



# Delving Into D-35s

Below the Breaking Waves

# The Big Picture View



## Designed to Fit Together Beautifully

- D-35 Form in detail
- What's my responsibility?
- Errors ~~disrupt~~ and ***d e l a y***
- Claims indexing essentials



An aerial photograph of a coastline. A road runs along the shore, with a body of water to the right. The water is a deep blue, and the land is a mix of green and brown. The overall scene is captured from a high angle, looking down at the coast.

# D-35 Form: Part 1

# D-35 Form – REQUESTOR INFORMATION

## Request For A Rotating Physician Or Chiropractor

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

Fax: 702-486-8713 Email Questions to MedUnit@business.nv.gov

### REQUESTOR INFORMATION

Request Date	<input type="text"/>	Requestor Type	<input type="text" value="Choose..."/>		
First Name	<input type="text"/>	Last Name	<input type="text"/>	Phone Number	<input type="text"/>
Email	<input type="text"/>			Fax Number	<input type="text"/>
Address1	<input type="text"/>		Address 2	<input type="text"/>	
City	<input type="text"/>	ST	<input type="text"/>	Zip	<input type="text"/>



# Key Points

Request date is actual date submitted or resubmitted to WCS

Requestor – provide contact name, phone/fax number, email address

Email or fax D-35 Forms to WCS

**Completed D-35 Forms will be emailed only**





An aerial photograph of a coastline. A road runs along the shore, with a body of water to the right. The water is a deep blue, and the land is a mix of green and brown. The overall tone is blue and teal.

# D-35 Form: Part 2

# D-35 Form – CLAIM INFORMATION

CLAIM INFORMATION			
Insurer or TPA	<input type="text"/>	Claim Nbr	<input type="text"/>
Self-Insured Emp	<input type="text"/>	Date of Injury	<input type="text"/>
Employer	<input type="text"/>		
Employee Name	<input type="text"/>	SSN	<input type="text"/>
		Birth Date	<input type="text"/>
Employee City	<input type="text"/>	ST	<input type="text"/>
		Zip	<input type="text"/>



# Key Points

Be careful to ensure submitted information is accurate. Pay particularly close attention to ensure correct:

- employer name
- No initials – use full names
- accurate claim number
- complete SSN
- If undocumented, use ID #, enter N/A, or number provided by CARDS when indexed







# D-35 Form: Part 3

# D-35 Form – REQUEST INFORMATION

**REQUEST INFORMATION - If court ordered, decision MUST be attached**

Stable and Ratable Date Received

Treating/Evaluating  
Physician(s)/Chiropractor(s)

**Use Most Specific Body Part Code Possible -- List ONLY Current Body Parts To Be Rated**

Body Part Code	Injury Side
<input type="text" value="Choose..."/>	<input type="text"/>
<input type="text" value="Choose..."/>	<input type="text"/>
<input type="text" value="Choose..."/>	<input type="text"/>
<input type="text" value="Choose..."/>	<input type="text"/>
<input type="text" value="Choose..."/>	<input type="text"/>
<input type="text" value="Choose..."/>	<input type="text"/>

Diagnosis

Comments



# Key Points

- Stable and ratable date required for insurers/TPAs
- List specific provider names not group practice names
- List doctors by first initial, last name and license type (MD/DO/DC)
- Use most specific body part code(s)
- Ensure all diagnoses listed related to body parts to be rated
- Use Comments section to clarify any non-specific information





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# D-35 Form: Part 4



# D-35 Form – COMPLETE FOR PREVIOUS PPD EVALUATIONS ONLY

COMPLETE FOR PREVIOUS PPD EVALUATIONS ONLY

Date(s) of prior PPD Evaluation(s)

Prior Rating Physician(s)/Chiropractor(s)

Prior Treating Physician(s)/Chiropractor(s)

Reason for Additional PPD Request

# Key Points

Record:

- Dates of all prior PPD evaluations
- Names of all previous raters
- Names of all previous treating physicians and/or chiropractors





An aerial photograph of a coastline, showing a dark blue sea on the left and a lighter blue, textured landmass on the right. The image is overlaid with a blue gradient that fades from the top left towards the bottom right. A vertical blue line is positioned to the left of the text.

# D-35 Form: Part 5

# D-35 Form – ASSIGNMENT/AGREEMENT OF RATER

## ASSIGNMENT / AGREEMENT OF RATER

Assigned or Agreed by

Physician/Chiropractor  
Assigned or Agreed to

Physician/Chiropractor Assigned Phone Nbr

Date of Assignment/Agreement

*Compliance with NAC 616C.103 is required*

D-35 (Rev 02/08/18)



# Key Points

Record:

- Dates of all prior PPD evaluations
- Names of all previous raters
- Names of all previous treating physicians and/or chiropractors
- Assignment/Agreement of rater completed by WCS staff only





Water images becoming uncomfortable?

**BREAK TIME**





# Who's Responsible for What?



# Submitters' Responsibilities

Ensure claim indexed prior to submission (insurers/TPAs)

Complete D-35 Form accurately

Mutual agreements - complete prior to requesting rater by rotation if possible

Submit D-35s timely to WCS (fax preferred)

\*Always send copy of completed D-35 to rater with medical records, **all** previous PPD reports





# Submitters' Responsibilities

Mutual Agreements – parties must agree to **appropriate** rater [NAC 616C.021(6)]

Chiropractors limited to rating neuromusculoskeletal injuries only. Does **NOT** include head injuries (eyes, ears, brain/face), PTSD, scars/skin issues, chest trauma, etc.

Use only raters designated on WCS Rating Panel to rate PTSD





# WCS' Responsibilities

Review D-35 Form for completeness and accuracy

Complete error sheet (when necessary), return with D-35 Form to sender

Enter information into CARDS

Assign appropriate rater – rotation, mutual agreement or court order

Return completed D-35 Form to sender



# Errors **Disrupt** and ***D e l a y***





**Looks Can Be Deceiving . . .**

**Errors Poison the Process**



# Common Errors

- Not submitting a D-35 Form to WCS
- Failing to index claim prior to sending to WCS (insurers/TPAs)
- Request date inaccurate
- Incomplete information (SSN, previous PPDs/raters)
- Diagnosis(es) does not match body parts. List primary diagnosis for each body part to be rated





# Common Errors

- Ineligible mental health disorders listed
- Non-specific body part codes used
- Listing ICD-10 codes
- Listing doctors as “Dr. XXX” (>1 rater with same last name)
- Submitter completing Assignment/Agreement of Rater





# Common Errors

- Missing mutual agreement
- Inappropriate mutual agreements
  - Rater must be on Rating Panel
  - Review request for compliance with NAC 616C.021

\* Use Comments section to clarify non-specific information





# Key Points

- Review D-35 Form prior to sending to WCS
  - Insurer/TPA ensure claim is indexed, TK# noted (if appropriate)
- \* Do use Comments section to clarify non-specific information





# Keys to Success



## Complete D-35 Fully

Every applicable field must be completed. Missing information, including unindexed claims, results in D-35 Forms returned unprocessed with error sheets

## Complete D-35 Accurately

Inaccurate information may lead to inappropriate rater assignments, frustrating delays and D-35 Forms returned unprocessed with error sheets

## Forward D-35 Appropriately

Email  
[medunit@dir.nv.gov](mailto:medunit@dir.nv.gov)

OR

fax to (702) 486 – 8713

## Monitor for Responses

If error(s) identified, WCS returns D-35 Form and error sheet to sender's email



# Claims Indexing Essentials



Rip tides (unindexed claims) take us further from shore and out to sea



# Claims Indexing

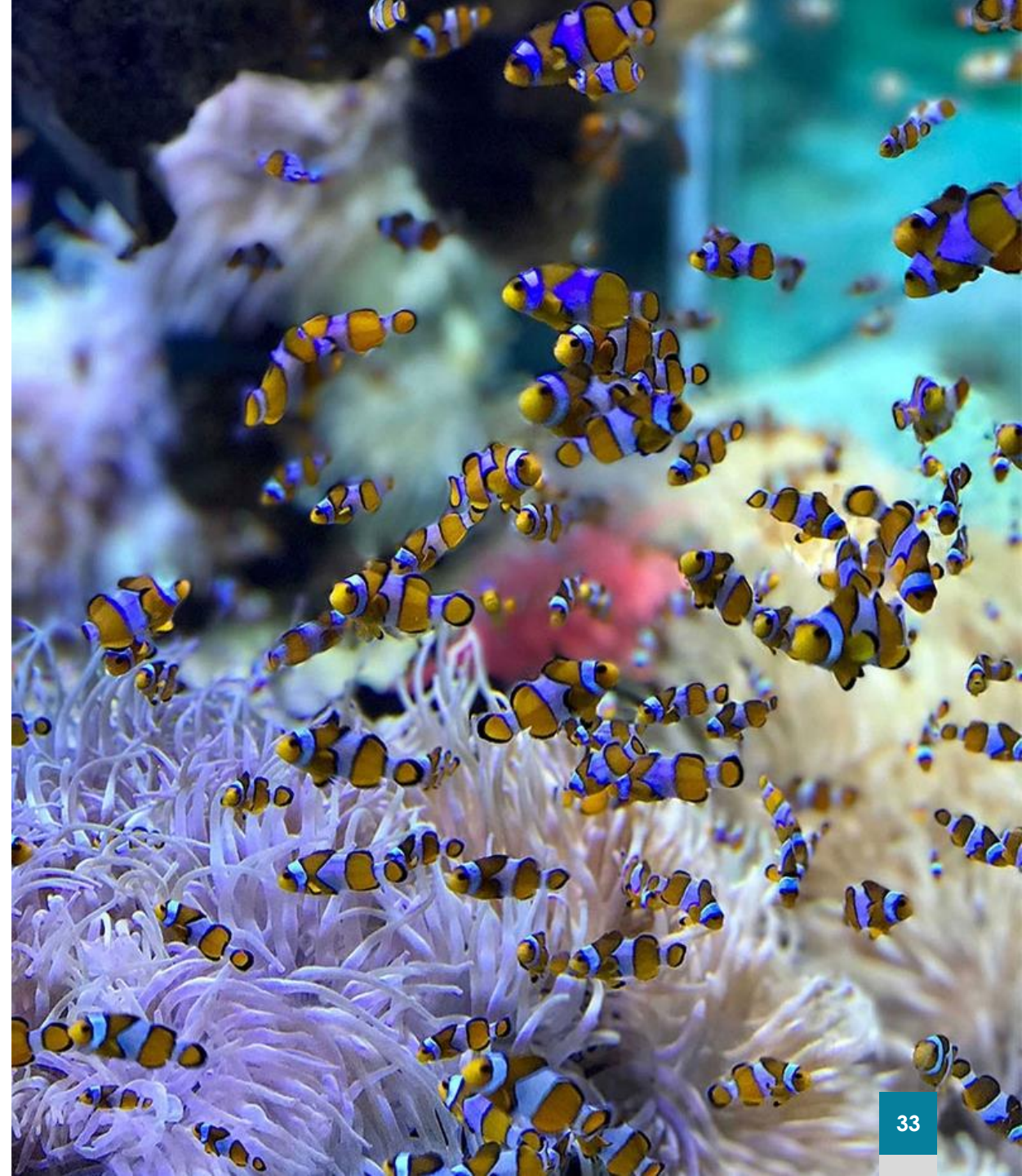
## CARDS - WEB PORTAL

Insurers/TPAs use web portal to:

- Identify claims office, contact info
- Designate TPA relationship
- Submit claims data (claims indexing)
- Run reports

Claims Indexing (D-38 Form):

- Entering initial D-38 in CARDS
- Updating existing D-38 in CARDS





# Claims Indexing (CARDS)

## Individual Users

Added by insurer's Account Administrators

Permissions provided and controlled by insurer's Account Administrators (not WCS)

## TPA Users

Must be "linked" in CARDS by insurer

Given access (permissions) by insurer





# Claims Indexing in CARDS

## Users Must:

1. Register and activate an email account
2. Be added by insurer's CARDS Account Administrator for insurer/TPA
3. Be given "permission" to index claims for that insurer/TPA





# Claims Indexing in CARDS

## USER REGISTRATION

CARDS users must register online and activate their account

1. Go to <https://cards.nv.gov> then click on Register Now or Register Today
2. Provide email, name and password (will receive activation email)
3. Click link in activation email





# Claims Indexing in CARDS

## USER FUNCTIONALITY

Once registered, users may index claims (initial and update existing claims) using D-38 Form

Other functions as defined by Account Administrator, if permissions given





# IMPORTANT INFORMATION

Fax or Email D-35s

[medunit@dir.nv.gov](mailto:medunit@dir.nv.gov)  
(702) 486-8713 (fax)

Questions

D-35 Forms

Claims indexing

[medunit@dir.nv.gov](mailto:medunit@dir.nv.gov)  
[indexing@dir.nv.gov](mailto:indexing@dir.nv.gov)





# Poll Question Time





**THANK YOU**