



State of Nevada Division of Industrial Relations Nevada Workers' Compensation

Basic Orientation



**Who are we
and
why are we here?**

Workers' Compensation Section

CHIEF ADMINISTRATIVE OFFICER

CHARLES J. VERRE

Las Vegas

ENFORCEMENT CHIEF
COMPLIANCE/
AUDIT INVESTIGATOR

ANGELIA YLLAS

LAS VEGAS

AUDIT CHIEF
COMPLIANCE/AUDIT
INVESTIGATOR

JANA HERMANN

LAS VEGAS

CHIEF
MEDICAL UNIT

**KATHERINE
GODWIN, BSN, RN**

LAS VEGAS

CHIEF
RESEARCH &
ANALYSIS UNIT

RUTH RYAN

LAS VEGAS

PROGRAMS MANAGER

DOCK WILLIAMS

CARSON CITY

WCS Mission Statement

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

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

Nevada Statutes & Regulations

Nevada Revised Statutes

(NRS)



Chapter 616 A-D

Nevada Industrial Insurance Act

&

Chapter 617

Nevada Occupational Diseases Act

Nevada Administrative Code

(NAC)



Chapter 616 A-D

Nevada Industrial Insurance Act

&

Chapter 617

Nevada Occupational Diseases Act

Role of DIR/WCS - Impartiality

Provide Assistance

- Answer questions, investigate complaints

Provide Information

- Education/Training
 - All training provided free of charge
 - Check website for dates, registration
- Provide workers' comp process information

Role of DIR/WCS - Impartiality

Regulate Compliance

- Audits/Investigations
- Administrative Actions
 - Notices of Correction
 - Fines
 - Penalties

WCS Organization

Primary Compliance Units

- Payers – Insurers, TPAs, SIE, Associations
- Health Care Providers
- Employers

Audit Unit

- Audits insurers/TPAs/SIEs/Associations
- Investigates complaints

Medical Unit (MU)

- Investigates medical complaints
- Makes payment determinations (appeals)
- Revise and publishes NV Medical Fee Schedule
- Processes D-35 Forms/PPD requests
- Manages Treating & Rating Physician Panels
- Coverage verification and compliance (C-4 Forms)

Employer Compliance Unit (ECU)

- Employer audits
- Coverage Investigations

WCS Organization

- Research and Analysis
- Other Units: Benefit Penalty, Subsequent Injury, Uninsured Employers' Claim Account

Research & Analysis (R&A)

- Training
- Annual Workers' Compensation Educational Conference
- Reporting
- CARDS

Other Units

- Benefit Penalty
- Subsequent Injury
- Uninsured Employers' Claims Account



The Beginning . . .

We Begin with the C s

C-1 Form "Notice of Injury or Occupational Disease"

- NRS 616C.015
- Incident Report – written notice of injury/illness to employer
- Completed by injured employee (IE) within 7 days from DOI
- Given to employer
- Signed by both employer and injured employee

We Begin with the C s

C-4 Form/Employee's Claim for Compensation/Report of Initial Treatment

- NRS 616C.040 and NAC 616C.080
- Completed and signed by IE and physician (MD/DO) or chiropractor (DC)
- Sent to employer and correct insurer/TPA within 3 days
- Insurer/TPA has 30 days to accept or deny claim

We Begin with the C's

C-3 Form "Employer's Report of Industrial Injury or Occupational Disease"

- NRS 616C.045
- Completed by employer and filed with insurer/TPA within 6 working days from receipt of C-4 Form
- Must be accompanied by statement of wages if IE expected to be off work 5 days or more
- Copy to injured employee

Communication

Workers' Compensation Community includes:

- Injured Employees/representatives
- Insurers/TPAs/SIEs/SIAs/MCOs
- Employers
- Health Care Providers
- Attorneys
- DIR/WCS



Without appropriate communication, we all fail!

Communication

★ With appropriate communication, we all succeed!

Appropriate communication requires:

- Timely and complete response
- Respectful of others' perspectives
- Professional and courteous
- Cannot be legislated

Compliance Keys - NAC 616C.091

Written notice of claim acceptance must:

- Be provided to IE, legal representative or dependents
 - (a) Written notice of acceptance of the claim;
 - (b) A copy of Form D-52, Alternative Choice of Physician or Chiropractor; and
- Copy to treating physician or chiropractor (C-4 Form)
- Include either:
 - Web address to obtain list of HCPs
 - Written notice IE may request list of HCPs

Compliance Keys - NAC 616C.091

Written determinations must include:

- Claim number
- Employer
- Insurer/TPA
- Date of injury
- Date of determination
- Appeal rights
- Addresses of the Dept of Administration, Hearings Division in Carson City and Las Vegas



Claims - Medical Only

- No or minimal time lost from work (less than 5 days within 20 days)
- Medical services \$800 or less
- No lifetime reopening rights

Claims - Lost Time

- NRS 616C.475
- Off work 5 days - consecutive or within 20 days
- Entitled to compensation: 66 2/3 average monthly wage
- Forms
 - D-5 Wage Calculation Form for Claims Agent's Use
 - D-6 Injured Employee's Request for Compensation
 - D-7 Explanation of Wage Calculation
 - D-8 Employer's Wage Verification Form (must be completed by employer)



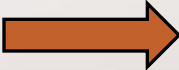


Claims - Lost Time

Types of Wage Replacement

- TTD (Temporary Total Disability)
 - Must be paid within 14 working days; regularly thereafter
- TPD (Temporary Partial Disability)
 - IE working at least part time
 - Must be paid every 14 days after receipt of wage verification (paycheck)
- PTD (Permanent Total Disability)
 - Must be paid monthly

Appeal Rights

- Required on every written determination
- Different appeal rights for different purposes
 - Most decisions IE may appeal
 - Billing decisions – only HCP may appeal
- Usually to Dept of Administration **except** medical billing disputes
 - WCS medical billing appeals authority
 - Medical billing appeals  Medical Unit
- Always copy in legal representative, if any

Appeals Litigation

Dept of Administration

- Hearing Officer (NRS 616C.315)
- Appeals Officer (NRS 616C.345)

Further appeals:

- District Court
- Nevada Supreme Court – may remand to Court of Appeals

Nevada Attorney for Injured Workers (NAIW)

NRS 616A.435-460

NAIW may represent an IE without fee before the Appeals Officer, District Court, Court of Appeals or Supreme Court

May be appointed by Appeals Officer if requested by IE

2 locations:

- Las Vegas (702) 486-2830
- Carson City (775) 684-7555

Claim Closure

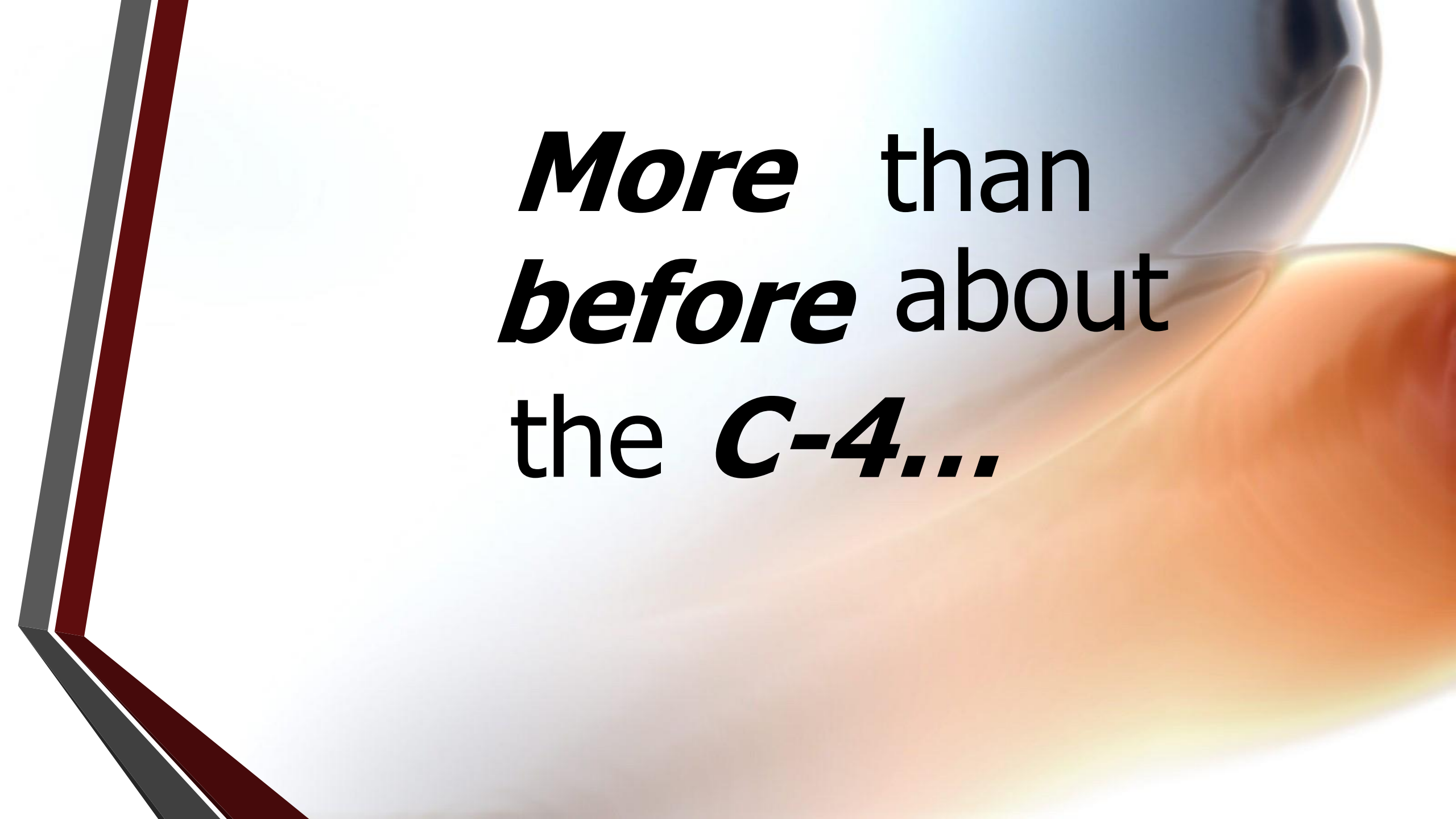
- NRS 616C.235
- Notice of Closure must be mailed to IE and legal representative, if applicable
- Notice must describe the effects of closing the claim and time limit for IE to appeal
- Insurer/TPA must provide Request for Hearing Form (NRS 616C.315)

Wake Up

and

S - T - R - E - T - C - H





More than
before about
the ***C-4...***

C-4 to **Correct** Insurer/TPA

NRS 616C.040
C-4 Submission
by Medical
Provider
3 Working Days



Transit
Time
2-3 Days



Insurer/TPA
Accept or deny claim
30 DAYS after receipt

C-4 Form **Highlights**

Initiation of claim
(*regardless* of receipt of C-1 or C-3)

IE has 90 days to seek medical treatment

HCPs responsible to send to employer and correct insurer/TPA

Document process thoroughly (or pay possible fine)

Must call insurer/TPA to verify correct payer

C-4 Form Highlights

- Top half completed by IE
- Includes release of information (Privacy Act, HIPAA excludes workers' compensation,)
- Bottom half completed by treating physician/chiropractor
- Only MDs, DOs or DC may sign C-4 Form
- Watch for notations referring to medical record for additional information

When is Workers' Compensation Insurance Required?

If an employer has an employee, workers' compensation policy is **ALWAYS** required (NRS 616B.633)!



Employer Compliance Unit (ECU)

Who is an employer?

- 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)



Employer Compliance Unit (ECU)

- Responsible for ensuring employers comply with mandatory coverage provisions
- Conducts employer site visits; employers must provide evidence of coverage (NRS 616A.495)
- If an employer fails to provide/maintain workers' comp coverage, an order to cease business operations may be issued (NRS 616D.110)



- Uninsured employer investigations
- Cancellation/lapse investigations
- National Council on Compensation Insurance (NCCI) provides monthly cancellation list
- Affirmation of Compliance (D-25 Forms)
- Referrals or complaints
- Random site visits



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, 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 lump-sum 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.

Responing: 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 Appeals 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 State of Nevada Office for Consumer Health Assistance, 3320 West Sahara Avenue, Suite 100, Las Vegas, Nevada 89102. **Toll Free** 1- 888-333-1597, Web site: <http://dhs.nv.gov/Programs/CHA>, E-mail cha@govcha.nv.gov.

The information in this publication is derived from Chapters 616A through 616D, inclusive, 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

Employer Posting Requirements

D-1 Poster (NRS 616A.490, NAC 616A.460)

- Must posted in proper size (11" x 17")
- Current poster (10/20)
- Provided by insurer/TPA
- Lower section must be entirely completed.

Insurer/TPA & medical information

Worker Misclassification

Employer Misclassification of workers is a growing problem.

Worker Misclassification occurs when employers misclassify their employees as “independent contractors” in order to eliminate the employer/employee relationship.

A 1099 or contract does not always eliminate the employer/employee relationship

Employers must examine their employment relationships before deeming their employees as “independent contractors”

Worker Misclassification

- **NRS 616B.603 pertains to Independent Enterprises and should be considered to determine if you could be deemed an employer under this provision.**

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.

Incorrectly deeming employees as independent contractors can lead to serious consequences.

Workers' Compensation Myths and Realities

Myth: Family and/or part-time employees do not require coverage

Reality: WC coverage is required

Myth: The subs that I hire should have their own coverage, so I won't worry about workers' compensation insurance.

Reality: If you are a licensed contractor, you should know that you may be determined to be the employer of independent contractors, subcontractors and their employees for purposes of providing workers' compensation insurance coverage.

Note: If 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.



Uninsured Employer Consequences

- **Employers who fail to secure and maintain a workers' compensation policy for their employees will be charged with an administrative fine up to \$15,000.**
- **Employers will pay a premium penalty for the time the employer was uninsured.**
- **Employers will be held financially responsible for all costs relating to an uninsured claim.**
- **Possible criminal prosecution from the Attorney General's Office**



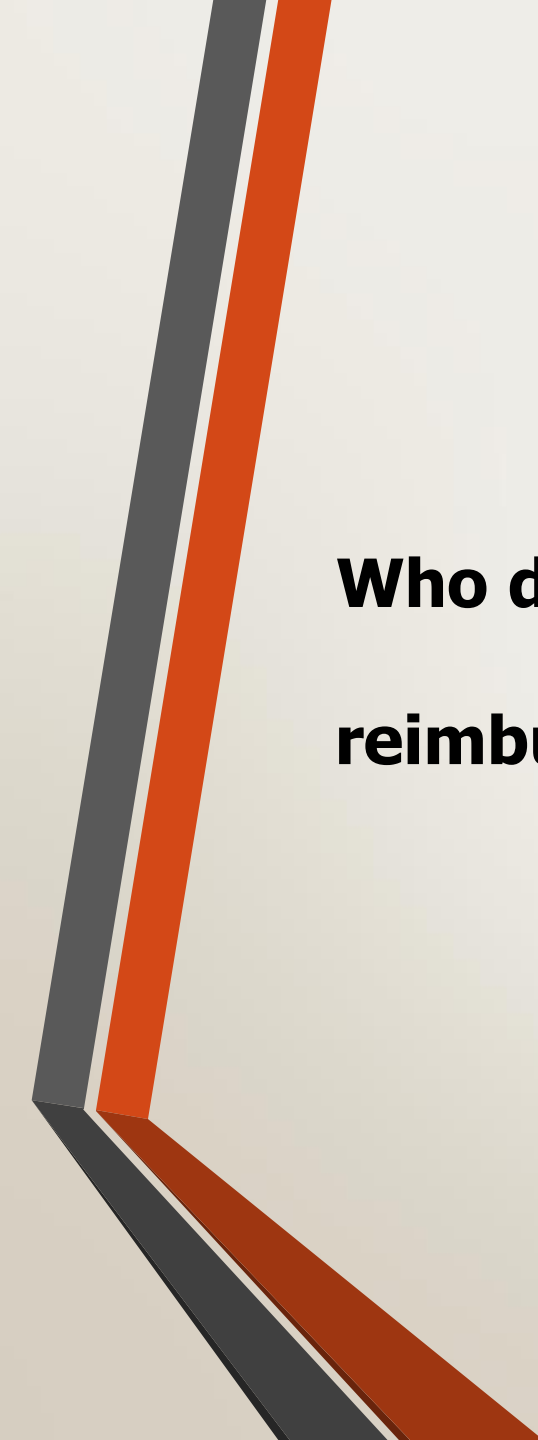
Welcome to Subsequent Injury

- Purpose: To encourage employers to hire or retain those workers who have a condition that results in a permanent impairment and reimburse the employer for injuries that are sustained subsequently during that employment.

How do I qualify? How do I submit for reimbursement? **NRS 616B.557, .578 and .587**



- All these require there be a combined effect between the pre-existing permanent physical impairment and the subsequent injury that, substantially increased, the costs of the subsequent injury due to the pre-existing permanent physical impairment;
- The pre-existing permanent physical impairment must qualify for at least 6% WPI if rated under the AMA Guides as adopted by statute; and
- Employer must have written documentation of knowledge of the pre-existing permanent physical impairment at the time the person is hired or, once the employer acquires knowledge, they must retain the person in employment. Knowledge and retention must occur prior to the date of the subsequent injury.



Who decides if I get reimbursement?

The Board (Self-Insured Employers or Associations of Self-Insured Public or Private Employers) has 120 days after receipt of the request to make a determination regarding reimbursement.

If the claim is for a Private Carrier, the Administrator has 120 days to make a determination regarding the request.

Notice of a possible claim under these sections was repealed on October 1, 2007. However, if the claim has a date of injury prior to October 30, 2005, notice of the possible claim is still required.

**What if an
employee
knowingly
misrepresents
their physical
condition?
NRS
616B.560,
.581 and .590**

There must be proof that the employee knowingly made a false representation related to their physical condition when they were hired and that this false statement formed the basis of their employment.

There must be a causal connection between the false representation and the subsequent disability.

These statutes require notice be submitted no later than 60 days after the date of the subsequent injury or the date the employer learns of the false representation, whichever is later.



NAC 616B.760 to 616B.769 (Private Carriers)

NAC 616B.770 to 616B.7714 (SIE)

NAC 616B.773 to 616B.779 (SIA)

- These regulations govern how claims should be submitted, the hearing process for the Boards and Private Carriers and timelines for the Administrator to review requests.
- Please note, the regulations for both Boards were recently amended on February 27, 2020. They have not been codified by the Legislative Counsel Bureau as of this presentation.

Got Questions?

Subsequent Injury Coordinator

Vanessa Skrinjaric

702-486-9098

VSkrinjaric@dir.nv.gov



BATHROOM BREAK

YIP- PEE !!!



Medical Essentials

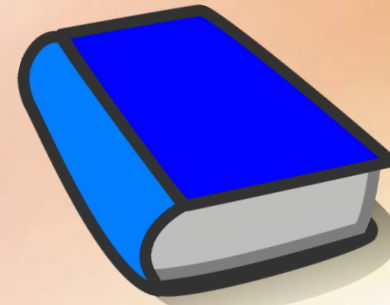


PresenterMedia 

Use the Resources Available

Medical Treatment Guidelines

- ACOEM Guidelines only
- Available online by Reed Group
- Separates conditions by acute/chronic
- Includes drug formulary



Prior Authorization

NAC 616C.129, NAC 616C.143

Required for all services with estimated billed amount of \$200 or more

Required for all compound medications – see page 5 Nevada Medical Fee Schedule (NMFS)

All out of state services (NAC 616C.143)

- Written prior authorization requirements include notification payment per NMFS

Reimbursement: Insurer/TPA Responsibilities

Bills must be date stamped when received

May be sent to an out of state **scanning center** only, otherwise mailed to insurer/TPA address in NV

Pay medical bills accurately and timely – within 45 calendar days of receipt

No down coding = reimbursing a higher paying code shown on the bill at the rate of a lower paying code

Reimbursement - NMFS

Nevada Medical Fee Schedule (NMFS)

- NRS 616C.260
- Sets maximum reimbursement for services
- Updated annually (February 1)
- Access at <http://dir.nv.gov/WCS/home/>
- Includes limited dental fee schedule
- EOB/EOR requirements
- General Information on pages 8-9

Catastrophic Injuries

- Defined in NRS 616A.077
- Duties of insurer/TPA NRS 616C.700-720
 - Assign qualified claims adjuster, nurse, voc rehab counselor
 - Life care plan required within 120 days of “stable” determination
 - Personal meeting monthly with IE/family



The Homestretch .

. . (at last)

What is a PPD?

Permanent Partial Disability impairment evaluation

IE must be at maximum medical improvement (MMI)

Rating Panel of Physicians and Chiropractors

Results in monetary award

PPDs are not IMEs

PPDs

Three ways PPD raters assigned

- Rotating panel
- Mutual agreements
- Court ordered

All PPD rating requests must be made by submitting a completed D-35 Form to WCS/Medical Unit

D-35 Forms submitted to WCS must be completed accurately to be processed

D-35 Forms cannot be processed until claim indexed (D-38 Form)

Keys to PPD Requests

D-35 Forms available on WCS
website

Claims must already be indexed in
CARDS

Mutual agreements require copy
of signed agreement and letter of
representation, if attorney
involved


If not, D-35 returned; when
indexed, write TK# of (D-38) at
top of D-35 Form, resubmit to
WCS

Submit all required documentation
together with new D-35 (update
request date on all resubmitted D-
35s forms)

PPDs

List all treating/consulting
physicians/chiropractors

Code body parts as specifically as possible

- Use "Comments" section to clarify non-specific body parts
- Be accurate - raters use body parts list to identify body parts to be rated
- Must be sent to rater with medical records
- No D-35  no rating

PPDs - Restrictions Apply

- Chiropractors limited to rate neuromusculoskeletal injuries
- Injuries above the neck → MD/DO
- All brain injuries (including concussions) → neurologist/neurosurgeon
- Severe nerve damage → neurologist/neurosurgeon

PPDs and PTSD

Post Traumatic Stress Disorder (PTSD)

- Only mental health disorder eligible for impairment rating
- Limited to raters who have received additional training to rate PTSD
- Eligible raters noted on Rating Panel of Physicians/Chiropractors (<http://dir.nv.gov/WCS/home/>)
- Contact DIR/WCS Medical Unit if questions
- If both PTSD and physical injuries, usually one rating by PTSD rater

Vocational Rehabilitation/RTW

- NRS 616C.530, NRS 616C.550
- Goal – keep IEs working while receiving medical treatment, minimizes disruption of life
- Work with employers to provide light duty as early as possible
- Undocumented IEs not eligible: NV Supreme Court (Tarango v SIIS)



Vocational Rehabilitation Priorities

NRS 616C.530

- 1 Return to pre-accident position
- 2 Return to pre-accident employer
- 3 Position with another employer utilizing existing skills
- 4 Provide training while working in another vocation
- 5 Provide formal training/education in another vocation

Play your



right!!!

Nevada Workers' Compensation web portal

CARDS

Claims and Regulatory Data System

- **WCS Internal System**

- WCS manages investigations, complaints, audits, fines, penalties
- WCS maintains records of insurers, TPAs, medical providers, employers
- WCS creates the initial record for each insurer/TPA with basic licensing info received from DOI

- **External Web Portal**

- Insurers and TPAs interact with WCS
- Insurers and TPAs maintain contacts, claims office and TPA relationship info, submit claims data (claims indexing) and run reports
- **Mandatory**

FUNCTIONALITY

Insurer / TPA Information Form

Claims Indexing (D-38) Form Submission

- Create D-38
- Update D-38

Claims History

Reports

User Access (Account Administrators Only)

EXTERNAL USERS

Account Administrators – “Gate Keepers”

- Controlled by WCS
- Up to 2 Account Administrators per Insurer or TPA
- Added by WCS via Account Admin Designation Form

Individual Users

- Controlled by Account Administrators
- Invited/Added by Account Administrators
- Provided permissions by Account Administrators

EXTERNAL USERS

3 Steps to Becoming an Active User

- Must register online and activate your account:
 - Go to <https://CARDS.nv.gov>
 - Click the link in the activation email
- Be “invited” or added by an Account Administrator (or by WCS if you are an Account Administrator)
- Be given “permissions” to access CARDS functions by an Account Administrator

USER REGISTRATION



Nevada Workers' Compensation Section

Log in

Home



Nevada Workers' Compensation Section

Hello, Ruth Test! Log Out

Home

My Account



To access this website you are required to be associated with Nevada Insurer or Third Party Administrator (TPA). You are not currently associated with an Insurer or TPA. Please contact the Insurer or TPA Account Administrator. If you are the Account Administrator, contact the Workers Compensation Section, Research & Analysis Unit at 702-486-9080.

[Home](#) | [Contact Us](#) | [Privacy Policy](#) | [Terms and Conditions](#)

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Password

Confirm
password

Password Requirements

- ! Must be at least 8 characters long
- ! Contain one upper case letter
- ! Contain one number

Cancel

Register

**Insurer Account
Administrators Control**

Individual User Access and
Permissions

“Linked” TPA Access –
Global vs. Individual

**TPA Account
Administrators Control**

Only Individual User
Access and Permissions

User access

FUNCTIONALITY

Forms and Tools Menu

Individual permissions provided by Account Administrators

- Insurers:
 - Insurer Information Form
 - Claims Indexing (D-38) Form Submission
 - Create D-38
 - Update D-38
 - Claims History
 - Reports
 - User Access (Account Administrators Only)
- TPAs:
 - TPA Information Form
 - User Access (Account Administrators Only)

INSURER / INFORMATION FORM

- Insurer and TPA Info Forms are required to be completed on the CARDS portal
- Insurers and TPAs maintain contact/location information
- **IMPORTANT:** Insurers “link” their related TPA(s)

D-38 (claims indexing)

Reporting Triggers

- Initial Report:
 - Within 30 days of acceptance **or** denial
- Update Reports:
 - Claim type changes (Medical Only to Lost Time)
 - Closure/Reopening
 - Benefit Type Changes (TTD to PPD, TTD to Vocational Rehabilitation, etc.)
 - Corrections or Updates (Body Parts, Employer info, etc.)



HOME PAGE



Nevada Workers' Compensation Section

Hello, Kristine Garcia! [Log Out](#)

[Home](#) [My Account](#)



Claim Submissions

Ticket #	Status	Status Date	Submitted By	Claim #	SSN (Last 4)	Date of Injury	Insurer
<input type="text" value="filter"/>	<input type="text" value="filter"/>	<input type="text" value="filter"/>	<input type="text" value="filter"/>	<input type="text" value="filter"/>	<input type="text" value="filter"/>	<input type="text" value="filter"/>	<input type="text" value="filter"/>
TK-0186-361	Pending	3/20/2019 1:19 PM	krissi.garcia@ <input type="text"/>				Boulevard Insurance
TK-0015-160	Approved	4/19/2018 1:57 PM	Byauss@ <input type="text"/>	1111111111111111	9999	1/1/1800	Boulevard Insurance
TK-0007-593	Rejected	5/4/2017 5:28 PM	Byauss@ <input type="text"/>				Boulevard Insurance

Showing 1 to 3 of 3 entries

Display 10 Per Page

< 1 >

Filing History

Ticket #	Submission Type	Insurer/TPA	Filing Date	Filed By
<input type="text" value="filter"/>	<input type="text" value="filter"/>	<input type="text" value="filter"/>	<input type="text" value="filter"/>	<input type="text" value="filter"/>
TK-0167-419	RAU - Insurer Information Form	Boulevard Insurance	1/23/2019 10:25 AM	Ruth Ryan
	RAU - Claim History Form	Boulevard Insurance	4/19/2017 10:23 AM	Brian Yauss



WELCOME TO WORKERS' COMPENSATION

CARDS
Claims and Regulatory Data System

<<Click here to login or register>>

What's Hot!

- [➤ Hearings / Workshops / Meetings](#)
- [➤ Current Newsletter](#)
- [➤ Training](#)
- [➤ Important Changes](#)
- [➤ Join our Mailing List](#)
- [➤ WCS Treating Panel Application/Instructions & Key Info](#)
- [➤ **NEW** PTD & Survivors' Benefits COLAs Information - 1/14/21](#)
- [➤ 2021 Mileage Reimbursement Rate Change](#)
- [➤ FY21 Maximum Compensation - Effective 7/1/2020](#)
- [➤ New Actuarial Annuity Table Adopted - Effective 7/1/2020](#)
- [➤ CARDS Web Portal Updates - September 2020](#)
- [➤ CARDS Web Portal Updates - July 2020](#)
- [➤ Division of Insurance WC FAQs](#)
- [➤ Forms and Worksheets](#)
- [➤ WCS Contacts](#)
- [➤ Questions? - Please Use WCSHelp](#)
- [➤ Public Records Policy](#)



CLAIMS AND REGULATORY DATA SYSTEM

CARDS

WORKERS' COMPENSATION NEVADA LAW

COVERAGE VERIFICATION SERVICE

INJURED WORKERS

COMPENSATION CLAIM

INSURERS' TREATING PROVIDER LISTS

EMPLOYER COMPLIANCE



State of Nevada Department of Business & Industry

Industrial Relations (DIR)

NV.gov

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CLAIMS AND REGULATORY DATA SYSTEM (CARDS)

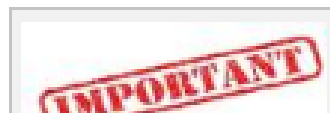


[CARDS WEB PORTAL REGISTRATION / LOGIN PAGE](#)

[CARDS WEB PORTAL USER MANUAL](#)

[CARDS BROCHURE](#)

IMPORTANT ANNOUNCEMENTS



NEED HELP? CONTACT US!

NEED HELP WITH CARDS?

Download the External User Manual: [CARDS WEB PORTAL USER MANUAL](#)

Direct questions as follows:

CARDS related send to CARDS@dir.nv.gov (login, password, general system issues)

D-38/CLAIMS INDEXING related send to indexing@dir.nv.gov (claims indexing guidance and questions)

The “Untangled” WEB

we weave . . .

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



WCS Website

dir.nv.gov/WCS/Home

The screenshot shows the homepage of the Nevada Industrial Relations (DIR) website. At the top left is the DIR logo. The main header reads "Industrial Relations (DIR)". To the right is a search bar with "ENHANCED BY Google" and options to "Search This Site" or "Search All Sites". Below the search bar are links for "ADA Assistance" and a "PRINT" button. A navigation menu includes "HOME", "LABOR STATS", "MECHANICAL", "MINES", "OSHA", "SCATS", "WORKERS' COMP", and "CONTACT". A banner below the menu says "WELCOME TO WORKERS' COMPENSATION". The main content area features a large graphic with the text "State of Nevada Executive Department" and "Notice of Declaration of Emergency Directive 026". To the right is a "What's Hot!" section with a list of links: "Hearings / Workshops / Meetings", "Current Newsletter", "Training", "Important Changes", "Join our Mailing List", "WCS Treating Panel Application/Instructions & Key Info", "PTD & Survivors' Benefits COLAs Information", "FY21 Maximum Compensation - Effective 7/1/2020", "New Actuarial Annuity Table Adopted - Effective 7/1/2020", "CARDS Web Portal Updates - September 2020", "CARDS Web Portal Updates - July 2020", "Division of Insurance WC FAQs", "Forms and Worksheets", "WCS Contacts", "Questions? - Please Use WCSHelp", and "Public Records Policy". At the bottom is a row of six icons representing different services: "INJURED WORKERS", "INSURERS' TREATING PROVIDER LISTS", "EMPLOYER COMPLIANCE", "INSURER AND TPA REPORTING", "CLAIMS AND REGULATORY DATA SYSTEM (CARDS)", and "WORKERS' COMPENSATION NEVADA LAI".

All Forms

Join WCS Mailing List

Important Changes

Newsletters

Brochures

Training

Links to:

- **WCSHELP**
- **NRS & NAC**

?? QUESTIONS ??

CARDS - cards@dir.nv.gov

CARDS portal

CLAIMS INDEXING - indexing@dir.nv.gov

claims indexing

RESEARCH & ANALYSIS – WCSEDUTNG@dir.nv.gov

training, annual Workers' Comp Educational Conference

RESEARCH & ANALYSIS - WCSRA@dir.nv.gov

data calls, reporting

WCS HELP - WCSHelp@dir.nv.gov

Questions related to all other issues

WCS Contacts

LAS VEGAS

Main (702) 486-9080

Fax (702) 486-8712

Medical Unit

(702) 486-9080

Fax (702) 486-8713

C-4s/Proof of Coverage (POC) (702) 486-9080

D-35 Forms

medunit@dir.nv.gov

Employer Compliance Unit (702) 486-9080

Fax (702) 486-9174

Audit Unit (702) 486-9080

Fax (702) 486-8712

Research and Analysis (702) 486-9080

Education klowry@dir.nv.gov

Subsequent Injury (702) 486-9098

CARSON CITY

Main (775) 624-7270

Fax (775) 684-6305

Medical Unit (775) 684-7270

Employer Compliance Unit (775) 684-7270

Fax (775) 687-3073

Audit Unit (775) 684-7270

Poll Question Time



Questions?





Thank You



DIR/WCS
702-486-9080