use Only)			
Home Address			Age	Height	Weight	Social Security Number		
City		State	Zip		Telephone			
Mailing Address		City	State	Zip	Primary Language Spoken			
INSURER			THIRD-PARTY ADMINISTRATOR		Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred			
Employer's Name/Company Name					Telephone			
Office Mail Address (Number and Street)								
Date of Injury (if applicable)	Hours Injury (if applicable) am pm	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported				
Address or Location of Accident (if applicable)								
What were you doing at the time of the accident? (if applicable)								
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)								
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?					Witnesses to the Accident (if applicable)			
Nature of Injury or Occupational Disease			Part(s) of Body Injured or Affected					
<p style="font-size: small; color: red;">I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.</p>								
Date	Place	Employee's Signature						
THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT								
Place	Name of Facility							
Date	Diagnosis and Description of Injury or Occupational Disease			<p style="color: red;">Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)</p>				
Hour								
Treatment:	<p style="color: red;">Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes Indicate dates: from _____ to _____ <input type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input type="checkbox"/> modified duty If modified duty, specify any limitations/restrictions: _____ _____ _____</p>							
X-Ray Findings:								
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Is additional medical care by a physician indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)								
Date	Print Doctor's Name		I certify that the employer's copy of this form was mailed to the employer on:					
Address				INSURER'S USE ONLY				
City	State	Zip	Provider's Tax I.D. Number				Telephone	
Doctor's Signature			Degree					

ATTENTION

Caution: The information below is general in nature and is not intended to be legal advice. If you have any questions regarding your status as an employer or employee or your rights and qualification for specific benefits under an industrial injury or occupational disease claim, you should consult with an attorney experienced in industrial insurance.

Brief Description of Whether the Employer is Required to Obtain Industrial Insurance and Whether a Person is a Covered Employee

Every employer ... shall provide and secure compensation ... for any personal injuries by accident sustained by an employee arising out of and in the course of the employment. See NRS 616B.612(1).

An **employer** is defined as, "Every person, firm, voluntary association and private corporation, including any public service corporation, which has in service any person under a contract of hire." See NRS 616A.230(2). "A person is not an employer ... if: (a) The person enters into a contract with another person or business which is an independent enterprise; and (b) The person is not in the same trade, business, profession or occupation as the independent enterprise." See NRS 616B.603(1).

An **employee** is broadly defined as, "... every person in the service of an employer under any appointment or contract of hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed" (See NRS 616A.105), but excludes casual employees not in the same trade, business, profession or occupation; musicians not lasting more than 2 consecutive days; household servants, farming and ranching employees; voluntary ski patrol; sports officials paid a nominal fee; clergy, rabbi or lay readers; real estate brokers or sales persons; and commissioned sales persons (See NRS 616A.110).

An **independent contractor** is a person who is hired and paid solely to produce a result. It is defined as, "... any person who renders service for a specified recompense for a specified result, under the control of the person's principal as to the result of the person's work only and not as to the means by which such result is accomplished." See NRS 616A.255.

Brief Description of Your Rights and Benefits If You Are Injured on the Job or have an Occupational Disease

Notice of Injury or Occupational Disease (Incident Report Form C-1) If an injury or occupational disease (OD) arises out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient supply of the forms.

Claim for Compensation (Form C-4): If medical treatment is sought, the form C-4 is available at the place of initial treatment. A completed "Claim for Compensation" (Form C-4) must be filed within 90 days after an accident or OD. The treating physician or chiropractor must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation.

Medical Treatment: If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractor from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered into a contract with an MCO or PPO, you may select a physician or chiropractor from the Panel of Physicians and Chiropractors. Any **medical costs** related to your industrial injury or OD will be paid by your insurer.

Temporary Total Disability (TTD): If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation.

Temporary Partial Disability (TPD): If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

Permanent Partial Disability (PPD): When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractor to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation and your age and wage.

Permanent Total Disability (PTD): If you are medically certified by a treating physician or chiropractor as permanently and totally disabled and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a PPD award.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.

Transportation and Per Diem Reimbursement: You may be eligible for travel expenses and per diem associated with medical treatment.

Reopening: You may be able to reopen your claim if your condition worsens after claim closure.

Appeal Process: If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the **Department of Administration, Hearing Officer**, by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter at 1050 E. William Street, Suite 400, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 210, Las Vegas, Nevada 89102. If you disagree with the Hearing Officer decision, you may appeal to the **Department of Administration, Appeals Officer**. You must file your appeal within 30 days from the date of the Hearing Officer decision letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with a decision of an Appeals Officer, you may file a **petition for judicial review with the District Court**. You must do so within 30 days of the Appeal Officer's decision. You may be represented by an attorney at your own expense or you may contact the NAIW for possible representation.

Nevada Attorney for Injured Workers (NAIW): If you disagree with a hearing officer decision, you may request that NAIW represent you without charge at an Appeals Officer hearing. NAIW is an independent state agency and is not affiliated with any insurer. For information regarding denial of benefits, you may contact the NAIW at: 1000 E. William Street, Suite 208, Carson City, NV 89701, (775) 684-7555, or 2200 S. Rancho Drive, Suite 230, Las Vegas, NV 89102, (702) 486-2830.

To File a Complaint with the Division: If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact Workers' Compensation Section, 400 West King Street, Suite 400, Carson City, Nevada 89703, telephone (775)684-7270, or 3360 W. Sahara Ave., Suite 250, Las Vegas, NV 89102, telephone (702) 486-9080.

For Assistance with Workers' Compensation Issues: You may contact the Office of the Governor Consumer Health Assistance, 555 E. Washington Avenue, Suite 4800, Las Vegas, Nevada 89101, Toll Free 1- 888-333-1597, Web site: <http://govcha.state.nv.us>, E-mail cha@govcha.state.nv.us

The information in this publication is derived from Chapters 616A and 617 of the Nevada Revised Statutes and is provided for informational purposes only. If you have any questions, regarding your injury or workers' compensation claim, please call the following:

Insurer/Administrator: _____ Contact Person: _____

Address: _____ Telephone Number: _____
City State Zip

MCO/Health Care Provider: _____ Contact Person: _____

Address: _____ Telephone Number: _____
City State Zip

NOTICE TO EMPLOYEES

Pursuant to: **NRS 616B.227 Election by employee to report his tips; effect; regulation.**

1. For the purpose of workers' compensation, an employee may elect to report the amount he receives as tips for the purpose of the calculation of compensation by submitting to his employer an Employee's Declaration of Election of Report Tips (form D-23). The employee must make his election separately for each pay period before the end of the next pay period. The declaration may not be amended.
2. Upon receipt of such notice the employer shall:
 - (a) Make a copy of each report which the employee has filed with the employer to report the amount of his tips to the United States Internal Revenue Service or Employee's Declaration of Election to Report Tips;
 - (b) Submit the copy to its workers' compensation insurer upon request, or if the employer is self-insured or an association of self-insured public or private employers, retain the copy for his records; and
 - (c) If he is not self-insured, pay the insurer the premiums for the reported tips at the same rate as he pays on regular wages.
3. An employee who elects to report his tips is not eligible to receive increased compensation based on those tips until 3 months after his employer receives the Employee's Declaration of Election to Report Tips. For the purpose of workers' compensation, tips may be reported pursuant to 26 U.S.C. §6053(a) or on form D-23. The form for reporting tips D-23 can be obtained from your personnel office.

If the forms are not available, contact your employer or the Internal Revenue Service.



Workers' Compensation

SUBSEQUENT INJURY ACCOUNTS

This document is not intended to provide legal advice to the reader. Legal opinions or interpretations of statutes and regulations referenced here should be sought from competent legal professionals.

THE PURPOSE OF THE SUBSEQUENT INJURY ACCOUNT(S):

The primary purpose of the Subsequent Injury Account(s) is to encourage employers to hire workers who have suffered a permanent physical impairment. The impairment can be congenital or caused by a previous accident, illness or work-related injury/occupational disease. The costs of the subsequent injury are paid from a designated "subsequent injury account" which is supported by assessments received from workers' compensation insurers rather than having the current insurer pay the entire cost of a qualifying claim.

THE CURRENT STRUCTURE OF THE SUBSEQUENT INJURY ACCOUNTS:

There are currently three separate subsequent injury accounts. Both the Self-insured Employers Account and the Associations of Self-insured Public or Private Employers Account has their own review board. They each have five board members who are appointed by the Governor. The Administrator of the Division of Industrial Relations (DIR) administers the account for private carriers.

TYPE OF CLAIM ELIGIBLE FOR PAYMENT:

Self-Insured Employer - [NRS 616B.557](#) and NRS 616B.560

Associations of Self-Insured Public or Private Employers - NRS 616B.578 and NRS 616B.581

Private Carriers - NRS 616B.587 and NRS 616B.590

Before any claim is accepted under the appropriate subsequent injury account, specific criteria must be satisfied. These are the same for all three accounts. They are as follows:

- The compensation due the injured employee for the subsequent injury must be substantially greater by reason of the combined effects of the pre-existing impairment and the subsequent injury than from the subsequent injury alone.
- If the subsequent injury resulted in death and it is determined that the death would not have occurred except for the pre-existing impairment, the compensation due must be charged to the appropriate Subsequent Injury Account in accordance with adopted regulations.
- The injured employee must have a pre-existing physical impairment of 6% or more if evaluated according to the American Medical Association Guides to the Evaluation of Permanent Impairment.
- The employer, association or private carrier must establish by written records that the employer had knowledge of the pre-existing impairment at the time of hire or that the employee was retained in employment after the employer acquired such knowledge.
- The employer, association or private carrier must notify the Administrator of a possible claim against the Subsequent Injury Account within 100 weeks of the subsequent injury or death for claims with a date of injury, prior to 10/30/05 under subsections **NRSB.557, .578 and .587** only. **Subsections NRS 616B.560, .581 and .590 still require notice.**

Note: Insurers may also obtain relief from the appropriate subsequent injury account if the employee knowingly or willfully made a false representation as to his/her physical condition at the time of hire. The employer must have relied on the false representation as a substantial basis for employment and there must be a causal connection between the false representation and the subsequent injury. Notification of the administrator must be no later than 60 days after the date of the subsequent injury or the date the employer learns of the employee's false representation, whichever is later.

SUBMITTING A CLAIM FOR SUBSEQUENT INJURY (ALL ACCOUNTS):

Self-Insured Employer – NAC 616B.7702

Associations of Self-Insured Public or Private Employers – NAC 616B.7773

Private Carriers – [NAC 616B.760](#)

A claim must be submitted, in writing, to the Administrator for review and, in the case of a self-insured employer or association of self-insured employers, evaluation by the Board. The claim must include all information necessary to establish that the claim should be paid from the appropriate Subsequent Injury Account, a completed copy of Form D-37, Insurer's Subsequent Injury Checklist and the information required therein. Additionally, the file must be organized in the manner prescribed in part 5 of the Form D-37 and secured in a binder or file folder. This form may be obtained via the Workers' Compensation Section website at <http://dir.nv.gov/WCS/Home/>.

DETERMINATIONS (ALL ACCOUNTS):

Self-Insured Employer – NAC 616B.7704

Associations of Self-Insured Public or Private Employers – NAC 616B.7777

Private Carriers – NAC 616B.766

In the case of a self-insured employer or association of self-insured employers, the Administrator will submit to the appropriate Board his recommendation concerning the acceptance or denial of the claim and the expenses related to the claim within 45 days after a complete claim is received. The appropriate Board will render a determination within 75 days of the recommendation (120 days total).

In the case of a private carrier, the Administrator will examine a claim and render a determination within 120 days after a completed claim is received.

DISAGREEING WITH THE DETERMINATION (ALL ACCOUNTS):

Self-Insured Employer – NRS 616B.557 and NAC 616B.7706

- If the board denies a claim or any of the expenses related to the claim, the self-insured employer who submitted the claim may request a hearing before the board by filing a written request with the board's legal counsel within 30 days after the board's attorney notifies the self-insured employer of the decision of the board.
- The board will conduct the hearing within 45 days after the request for a hearing is filed, unless the board grants a continuance.
- If the self-insured employer still disagrees with the board's decision, an appeal must be filed with the District Court.

Associations of Self-Insured Public or Private Employers – NRS 616B.578, NAC 616B.7779 and NAC 616B.7783

- If the association disagrees with all or part of the administrator's recommendation, a request for hearing before the board must be served to the board's legal counsel not later than ten days after the date the recommendation was served to the association. The board will conduct the hearing not later than 35 days after the date that the request for hearing was served.
- If the association disagrees with the board's decision, an appeal must be filed with the District Court.

Private Carriers – NRS 616B.587 and NAC 616B.766

- If a private carrier disagrees with the determination of the administrator, an appeal must be made in writing and sent directly to the Appeal Officer at the Department of Administration within 30 days after the date of the administrator's determination.
- If the private carrier disagrees with the Appeal Officer's decision, an appeal must be filed with the District Court.

If you have further questions regarding the operation of the subsequent injury accounts, you may contact Vanessa Skrinjaric at: 702 486-9098 or VSKrinjaric@business.nv.gov.



Workers' Compensation

HOW TO VERIFY EMPLOYERS WORKERS' COMPENSATION INSURANCE COVERAGE

- 1: Ask the injured employee for the name, address and telephone number of their employer, and for the name of the insurer or third party administrator
 - Call the insurer/TPA to verify insurance. **ALWAYS verify coverage with the correct TPA/Insurer before sending the C-4.**
- 2: If you are not provided with the name of the insurer/TPA, access the **Coverage Verification Service (CVS)** online at the WCS website: dir.nv.gov/wcs/home/. For best results, please confirm the spelling of the Insured's name before searching.
- 3: **If you are unable to locate the insurer/TPA on CVS go to the Division of Insurance website at doi.nv.gov and select the "Help Me Find..." tab to locate "Self-insured Workers' Compensation." Select either the "Insured Employer Company List" or the "Association List" tab.**
- 4: If you are still unable to locate the insurer/TPA, contact the injured workers' employer. Be sure to document the employer's responses.
- 5: If the above steps do not produce results, call **WCS** Las Vegas at (702) 486-9080. If **WCS** can't locate coverage during your call, you will be directed to forward copy of Form C-4 and verification documentation to the Henderson office for further investigation.

FEDERAL GOVERNMENT CLAIMS

For all federal government employee claims, please contact:

U.S. Department of Labor (DoL)

Office of Workers' Compensation Programs (OWCP)

P.O. Box 8300

London, KY 40742-8300

415 241-3300

<http://www.dol.gov/owcp/>

USEFUL WEBSITES FOR C-4 RESEARCH

State of Nevada Official website: <http://www.nv.gov/>

State of Nevada – Division of Insurance: Tab – Self Insured: > Self-insured Company List > Association List:
<http://doi.nv.gov>

State of Nevada – Division of Industrial Relations - Workers' Compensation Section:
<http://dir.nv.gov/wcs/home/>

Nevada Secretary of State: <http://nvsos.gov/>

Nevada Secretary of State: Silver Flume Business Portal
<https://www.nvsilverflume.gov/home>

Nevada State Contractors Board: Contractor Info & Searches > search by Company Name or Principal Name
<http://www.nvcontractorsboard.com/>

Coverage Verification Service (CVS): <http://dir.nv.gov/wcs/home/>

Business License Search – Clark County:
http://www.clarkcountynv.gov/Depts/business_license/Pages/BLSearch.aspx

Business License Search – City of Henderson:
<https://dsconline.cityofhenderson.com/BusinessLicense/BLQueryWrap.cfm>

Business License Search – City of Las Vegas: <http://www3.lasvegasnevada.gov/Bus-license/Search.asp>

Business License Search – City of North Las Vegas:
https://www.cityofnorthlasvegas.com/departments/community_development_and_compliance/business_license/BLLicStat.aspx

Business License Search – Town of Sparks:
http://portal.cityofsparks.us/business_licenses/active

Business License Search – Town of Pahrump: > Active Pahrump Business Licenses > PDF File
<http://www.pahrumpnv.org/pahrump-nevada/departments/pahrump-business-license/>

Business License Search – Reno
<http://dashboard.reno.gov/RenoBusinessLicenses/rdPage.aspx?rdReport=SearchPage>

Jurisdiction Locator – Clark County: <http://gisgate.co.clark.nv.us/ziploc/>

DBA Search – Clark County: tab > Fictitious Firm Names
<http://www.clarkcountynv.gov/clerk/services/pages/fictitiousfirmnames.aspx>

DBA Search: Washoe County: http://www.washoecounty.us/clerks/dba_name_search.php

On-line phone directory with reverse phone and address searches: <http://www.411.com/>

Google: <http://www.google.com/>

If you know of any other websites beneficial to the research of C-4s and would like them included on this information sheet, please contact us at 702-486-9080.

For any Workers' Compensation questions or comments, email WCSHelp@business.nv.gov



Workers' Compensation

VOCATIONAL REHABILITATION

NRS 616C.530	Priorities for returning injured employee to work.
NRS 616C.540	Supervision, ratio and review of uncertified counselors; limitation on caseload of counselor who conducts full vocational assessments.
NRS 616C.542	Prohibiting vocational rehabilitation counselor employed by entity administering injured employee's case from providing services to injured employee without provision of certain written disclosures; right of injured employee to be assigned alternate counselor.
NRS 616C.543	Prohibited acts of vocational rehabilitation counselor.
NRS 616C.545	Duty of insurer to determine physical limitations on injured employee's ability to work.
NRS 616C.547	General duties of vocational rehabilitation counselor.
NRS 616C.550	Written assessment of injured employee.
NRS 616C.555	Plan for program of vocational rehabilitation.
NRS 616C.560	Extension of program for vocational rehabilitation.
NRS 616C.570	On-the-job training as component of plan for program of vocational rehabilitation.
NRS 616C.575	Payment of vocational rehabilitation maintenance.
NRS 616C.580	Provision of services for employee who resides outside of State; limited lump-sum payment in lieu of services.
NRS 616C.585	Limit on goods and services, which may be provided; exceptions.
NRS 616C.590	Eligibility for services; effect of incarceration; effect of refusing services offered by insurer; effect of inability of insurer to locate injured employee.
NRS 616C.595	Agreements for payment of compensation in lump sum in lieu of provision of vocational rehabilitation services.
NRS 616C.597	Response to request for payment of compensation in lump sum in lieu of provision of vocational rehabilitation services.
NRS 616C.600	Orders for self-employment or payment of compensation in lump sum for vocational rehabilitation prohibited; agreements concerning self-employment authorized.

NAC 616C.558	Plan for program of vocational rehabilitation.
NAC 616C.559	Development and extension of program of vocational rehabilitation.
NAC 616C.562	Use of surveys of labor market.
NAC 616C.565	Inclusion of period for job search in program.
NAC 616C.568	Relocation: Expenses; notice of decision; limitations.
NAC 616C.571	Reimbursement for costs of transportation.
NAC 616C.574	Commencement of limits on length of program.
NAC 616C.577	Vocational rehabilitation maintenance: Rate; commencement; timing of payments; termination; payment during development of program.
NAC 616C.580	Consultation concerning proposed program of vocational rehabilitation; general requirements for offers of employment.
NAC 616C.583	Offer of employment: Light duty.
NAC 616C.586	Offer of employment: Termination of vocational rehabilitation services; limitations; light duty.
NAC 616C.589	Offer of employment: Compensation.
NAC 616C.592	Self-employment.
NAC 616C.595	Return of employee to employment; reinstatement of vocational rehabilitation benefits.
NAC 616C.598	Compensation for temporary partial disability.
NAC 616C.601	Suspension or termination of vocational rehabilitation benefits: Grounds; report by private carrier; notice; appeal.
NAC 616C.604	Claimants outside of State.
NAC 616C.607	Effect of injury received during program of vocational rehabilitation.
NAC 616C.610	Right to appeal.
NAC 616C.613	Reports of employee exposure and claims.

Where can I obtain additional information on workers' compensation?

Website: <http://dir.nv.gov/WCS/Home/>

Email: WCSHelp@dir.nv.gov

For information concerning claims administration or failure to obtain or maintain workers' compensation insurance:

Department of Business and Industry Division of Industrial Relations Workers' Compensation Section

400 West King Street, Suite 400
Carson City, Nevada 89703
(775) 684-7270

3360 W. Sahara Ave., Suite 250
Las Vegas, Nevada 89102
(702) 486-9080

For information regarding occupational safety and health program development and implementation:

SAFETY CONSULTATION & TRAINING SECTION

Website: www.4safenv.state.nv.us

Toll Free: 877-4SAFENV

OSHA 10 & 30 Hr Construction Class must register on-line.

The material contained in this publication is derived from chapters 616A to 617, inclusive, of the Nevada Revised Statutes (NRS) & Nevada Administrative Code (NAC), and is provided for informational purposes only. For more detailed information, please refer to the specific statute or code. The NRS and NAC relating to Workers' Compensation can be accessed via the Internet at:
http://dir.nv.gov/WCS/Nevada_Law/

What will happen to an employer who fails to obtain or maintain workers' compensation insurance?

The Division of Industrial Relations, Workers' Compensation Section (WCS) is responsible for ensuring all employers are in compliance with the law. Employers who do not provide workers' compensation will be charged with an administrative fine up to \$15,000; appropriate premium penalties; may be ordered to close business until insurance has been obtained; and will be held financially responsible for all costs arising from a work-related injury. In addition, the uninsured employer may be subject to a criminal penalty for claims resulting in substantial bodily harm or death. ([NRS 616D.200](#) & [NAC 616D.345](#))

Who can provide workers' compensation coverage in Nevada?

Employers may purchase insurance from a private carrier licensed in Nevada or be certified by the Division of Insurance (DOI) as a self-insured employer or a member of an association of self-insured public or private employers.

Private carriers currently utilize competitive premium rates which allows them to deviate on the expense portion of the premiums. This rate must be filed with the DOI 15 days before it is effective and can be disapproved. Contact DOI for further information at the following:

Carson City (775) 687-7000
Las Vegas (702) 486-4009
<http://doi.nv.gov/>

EMPLOYER GUIDE

WORKERS' COMPENSATION



Email Notification

Stay connected to what's new in Nevada's workers' compensation by registering to receive email notifications.
<http://dir.nv.gov/wcs/home/>



PUBLISHED BY:
STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
WORKERS' COMPENSATION SECTION

This pamphlet is provided to inform stakeholders of some significant points concerning workers' compensation insurance in Nevada.

What is workers' compensation?

Workers' compensation is a no-fault insurance program in the State of Nevada, which provides benefits to employees who are injured on the job and protection to employers who have provided coverage at the time of injury.

What protection is provided for the employer?

Because Nevada has "exclusive remedy," the injured workers' benefits are set forth in the statutes. Employers who provide coverage for their employees at the time of injury are protected from any additional damages claimed by their employees as a result of an injury on the job. This protection is established when the injured employee opts to receive workers' compensation benefits.

What type of benefits are employees entitled to?

Nevada's Workers' Compensation Program provides a variety of benefits which are designed to assist the injured employee. These benefits may include (among others):

- Medical treatment;
- Lost time compensation (TTD/TPD);
- Permanent Partial Disability (PPD);
- Permanent Total Disability (PTD);
- Vocational Rehabilitation;
- Dependent's benefits in the event of death; and
- Other claims-related benefits or expenses (i.e., mileage)

How do the Subsequent Injury Accounts benefit employers?

The Subsequent Injury Accounts encourage employers to hire workers with a permanent physical impairment. The costs of any qualified subsequent injury are paid from the appropriate subsequent injury account. ([NRS 616B.557 – 590](#)) Contact Jacque Everhart at (702) 486-9098 or VSkrinjaric@dir.nv.gov for more information.

Which employers are required to provide workers' compensation insurance?

Unless excluded by statute, it is mandatory for an employer who has one or more employees to provide workers' compensation insurance coverage. Some employees are excluded by [NRS 616A.110](#) due to unique criteria.

Employment exempt from workers' compensation insurance coverage requirements includes:

- Employment related to those interstate commerce entities that are not subject to the legislative power of the state of Nevada.
- Employment covered by private disability and death benefit plans which comprehend compensation payments of equal or greater amounts than those provided in NRS 616 and which have been in effect for one year prior to July 1, 1947;
- Employees who are brought into Nevada on a temporary basis and who are insured in another state if extraterritorial coverage provisions are in effect with the other state.

Exception: the construction trades.

- Casual employment (employment lasting not more than 20 days and having a total labor cost of less than \$500) is exempt **if employment is not in the course of trade, business, profession or occupation of the employer.**

CONSTRUCTION TRADES ARE REQUIRED TO HAVE WORKERS' COMPENSATION INSURANCE.

Workers' Compensation Employer Compliance Checklist

- Provide requisite workers' compensation insurance coverage and furnish a place of employment free from recognized hazards that may cause death or serious physical harm to employees.
 - Prominently display in your place of business the required workers' compensation information:
 - (1) *Informational poster to be displayed by employers.* ([NAC 616A.460, Form D-1](#))
 - (2) *Poster to be displayed by employers with employees who receive tips.* ([NAC 616A.470, Form D-22](#))
 - Have available at all times and at all locations for inspection by agent of the Division of Industrial Relations or Attorney General:
 - The policy including the declaration page issued by private carrier; or
 - Certificate issued by the Commissioner if self-insured; or,
 - Certificate issued by the Commissioner and a certificate or letter issued by an association of self-insured public or private employers if a member of an association.
- Note: Temporary worksites (less than 1 year) must produce the above information within 24 hours. ([NRS 616A.495](#))
- Provide forms for employee use and complete injury or occupational disease reporting requirements and forward the required documents in the allowable timeframe: (1) [C-1, Notice of Injury or Occupational Disease \(Incident Report\)](#) and (2) [C-3, Employers' Report of Industrial Injury or Occupational Disease](#) ([NRS 616C.015](#) & [616C.045](#))
 - Provide immediate first aid to an injured employee ([NRS 616C.085](#))
 - Complete the Employer's Report of Industrial Injury or Occupational Disease Form ([Form C-3](#)) within 6 working days of receipt of the [Form C-4](#) from the medical provider and file it with insurer. ([NRS 616C.045](#))

FOR ADDITIONAL INFORMATION

Information about self-insureds, associations and private carriers:

Division of Insurance

Northern Nevada (775) 687-0700
Southern Nevada (702) 486-4009

Are claims adjusters required to be licensed in Nevada?

Starting July 1, 2018, certain workers' compensation claims adjusters are required to be licensed. The Nevada Division of Insurance (DOI) is responsible for adjuster licensing education and testing. More information regarding the new licensing requirements can be found on the DOI web site at http://doi.nv.gov/uploadedFiles/doinvgov/public-documents/Licensing/adjuster_licensing_changes_new_requirements_TH%2005302018.pdf. Additionally, all employer representatives at a workers' compensation hearing, with the exception of attorneys and full-time employer representatives, must be licensed ([NRS 616C.325](#)). For more information contact the Hearings Division, or visit the website at: http://hearings.nv.gov/license/WC_License/

What will happen if the employer does not obtain or maintain workers' compensation insurance?

DIR/WCS is responsible for making sure that all employers are in compliance with the law. **Employers who do not have workers' compensation insurance may be charged with an administrative fine of up to \$15,000 (\$50,000 for claims resulting in substantial bodily harm or death) and may have their business ordered closed until insurance has been obtained.** If an employee sustains a work related injury, the uninsured employer may be held financially responsible for all costs and face criminal charges ([NRS 616D.200](#)).

What services must an insurer provide in Nevada?

◆ [NRS 616B.021](#) and [616B.027](#)

An insurer must provide an in-state claims office with person(s) who can act for the insurer and a statewide toll-free telephone number or accept collect calls for ease of access.

The office must administer and maintain a complete file of each claim, including all information and documentation, and provide appropriate access to the claim files for review or copy purposes. The actual file may be located outside of Nevada, providing records are accessible by computer at an office in Nevada and hard copies are available within 24 hours for open claims and 14 days for closed claims.

Other Requirements

◆ [NRS & NAC Chapters 616A.021 to 617 inclusive](#)

The insurer must provide services to an employer or employee as required. This includes the provision of adequate information on the prevention of industrial accidents and occupational diseases; and controlling losses.

All insurers must use the claims administration forms and posters adopted by the Administrator of the Division of Industrial Relations (DIR).

All insurers are assessed an annual fee by the Administrator of DIR to support the functions of the various agencies providing services to the workers' compensation program in the state of Nevada. Agencies include the Division of Industrial Relations; Division of Insurance; Nevada Attorney for Injured Workers; Department of Administration, Hearings Division; the Uninsured Employers' Claim Account; and the Subsequent Injury Claim Accounts.

INSURER & TPA GUIDE

WORKERS' COMPENSATION



Workers' Compensation Section (WCS)
Northern Nevada (775) 684-7270
Southern Nevada (702) 486-9080
<http://dir.nv.gov/wcs/home/>
WCSHelp@dir.nv.gov

PUBLISHED BY:
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Requirements of the Division of Insurance

- ◆ NRS 616B.036, 616B.312, 616B.318, 616B.321, 616B.431, 616B.463, 616B.466, 616B.472, 616B.475, 616B.500, and 616B.503
- ◆ NAC 616B.475 and 616B.490

Private Carrier Must Be Authorized by the Commissioner – A private carrier must obtain authorization from the Commissioner of Insurance before transacting industrial insurance services in the state of Nevada.

Withdrawal of Authorization of Private Carrier – A private carrier which voluntarily withdraws its authorization or whose authorization is withdrawn by the Commissioner remains responsible for all compensation for injuries sustained during the period of coverage stated in its policies.

Certificate of Industrial Insurance Must Include – Name of insurer; name of insured; policy number; and effective period of the policy.

Private Carrier Failure to Comply – The Commissioner shall suspend the authority of a private carrier to provide industrial insurance for 1 year if the private carrier has intentionally or repeatedly failed to comply with NRS 616 to 617 or any NAC regulation.

Required Policy Provisions – Policies must be in writing and contain insuring agreements and exclusions. Policies must be consistent with the provisions of Chapters 616A to 617 inclusive of the NRS/NAC. The Commissioner, by regulation, will prescribe the basic policy to be used by private carriers.

Private Carrier May Contract with Third-Party Administrator – The third-party administrator must be licensed by the Commissioner of Insurance and maintain an office in the state of Nevada.

Acceptance or Denial of a Claim

◆ NRS 616C.065, and 617.356
Within 30 days after notice of an industrial accident or occupational disease, an insurer must either commence payment of a claim for compensation; or deny the claim and notify the injured employee and the Administrator of DIR.

Provide Timely and Accurate Delivery of Workers' Compensation Benefits to Injured Employees

◆ NRS 616C.050, 616C.090, 616C.155, 616C.235, 616C.475, 616C.490, 616C.495, 616C.500, 616C.505, 616C.530, 616C.600 616C.700

◆ NAC 616C.082, 616C.085, 616C.088, 616C.094, 616C.097, 616C.103, and 616C.112

Statutes and regulations of the state of Nevada require timely determinations and payment of benefits, prescribe the amount/methods of calculation, and the information that must be provided.

Provide Appeal Rights

◆ NRS 616C.315
Nevada state law requires that appeal rights be provided to an injured employee and other applicable parties regarding all claims administration determinations.

Confidentiality and disclosure of information; Provide copies of the claim to the injured employee or employer.

◆ NRS 616B.012 and 616B.021
Information concerning an employer or injured employee is confidential, and may only be disclosed as prescribed by NRS/NAC. However, files of claims are open to inspection, copying or filming, as prescribed by Nevada law.

What are the Requirements when Employers Change Insurers?

◆ NRS 616B.460, NAC 616B.127, NAC 616B.130
Each private carrier and association shall notify the Administrator of DIR if an employer has changed his insurer or has allowed his insurance to lapse, within 15 days after the insurer has noticed lapse or change. This is done by reporting changes through the National Council on Compensation Insurance (NCCI).

Provide Information as Requested by the Administrator in Accordance with the Statutes and Regulations

◆ NRS 616B.003, 616B.006 and 616B.009

Statute requires that an audit be conducted of all insurers at least once every five years and that the information obtained be shared with the Division of Insurance and reported to the Legislature. These on-site audits are conducted by the Workers' Compensation Section (WCS) to ensure all insurers providing benefits to injured employees are administering claims in accordance with chapters 616A to 617 inclusive of the NRS and NAC.

All insurers are required to complete and submit information, statistics and reports to the Administrator of DIR as specified by regulation, or as requested. An Annual Expenditure Report must be completed each year. Occasionally, surveys or studies are also conducted by DIR and results used for statistical purposes.

Submit Records to the Administrator of the Division of Industrial Relations for the Index of Claims

◆ NRS 616B.012 and 616B.018
An Index of Claims has been established within the DIR for use by insurers, and **may only be accessed for workers' compensation purposes.** Contact the Carson City office of DIR, WCS for further information regarding submittal of records and utilization of the Index of Claims.

Administrative Action

◆ NRS 616C. 220, 616D.120, and 617.401
If the DIR determines that an insurer is in violation of chapters 616A to 617 inclusive of the NRS/NAC, the following may be assessed:

- (1) Notice of Correction;
- (2) Written Plan of Corrective Action;
- (3) Benefit Penalty; and
- (4) Administrative Fine

How do I obtain a copy of the NRS, NAC, Medical Fee Schedule or other information?

The Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC) regarding workers' compensation can be obtained by contacting the Legislative Counsel Bureau, Legislative Publications at:

Reno & Carson: (775) 684-6800
Las Vegas: (702) 486-2626
All other Nevada: (877) 873-2648
www.leg.state.nv.us

The Medical Fee Schedule, HIPAA information, Treating and Rating Physicians' list, and the necessary workers' compensation forms can be accessed through the WCS website at: <http://dir.nv.gov/wcs/home/>

For more information you may call or write:

Department of Business and Industry
Division of Industrial Relations
Workers' Compensation Section
400 West King Street, Suite 400
Carson City, Nevada 89703
(775) 684-7270
Fax: (775) 687-6305

3660 West Sahara Ave., Suite 250
Las Vegas, Nevada 89102
(702) 486-9080
Fax: (702) 486-8713
Email: WCSHelp@dir.nv.gov

The material contained in this publication is derived from chapters 616A to 617, inclusive, of the Nevada Revised Statutes & Nevada Administrative Code, and is provided for general information purposes only. For more detailed information, please refer to the specific statute or code in its entirety.

Steps for obtaining workers' compensation insurance information

Step 1: Ask the injured employee, if possible.



Step 2: Use the **Coverage Verification Service (CVS)** on the **WCS** web-site: <http://dir.nv.gov/wcs/home/>

Step 3: Go to the **Division of Insurance** website at <http://doi.nv.gov> and select the "Help Me Find" tab to locate the "Self-insured Workers' Compensation". Select either the "Self-Insured Company" and/or the "Association List" tab. Use the "Find" feature to initiate search.

Step 4: Contact the employer. Document the responses from the employer.

Step 5: After completing the above steps, if you are still unable to locate coverage information, call **WCS** Las Vegas at (702) 486-9080 or Carson City at (775) 684-7270. If we are unable to locate coverage over the phone, you will be asked to forward a completed copy of the C-4 and verification documentation to our office for further investigation.

Step 6: **ALWAYS** verify coverage with the correct Insurer/TPA before sending the C-4.

Can I bill an injured employee?

No. A provider of health care who accepts a patient as a referral for the treatment of an industrial injury or an occupational disease may not charge the patient for any treatment related to the industrial injury or occupational disease, but must charge the insurer. The provider of health care may charge the patient for services that are not related to the industrial injury or occupational disease. [NRS 616C.135](#)

MEDICAL PROVIDER GUIDE

WORKERS' COMPENSATION



Email Notification

Stay connected to what's new in Nevada's workers' compensation by registering to receive email notifications. <http://dir.nv.gov/wcs/home/>



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What protection is provided for the employer?

Because Nevada has "exclusive remedy," the injured workers' benefits are set forth in the statutes. Employers who provide coverage for their employees at the time of injury are protected from any additional damages claimed by their employees as a result of an injury on the job. This protection is established when the injured employee opts to receive workers' compensation benefits.

What type of benefits are employees entitled to?

Nevada's Workers' Compensation Program provides a variety of benefits which are designed to assist the injured employee. These benefits may include (among others):

- Medical treatment;
- Lost time compensation (TTD/TPD);
- Permanent Partial Disability (PPD);
- Permanent Total Disability (PTD);
- Vocational Rehabilitation;
- Dependent's benefits in the event of death; and
- Other claims-related benefits or expenses (i.e., mileage)

What services require prior authorization?

The treating physician or chiropractor must request written authorization from the insurer before ordering or performing any one of the following services with an estimated billed amount of \$200 or more:

- Consultation;
- Diagnostic testing;
- Elective hospitalization;
- Any surgery which is to be performed under circumstances other than an emergency; or
- Any elective procedure.

In addition, treatment for codes 97001 to 97799, exclusive of 97545, 97546, and 98925 to 98943, consisting of more than 6 visits, requires pre-authorization. [NAC 616C.129](#)

What forms are the physician or chiropractor required to fill out?

A physician or chiropractor is required to complete the [Form C-4, Employee's Claim for Compensation/Report of Initial Treatment](#) and the [Form D-39, Physician's and Chiropractor's Progress Report](#). The treating physician or chiropractor *must* complete the bottom portion of the C-4 in its entirety, sign, date, and forward a copy to the insurer *and* employer within 3 working days after he first treats an injured employee. The D-39 is simply a progress report that the treating physician or chiropractor may complete versus dictating a report. A copy of the D-39 or a dictated report, including any physical limitations must be forwarded to the insurer along with the bill for service. Forms may be obtained from the WCS website: http://dir.nv.gov/WCS/Workers_Compensation_Forms_and_Worksheets/

What information is necessary when submitting a bill?

Each provider of health care must submit a bill to the insurer which includes:

- His usual charge for services provided;
 - The code for the procedure and a description of the services;
 - The number of visits and date of each visit to his office and the procedures followed in any treatment administered during the visit;
 - The provider's invoice and the codes for supplies and materials provided or administered to the injured employee that are set forth in the "Health Care Financing Administration, HCFA Common Procedures Coding System (HCPCS)," as contained in the "Relative Values for Physicians,"
 - The name of the injured employee, his employer and the date of his injury;
 - The tax identification number of the provider of health care; and
 - The signature of the person who provided the service.
- In addition to the above, each physician or chiropractor must include on his bill the ICD-10-CM codes as set forth in the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-10-CM)." [NAC 616C.149](#)

How long does a provider have to appeal a billing or payment issue?

A provider of health care whose bill has been reduced or disallowed may, within 60 days after receiving notice of the reduction or disallowance, submit a written request to the Workers' Compensation Section for a review of that action. The request must identify the billed item for which the review is sought and grounds upon which the request is based. [NAC 616C.027](#)

WCS NEWSLETTER

To view the latest edition of the *Workers' Compensation Chronicle*, visit the WCS Web page at <http://dir.nv.gov/WCS/Home/> and click on the Current Newsletter link.



Past issues of the *Workers' Compensation Chronicle* are available on our website.

Recurring features include Straight Talk, Training Schedule and Reporting Reminders.

If you have an article suggestion contact Ruth Ryan, Editor or Krissi Garcia, Assistant Editor in the Workers' Compensation Section, Las Vegas Office (702) 486-9019 or by email at:

WSCHelp@dir.nv.gov

WCS Monthly Training Sessions

The Training schedule is available on our website at:

<http://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/TrainingDocs/TrainingSchedule.pdf>

For your convenience we offer training In two locations:

SOUTHERN NEVADA

Division of Industrial Relations
3360 W. Sahara Ave., Ste. 250,
Las Vegas, NV 89102

For information or to make a reservation to attend a class in Southern Nevada, please contact:

krissi.garcia@dir.nv.gov
(702) 486-9105

NORTHERN NEVADA

The Carson City/Reno presentations are tentatively scheduled in the WCS Carson City Office. These classes are hosted via video conference.

For information or to make a reservation to attend a class in Northern Nevada, please contact:

krissi.garcia@dir.nv.gov
(702) 486-9105

TRAINING GUIDE

WORKERS' COMPENSATION



Email Notification

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<http://dir.nv.gov/wcs/home/>



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WE CAN SCHEDULE A TRAINING SESSION AT YOUR PLACE OF BUSINESS

In addition to the monthly training sessions, WCS' Education, Research and Analysis Unit (ER&A) offers on-site training sessions at no charge.

These sessions are tailored to your organization's specific needs. Topics include:

Who benefits from these free training sessions? Among others:

- **Employee organizations such as Labor Unions**
- **Medical Providers' front office and billing staff**
- **Attorneys who handle workers' compensation claims and their staff**
- **Employee & employer organizations**
- **Anyone considering opening a new business, or expanding an existing one**
- **Insurers/TPAs**

To qualify for an on-site training session, you must provide at least 20 participants, sufficient space for the training, and specific topics to be covered.

For more information about available topics or to schedule a training session for your organization, contact Krissi Lowry at krissi.garcia@dir.nv.gov (702) 486-9105.

The WCS Website

The Workers' Compensation website is a useful tool for anyone involved in Nevada's workers' compensation system. This site is loaded with important updates and information. Here you will find a section for injured employees, information sheets for employers, current Medical Fee Schedules, reporting documents, required forms, Coverage Verification Service access and much more.

You will also find the form online to sign up for email notification to receive notices of important information, upcoming training sessions and release dates for the *Workers' Compensation Chronicle*, the quarterly WCS newsletter.

There is a variety of links to other State websites important to those in the workers' compensation system: websites such as the Nevada Attorney for Injured Workers (NAIW), Office of Consumer Health Assistance (CHA), Safety Consultation & Training Section (SCATS), Occupational Safety & Health Administration (OSHA), and the Division of Insurance (DOI).

Visit the Workers' Compensation Section website at <http://dir.nv.gov/WCS/Home/>.



WORKERS' COMPENSATION TRAINING SESSIONS

All training sessions are free and open to the public.



The **WCS Basic Orientation** training session covers the basic regulatory process for workers' compensation and will include a description of the necessary forms needed to process when an injury occurs within your organization.

In addition, specialized classes offer specified advanced topics such as:

- ***Employees' Rights & Responsibilities**
- ***Employers' Requirements**
- ***Medical Billing**
- ***C-4 Processing and Coverage Verification**
- ***Insurer/TPA and Benefit Penalties**
- ***Calculation of Benefits**
- ***Medical Fee Schedule**