

**PROPOSED REGULATION OF THE
DIVISION OF INDUSTRIAL RELATIONS OF THE DEPARTMENT OF
BUSINESS AND INDUSTRY**

LCB FILE NO. R117-25I

**The following document is the initial draft regulation proposed
by the agency submitted on 12/26/2025**

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DIVISION OF INDUSTRIAL RELATIONS OF THE
DEPARTMENT OF BUSINESS & INDUSTRY**

LCB File No. Unassigned

November 10, 2025

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §§

A REGULATION relating to industrial insurance;

Legislative Counsel’s Digest:

Section 1. NAC 616C.103 is hereby amended to read as follows:

NAC 616C.103 1. *For the purposes of chapters 616A to 617, inclusive, of NRS or regulations adopted pursuant thereto, the terms “stable” and “ratable” are defined as follows:*
~~[For purposes of determining whether an injured employee is stable and ratable and entitled to an evaluation to determine the extent of any permanent impairment pursuant to this section and NRS 616C.490, the Division interprets the term:]~~

(a) “Stable” to include, without limitation, a written indication from a physician or chiropractic physician that the industrial injury or occupational disease of the injured employee:

- (1) Is stationary, permanent or static; or
- (2) Has reached maximum medical improvement.

(b) “Ratable” to include, without limitation, a written indication from a physician or chiropractic physician that the medical condition of the injured employee may have:

- (1) Resulted in a loss of motion, sensation or strength in a body part of the injured employee;

(2) Resulted in a loss of or abnormality to a physiological or anatomical structure or bodily function of the injured employee; or

(3) Resulted in a mental or behavioral disorder as the result of a claim that has been accepted pursuant to NRS 616C.180.

2. If an insurer proposes that an injured employee agree to a rating physician or chiropractic physician chosen by the insurer, the insurer shall inform the injured employee in writing that the injured employee:

(a) Is not required to agree with the selection of that physician or chiropractic physician; and

(b) May request that the rating physician or chiropractic physician be selected in accordance with subsection 3 and NRS 616C.490 as amended by section 17 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3630.

3. An insurer shall comply with subsection 2 of NRS 616C.490, as amended by section 17 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3630, within the time prescribed in that subsection for the scheduling of an appointment, by:

(a) Selecting a rating physician or chiropractic physician in accordance with the procedures for the random selection of a rating physician or chiropractic physician set forth in section 7 of this regulation [R076-23] and requesting that the selected rating physician or chiropractic physician evaluate the injured employee and determine the extent of any permanent impairment or, if the injured employee and insurer have agreed to a rating physician or chiropractic physician pursuant to subsection 2 of NRS 616C.490, as amended by section 17 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3630, by submitting a completed form designated in NAC 616A.480 as D-35, Request for Assignment of Rating Physician or Chiropractor Physician, which identifies the rating physician or chiropractic physician to the Administrator within 30 days after the insurer has received the statement from a physician or chiropractic physician that the injured employee is ratable and stable; and

(b) Mailing written notice to the injured employee of the date, time and place of the appointment for the rating evaluation.

4. At least 3 working days before a rating evaluation, the party that requested the rating evaluation must provide to the assigned rating physician or chiropractic physician:

(a) All reports or other written information concerning the injured employee's claim produced by a physician, chiropractic physician, hospital or other provider of health care, including the statement from the treating physician or chiropractic physician that the injured employee is stable and ratable, surgical reports, diagnostic, laboratory and radiography reports and information concerning any preexisting condition relating to the injured employee's claim;

(b) Any evidence or documentation of any previous evaluations performed to determine the extent of any of the injured employee's disabilities and any previous injury, disease or condition of the injured employee that is relevant to the evaluation being performed;

(c) The form designated in NAC 616A.480 as C-4, Employee's Claim for Compensation/Report of Initial Treatment;

(d) The form designated in NAC 616A.480 as D-35, Request for Assignment of Rating Physician or Chiropractic Physician; and

(e) The form designated in NAC 616A.480 as D-36, Request for Additional Medical Information and Medical Release.

5. An insurer shall pay for the cost of travel for an injured employee to attend a rating evaluation as required by NAC 616C.105.

6. Except as otherwise provided in subsection 7, if the rating physician or chiropractic physician finds that the injured employee has a ratable impairment, the insurer shall, within the time prescribed by NRS 616C.490, offer the injured employee the award to which he or she is entitled. The insurer shall make payment to the injured employee:

(a) Within 20 days; or

(b) If there is any child support obligation affecting the injured employee, within 35 days,

↳ after the later of the date on which the insurer offers the award or the date on which it receives the properly executed lump-sum award papers from the injured employee or his or her representative.

7. If the insurer disagrees in good faith with the result of the rating evaluation, the insurer shall, within the time prescribed in NRS 616C.490:

(a) Offer and pay the injured employee the portion of the award, in installments, which it does not dispute;

(b) Provide the injured employee with a copy of each rating evaluation performed of the injured employee; and

(c) Notify the injured employee of the specific reasons for the disagreement and the right of the injured employee to appeal. The notice must also set forth a detailed proposal for resolving the dispute that can be executed in 75 days, unless the insurer demonstrates good cause for why the proposed resolution will require more than 75 days.

8. The injured employee must receive a copy of the results of each rating evaluation performed of the injured employee before accepting an award for a permanent partial disability.

9. As used in this section, “lump-sum award” means the following forms designated in NAC 616A.480, as appropriate:

(a) D-10(a), Election of Lump Sum Payment of Compensation.

(b) D-10(b), Election of Lump Sum Payment of Compensation for Disability Greater than 30 Percent.

(c) D-11, Reaffirmation/Retraction of Lump Sum Request.

Sec. 2. Chapter 616C of NAC is hereby amended by adding thereto the provisions set forth as Section 3, inclusive, of this regulation.

Sec. 3. 1. *A treating physician may delegate certain routine follow-up care of an injured employee, as determined by the Administrator, to a licensed physician assistant who is an employee of and under the supervision of a treating physician.*

2. “Physician Assistant” has the meaning ascribed to it in NRS 630.015 and NRS 633.107.

3. For purposes of this section, “informed consent” is defined as the written authorization given by an injured employee to the treating physician that allows a treating physician or chiropractic physician to delegate certain routine follow-up care to a physician assistant.

4. The injured employee must give written informed consent before the delegation and provision of any such follow-up care.

5. The informed consent must be documented in the medical records and made available upon request.

6. A physician assistant may perform only those services as authorized by NRS 630.271 and NRS 633.432. This includes issuance of a certification of disability under subsection 7 of NRS 616C.475.

7. This section is consistent with the accepted standards of practice for a physician assistant in accordance with chapters 630 and 633 of NRS and the regulations adopted pursuant thereto.

Sec. 4. Section 8 of LCB File No. 76-23 is hereby amended to read as follows:

NAC 616C.XXX Assignment of rating physician or chiropractic physician.

1. *Unless the parties mutually agree to a geographic region, [H] in* assigning a rating physician or chiropractic physician to examine or evaluate an injured employee pursuant to section 7 of R76-23, the Administrator shall select at random a rating physician or chiropractic physician whose practice is located in:

(a) The southern Nevada region if the injured employee resides in the southern Nevada region.

(b) The northern Nevada region if the injured employee resides in the northern Nevada region.

(c) The northern Nevada region or the rural Nevada region if the injured employee resides in the rural Nevada region.

2. For the purposes of this section:

(a) The southern Nevada region consists of Clark, Lincoln, Nye and Esmerelda Counties.

(b) The northern Nevada region consists of Carson City and Lyon, Churchill, Storey, Douglas, Mineral and Washoe Counties.

(c) The rural Nevada region consists of Pershing, Humboldt, Elko, Lander, Eureka and White Pine Counties.

Sec. 5. Section 9 of LCB File No. 76-23 is hereby amended to read as follows:

NAC 616C.XXX Submission of List of Physicians and Chiropractic Physicians to the Administrator. Each employer, insurer, or third-party administrator that creates a list of physicians and chiropractic physicians pursuant to subsection 6 of NRS 616C.087 as amended by Senate Bill 317, chapter 503, Statutes of Nevada 2025, at page 3301, shall, on or after September 1 or before October 1 of each year, submit the list to the Administrator as an electronic file in the uniform format outlined under subsections 1 through 6. The file must be easily searchable, including, without limitation, an indexed database, a portable document format, a spreadsheet with data that may be filtered, a comma separated values file or any other comparable format. The file must include the following information:

1. The name and license number of the person certifying the list pursuant to subsection 6 of NRS 616C.087.

2. The file must include the following fields in the order listed below:

(a) First Name

(b) Middle Initial

(c) Last Name

(d) License Type

(e) Specialties

- (f) Conditions*
- (g) Body Parts*
- (h) Orthopedic Surgery*
- (i) Primary Location*
- (j) Legal Name of Practice*
- (k) DBA Name*
- (l) Address*
- (m) City*
- (n) State*
- (o) Zip Code*
- (p) County*
- (q) Phone Number*

3. The allowable list of values for the Specialties under subsection 2(e) is as follows:

- (a) Addiction Medicine*
- (b) Anesthesiology*
- (c) Cardio/Thoracic Surgery*
- (d) Cardiology*
- (e) Chiropractic*
- (f) Dermatology*
- (g) Emergency/Critical Care*
- (h) Endocrinology*
- (i) Family/General Practice*
- (j) Gastroenterology Ear/Nose/Throat (ENT)*
- (k) General Surgery*
- (l) Genitourinary*
- (m) Hospitalist*

- (n) Immunology*
- (o) Infectious Disease*
- (p) Internal Medicine*
- (q) Maxillofacial/Oral Surgery*
- (r) Neurology*
- (s) Neurosurgery*
- (t) Occupational Medicine*
- (u) Oncology*
- (v) Ophthalmology*
- (w) Orthopedic*
- (x) Pain Management*
- (y) Physiatry/Physical Medicine*
- (z) Psychiatry*
- (aa) Pulmonology*
- (bb) Radiology*
- (cc) Urology*
- (dd) Other (Specify)*

4. *The allowable list of values for the Conditions under subsection 2(f) is as follows:*

- (a) Cardiovascular*
- (b) Circulatory/Vascular*
- (c) Digestive/Excretory*
- (d) Endocrine/Exocrine*
- (e) Infections*
- (f) Immune/Lymphatic*
- (g) Maxillofacial*
- (h) Mental/Behavioral Health*

- (i) Musculoskeletal*
 - (j) Nervous*
 - (k) Renal*
 - (l) Reproductive*
 - (m) Respiratory*
 - (n) Skin*
 - (o) Urinary*
 - (p) All (Generalist)*
 - (q) Other (Specify)*
5. *The allowable list of values for the Body Parts under subsection 2(g) is as follows:*
- (a) Arteries/Veins/Blood*
 - (b) Brain - Mental/Behavioral*
 - (c) Brain - Physical/Neurological*
 - (d) Ears*
 - (e) Eyes*
 - (f) Face/Nose/Mouth Throat/Scalp*
 - (g) Shoulder*
 - (h) Elbow*
 - (i) Wrist*
 - (j) Hand*
 - (k) Arm (unspecified)*
 - (l) Cervical Spine*
 - (m) Thoracic Spine*
 - (n) Lumbar Spine*
 - (o) Pelvis/Hips/Sacrum*
 - (p) Lungs/Respiratory System*

- (q) Heart*
- (r) Trunk/Ribs*
- (s) Abdomen Gastrointestinal Tract, Liver*
- (t) Organs/Glands Pancreas, Spleen, Appendix*
- (u) Skin*
- (v) Skull*
- (w) Nerves*
- (x) Genitourinary Genitalia, Kidneys, Urinary*
- (y) Reproductive System*
- (z) Knee*
- (aa) Ankle Foot*
- (bb) Leg (unspecified)*
- (cc) Other (Specify)*
- (dd) All (Generalist)*

6. The allowable list of Orthopedic Surgery under subsection 2(h) is as follows:

- (a) Spine*
- (b) Shoulders*
- (c) Elbows*
- (d) Wrists*
- (e) Hands*
- (f) Hips*
- (g) Knees*
- (h) Ankles*
- (i) Feet*

~~[Submission to electronic database by employer, insurer or third party administrator. 1. Each employer, insurer or third party administrator that creates a list of physicians and chiropractic~~

~~physicians pursuant to NRS 616C.087, as amended by section 9 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page 3617, shall, on or before October 1 of each year, submit to an electronic database established by the Division the following information: (a) The name of the employer, insurer or third-party administrator; (b) The name and license number of the adjuster licensed pursuant to chapter 684A of NRS or, for an insurer described in section 22 of LCB File No. R134-20, the name of the insurer's highest ranking employee who is responsible for processing workers' compensation claims filed in this State, who is certifying the accuracy of the information submitted; and (c) The provider identification number assigned to each physician or chiropractic physician pursuant to section 6 of this regulation [R076-23] who is included on the list. 2. Each provider identification number submitted pursuant to paragraph (c) of subsection 1 will be used to automatically populate in the electronic database the information required pursuant to paragraphs (a) to (c), inclusive, of subsection 1 of NRS 616C.090 concerning the physician or chiropractic physician to which the provider identification number was assigned. 3. The electronic database will record the date on which each entry concerning a physician or chiropractic physician is added or modified pursuant to subsection 1.]~~

Sec. 6. NAC 616D.400 is hereby amended to read as follows:

NAC 616D.400 1. For the purposes of subsection 2 of NRS 616D.120 and except as otherwise provided in chapters 616A to 617, inclusive, of NRS, or in any regulation adopted pursuant thereto,~~[- an insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company commits a "minor violation" of any provision of chapter 616A, 616B, 616C, 616D or 617 of NRS, or a regulation adopted pursuant thereto, if the violation is a single, unintentional violation and the insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company agrees, in writing, to correct the violation during the course of an investigation or audit conducted pursuant to those chapters.~~

~~[2.]—Except as otherwise provided in this subsection,]~~ if an insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company agrees, in writing, to correct a ~~[single, unintentional]~~ *minor, clerical or ministerial* violation during the course of an investigation or audit, the Administrator will issue a notice of correction for that violation. The Administrator will not issue a notice of correction pursuant to this subsection if the violation does not require correction or the correction is unnecessary or moot.

~~2.[3.]~~ If an insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company does not agree, in writing, to correct a ~~[single, unintentional]~~ *minor, clerical or ministerial* violation during the course of an investigation or audit, the Administrator may impose an administrative fine in an amount not to exceed those amounts set forth in subsection 2 of NRS 616D.120 or order a plan of corrective action to be submitted to the Administrator, or both.

Sec. 7. NAC 616D.405 is hereby amended to read as follows:

NAC 616D.405 1. For the purposes of NRS 616D.120, an insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company commits an “intentional violation” of any provision of chapter 616A, 616B, 616C, 616D or 617 of NRS, or any regulation adopted pursuant thereto, if he or she acts with purpose or design, otherwise acts to cause the consequences, desires to cause the consequences or believes that the consequences are substantially certain to result from the violation.

2. The Administrator may consider two or more violations of the same *section* ~~[or similar provisions]~~ of chapters 616A to 617, inclusive, of NRS, or any regulations adopted pursuant thereto, as evidence of an intentional violation. If the Administrator determines that two or more violations constitute an intentional violation, the Administrator will impose an administrative fine as required by subsection 1 of NRS 616D.120 and, if appropriate, order a plan of corrective action to be submitted to the Administrator.

Sec. 8. NAC 616D.415 is hereby amended to read as follows:

NAC 616D.415 Except as otherwise provided in chapters 616A to 617, inclusive, of NRS, or in any regulation adopted pursuant thereto:

1. If the Administrator determines that:

(a) An insurer or third-party administrator has failed to comply or has complied in an untimely manner with any provision of chapter 616A, 616B, 616C, 616D or 617 of NRS, or any regulation adopted pursuant thereto, that requires the insurer or third-party administrator to make a determination regarding the acceptance or denial of a claim for compensation;

(b) An insurer or third-party administrator has failed to comply or has complied in an untimely manner with any provision of chapter 616A, 616B, 616C, 616D or 617 of NRS, or any regulation adopted pursuant thereto, that requires the insurer or third-party administrator to make a payment of benefits to an injured employee;

(c) An insurer or employer has failed to comply or has complied in an untimely manner with any of the provisions of NRS 616B.460 or 616B.461 or NAC 616B.124 to 616B.136, inclusive;

(d) An insurer, organization for managed care, provider of health care, third-party administrator, employer or employee leasing company has failed to comply or has complied in an untimely manner with any of the provisions of NRS 616A.475, 616B.006, 616B.009, 616C.700 or 617.357 or NAC 616A.410 or 616C.527 or paragraph (b) of subsection 1 of NAC 616B.014;

(e) A treating physician or chiropractor has failed to comply or has complied in an untimely manner with any of the provisions of NRS 616C.020 or 616C.040, subsection 7 of NRS 616C.475 or NRS 617.352, or any regulations adopted pursuant thereto, that require the treating physician or chiropractor to complete a claim for compensation; or

(f) An employer has failed to comply or has complied in an untimely manner with any of the provisions of NRS 616C.045 or 617.354, or any regulation adopted pursuant thereto, that require the employer to complete a report of industrial injury or occupational disease,

↪ and the Administrator determines that the violation was not an intentional violation, the Administrator may impose an administrative fine in an amount not to exceed those amounts set forth in subsection 2 of NRS 616D.120 or order a plan of corrective action to be submitted to the Administrator, or both.

2. If the Administrator determines that an insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company has committed two or more violations of the same *section* ~~[or similar provisions]~~ of chapters 616A to 617, inclusive, of NRS, or any regulation adopted pursuant thereto, the Administrator may impose an administrative fine in an amount not to exceed those amounts set forth in subsection 2 of NRS 616D.120 or order a plan of corrective action to be submitted to the Administrator, or both.

Sec. 9. NAC 616C.109 and Section 6 of LCB File No. 76-23 are hereby repealed.

TEXT OF REPEALED SECTIONS

NAC 616C.109 Presence of representative during rating evaluation. ([NRS 616A.400, 616C.490](#))

1. If an injured employee, employer, insurer or third-party administrator is permitted by the rating physician or chiropractic physician to have his or her attorney or other representative present during a rating evaluation for a permanent partial disability, that party shall, in writing and at least 5 working days before the evaluation, notify each of the other persons described and the attorney or other representative of those persons of the intent to have his or her attorney or other representative attend the evaluation. The rating physician or chiropractic physician may suspend the examination if the attorney or representative disrupts or attempts to participate in the examination.

2. Nothing in this section shall be deemed to limit the right conferred by subsection 4 of [NRS 616C.140](#).

NAC 616C.XXX Provider identification number.

The Administrator shall assign each physician or chiropractic physician appointed to the panel of physicians and chiropractic physicians a provider identification number. (Added to NAC by Div. of Industrial Relations, R076-23 eff. 10-09-2024)