



Workers' Compensation

EMAIL ENROLLMENT REQUEST

The email enrollment form below allows you to sign up for email notification of the latest quarterly newsletter releases, upcoming trainings, and regulation changes, along with regulation hearings and workshops you can attend.

In addition, you may use this form to change your current contact information or be removed from our email database.

NEW SUBSCRIBER UPDATE REMOVAL REQUEST

PLEASE TYPE OR PRINT CLEARLY

Business Name:
Contact Name (First & Last):
Email Address:

CHECK THE **ONE** CATEGORY, WHICH BEST DESCRIBES YOUR BUSINESS

- Medical Third-party Administrator General – Employee/Employer Vocational Rehabilitation
- Association Self-Insured Private Carrier Legal

**PLEASE FILL OUT THE FORM ON THE WCS WEBSITE OR
EMAIL, MAIL OR FAX THIS COMPLETED FORM TO:**

Workers' Compensation Section (WCS)

Attn: Education Research & Analysis Unit
3360 W. Sahara Ave., Suite 250
Las Vegas, Nevada 89102

Fax: (702) 486-8712
Email: krissi.garcia@dir.nv.gov
<https://hal.nv.gov/form/DIRnvgov/>
[EMAIL ENROLLMENT REQUEST](#)



Workers' Compensation

FREQUENTLY ASKED QUESTIONS—MEDICAL PROVIDERS

Must I evaluate and treat every patient with a work-related injury?

In the event of an emergency, you must evaluate and treat the injured worker.

If the injury is non-emergent, it is recommended that you verify whether you are a contracted provider for that employer, insurer or third-party administrator (TPA) to ensure payment for services rendered. If you do treat the injured worker, you must complete and forward the appropriate copy of the Form C-4, *Employee's Claim for Compensation/Report of Initial Treatment* to the **correct** insurer and the **correct** employer. [NRS 616B.527](#), [NRS 616C.090](#)

Also, it is your responsibility to inform the injured worker of his workers' compensation rights, which includes the completion of Form C-4. Form D-2, *Brief Descriptions of Rights and Benefits*, must be printed on the reverse side of the injured worker's copy of the C-4 or provided to the injured worker as a separate document with an affirmative statement acknowledging receipt. [NRS 616C.090](#), [NRS 617.352](#), [NAC A.480](#)

How may I obtain the Form C-4 and other necessary forms?

[Forms and Worksheets](#) may be found on the WCS website: <http://dir.nv.gov/WCS/home/>.

What are the Form C-4 requirements?

Within 3 working days after treating an injured worker, you must complete Form C-4, *Employee's Claim for Compensation/Report of Initial Treatment* and forward the appropriate copy to the **correct** employer and the **correct** insurer. A copy of the Form C-4 form must be retained in the injured worker's file. It is the health care provider's responsibility to contact the employer or insurer/TPA to confirm the name and address of the correct insurer/TPA. Please refer to the directions given below.

A Form C-4 must be completed even if you do not consider the injury or occupational disease to be work-related. The compensability of the claim lies with the insurer, not the health care provider, nor the employer. The Form C-4 must be completed in its entirety, including signature and date, and any limitations and/or restrictions assigned. Please note, an insurer or TPA has 30 days from receipt of the Form C-4 to accept or deny the claim. [NRS 616C.040](#), [NRS 617.352](#)

How can my office staff locate the correct insurer/TPA?

You must send the completed Form C-4 to the correct insurer or TPA. The first step is to ask the injured worker. The next step is to contact the employer. He is required to know who his insurer is.

The Coverage Verification Service is a limited portal into the National Council on Compensation Insurance's database which allows access to private carrier information for employers. To access this portal, visit the Workers' Compensation Section website: <http://dir.nv.gov/WCS/home/>. The health care provider must **always** contact the insurer/TPA listed to verify the correct information.



For information on self-insured employers and associations of self-insured employers, visit the Division of Insurance Web page: <http://doi.nv.gov> and select the "Help Me Find..." tab > Self-Insured Workers' Compensation. Select either the "Self-insured Workers' Compensation" or "Association" list.

If, despite all your efforts, you are unable to locate the correct insurer/TPA within 3 business days, you must call the WCS for assistance in locating this information. If the WCS is unable to locate the insurer at that time, you will be asked to send to the WCS the Form C-4 and any notes documenting your efforts to locate the correct insurer/TPA. [NAC 616C.080](#)

What if the injured worker or his employer asks me not to send in a Form C-4?

You must complete in its **entirety**, both the upper and lower portion of Form C-4 if a patient reports a work-related injury or condition. A copy of the Form C-4 must then be forwarded to the **correct** employer and **correct** insurer even if the injured worker has refused to complete the employee portion or you have been asked not to file. Document the injured worker's refusal on the upper portion of Form C-4.

What do I do if the employer asks me to bill him directly?

Unless the employer is self-insured, the insurer or third-party administrator is responsible for payment of any medical services provided to the injured worker relating to the accepted industrial injury and/or condition.

May a physician's assistant or nurse practitioner complete a Form C-4?

Yes, the physician or chiropractor, who has the responsibility to complete Form C-4, may delegate the completion of the form to a medical facility, physician's assistant or nurse practitioner. However, a physician must always countersign a Form C-4.

What are the consequences if I fail to complete or send in a Form C-4 on time?

Administrative fines may be imposed if Form C-4 is incomplete and/or not submitted within 3 working days to the **correct** employer and insurer. Benefit penalties and administrative fines may be imposed if a medical provider refuses to complete and distribute Form C-4 as required and/or induces or influences a patient not to file a workers' compensation claim. [NRS 616C.040](#), [NRS 616D.120](#)

What do I do if I suspect workers' compensation fraud?

Report suspected fraud to the AG Fraud Hotline: 1-800-266-8688. More information for detecting possible fraud is available on the Attorney General website at: <http://ag.nv.gov/>.

What if the employer does not have workers' compensation insurance?

Send the completed Form C-4 and the bill to the WCS with a cover letter stating the employer does not have workers' compensation insurance. The WCS Employer Compliance Unit investigates suspected uninsured employers and determines whether there is coverage. Once it is determined that the employer has no coverage, the claim will then be submitted to the Uninsured Employers' Account. If accepted, the injured worker will receive the same rights and benefits afforded any other injured worker under NRS 616 and 617.

Must I obtain prior authorization for everything?

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

- Treatment
- 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 prior authorization. [NAC 616C.129](#) Telemedicine also reaches the anticipated cost of \$200 or more. Check the current Medical Fee Schedule for further information regarding telemedicine.

What if I request prior authorization and the insurer or TPA does not respond?

An insurer must respond to a **written request** for prior authorization for treatment, diagnostic testing, or consultation within 5 working days. If the insurer does not respond within 5 working days, authorization shall be deemed to be given. However, the insurer may subsequently deny the authorization. [NRS 616C.157](#)

How many treating physicians or chiropractors may an injured worker have?

There may be only one treating physician or chiropractor unless the insurer provides prior written authorization for the injured worker to receive treatment by more than one physician or chiropractor. [NRS 616C.090](#)

Physicians and chiropractors associated with the treating physician or chiropractor may treat the injured worker during the temporary absence of the treating physician or chiropractor. Physicians in emergency departments are not considered “treating physicians.” [NAC 616C.129](#)

Is a specific progress report form required?

The physician or chiropractor must use Form D-39, *Physician’s Progress Report – Certification of Disability*. The Form D-39 must be completed in its entirety to include a signature and date and any limitations and/or restrictions assigned. A copy of this form, as well as all other forms, may be obtained from the WCS website: <http://dir.nv.gov/WCS/home/>. [NAC 616A.480](#)

Are there workers’ compensation standards of care?

Yes. The standards of care adopted by the Division of Industrial Relations are the current *Occupational Medicine Practice Guidelines* of the American College of Occupational and Environmental Medicine. These are more commonly known as the ACOEM Guidelines. The guidelines are published by Reed Group, Ltd and are available with a paid subscription. Information is available at <http://www.mdguidelines.com>. [NRS 616C.250](#), [NAC 616A.480](#)

Must I prescribe generic drugs?

Yes. A provider must prescribe a generic drug in lieu of a brand name drug if the generic drug is biologically equivalent and has the same active ingredient or ingredients of the same strength, quantity and form of dosage as the brand name drug. [NRS 616C.115](#)

Is there specific language to use when the injured worker reaches maximum medical improvement?

Yes. To be consistent with statute, when the treating physician or chiropractor feels the injured worker has reached maximum medical improvement, the term “stable” should be used. If the treating physician or chiropractor deems the injured worker may have suffered a permanent impairment, the term “ratable” should also be used. [NAC 616C.103](#)

How may I join the Treating Panel of Physicians and Chiropractors?

To become a member of the Treating Panel, a licensed physician or chiropractor must complete the “Application – Panel of Treating Physicians and Chiropractors” and submit the completed application to the Henderson office of WCS for processing. Upon completion, the health care provider will be notified and an informational packet will be sent. An application may be obtained from the WCS website http://dir.nv.gov/WCS/Medical_Providers/.

Please explain billing and payment regulations.

Billings for health care services must be submitted within 90 days after the date on which the services were rendered unless good cause is shown for a later billing. In **no** event may an initial billing or request for reconsideration for health care services be submitted later than 12 months after the date on which the services were rendered unless claim acceptance is delayed beyond 12 months because of claim’s litigation. The medical report must be attached to any bill sent to the insurer/TPA. Please note the following:

- An insurer must pay or deny a bill within 45 calendar days after receipt
 - If the insurer does not pay within 45 days, interest may be due to the medical provider
- An insurer is obligated to provide an explanation of benefits (EOB/EOR) for each code billed
 - An insurer cannot change billing codes

- The insurer may return the bill and request additional information

Under what circumstances may I charge an injured worker?

If a provider of health care accepts an injured worker for the treatment of an industrial injury or occupational disease, the injured worker may not be charged for any treatment related to the industrial injury or occupational disease. The insurer must be charged.

An injured worker may be charged when his employer is uninsured and WCS has issued a determination to not assign the workers' compensation claim to the Uninsured Employers' Account.

You may charge an injured worker when his claim is closed and he is seeking medical documentation to reopen the claim. You may also charge an injured worker for any treatment unrelated to the industrial injury or if his claim has been denied. Otherwise, never charge an injured worker for any treatment related to the claim. Payment may be accepted from the injured worker or his health insurer for treatment the injured worker alleges is related to the industrial injury or occupational disease *which the insurer or third-party administrator has denied liability for.*

What recourse do I have if my bill is reduced or denied?

If your bill has been reduced or denied by an insurer you may, within 60 days of receiving notice of the reduction or denial, request the WCS to review that action. The WCS will investigate and make a payment determination. [NAC 616C.027](#)

What may I bill for witness fees?

A physician or chiropractor that is called to testify is entitled to receive the same fees as witnesses in civil cases. These fees may exceed the fees in the Nevada Medical Fee Schedule. [NRS 616C.350](#)

Does Nevada have a Medical Fee Schedule?

Yes. Payment from insurers cannot exceed the Medical Fee Schedule. However, payment may be less than the Medical Fee Schedule if the provider has a contract with the insurer. The appropriate Medical Fee Schedule corresponds to the date of service.

A medical provider is to use the most recent editions, or updates of the following publications for the billing of workers' compensation: *Relative Values for Physicians*, *Relative Value Guides of the American Society of Anesthesiologists*, and Medicare's current reimbursement for HCPCS codes K & L for custom orthotics and prosthetics. ASC reimbursement, providers' service code conversion factors and the Nevada specific codes are contained in the Medical Fee Schedule on the WCS website: http://dir.nv.gov/WCS/Medical_Providers/

Where can I access the Nevada Medical Fee Schedule, ASC codes, DME and K&L codes, and the WCS Medical Unit information on the internet?

To access all of the above and more, visit the WCS website: http://dir.nv.gov/WCS/Medical_Providers/

How may I obtain more information about workers' compensation?

To obtain more information about workers' compensation, please visit the WCS website: <http://dir.nv.gov/WCS/home/> or you may contact the Workers' Compensation Section: WCSHelp@dir.nv.gov



Workers' Compensation

STEPS FOR OBTAINING WORKERS' COMPENSATION INSURANCE INFORMATION

- Step 1:** Ask the injured employee, if possible. Verify employer name, address and telephone number.
- Step 2:** Use the Coverage Verification Service (CVS) on the WCS website: <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 "Self-insured Workers' Compensation". Select either the "Self-Insured Company" or the "Association List" tab. **Only needed if unable to locate insurer/TPA on CVS - otherwise, skip to Step 4.**
- Step 4:** **ALWAYS** verify coverage with the correct TPA/Insurer before sending the C-4.
- Step 5:** If unable to locate TPA thru CVS or self-insured systems, contact employer. Document employer responses.
- Step 6:** If unable to locate coverage information after following above steps, call WCS Henderson at (702) 486-9080. If WCS unable to locate coverage over the telephone, you will be directed to forward copy of Form C-4 and verification documentation to Las Vegas 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: <https://www.lasvegasnevada.gov/Business/Business-Licenses/License-Search#!/check-status-of-business-license>

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 Stacey Sanders at 702-486-9104 or ssanders@dir.nv.gov For any Workers' Compensation questions or comments, email WCSHelp@dir.nv.gov

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					

BRIEF DESCRIPTION OF RIGHTS AND BENEFITS
(Pursuant to NRS 616C.050)

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 required 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. 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 the Workers' Compensation Section, 400 West King Street, Suite 400, Carson City, Nevada 89703, telephone (775) 684-7270, or 3360 West Sahara Avenue, Suite 250, Las Vegas, Nevada 89102, telephone (702) 486-9080.

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

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:
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.

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/>



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)

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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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.

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**



NEVADA WORKERS' COMPENSATION CHRONICLE

Department of Business & Industry
A Publication of the Workers' Compensation Section

Division of Industrial Relations Fall Edition
(September -November 2020)

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

Insurers' Provider Lists Due Soon

An approaching due date can certainly induce stress. Not all stress is bad though, as it can move us forward to complete an important project. In that manner, WCS respectfully reminds stakeholders of the October 1 deadline for all workers' compensation insurers in Nevada to submit their list of treating physicians and chiropractors to the Division of Industrial Relations (DIR) Workers' Compensation Section (WCS) for posting on the WCS website. This requirement originates from Nevada Revised Statutes (NRS) 616C.087(6) which states, in part:

Each insurer shall, not later than October 1 of each year, update the list of physicians and chiropractors and file the list with the Administrator. The list must be certified by an adjuster who is licensed pursuant to [chapter 684A](#) of NRS.

There are several important aspects of this mandate that may cause confusion. The first question is who must submit provider lists to WCS. Insurers are mandated to submit their provider lists and they will be posted on the WCS website by insurer name. Insurers includes private carriers, self-insured employers and associations of self-insured employers. If an insurer contracts with multiple third-party administrators (TPAs) using different provider lists, the insurer must submit a provider list for each of their TPAs. Each insurer will be listed on the WCS website with their TPAs listed below. Users will click on the TPA name to access the appropriate provider list. TPAs will not be listed apart from the insurer. Self-insured employers will be listed separately, and associations will also be listed separately.

The next question is exactly what must be included in the provider lists posted on the WCS website. Do they need to encompass all health care providers contracted with an insurer? Insurers' provider lists do not necessarily need to include all providers contracted with the insurer. NRS 616C.087 references treating physicians and chiropractors. The WCS Treating Panel of Physicians and Chiropractors is limited to providers licensed as MDs, DOs or DCs. The statute does not address other licensed health care providers that may be contracted with insurers to perform medical services.

Insurers should be aware there are some different requirements for the WCS Treating Panel and insurer provider lists. For instance, insurers' lists must be certified by an adjuster licensed pursuant to NRS 684A. County information is also necessary for insurers to meet specific requirements in NRS 616C.087(4). County information is available for providers listed on the WCS Treating Panel.

What if an insurer's treating provider list does not meet the statutory requirements? Insurers are responsible to ensure their lists comply with all pertinent requirements. If an insurer's list does not comply with the requirements, an injured employee may choose a treating physician or chiropractor from the WCS Treating Panel [NRS 616C.087(5)].

What format is required for insurers' provider lists? The only requirement is that insurers submit their lists in an ADA-compliant PDF format. WCS will post insurers' provider lists as they are submitted to WCS, noting the date each list is received.

(continued on page 2)

Victoria Carreon Appointed Division of Industrial Relations Administrator



Victoria "Tori" Carreon is the new Division of Industrial Relations Administrator. Tori has dedicated her career to public service and has worked at government agencies at the state, county, and city level. She has worked for three State Legislatures (Nevada, California, and Wisconsin) and two city governments (City of Las Vegas and City of Los Angeles). She has also worked on education policy at the San Diego County Office of Education and the Guinn Center for Policy Priorities. Most recently, she worked as an Administrative Officer for the City of Las Vegas. She has a BA from Stanford University and a Master's Degree in Public Policy from the University of California - Berkeley. To give back to the community, Tori volunteers for Public Service NV, a nonprofit that inspires CCSD high school students to do public service projects. When she is not at work, Tori enjoys cooking, yoga, and playing the piano.

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CARDS NEWS

WCS is pleased to announce our most recent CARDS updates, many of which are designed to streamline and improve user experience. Comprehensive instructions are available on our website, but here is a short description of the changes to be aware of:

Home Page Improvements:

- *More information about affiliated insurers/TPAs at your fingertips* – look under your insurer and TPA headers for useful information, such as: FEIN; Company ID; NCCI Carrier Code; Certificate of Authority, License, and NAIC numbers; effective, expiration and certification dates; and workers' comp status.
- *Claim numbers now display for all submitted D-38s* – on the Claim Submissions table, regardless of claim status (Pending, Rejected, or Corrections Required).

D-38 Claim Submission Options:

- *Resubmitting a "Rejected" claim is easier than ever* – start by opening the claim in the Claim Submissions table, then click "Create New Claim," select the insurer, and the new claim will appear with data from the previously rejected form pre-filled (just make sure to review all fields for accuracy).
- *Declutter Claim Submissions by deleting "Rejected" claims* – just open in the Claim Submissions table and click "Delete" (but if you wish to use the information to create a new one, make sure to do that first).

New Session Timeout Features:

- *Never get logged out without knowing again* – a warning now pops up after 15 minutes of inactivity in CARDS; if no action is taken in the next 5 minutes, the system times out and returns you to the login page.

Insurer & TPA Information Form Updates:

- *Include a "WC Safety Fund Assessment Contact" on the Insurer Information Form* – to assist the Nevada Dept. of Business & Industry with maintaining and providing accurate, up-to-date information related to insurer assessments.
- *More accurate expiration dates for insurer/TPA relationships* – when a "Relationship Expiration Date" is set, TPAs can now access the insurer's claim submissions until midnight on the day the relationship expires.
- *Add submitter information when updating the TPA Information Form* – to streamline communications during form processing.

Keep an eye out for even more CARDS updates coming later this month, including: improved accuracy in report calculations, ability to save and track the status of Insurer/TPA Information Forms, new D-38 gender options, \$0 cost FTP claim submissions, and insurer/TPA relationship effective dates displayed on your homepage.

Questions about CARDS?

CARDS@dir.nv.gov For general questions, issues with login, registration, account activation and permissions.

indexing@dir.nv.gov For questions and issues relating to Claims Indexing (D-38) processing, including web portal and flat file submissions, and Claim History Reports.

Insurers' Provider Lists Due Soon

(continued from page 1)

Some large insurer groups own multiple insurance companies that are distinct and separate entities. Each of these separate insurance companies must submit a separate provider list to WCS. Additionally, insurers must be careful to provide their full legal name on provider lists submitted to WCS.

How do insurers submit their treating provider lists to WCS? All insurers' provider lists should be submitted via email to medpanels@dir.nv.gov. Paper or hardcopy lists will not be accepted. To ensure provider lists are easily identified, please note in the subject line the insurer name and that the email contains a treating provider list.

It is not possible to review all the requirements involving insurers' provider lists in a newsletter article. WCS strongly encourages all interested stakeholders to review all applicable portions of NRS 616C.087.

Katherine Godwin, BSN, RN, Chief Medical Unit, Workers' Compensation Section



State Contractors Board Programs Help Contractors Navigate Licensing Process Before Starting Work In Nevada

As residential, commercial, and public works projects regain momentum in Nevada, the State Contractors Board (NSCB) stands ready to help construction businesses obtain the appropriate licensure to legally perform work in the state. Among the licensing assistance offered, the NSCB makes several programs available to applicants aimed to expedite the application process and help navigate licensure requirements in Nevada.

First time applicants in Nevada are encouraged to participate in the NSCB's Business Assistance Program (www.nscb.nv.gov/BAP.html); a virtual two-hour presentation held via Zoom on the fourth Friday of every month that provides a detailed overview of the contractor license application. A seasoned licensing analyst walks applicants through key licensure requirements, including how to obtain a Nevada Business ID, experience and financial documentation, examination requirements, bonds and assessments, as well as sharing helpful tips, resources, and pitfalls to avoid.

For contractors who have an active license in another state, the NSCB offers a License by Endorsement Program that may allow qualified applicants the ability to request endorsement of trade exam(s) and/or experience requirements. Published on the Board's website (www.nscb.nv.gov), applicants can review the Board's State Equivalency Chart, which lists states recognized by Nevada for having substantially similar trade exam and/or experience requirements. Specific license classifications recognized by Nevada will be outlined in the chart, allowing applicants to quickly determine if they meet the criteria to request endorsement of one or both of these licensure requirements.

Recognizing the sacrifices made by our state and nation's service members, the NSCB also offers a Veteran and Military Assistance Program (www.nscb.nv.gov/MAP.html), which is available to active service members, veterans, and military spouses. In support of initiatives directed by Nevada's Governor, this program connects current and former service members with a licensing analyst who specializes in reviewing and transferring military training, education, and experience to meet Nevada's contractor licensing requirements and expedite the application process.

Once licensure has been obtained, licensees have access to a variety of online services, which the Board is regularly working to expand. Among these services, contractors have the ability to renew their license online and make changes to business information, such as change of address or contact information. The NSCB has also revised certain requirements for existing contractors looking to expand their licensure classifications to help streamline the application process.

There are over 16,400 actively licensed construction entities across the state, and the NSCB is proud to serve every one of them. Each licensee is responsible for adhering to the statutory and regulatory expectations outlined in Nevada Revised Statute and Nevada Administrative Code Chapter 624, helping reinforce the importance licensure plays on the protection of the public's health and safety; a cornerstone of the NSCB's mission.

A Nevada licensed contractor is held accountable to every governing authority that may regulate the construction industry. Serving as a public protection agency, the NSCB has a dedicated Enforcement Department that responds to and investigates all complaints against licensed and unlicensed contractors the Board receives. The investigative process may determine the validity of alleged violations, order corrective action when necessary, and/or provide a path for recourse and discipline in the event a licensed contractor does not comply with the Board's orders.

Collaborating with local and state agencies is one of the vital aspects of the Board's investigative process to best protect the public's health, safety, and welfare. NRS 624.3011 authorizes the Board to take disciplinary action against a licensee who willfully disregards or violates the state's building laws, safety or labor laws, or laws regarding industrial insurance. When violations are alleged, the Board relies on adjudicated information from partnering agencies that demonstrates the contractor violated laws outside the Contractors Board jurisdiction.

As an example, NRS 624.256 requires licensees to provide proof of industrial insurance coverage and mandates the Board to summarily suspend the license if a contractor fails to demonstrate compliance with industrial insurance laws within 30 days of being notified by the NSCB.

These united efforts demonstrate support for Nevada's construction industry and serve to promote the integrity of Nevada's hardworking, law-abiding contractors. As you consider joining Nevada's construction workforce, know the NSCB is available to answer any questions you may have and welcomes the opportunity to help you become a licensed Nevada contractor.

Southern Nevada Office
2310 Corporate Circle, Suite 200
Henderson, NV 89074
(702) 486-1100

Northern Nevada Office
5390 Kietzke Lane, Suite 102
Reno, NV 89511
(775) 688-1141

Margi Grein, Executive Officer, Nevada State Contractors Board



Why are we wearing face coverings?

On June 25, 2020, the Governor of Nevada issued Emergency Directive 024. This directive mandated that all employees and citizens, unless exempted by the directive, shall utilize a face covering when in public. A “face covering” is defined as a covering that fully covers a person’s nose and mouth, including without limitation, cloth face masks, surgical masks, towels, scarves, and bandanas. The directive does not require the use of masks rated as surgical grade, N95 or KN95.

The reason for the mandate is that current evidence suggests that COVID-19 is most commonly spread by respiratory droplets, especially when people cough and sneeze, entering through the eyes, nose, and mouth, either directly or by touching a contaminated surface. The risk of contracting COVID-19 is reduced when both the infected person, and those around them, are wearing a face covering. COVID-19 is highly contagious and, while the science is not yet definitive we are learning more each day, facial coverings reduce the chance of transmission and protect everyone against infection.



The main role of a face covering is to reduce the release of infectious particles into the air when a person speaks, coughs, or sneezes. While no one single intervention offers complete protection, when combined with proper handwashing, social distancing and staying home when sick, face coverings can reduce the spread of COVID-19 in communities.

Research is still being conducted on whether improvised facial coverings prevent exposure to COVID-19, but it has been established that face coverings can reduce the spread of the virus from infected symptomatic and asymptomatic individuals.

People can be contagious before the onset of symptoms. Proper coverage of the nose and mouth is a critical component in decreasing the risk of spreading or contracting COVID-19.

People who are asymptomatic or pre-symptomatic can spread the virus and, when combined with social distancing and other preventative measures, face coverings can offer additional protection to the public. Face coverings protect both the wearer and individuals the wearer may interact with either directly or indirectly while in a public space.

Bob Harris, Consultation Supervisor, SCATS

COVID-19 Workers' Compensation Claims

In response to COVID-19, new codes were added to the acceptable codes for reporting D-38 Claims Indexing data to allow WCS to better track claims relating to the virus. The new codes Nature of Injury: 83 - COVID-19 and Cause of Injury: 83 – Pandemic, were added in March 2020 and may be used for reporting applicable claims December 2019 or later. The codes correspond to those adopted by the Workers' Compensation Insurance Organizations (WCIO) and are used by the International Association of Industrial Accidents Boards and Commissions (IAIABC). By adopting these codes for D-38 Claims Indexing reporting, Nevada may be able to, over time, compare COVID-19 claim data with other states that use the IAIABC standard.

Nevada claims submitted and processed in CARDS that include one or both COVID-19 identifiers, through August 31, 2020:

COVID-19/Pandemic Claims	Count	Percent
Filed/Processed in CARDS	341	
Accepted	133	39.0%
Denied	208	61.0%

PTD and Survivors' COLA Reimbursement

Beginning January 1, 2020 and every January 1 thereafter, all Permanent Total Disability (PTD) and Survivors' Benefits Claims are entitled to receive an annual increase of 2.3% to their monthly benefit rate. The amount that is a result of the COLA (the amount of the increase) is paid by the insurer but may be reimbursable depending on the date of injury or occupational disease disablement:

- PTD Claims: dates of injury or occupational disease disablement prior to January 1, 2004
- Survivors' Benefits Claims: dates of injury or occupational disease disablement prior to July 1, 2019

To be considered for reimbursement by the DIR, eligible claims must be submitted to DIR/WCS for one-time verification of correct AMW/Monthly Rate calculation. **Due to the volume of claims affected, DIR/WCS strongly urges insurers planning to request reimbursement to submit AMW/Rate Verification for applicable claims as soon as possible but not later than December 31, 2020 to avoid processing delays.** Visit our website for instructions, forms and FAQs: <http://dir.nv.gov/WCS/Insurers/>. Direct questions to: COLAS@dir.nv.gov.

Reporting Reminders

The 2020 quarterly editions of the Reporting Reminders column will feature detailed information on one reporting requirement and the ins and outs of that requirement. We hope to address some of the commonly asked questions and give you some guidance on how to avoid errors, follow up requests for clarification and report rejection.



Fiscal Year (FY) Claims Activity Report/Statement of Inactivity

Background:

The [FY WCS Workers' Compensation Claims Activity Report](#) and [Statement of Inactivity](#) is clearly the most detailed and comprehensive data call we require of insurers. Although each insurer's individual data is kept confidential, the data in aggregate is valuable to DIR/WCS as it is the only source of claims expenditure data we collect. The data is used to monitor costs associated with various benefits, compare relative costs year-over-year, answer questions from the public and other government entities within and outside the state, respond to legislative questions and requests for data, respond to industry surveys and provide analysis of the effects of new legislation.

The report is organized in 7 Parts: Claims Information, Compensation Expenditures, Medical Expenditures, Rehabilitation Expenditures, Recoveries, Summary and Identification Information, with detail information requested for each part. Because of its many uses, new line items may be added or existing line items may change slightly from year to year to enable DIR/WCS to best track the workers' compensation system. For instance, changes to the Nevada Medical Fee Schedule may result in reporting category changes or additions in Part 3 – Medical Expenditures. New legislation may result in new claim count categories in Part 1 – Claims Information and Part 2 – Compensation Expenditures.

Requirement:

- ◆ Statutory Requirement: NRS 616B.009 and NAC 616B.016
- ◆ Effective: 1979 (amended in 1981, 1993, 1995)
- ◆ Who Must Report: All insurers current and former (private carriers, self-insured employers, and associations of self-insured employers)
- ◆ Failure to Report: May result in administrative fines pursuant to NAC 616D.415(1)(d) and (2)

Method of Reporting:

- ◆ NOT reported in the CARDS portal
- ◆ Forms and instructions are located on the WCS website on the [Insurer-TPA Reporting](#) Information page
- ◆ ***FY__ Claims Activity Report*** – submitted if insurer has claims activity during the fiscal year, OR
- ◆ ***Statement of Inactivity*** – submitted only if no claims activity during the fiscal year
- ◆ The forms and instructions remain on the website until updated the next year with the new forms.
- ◆ Email forms to wcsra@dir.nv.gov as attachments

Reporting Frequency:

- ◆ Annually, for the previous fiscal year ending June 30
- ◆ DIR/WCS will email insurers and TPAs when report forms and instructions are available on the website
- ◆ Due 45 calendar days from the email request, generally during the last quarter of the calendar year

Common Mistakes:

- ◆ **Not completing the Identification Information Section at the end of the report** - We need to know which insurer the report is for and who is submitting it in case we have questions. Submitters should include accurate contact information in case WCS has to follow up.
- ◆ **Reporting late/not communicating** – Make sure you submit either the *Statement of Inactivity* or *FY__ Claims Activity Report* form by the due date to avoid possible fines. If you run into problems and don't think you will be able to meet the deadline, you may request a short extension by emailing wcsra@dir.nv.gov.
- ◆ **Submitting BOTH the *FY__ Claims Activity Report* forms AND the *Statement of Inactivity*** - submit one form OR the other. You cannot have activity and no activity for the same year!
- ◆ **Submitting incomplete reports** – make sure all fields are completed. Do not leave cells blank! Enter '0' for line items with no activity to report.

(continued on page 6)

Reporting Reminders

(continued from page 5)

- ◆ **Reporting expenditures that are not considered “claims expenditures”** – claims expenditures are covered in NAC 616B.707. Do not report administrative costs as defined in NAC 616B.707.
- ◆ **Reporting conflicting information** – While DIR/WCS does not have the resources to audit each report submitted, we do perform reasonableness checks for each report and will require corrections or additional information from the submitter if necessary. For instance, if you reported in Part 1 paying death benefits to 5 claimants during the fiscal year, you should have death benefit expenditures reported in Part 2 – Compensation Expenditures. If you reported paying Rehab benefits on 2 claims in Part 1, you should have reported rehabilitation expenditures in Part 4. Review your report for accuracy before submitting.
- ◆ **Submitting multiple reports for the same insurer** - Insurers must ensure that reporting is done timely and accurately. If an insurer uses more than one TPA or changes TPAs during the year, the insurer is responsible for ensuring that the annual report reflects the activity for the entire year. **DIR/WCS will not accept multiple reports for the same insurer.** The reports will be rejected, and the insurer will be required to submit one, aggregate report representing their activity for the year.
- ◆ **Not asking questions** – This is a detailed and extensive data call. Please ask questions if you are unsure about how to report. We are happy to answer your questions if it results in getting more accurate data. Email your questions to wcsra@dir.nv.gov.



General Reporting Information:

Information on reporting requirements and forms can be found on our website at <http://dir.nv.gov/WCS/Home/> under “Insurer and TPA Reporting” or go directly to our page at http://dir.nv.gov/WCS/Insurer-TPA_Reporting/. Contact the WCS Research and Analysis Unit by phone at (702) 486-9080 or by email at wcsra@dir.nv.gov if we can be of any assistance.

FY 2021 Maximum Compensation Guidelines Posted



The state's maximum average monthly wage memo for fiscal year 2021, effective July 1, 2020, has been posted on the WCS web site. The FY 2021 maximum monthly disability compensation is \$4,183.82, an increase from last year's figure.

The FY21 Maximum Compensation Guidelines memo is located on the “Important Changes” page which is accessed via the link under “What’s Hot!” on the WCS home page. The link provides a chart with Maximum Compensation rates going back to FY 1975.

<http://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/ImportantDocs/Max%20Comp%20FY21%20Memo%20Signed.pdf>

FY 2021 Actuarial Annuity Table Posted

Victoria Carreon, Administrator of the Division of Industrial Relations, adopted the Actuarial Annuity Table for fiscal year 2021, effective July 1, 2020.

The table has been posted on the WCS web site and can be found under “What’s Hot!” on the WCS home page.

<http://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/ImportantDocs/WCS%20Actuarial%20Annuity%20Table%207.1.20-6.30.21%20signed.pdf>

Pursuant to NRS 616C.495(5), the table must be reviewed annually by a consulting actuary.

WCS remains closed to the public but is providing services and will observe these holidays

Labor Day
Monday, September 7, 2020

Nevada Day (Observed)
Friday, October 30, 2020

Veterans Day
Wednesday, November 11, 2020

Thanksgiving
Thursday, November 26, 2020

Family Day
Friday, November 27, 2020

CONTACT WCS

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

SOUTHERN NEVADA
 (702) 486-9080 / Fax: (702) 486-8712

NORTHERN NEVADA
 (775) 684-7270 / Fax: (775) 687-6305

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

WCSHelp@dir.nv.gov

Direct comments or suggestions about this newsletter to:

Workers' Compensation Section
 Las Vegas Office
Ruth Ryan, Editor
Krissi Lowry, Assistant Editor
 (702) 486-9105

rryan@dir.nv.gov
krissi.garcia@dir.nv.gov



W e l c o m e

Hails and Farewells and Promotions

Congratulations!

After 34 years of State service, **Debbie Atkinson** retired August 28, 2020. Debbie worked in the Workers' Compensation Section for 16 years. Her previous positions for the State include Administrative Assistant in the Immunization Program for Health and Human Services, Provider Relations Supervisor for Employers Insurance Company of Nevada (formally known as State Industrial Insurance System (SIIS)), Medical Payment Section Supervisor, and several years of processing medical bills for SIIS claims. She will greatly be missed by WCS!



2020 Training Sessions

The following classes will be taught online via **Webex**

WCS Basic Orientation
 October 15, 2020 at 9:00 am
 October 15, 2020 at 1:30 pm

Delving into the D-35
 October 28, 2020 at 9:00 am

C-4 Process & Using CVS
 November 4, 2020 at 9:00 am

Medical Billing
 November 4, 2020 at 1:30 pm



To view or register for classes
<http://dir.nv.gov/WCS/Training/>

Or email
krissi.garcia@dir.nv.gov

CARDS
 Claims and Regulatory Data System

<<Click here to login or register>>

Questions about Workers' Compensation?
 Click Here!



WCSHelp@dir.nv.gov

Office for Consumer Health
 has moved:

3320 West Sahara Avenue, Suite 100
 Las Vegas, NV 89102
 Phone (702) 486-3587
 Fax (888) 333-1597
 Email Cha@govcha.nv.gov



WCS MISSION STATEMENT

The purpose of the Workers' Compensation Section is to 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.



**DIVISION OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION SECTION
EDUCATION, RESEARCH AND ANALYSIS UNIT**

Medical Billing

WCS Representatives: Katherine Godwin

11/4/20 1:30 pm

Las Vegas, Nevada

Overall Training Rating:

	<u>Not at all useful</u>	<u>Not very useful</u>	<u>Somewhat useful</u>	<u>Useful</u>	<u>Very Useful</u>
How would you rate the usefulness of this presentation?	1	2	3	4	5

Select your main area of interest (please choose *one*):

Employer Employee Insurance Legal
Carrier
Medical Rehab Other:
Specialist Third-party
Administrator _____

Comments or Suggestions:

Please return this training evaluation to the training staff or send it to:
DIR/WCS, Education, Research and Analysis
Email to krisi.garcia@dir.nv.gov