



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: klowry@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/BusinessLicenseSearch-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		<p style="color: red;">I certify that the employer's copy of this form was mailed to the employer on:</p>					
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



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

C-4

WCS Representatives: Katherine Godwin

1/27/21 9:00 a

Las Vegas, Nevada

Overall Training Rating:

	<u>Not at all</u> <u>useful</u>	<u>Not very</u> <u>useful</u>	<u>Somewhat</u> <u>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 Carrier Legal

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 klowry@dir.nv.gov

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

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/>



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

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.

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/doivgov/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).

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](#)

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](#)

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.

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 klowry@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**

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 Lowry, 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 online via webex:



For information or to make a reservation to register for a class in please contact:
Klowry@dir.nv.gov
(702) 486-9105



NEVADA WORKERS' COMPENSATION CHRONICLE

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

Division of Industrial Relations Spring Edition
(Spring Edition March 2021 - May 2021)

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.

Understanding Current COVID-19 Capacity Restrictions

On February 14, Governor Sisolak issued Declaration of Emergency Directive 037 in response to the observed downward trend of confirmed COVID positivity and hospitalization since mid-January. This newest Directive increased the allowable capacity on many industries throughout the state in a two-step process with the first step occurring on February 15 and the second on March 15, 2021. It is important to note that any restrictions not specifically addressed in Directive 037 stand as they have been previously stated.

Beginning February 15th, body art and piercing businesses may reopen to the public with a few limitations and restrictions in place. It is recommended that workstations be separated with partitions or walls but in lieu of a partition, clients must be separated by at least 6 feet with only one client per workstation allowed. Clients awaiting appointments must remain outside of the facility and maintain social distancing.

Limited self-service food and drinks inside retail or grocery stores may resume with disposable utensils being used when possible and limited persons at the self-serve stations. It is recommended that hand sanitizer be provided for customers with signage reminding customers to utilize sanitizer frequently.

Nevadans may now enjoy public gatherings at community recreation events, fitness facilities, and gaming properties up to 35% of occupancy. This increase includes recreation activities, gyms, and similar activities. Bars, restaurants, and similar establishments may allow 35% occupancy for indoor seating as long as booths or tables are separated by 6 feet, parties are no larger than 6 persons, and all food and drink is served at the tableside. There are no capacity restrictions on outdoor dining as long as all other restrictions are maintained. Public gatherings at parks, sporting fields or courts, movie theaters, convention centers, libraries, and private clubs is limited to 35% or 100 people whichever is less. Community libraries, museums, art galleries, aquariums, and zoos may increase to 50% occupancy although any hands-on or interactive exhibits must remain closed. Houses of worship may increase their in-person services to 50% occupancy with social distancing and face covering requirements. The Governor recommends staggered, online, or drive-up services where possible.

(continued on page 2)



Mileage Reimbursement Rate Effective January 1, 2021



Effective **January 1, 2021**, the standard mileage reimbursement rate for transportation costs incurred while using a private vehicle while traveling on official State business has decreased from **57.5** cents per mile to **56** cents per mile.

Per [NAC 616C.150](#), reimbursement for the cost of transportation for an injured employee, under appropriate conditions, must be computed at a rate equal to the mileage allowance for State employees.

Please advise all adjusters as soon as possible to minimize any payment errors.

Please see the [2021 Mileage Reimbursement Change Memorandum](#) announcing the rate change on the WCS website.

Inside this issue:

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Understanding Current COVID-19 Capacity Restrictions

(continued from page 1)

Families and friends can plan and enjoy private gatherings, as long as the number of people gathered not of the same household does not to exceed 10 people for indoor gatherings and 25 people for outdoor gatherings. This number does not include people of the same household, persons experiencing homelessness, or organizations providing shelter. Social distancing and face coverings should be observed even during private gatherings.

On March 15th, the occupancy limits for gaming properties, community limits recreation events, fitness facilities, and bar and restaurant services will increase to 50%. Public gathering limits will also increase to 50% with a cap of 250 people in total.

Directive 037 allows for persons to host or attend large public gatherings upon approval of a “Large Gathering Plan” by local and state authorities. Beginning March 15th, venues with fixed seating capacity of 2,500 or more may be allowed public attendance at live events provided no more than 20% of seating capacity is filled, and general admission or “standing room only” is prohibited. Social distancing must be followed for persons of different parties and maximum of 6 persons may be seated together in one party. Staff members must provide services to only one section throughout the event with each section meeting the public gathering requirement of 250 persons. Large public gatherings without fixed seating are restricted to 250 persons or 50% of occupancy. Live performances require a minimum of 6 to 12 feet (per Directive 040) between the artist and the audience. Events other than live entertainment are not required to provide seating but must maintain social distancing.

Jana Morales, Safety Specialist, SCATS

SAFETY CONSULTATION & TRAINING SECTION THE VALUE OF WORKPLACE SAFETY



SCATS Services

- Provide assistance in developing written safety programs
- Answer workplace safety questions
- Safety training for management, supervisors, and employees
- Video lending library
- Perform on-site workplace safety assessments
- Perform industrial hygiene services
- Safety and Health Practitioner Program

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.

Deadline to Request COLA Reimbursement Drawing Near

The deadline for submitting Requests for Reimbursement for costs associated with COLAs paid in calendar year 2020 for eligible claims is **March 31, 2021**. Requests for reimbursement will only be processed for claims whose AMW/Rate have been verified by WCS. See the "[COLA Info – PTD and Survivors' Benefits \(Death\) Claims](#)" page on the WCS website for Forms and Instructions for *AMW/Rate Verifications* and *Requests for Reimbursement*.

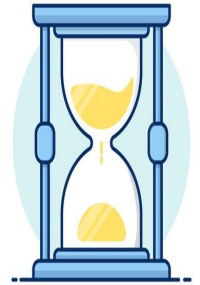
The web page includes information on the 4-step COLA reimbursement process:

- 1) AMW/Rate Verification (One-time)
- 2) Request for Reimbursement (Annual)
- 3) Special COLA Assessment (Annual)
- 4) Reimbursement to Insurers (Annual)

And other resources, including:

- ◇ AMW/Rate Verification Instructions and Forms
- ◇ Request for Reimbursement Instructions and Form
- ◇ FAQs
- ◇ AB 370 and SB 377 (2019) and codified statutes
- ◇ Training material

Direct inquiries to COLAS@dir.nv.gov.



Attention Insurer & TPA D-38 Claim Indexing Submitters

Do you submit a high volume of D-38s? Would you like to avoid manually entering D-38s into the CARDS web portal? Maybe the Flat File Process is right for you!!

All Workers' Compensation claims are required to be reported to Workers' Compensation Section pursuant to NRS 616B.018. Once a D-38 Form (Injured Worker Index System Claims Registration Document) is submitted and WCS staff processes it, the information is placed in a data warehouse for access by CARDS. Required updates for stakeholders are accomplished by retrieving the claim in the system and entering new/updated information. Currently, the vast majority of initial submissions of D-38s by insurers and TPAs are completed via D-38 form in the CARDS web portal. A flat file submission option is also available, but not widely used.

A flat file consists of a single file of data records, stored in plain text format that can be imported into a database or data warehouse. It allows required claim information to be submitted timely and efficiently. It is safe and secure and helps to eliminate manual data entry. How does it work? Your IT department creates a process to download information from your internal computer system and format it according to our requirements. Then the file is submitted to DIR's secure FTP site. WCS Indexing staff will then upload the file into the CARDS system. The files may be submitted daily, weekly or monthly.

Insurers/TPAs are welcome to develop and use the flat file format at any time. Once your Flat File development is complete, WCS will test the file to ensure it is working correctly. Then you will be provided with login information and instructions for Flat File submission. Although we have stressed the benefits of Flat File input, industry response has been slow and mainly associated with large entities which have the IT and system resources to participate. The flat file process automates submission and eliminates the manpower requirements of CARDS D-38 input.

Questions regarding submitting claims data using the Flat File format should be directed to CARDS Claims Indexing Coordinator, Patricia Barchus, at indexing@dir.nv.gov or by calling 702-486-9091.

2021 Medical Unit Updates: Nevada Medical Fee Schedule and *Relative Values for Physicians*

The 2021 Nevada Medical Fee Schedule (NMFS) is posted on the Division of Industrial Relations (DIR) Workers’ Compensation Section (WCS) website at https://dir.nv.gov/WCS/Medical_Providers/. There are no significant changes to this year’s NMFS due to the pandemic. As usual, reimbursement levels have been revised according to the Consumer Price Index for 2020 as required in NRS 616C.260(2).



There is another significant change that stakeholders should be made aware of, although not to the NMFS itself. The most recent edition of the *Relative Values for Physicians* (RVP) is a required resource for medical billing and reimbursement concerning Nevada workers’ compensation according to NAC 616C.145(1). Previously, the RVP has been published by Optum 360⁰. However, the 2021 edition is available online only via subscription. Unfortunately, the narratives included in previous editions of the RVP were excluded from the 2021 edition. The narratives included in the 2020 edition of the RVP will continue to be in effect in 2021 until further notice. For further information, including subscription questions, stakeholders must contact Optum 360⁰ at optum360coding.com.

Katherine Godwin, RN, BSN, Chief Medical Unit, WCS

COVID-19 WORKERS’ COMP 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 processed in CARDS that include one or both COVID-19 identifiers, through February 28, 2021:

COVID-19/Pandemic Claims	Count	Percent
Filed/Processed in CARDS	1447	
Accepted	515	36%
Denied	932	64%

Ruth Ryan, Research & Analysis Unit Manager, WCS

January COLA Increase Reminder

Insurers and TPAs: Injured employees receiving Permanent Total Disability (PTD) benefits and dependents receiving Survivor’s benefits should have received a 2.3% increase in their monthly benefit rate in January 2021 pursuant to NRS 616C.473 and NRS 616C.508.

CARDS Corner

BASIC TIPS ON TPA ACCESS: INSURER CONTROL

This issue of CARDS Corner covers some of the basics of TPA access in CARDS, based on some of the most frequently asked questions we receive from TPA and insurer users. The main point to remember is that *insurers solely control the access that TPAs have in CARDS on their behalf (neither WCS nor TPAs have the ability to give TPAs access to insurer claims).*

Insurers Must Link Their TPAs. For an insurer and TPA to be associated in CARDS, the insurer must list the TPA in the “Related TPAs” section on its Insurer Information Form, and then submit the Form to be processed by WCS. Once WCS staff processes the Form, the relationship will show up on the homepage of both the insurer’s and the TPA’s CARDS accounts. *Note: Linking a TPA and insurer does not automatically give the TPA access to the insurer’s claims, but it is the first step.*

Insurer Controls TPA Access to D-38 Claim Submissions. TPAs are only able to create and administer claims on an insurer’s behalf if the insurer has given the TPA “Global Access” in CARDS. Without Global Access, a TPA cannot view or perform any claims related functions for the insurer in CARDS. To give a TPA Global Access:

Remember – Global Access permissions can only be given to TPAs that are linked to the insurer, as described above.

Only insurer-users with CARDS Admin privileges can assign Global Access.

An insurer Admin user must log in to their CARDS account and click the “User Access” tab in the “Forms and Tools” drop-down on their homepage, then locate the TPA to be given Global Access and click the “Edit” button at the end of the row; when the “Update Global TPA Access” pop-up appears, click to check the box labeled “D-38 Claims Indexing Form”.

Insurer Must Keep Effective and Expiration Dates Updated. Effective and Expiration Dates for insurer/TPA relationships can be viewed in the “Associated Insurers” or “Associated TPAs” section on your CARDS account homepage. Entering an Effective Date for the relationship is required; however the Expiration Date may be entered or left blank. If an insurer has set the Expiration Dates for any of its linked TPAs, the insurer must be diligent in updating them any time an insurer/TPA relationship continues beyond the set Expiration Date, because *the TPA loses access to all insurer claims administration and data once expired (even if the TPA has Global Access).* Update Effective and Expiration Dates in the “Related TPAs” section of the Insurer Information Form. The changes will be reflected on the insurer’s and TPA’s CARDS accounts once the Form is submitted and processed by WCS staff.

Hayley D. Weedn, Business Process Analyst, WCS

2020 Occupational Disease Claims Report

The calendar year [2020 Occupational Disease Claim Report](#) is now available on the WCS website. The report compiles data reported by insurers to WCS as required by NRS 617.357 relating to claims for heart, lung, cancer, and certain contagious diseases filed by policeman, fireman, emergency medical attendants and arson investigators.

DIR/WCS has been collecting data reported by insurers pursuant to NRS 617.357 since 2001. Reports for calendar years 2014 through 2019 can be found on the [Insurer-TPA Reporting](#) page on the WCS web site. Reports for years prior to 2014 are available upon request to wcsra@dir.nv.gov.

Ruth Ryan, Research & Analysis Unit Manager, WCS

Reporting Reminders

Insurers and TPAs are required to submit certain reports in the *Claims and Regulatory Data System (CARDS)* web portal and other reports outside of the portal, via email or to NCCI, our proof of coverage data collection vendor. Be sure to visit our [Insurer-TPA Reporting](#) page on the WCS website for more information on these and other reporting topics.

REPORTING IN CARDS:

- ✓ **Insurer Information Form:** One of the most important functions of the *Insurer Information Form* is for insurers to notify WCS of the insurer's contracted TPA(s) by "linking" them in CARDS using this web form. Linking not only satisfies the requirement for insurers to notify DIR of their TPA relationships, it also allows insurers to grant permission to their linked TPA(s) to submit required claims data (D-38s) on their behalf. Insurers must also use this form to notify WCS of any changes in insurer regulatory contact information (name, address, email, phone and fax numbers, etc.) for corporate, compliance, state reporting and other functions. In July 2020, the WC Safety Fund Assessment contact information was added as a newly required block on the *Insurer Information Form*.

Insurer Information Forms are required to be submitted via our CARDS web portal annually and within 30 days of any changes. For information on how to submit the *Insurer Information Form*, see the [Quick Steps](#) guide on our website on the [Insurer-TPA Reporting](#) page.

- ✓ **TPA Information Form:** TPAs must also notify WCS of any changes in contact information within 30 days by submitting the *TPA Information Form* via the CARDS web portal.
- ✓ **D-38 Injured Worker Index System Claims Registration Document:** Required for all claims, accepted and denied, within 30 days of determination and updated during the life of the claim.
- ✓ For information on CARDS, please visit the [CARDS Information Page](#) on our website.

NON-CARDS REPORTING:

- ✓ **Coming Soon:** The *FY20 WCS Workers' Compensation Claims Activity Report* pursuant to NRS 616B.009 and NAC 616B.016. WCS has not requested this report yet and the forms and instructions are not yet available. Links to the blank form and instructions will be updated on our website at [Insurer-TPA Reporting](#) and an email notifying insurers and TPAs of the request and due date will be coming soon.
- ✓ A **D-35 Request for a Rotating Physician or Chiropractor** must be submitted to WCS prior to any PPD impairment evaluation being scheduled with a rater. Before WCS can process a D-35, the claim must be reported to the Claims Index System. If the claim has not been reported, the insurer or TPA must submit the **D-38 Injured Worker Index System Claims Registration Document** via the CARDS web portal or by submitting the fillable form found on our website.
- ✓ **(OD-8) Occupational Disease Claim Report(s) (NRS 617.357)** is an ongoing reporting requirement. Claims filed relating to heart, lung, cancer, and certain contagious diseases filed by policeman, fireman, emergency medical attendants and arson investigators are required to be reported within 30 days of acceptance or denial and updated throughout the life of the claim. **Please remember to report updates to reportable claims such as appeals and decision information, estimated claim costs, claim closure and reopening information. Claims for COVID-19 are not reportable under NRS 617.357.**
- ✓ **Proof of Coverage (POC):** Private carriers must also report information to NCCI within 15 days of the effective date of the issuance, renewal, cancellation, nonrenewal, reinstatement or reissuance of a policy of workers' compensation insurance. Private carriers are reminded that nonrenewal transactions are required to be reported, even though Nevada is not a continuous coverage state. See NCCI Circular [FYI-POC-NV-2019-01](#) on our website for more information.

Information on reporting requirements and forms can be found on the [WCS website](#) under "Insurer and TPA Reporting" or go directly to our page at [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.

2021 Training Sessions

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

C-4 Forms: Health Care Provider (HCP) Responsibilities and Coverage Verification
April 7, 2021 at 9:00 am

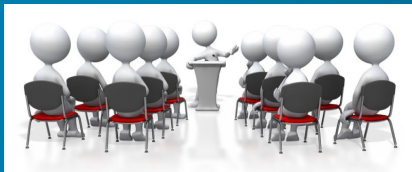
Medical Billing
April 7, 2021 at 1:30 pm

Basic Orientation
April 13, 2021 at 9:00 am

Basic Orientation
April 13, 2021 at 1:00 pm

To register for classes click on the session above

Or email
klowry@dir.nv.gov



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:

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Krissi Lowry, Assistant Editor

rryan@dir.nv.gov
klowry@dir.nv.gov



Workers' Compensation is pleased to welcome **Valerie Hall**, RN to the WCS Medical Unit. Valerie will be based in the Las Vegas office where she recently transferred from the Division of Health Care Financing and Policy, Care Coordination Unit. She is a Registered Nurse who also holds a BS in Business Administration/Accounting from California State Polytechnic University and an MBA with an emphasis in Healthcare Management from Western Governors University. Valerie is a welcome addition to the Medical Unit in LV. In her spare time, she enjoys gardening. Welcome, Valerie!



Please welcome **Mallory Otto** to Workers' Compensation Section as the new Administrative Assistant III in the Carson City Claims Indexing Unit. Mallory has worked with the State of Nevada since August of 2017 with the Department of Taxation as an Administrative Assistant I, then promoted and moved to Division of Public and Behavioral Health as an Administrative Assistant II. When not at work, she enjoys hunting, fishing, finding natural hot springs, and doing outdoor activities with family and friends.

Welcome **Barbara Foster** to Workers' Compensation Section as the new Compliance/Audit Investigator III in the Benefit Penalty unit. She is a dedicated Workers' Compensation professional, who has been working for insurance companies, third party administrators, insurance agents and employers for over 25 years. She comes to the Division of Industrial Relations, Workers' Compensation Unit most recently from the Department of Transportation, where she managed the workers' compensation program.

Barbara has also worked with facilitation of Drug and Alcohol programs and is certified in Office Ergonomics.



WCS remains closed to the public and will observe this holiday

Memorial Day
Monday, May 31, 2021

Questions about Workers' Compensation?
Click Here!



WCSHelp@dir.nv.gov

CARDS
Claims and Regulatory Data System

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