

Subsequent Injury Account / Fund

SIA/SIF Training

DISCLAIMER

The views and opinions expressed in the written materials and in any of the presentations at this conference are those of the presenter and do not necessarily reflect the official policy or position of the Department of Business and Industry, Division of Industrial Relations. The Division does not warranty the materials' completeness or accuracy.



Agenda

- What is the Subsequent Injury Account
- How a Claim Qualifies
- What to Look For
- Obstacles for Getting Approval
- What You Can Do
- Reimbursements
- File Submissions

Subsequent Injury Account/Fund

The Subsequent Injury Account or Fund (SIA/SIF) was created to relieve a portion of the employer/insurer's claims costs when the employer hired or retained an employee with a pre-existing claim or medical condition who then suffered a "second" injury, creating a greater disability due to the combined effects of both claims or conditions.

These subsequent injuries are compensated from an account or fund that is overseen by the appropriate Subsequent Injury Board for self-insured employers and by the DIR.

How a Claim Qualifies

NRS 616B.557 & NRS 616B.560: Requires certain criteria to be met before the file is submitted to DIR for approval or denial

1. Were the costs of the subsequent injury substantially greater as a result of the prior injury/condition?
2. Does the claimant have a prior permanent impairment which constitutes a hindrance/obstacle to obtaining/retaining employment?
3. Was the subsequent injury employer aware of the pre-existing condition/claim, and did they hire/retain the employee after the date of knowledge?
4. DIR notification of a possible claim against SIA*
5. Completion of the SIA/SIF application packet

What to Look For

- Body parts with a higher potential for re-injury:



- Job Descriptions that could potentially cause more serious injuries:



What to Look For (cont.)

➤ Notification of prior injuries



C-Forms,
Med
Reports

ISOs,
D-36s,
D-38s

Prior
Claims
in the
System

Initial
Contacts

Obstacles for Getting Approval

- Documentation of Employer Prior Knowledge
- Prior Impairments of 6% or Greater
- Increased Claim Costs
- Injuries Not Belonging to the Same Body Part
- False Representation
- New vs. Worsening of an Injury
- 100 week Notification
 - or 60 Day Notification for False Representation
- Incomplete or disorganized packets

What Can You Do?

- Complete post-hire questionnaires
- Document your personnel and claim files
- Submit notifications to DIR on high percentage PPDs
- Put more effort in drafting your application to insure approval



POST OFFER, PRE-EXISTING CONDITIONS, INJURIES OR ILLNESSES MEDICAL INQUIRY

Your employer is committed to providing Workers' Compensation benefits, in accordance with state law, if you sustain an employment-related injury. This form requests medical information and will be kept confidential and separate from your personnel file. It will be used only in the event you experience a work-related injury and become eligible for Workers' Compensation benefits. The employer requires that all employees complete this questionnaire upon hire. The information is needed because if a work-related injury or disability is caused or made worse by a pre-existing condition, your employer may be able to seek reimbursement of the benefits paid from the Nevada Second Injury Account. This reimbursement would not reduce your workers' compensation benefits. Disclosure of a preexisting condition shall not be used for any discriminatory purpose.

SECTION 1: DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

Do not leave any blank unanswered. Please provide explanations for all "yes" responses under Remarks.

YES NO

- ☐ ☐ Amputation (foot, leg, arm, etc)
- ☐ ☐ Mental Disorders
- ☐ ☐ Loss of Hearing (more than 75%)
- ☐ ☐ Multiple Sclerosis
- ☐ ☐ Muscle, Ligament or Tendon Injury
- ☐ ☐ Muscular Dystrophy
- ☐ ☐ Nervous Disorders
- ☐ ☐ Numbness of Extremities
- ☐ ☐ Parkinson's Disease
- ☐ ☐ Psychoneurotic Disability
- ☐ ☐ Cardiac Disease
- ☐ ☐ Carpal Tunnel Syndrome
- ☐ ☐ Cerebral Vascular Accident
- ☐ ☐ Chronic Headaches
- ☐ ☐ Chronic Osteomyelitis
- ☐ ☐ Rheumatism
- ☐ ☐ Rotator Cuff Injury
- ☐ ☐ Ruptured Intervertebral Disc
- ☐ ☐ Silicosis
- ☐ ☐ Spinal Fusion
- ☐ ☐ Stroke
- ☐ ☐ Hypertension
- ☐ ☐ Surgical Removal of Disc
- ☐ ☐ Heavy Metal Poisoning
- ☐ ☐ Hemophilia
- ☐ ☐ High/Low Blood Pressure
- ☐ ☐ Hodgkin's Disease
- ☐ ☐ Hyperinsulinism

YES NO

- ☐ ☐ Loss of Use of Limbs hand, (or total loss thereof)
- ☐ ☐ Ankylosis of Joints
- ☐ ☐ Arteriosclerosis
- ☐ ☐ Arthritis
- ☐ ☐ Asbestosis
- ☐ ☐ Asthma
- ☐ ☐ Back/Neck Problem
- ☐ ☐ Brain Damage
- ☐ ☐ Bronchitis
- ☐ ☐ Cancer
- ☐ ☐ Mental Health Treatment
- ☐ ☐ Reflex Sympathetic Dystrophy
- ☐ ☐ Repetitive Motion Injury
- ☐ ☐ Loss of Sight (one or both eyes)
- ☐ ☐ Compressed Air Sequelae
- ☐ ☐ Diabetes
- ☐ ☐ Dizziness
- ☐ ☐ Double Vision (blurred sight)
- ☐ ☐ Emphysema
- ☐ ☐ Epilepsy
- ☐ ☐ Head Injury
- ☐ ☐ Heart Condition
- ☐ ☐ Thrombophlebitis
- ☐ ☐ Thoracic Outlet Syndrome
- ☐ ☐ Thyroid Condition
- ☐ ☐ "Trick" Knee or Shoulder
- ☐ ☐ Tuberculosis
- ☐ ☐ Kidney Disorder

Reimbursement

What Can Be Reimbursed:

- Justified & Approved Claim Costs for Qualifying Body Part(s) - NAC 616B.707 (2)

Medical

Compensation

**Vocational
Rehab**

Reimbursement (cont.)

What Can Not Be Reimbursed:

- Administrative Costs - NAC 616B.707 (2)

**NCM,
Utilization
Review**

Legal Fees

**Costs
Incurred to
Establish SIA**

File Submission

INSURER'S SUBSEQUENT INJURY CHECKLIST

Notice to Insurer: This form must be completed and provided with all supporting documentation for claims submitted for reimbursement from the Subsequent Injury Account.

PART ONE

INJURED EMPLOYEE _____ DATE OF INJURY _____
CLAIM NUMBER _____ INSURER _____
THIRD-PARTY ADMINISTRATOR _____ EMPLOYER _____
SUBMITTED BY _____ ASSOCIATION ADMINISTRATOR _____
INITIAL REQUEST _____ SUPPLEMENTAL REQUEST _____

Please check and complete applicable blanks. All supporting documentation must be submitted in chronological order, oldest information on top. This information must be bound in a file folder and sectioned according to this form.

Check one: Private Insurer ☐ Self-insured Employer ☐ Self-insured Association ☐

PART TWO

_____ Letter of application to the Subsequent Injury Account specifying the statute pertinent to this application.

PART THREE

- a. _____ Medical documentation specifically showing that compensation for disability is substantially greater due to the combined effects of the preexisting impairment than that which would have resulted from the subsequent injury alone.

Doctor(s) providing medical documentation. _____

_____ Medical documentation of the preexisting permanent physical impairment of 6% or greater, including prior PPD evaluation, if available.

Percentage _____ Body Part _____
Percentage _____ Body Part _____
Percentage _____ Body Part _____

_____ Verification of the employer's knowledge of impairment at the time of hire or retention in employment after obtaining knowledge of impairment.

Date of hire _____
Date of employer's knowledge of impairment _____
Date of retention in employment _____

_____ Notification of a possible claim against the Subsequent Injury Account, submitted within 100 weeks of the date of injury.

Time lag _____ weeks.

DIR USE ONLY VERIFICATION

NRS 616B.557, 616B.578
OR 616B.587

Lagtime _____ weeks.

PART THREE (continued)

- b. _____ Verification of false representation at the time of hire

Date insurer became aware of the false representation. _____

_____ Notification of a possible claim against the Subsequent Injury Account submitted within 60 days of the date of the subsequent injury, or date the insurer learned of the false representation

Time lag _____ days.

PART FOUR

Supporting Documentation

- _____ Employer's Report of Injury (Form C-3)
_____ Employee's Claim for Compensation/Initial Report of Treatment (Form C-4)
_____ False representation (NRS 616B.560, 616B.581or 616B.590 only)

PART FIVE

- _____ Medical reporting regarding subsequent injury claim
_____ Medical documentation regarding preexisting impairment
_____ Permanent partial disability evaluation and calculation, subsequent injury claim

PART SIX

- _____ Wage verification and calculation
_____ Total expenditure documentation: Please provide calculator tapes for expenses requested. Printouts, log sheets, checks, etc., must be matched to the bill, explanation of benefits and/or rationale for payment in chronological order, oldest information on top.

Computer printout(s) _____ Payment log sheet(s) _____
Copies of check(s) _____ Copies of medical bills _____
Explanation of benefits (EOB) _____

_____ Travel reimbursement, which must include copies of receipts and/or orders or requests for payments which specify the method of transportation; destination; mileage allowed; date(s) of travel; and per diem and/or lodging allowed. If any payment is made other than that shown, justification must be given.

_____ Other (specify) _____

PART SEVEN

Other Pertinent Documentation

- _____ Insurer determinations and all documents from HO, AO, or District Court
_____ All vocational rehabilitation information
_____ Subrogation information
_____ Permanent Total information

DIR USE ONLY
NRS 616B.557, 616B.578
OR 616B.587

Lagtime _____ days.



State of Nevada

Division of Industrial Relations

Subsequent Injury

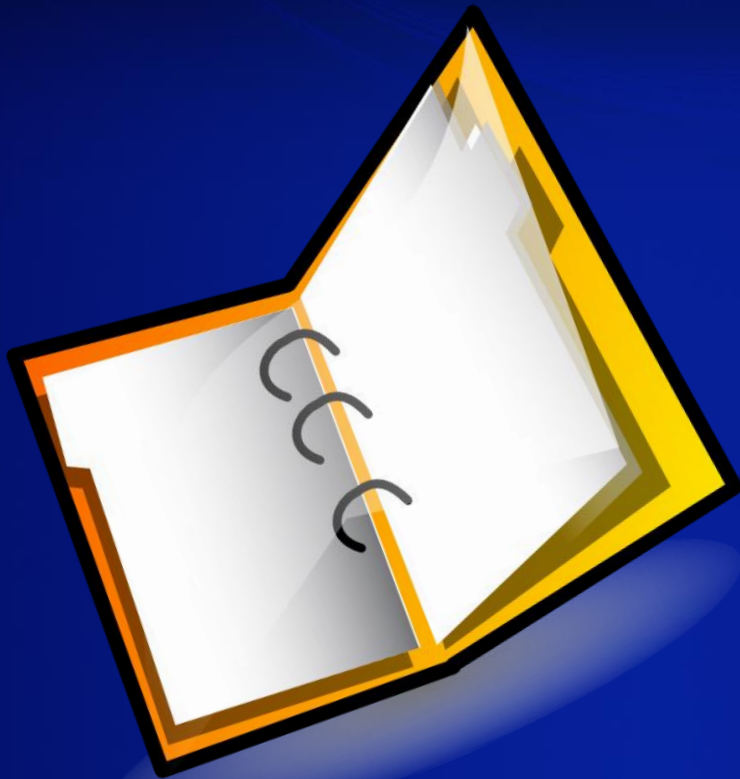
File Submission Procedures

Workers'
Compensation Section

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Subsequent Injury Files



- 3-ring binder, file folder with prongs at the top, etc...
- Documents must be secured in some sort of folder
- Separate the sections with tabs or colored paper
- Will accept email submissions under 25 pages

Form D-37

- D-37 must be complete
 - First page must be completed in its entirety
 - Page two must indicate what has been submitted in the file
 - Page three must contain monetary amounts requested
 - The form is located on WCS website:
http://dir.nv.gov/WCS/Workers__Compensation_Forms_and_Worksheets/

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CLAIM NUMBER _____ INSURER _____
THIRD-PARTY ADMINISTRATOR _____ EMPLOYER _____
SUBMITTED BY _____ ASSOCIATION ADMINISTRATOR _____
INITIAL REQUEST _____ SUPPLEMENTAL REQUEST _____

Please check and complete applicable blanks. All supporting documentation must be submitted in chronological order, oldest information on top. This information must be bound in a file folder and sectioned according to this form.

Check one: Private Insurer ☐ Self-insured Employer ☐ Self-insured Association ☐

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Percentage	_____	Body Part	_____
Percentage	_____	Body Part	_____
Percentage	_____	Body Part	_____

_____ Verification of the employer's knowledge of impairment at the time of hire or retention in employment after obtaining knowledge of impairment.

Date of hire _____
Date of employer's knowledge of impairment _____
Date of retention in employment _____

_____ Notification of a possible claim against the Subsequent Injury Account, submitted within 100 weeks of the date of injury.

Time lag _____ weeks.

DIR USE ONLY VERIFICATION

NRS 616B.557, 616B.578
OR 616B.587

Lagtime _____ weeks.

Part Two: Letter of Application

- Letter of Application in Part Two
 - Do not re-state the NRS but do list the NRS the request is being submitted under
 - Brief explanation - why claim qualifies for reimbursement
 - Highlight qualifying factors under each subsection

Part Three (a): Medical Documentation

NRS 616B.557, 578 or 587

- Medical documentation specifically showing that compensation due is greater because of the combined effects of the prior condition and the subsequent injury
 - The cost for file review by medical advisor is an administrative cost
 - Be specific

Part Three (a): Medical Documentation Prior Impairment

- Medical documentation of the prior 6% WPI
- Can be a prior PPD, current PPD, prior medical reports, etc...
 - Can also include reporting from the medical advisor
 - Percentage of impairment and the body part must be listed

Part Three (a): Employer's Knowledge

- Verification of the employer's knowledge must be complete
 - Date of hire
 - Date of knowledge
 - Date of retention
- If there are specific documents that are referenced, indicate which documents or dates of service that are being relied upon

Part Three (a): Notification Submission

- Notification of a possible claim needs to be submitted if:
 - Date of injury is prior to October 30, 2005
 - Submitted under NRS 616B.560, NRS 616B.581 or NRS 616B.590
- The 100 week requirement was repealed effective 10-1-2007

Part Three (b): False Representation

- Verification of false representation at time of hire
- Date insurer became aware of false representation
- Notice of a possible claim must be submitted within 60 days of the date of the subsequent injury, or the date the insurer learned of the false representation

Part Four: Supporting Documents

- Includes all other documentation that must be submitted
 - No multiple copies of the same document
 - Legible copy of C-3 and C-4
 - C-1 Form if available
 - Include documentation to verify false representation statement and date.

Part Five: Medical Reporting

- Medical reporting concerning the pre-existing condition
 - Prior medical records or a prior PPD report
 - Must be in date of service order - oldest to newest
 - No multiple copies of reports
- Medical reporting for current SI claim must be submitted in the same order without multiple copies

Part Five (cont.):

- Current PPD evaluation at the end of the current medical records
 - It does not need its own section
 - Calculations can be placed behind the report
 - Include signed election papers

Part Six: Expenditure Documentation

Medical Payments

- All wage verifications and calculations must be legible and included with every request
- Total expenditure documentation to include:
 - Bills and Invoices: Medical, Vocational Services
 - EOBs
 - Payment log sheet: Excel spreadsheet – with totals for type of payment, i.e, TTD, PPD, Medical, Voc Rehab
 - Check copies, if available
- Payment log sheets can be placed in front of each expenditure section
- Check copies should be placed with the bill, EOB, and any applicable invoice that matches the payment line
- Checks, EOBs and bill should be in date of service order with the oldest appearing first
- Prescriptions must include a bill

Part Six: Expenditure Documentation

TTD, TPD, PPD and PTD

- Temporary total, temporary partial, permanent partial and permanent total disability can be included in a separate section
- TPD must include supporting documents, i.e. completed D-46 and payroll checks
- PPD payments must be supported by the signed election papers and calculation worksheet
- PTD payments must be supported by a D-14, Permanent Total Disability Report of Employment, completed for every 12 month period being requested.

Part Six: Expenditure Documentation

Travel Reimbursement, Vocational Rehab

- Travel reimbursement must be supported by:
 - Receipts
 - Completed D-26
 - Any additional documentation that supports payment i.e. MapQuest verification
- All vocational rehabilitation documentation must be submitted
 - Bills for maintenance payments, schooling, supplies, counselor services, and travel

Part Seven: Other Pertinent Documents

Correspondence, Legal, and Vocational Rehab

- The file should contain all claim correspondence
 - HO/AO decisions
 - Stipulations
 - Determinations made by the insurer/TPA, etc...
- Continuances for appeals are the only documents not required
- All vocational rehabilitation documentation must be submitted
 - Reports
 - Schooling
 - Counselor services

Part Seven: Other Pertinent Documents

Subrogation Information

- Subrogation documentation should be included in the file
 - Subrogation reimbursement offset from SI reimbursement amount
 - Attempts at, or actual subrogation - all documents should be submitted for review
 - Subrogation reimbursement amounts
- Documented on D-37 (Page 3, Other)
- Subtracted from total amount requested

Part Seven: Other Pertinent Documents

PTD Information

- Any documentation regarding PTD should be contained in the file in the appropriate section,

i.e. payments can be in their own section, medical reporting in the reporting section, hearing/appeal information in the appropriate section

Part Seven: Other Pertinent Documents

Death Benefits

- Must include any documentation necessary for the proper administration of benefits
 - Death Certificate
 - Survivor information

Part Eight: Total Expenditures

- Include all totals under the correct line item
- Payment for PPD evaluations are included under medical treatment
- Provide calculator tapes if the payment log used for payment portion does not reflect a total for each type of payment
- Deduct Subrogation amounts received from appropriate sections in the Other section

Part Eight (cont.)

- Track where the previous request left off in the original file
 - The dates included in the submission can be noted at the bottom of page three of the D-37
- Please review NAC 616B.707 (2)
 - This is the regulation that explains what the administrative costs on the claim are
 - Those costs listed will not be reimbursed

Inaccurate/Incomplete Files

- File must be submitted as accurately as possible or it will be returned
 - Submitting party: if local will be required to pick up the incomplete file from the DIR Las Vegas office
- Returned requests will include a detailed letter outlining the issues with the file
 - The burden of proof lies with the party submitting the request

Application Progression

- An Application is submitted
- DIR has 120 days to review the application and submit recommendations (NRS 616B.557, 578, 587)
 - The Administrator issues the final determination for Private Carriers. Any appeals of this determination must be filed directly with the Appeals Office.
- The SIA Board reviews and issues the final determination for: Self-Insured Employers and Associations of Self-Insured Public or Private Employers
- If approved, payment will be issued – Vendor must be registered with Nevada Purchasing EPro
- If denied, an appeal must be filed, within 30 days, directly with District Court

Supplemental Applications

- Can be submitted at any time after the application is approved.
- Requires:
 - D-37
 - Letter of Application
 - Pertinent documents and records for all supplemental payments being requested
 - Payment log, bills, EOBs, invoices, medical reporting, etc
 - Any current correspondence and/or legal determinations
 - Disallowances- submit line item disallowance sheet(s) with ALL documents – not just what was missing

Questions ?

For more information contact:

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702 486-9098

VSkrinjaric@business.nv.gov

Don't Forget . . .

**Please fill out the Evaluation Online:
<http://dir.nv.gov/WCS/Training/>**

- **Session 2A- Subsequent Injury – The Do's and Don'ts**

For complimentary Wi-Fi select the Tuscany Conventions