



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

The background is an abstract, textured image with shades of blue and teal. A prominent diagonal line runs from the bottom left towards the top right, separating the darker, more textured left side from the lighter, more fluid right side. The overall effect is dynamic and modern.

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 data-bbox="952 721 1679 792" 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 number

Email or fax D-35 Forms to WCS

Completed D-35 Forms will be emailed only



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D-35 Form: Part 2

D-35 Form – CLAIM INFORMATION

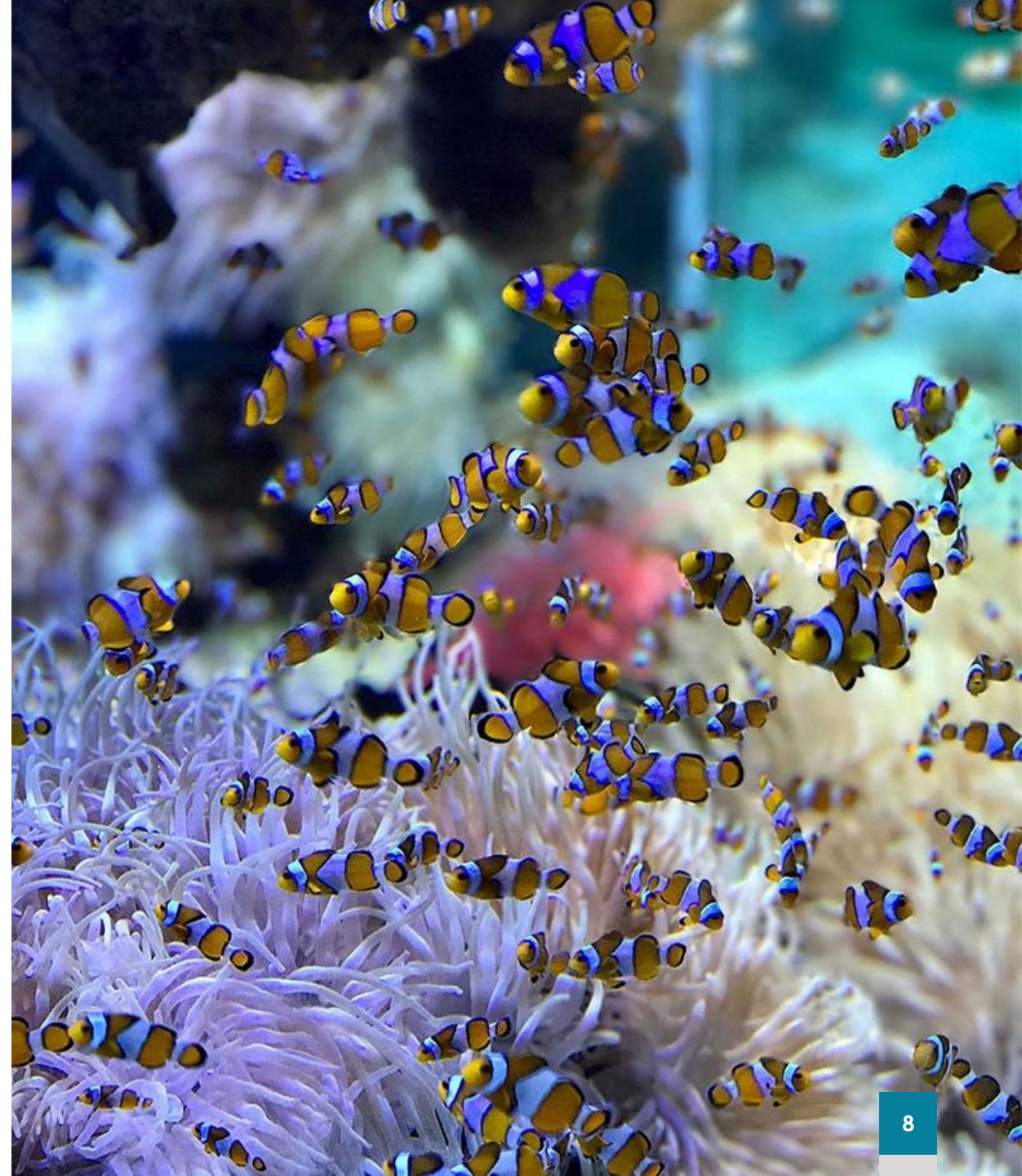
CLAIM INFORMATION				
Insurer or TPA	<input type="text"/>	Claim Nbr	<input type="text"/>	
Self-Insured Emp	<input type="text"/>	Date of Injury	<input type="text"/>	
Employer	<input type="text"/>			
Employee Name	<input type="text"/>	SSN	<input type="text"/>	Birth Date <input type="text"/>
Employee City	<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
- 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 data-bbox="236 721 1261 778" type="text" value="Choose..."/>	<input data-bbox="1276 721 1403 778" type="text"/>
<input data-bbox="236 789 1261 846" type="text" value="Choose..."/>	<input data-bbox="1276 789 1403 846" type="text"/>
<input data-bbox="236 858 1261 915" type="text" value="Choose..."/>	<input data-bbox="1276 858 1403 915" type="text"/>
<input data-bbox="236 926 1261 983" type="text" value="Choose..."/>	<input data-bbox="1276 926 1403 983" type="text"/>
<input data-bbox="236 995 1261 1052" type="text" value="Choose..."/>	<input data-bbox="1276 995 1403 1052" type="text"/>
<input data-bbox="236 1063 1261 1115" type="text" value="Choose..."/>	<input data-bbox="1276 1063 1403 1115" type="text"/>

Diagnosis

Comments

Key Points

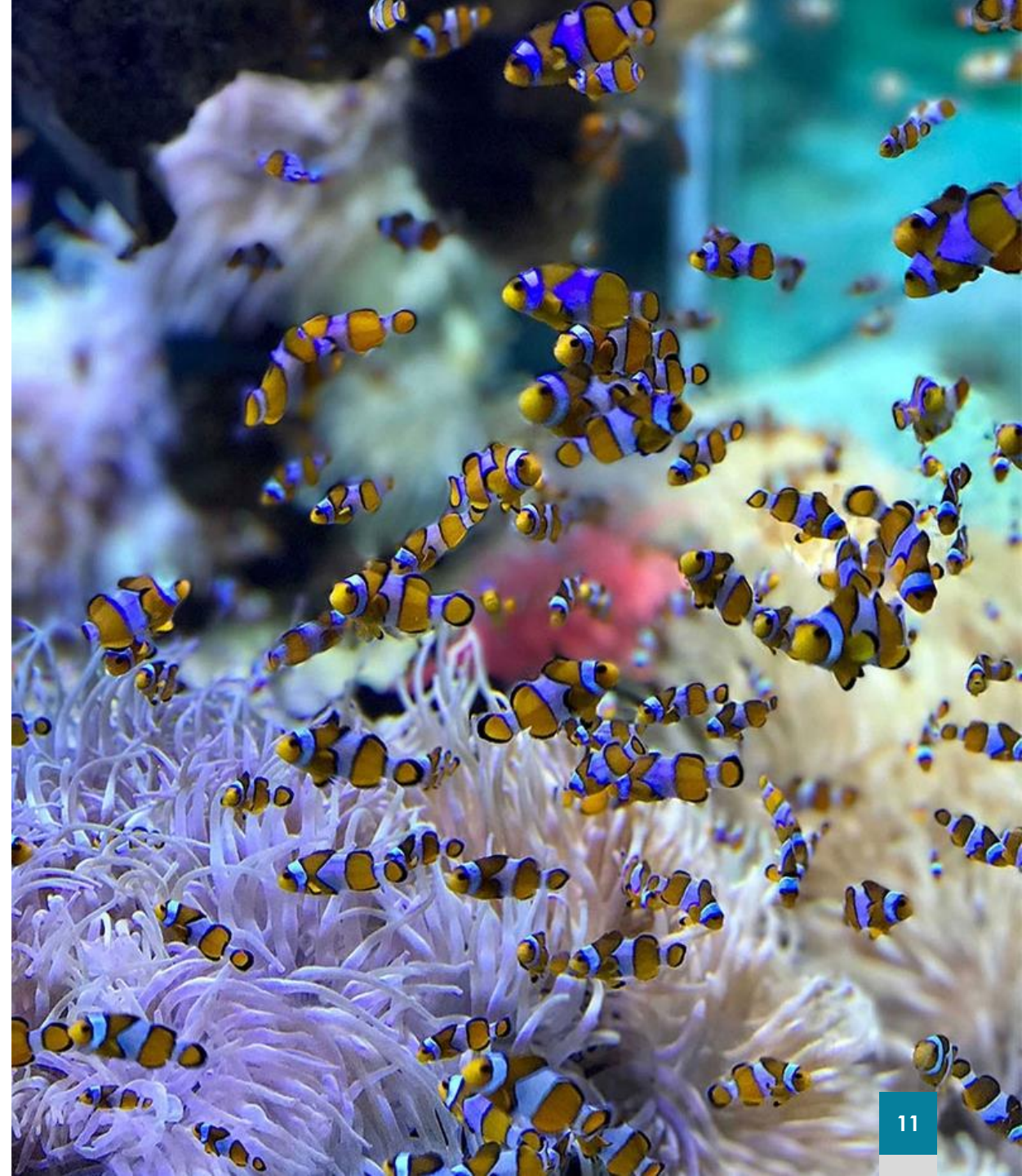
Stable and ratable date required for insurers/TPAs

List specific provider names not group practice names

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

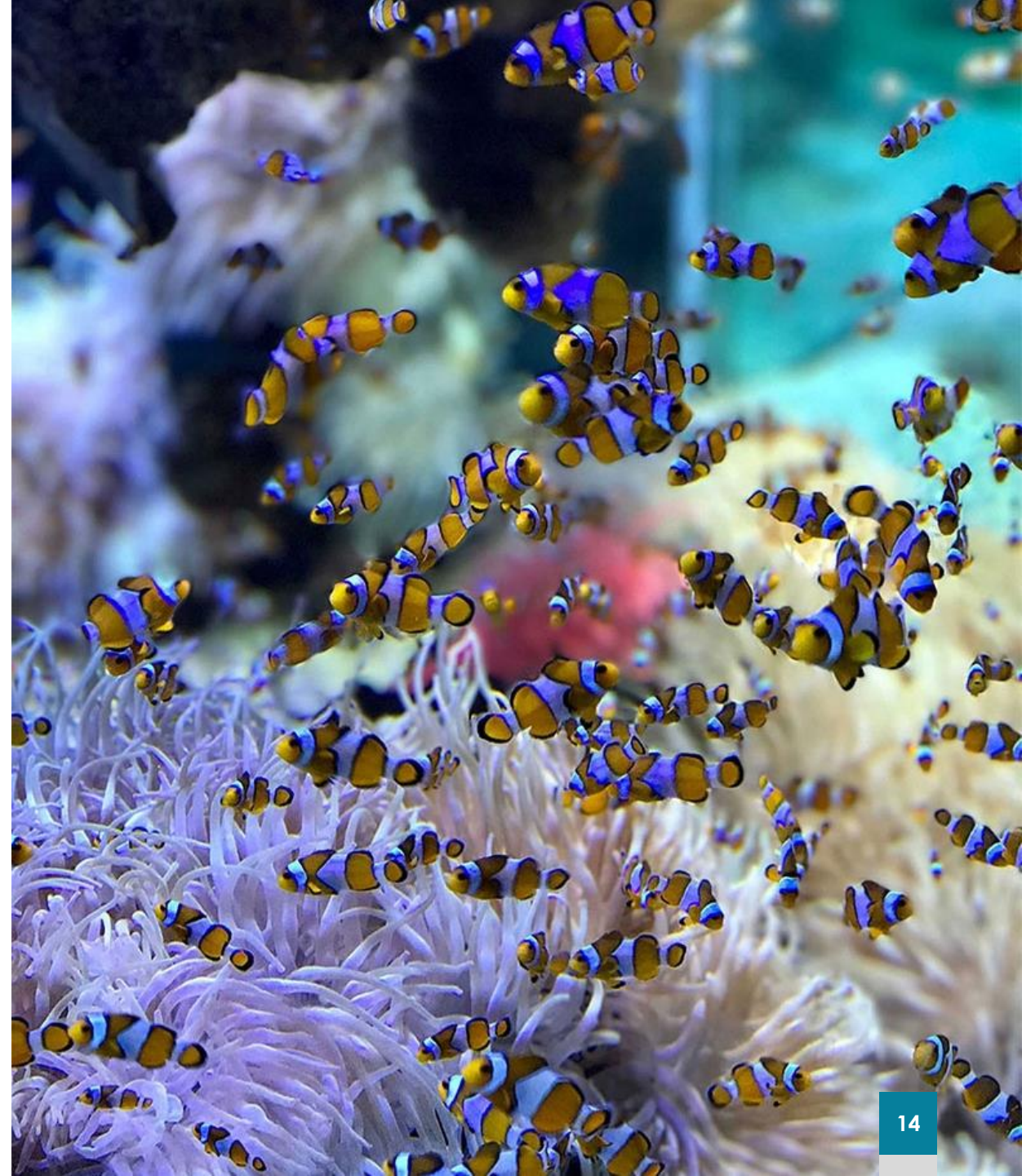
COMPLETE FOR PREVIOUS PPD EVALUATIONS ONLY

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





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)

A first-person perspective shot from a diver. A gloved hand is reaching out, grasping a piece of debris or a structure in the water. The water is dark and turbulent, with many bubbles and a strong sense of movement. In the background, a bright blue area, possibly the sky or a large opening, is visible through the water.

Water images becoming uncomfortable?

BREAK TIME

Who's Responsible for What?

Submitters' Responsibilities

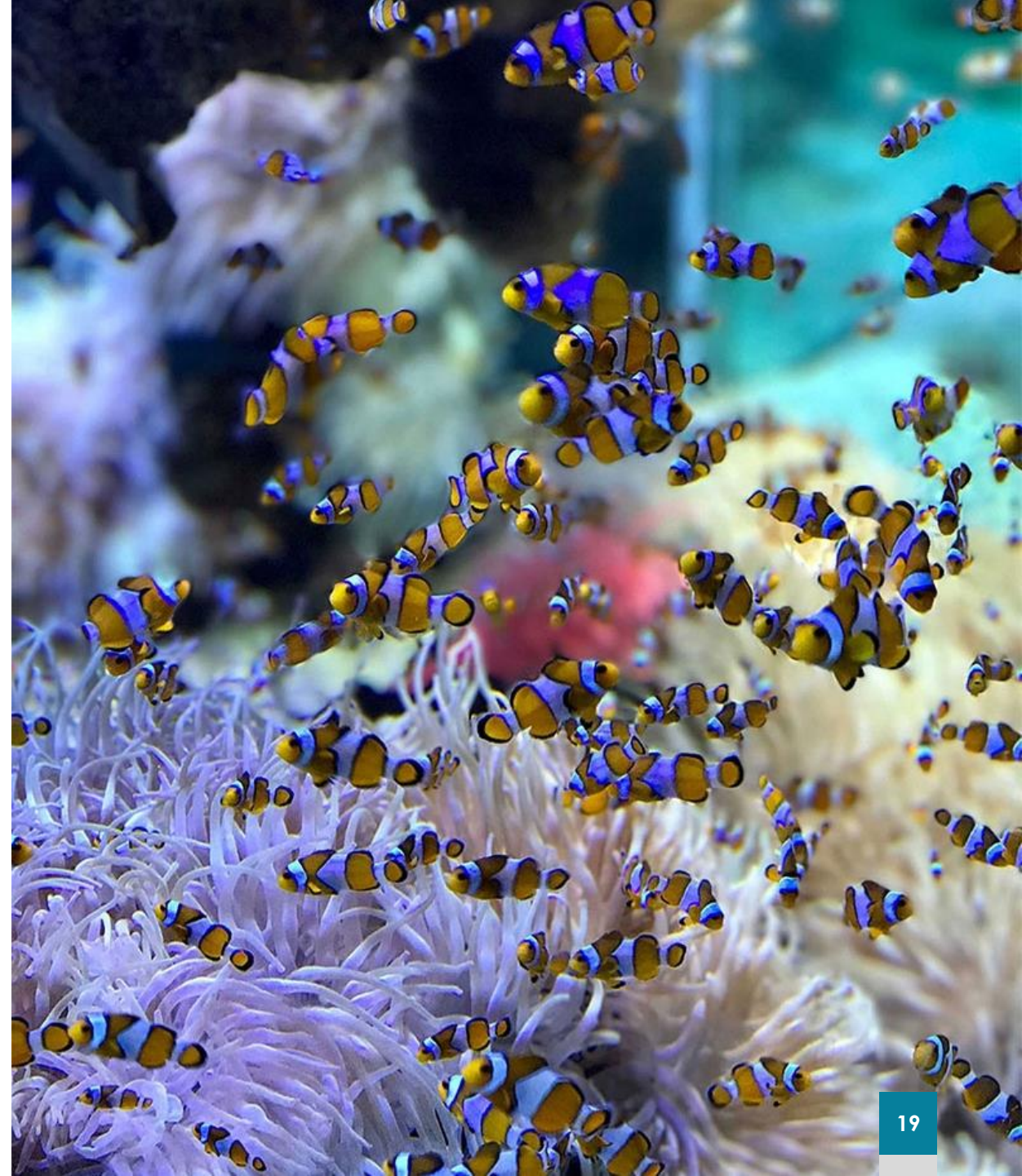
Ensure claim indexed prior to submission (insurers/TPAs)

Complete D-35 Form accurately

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

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

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



WCS Responsibilities

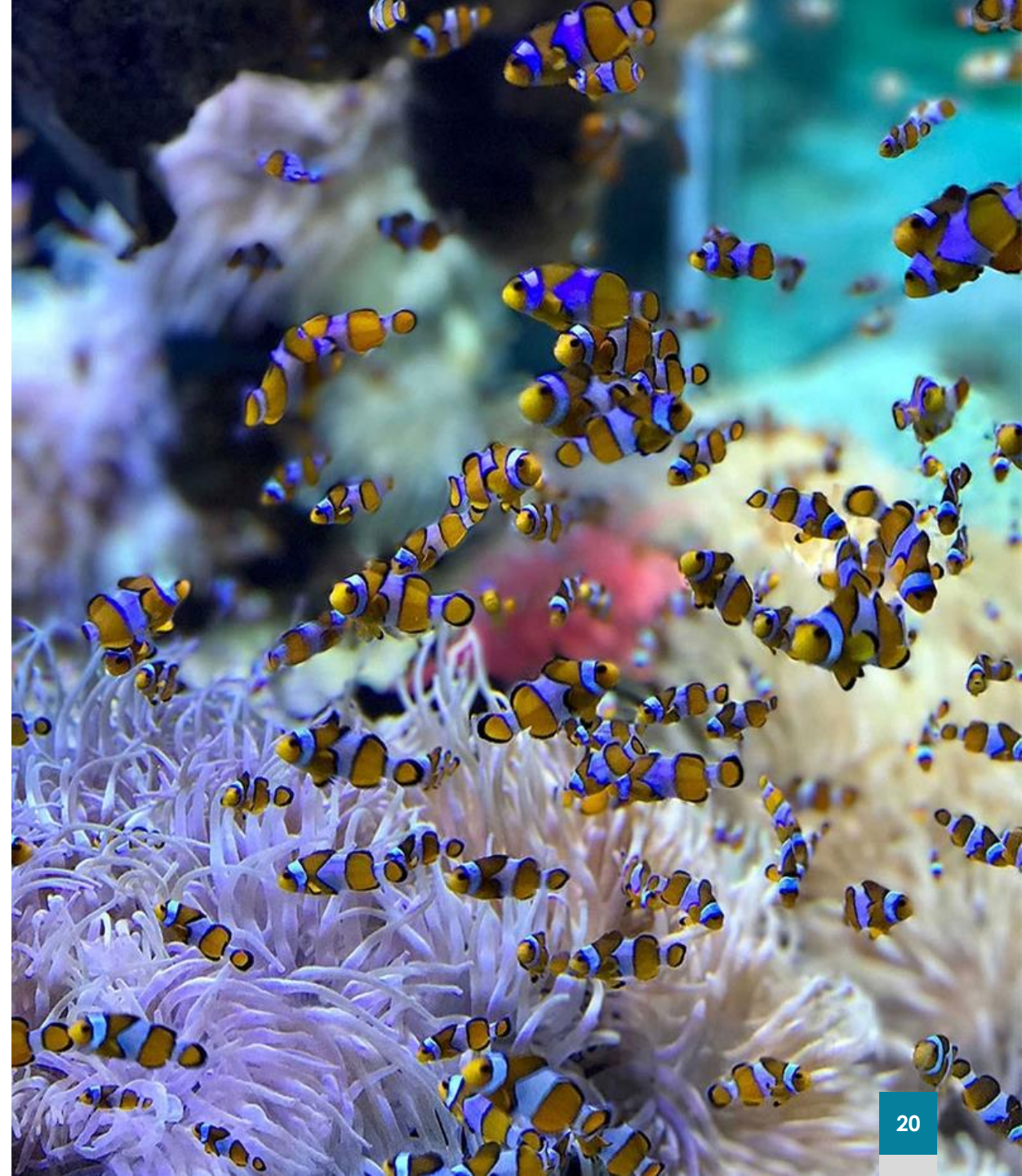
Review D-35 Form for completeness and accuracy

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 *Delay*

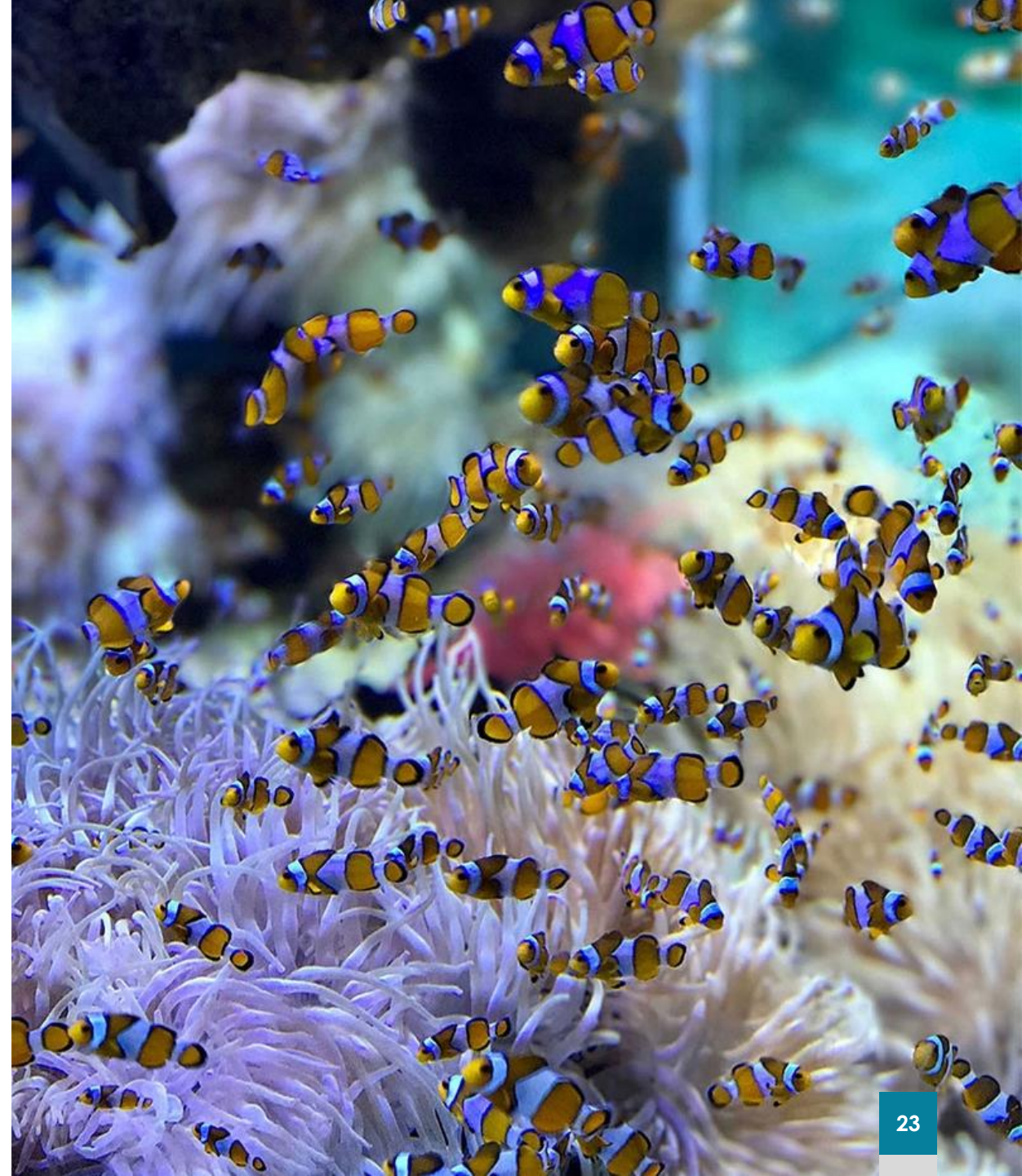


Looks Can Be Deceiving . . .

Errors Poison the Process

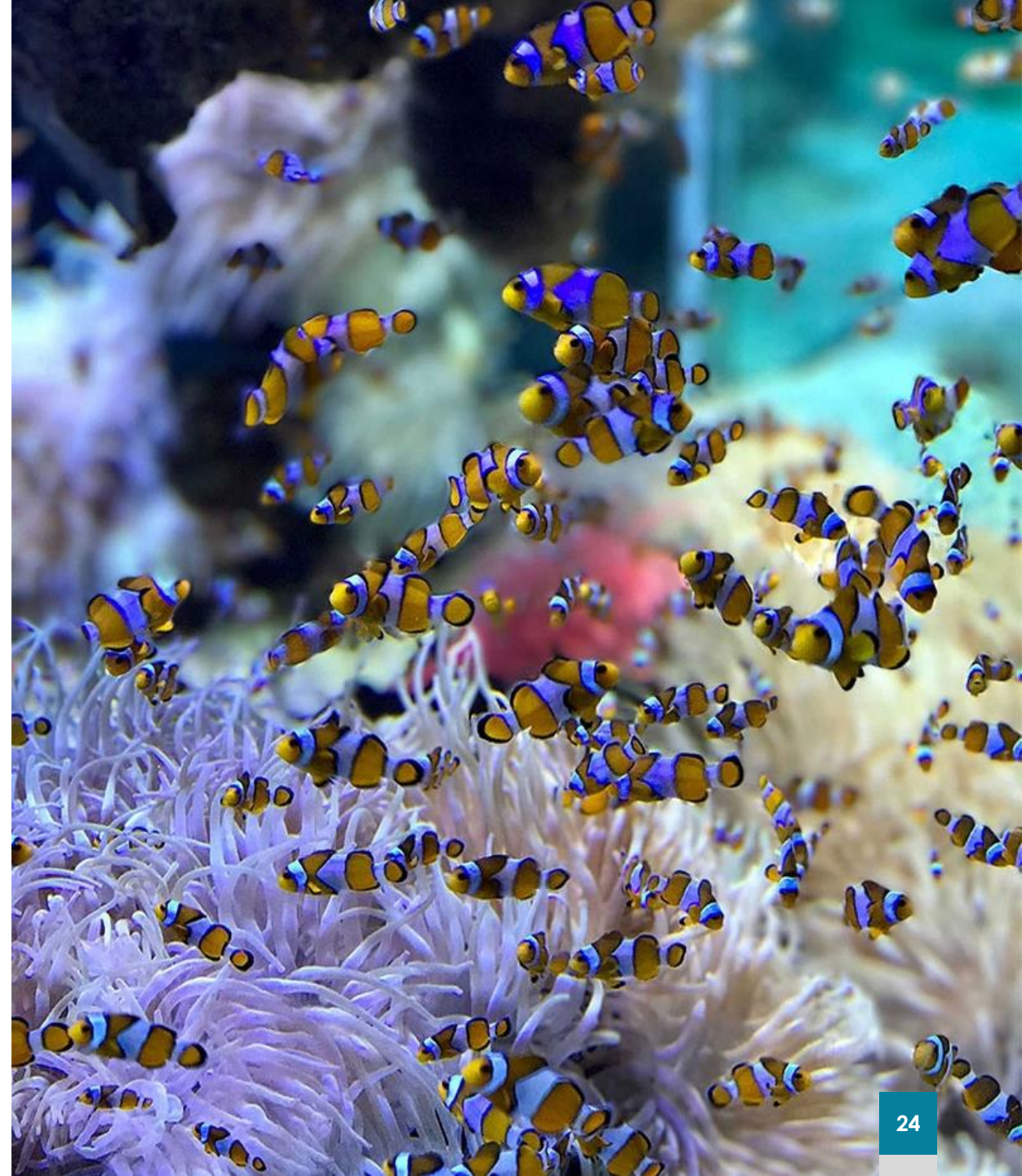
Common Errors

- Not submitting a D-35 Form to WCS
- Failing to index claim prior to sending to WCS
- Request date inaccurate
- Incomplete information
 - SSN
 - Diagnoses* (NOT procedure)
 - Body parts*
 - Previous PPDs/raters



Common Errors

- Missing documentation – mutual agreements, court orders, attorney representation
 - 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 faxing to WCS
 - Insurer/TPA ensure claim is indexed, TK# noted (if appropriate)
- * 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


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

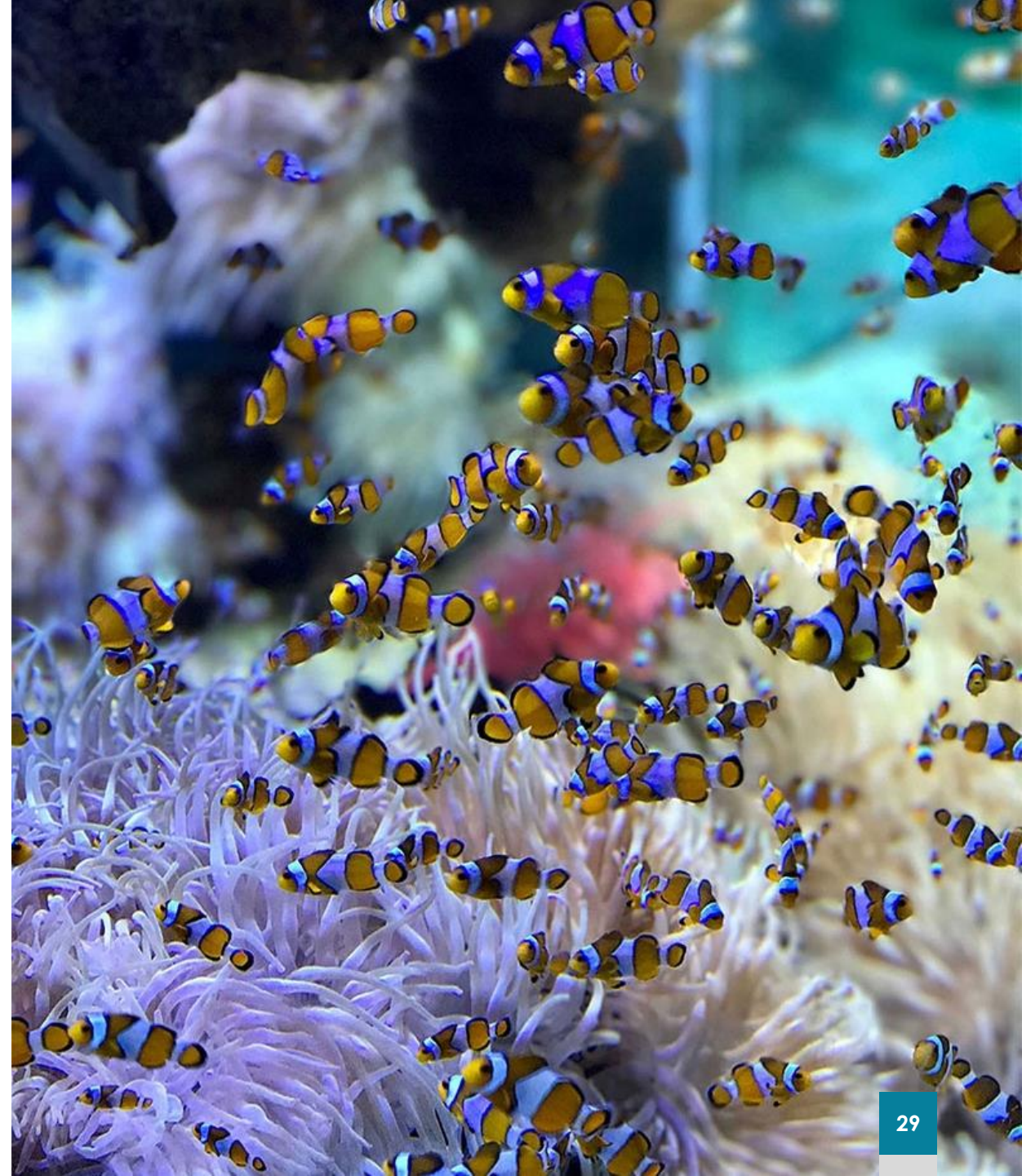
CARDS - WEB PORTAL

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

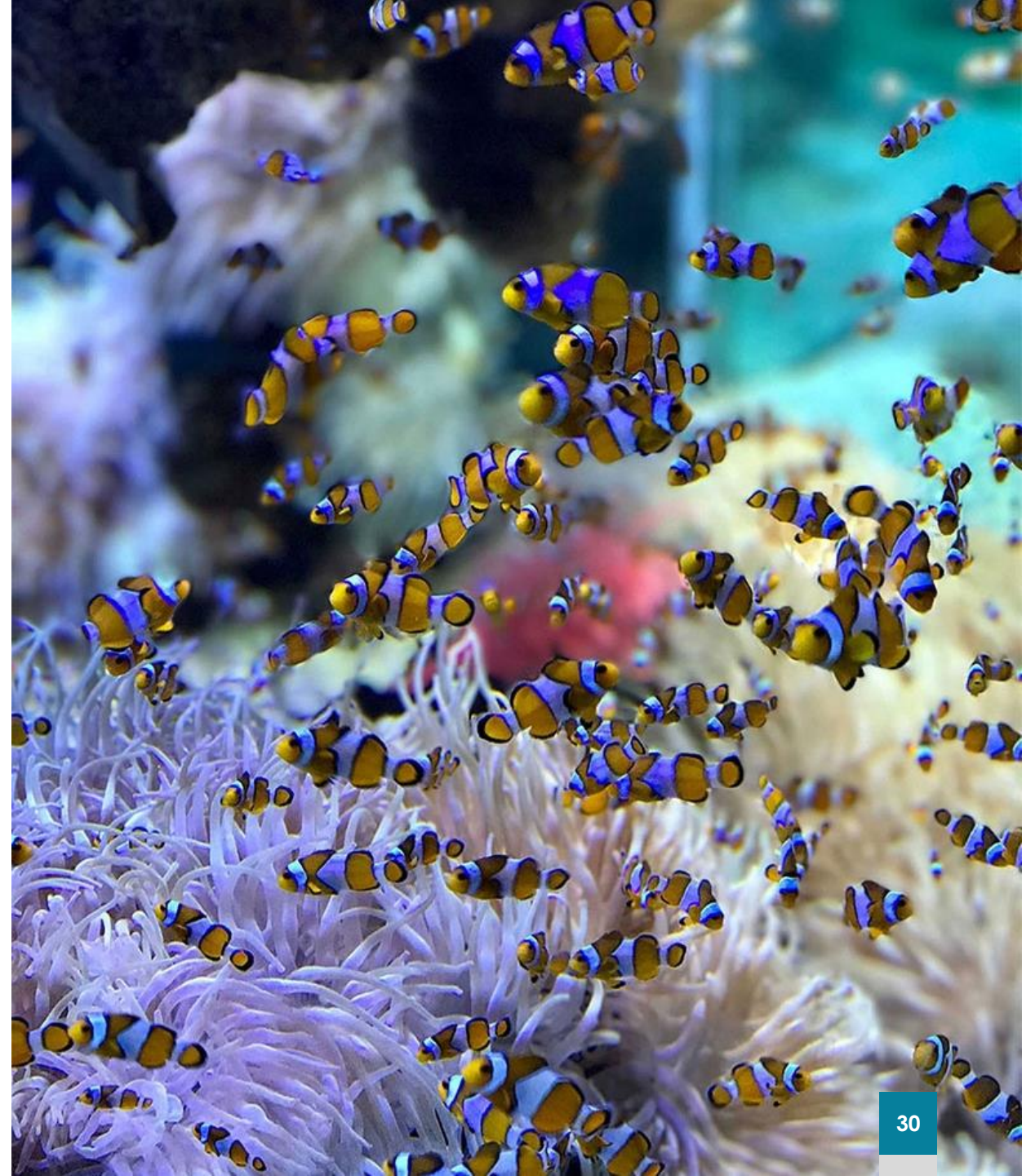
Added by insurer's Account Administrators

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

TPA Users

Must be "linked" in CARDS by insurer

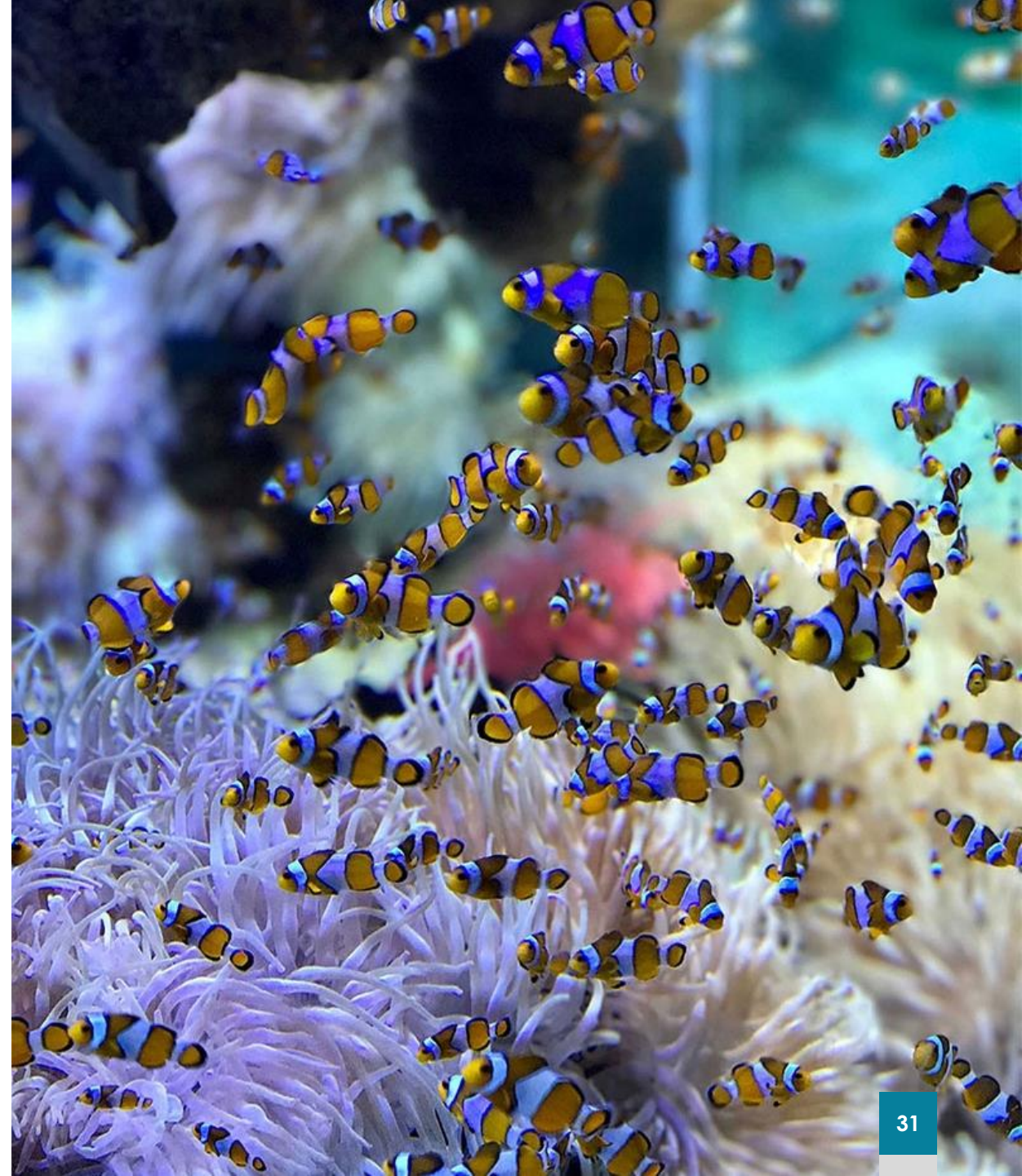
Given access (permissions) by insurer



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

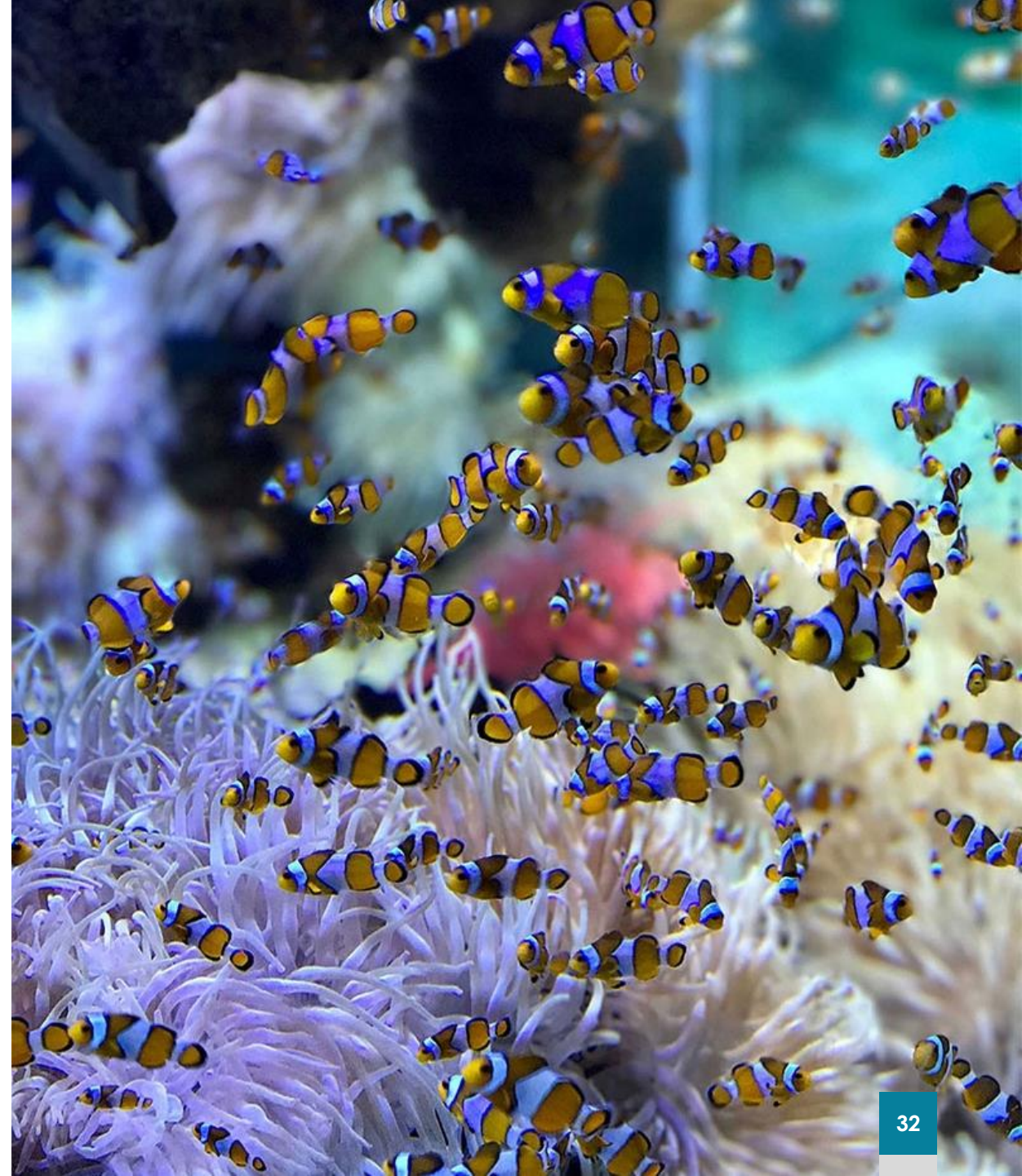


Claims Indexing in CARDS

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

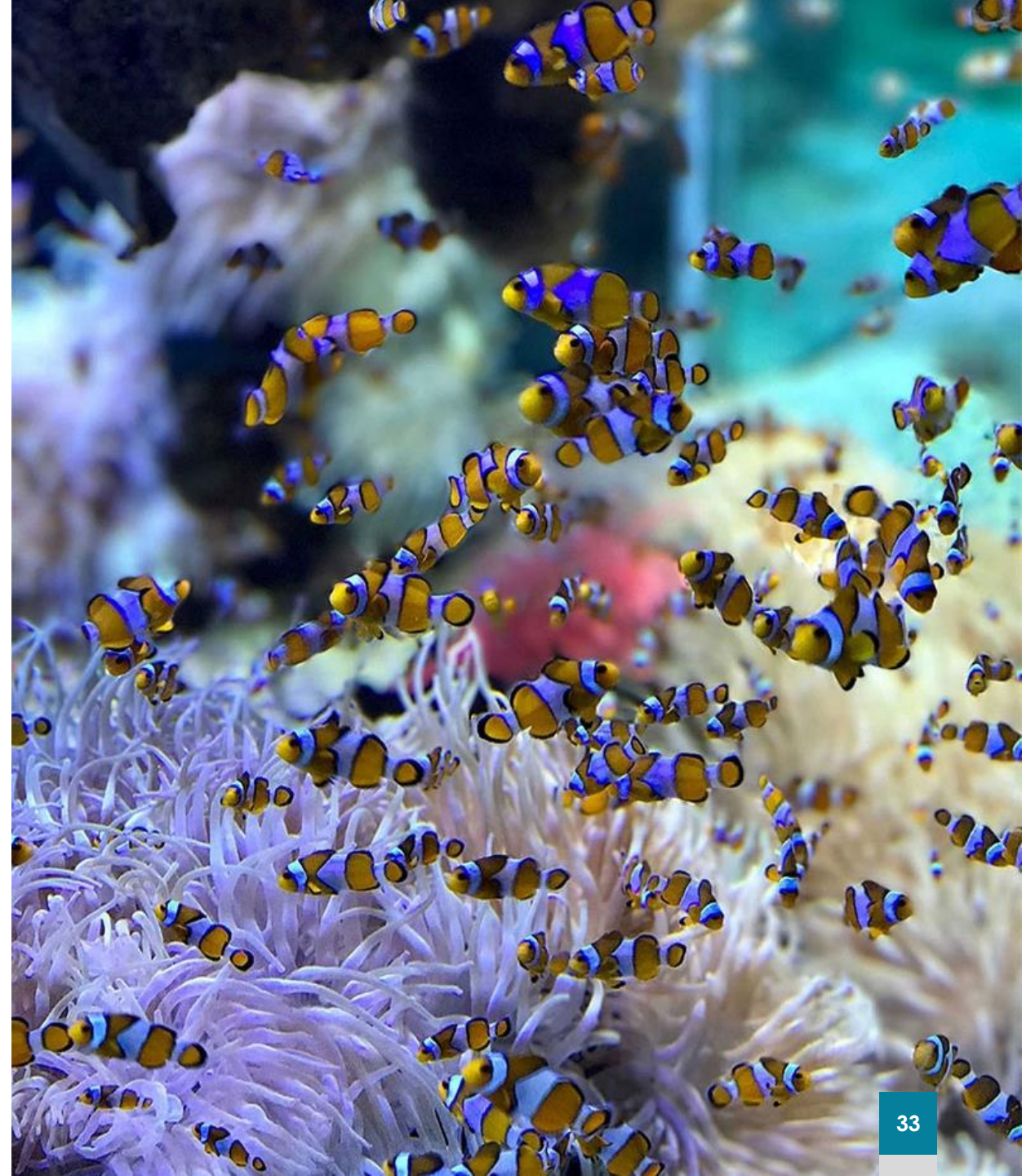


Claims Indexing in CARDS

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
(702) 486-8713 (fax)

Questions

D-35 Forms

Claims indexing

medunit@dir.nv.gov
indexing@dir.nv.gov



THANK YOU