

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

**LCB FILE NO. R032-21I**

**The following document is the initial draft regulation proposed  
by the agency submitted on 08/23/2021**

**PROPOSED REGULATION OF THE  
DIVISION OF INDUSTRIAL RELATIONS OF  
THE  
DEPARTMENT OF BUSINESS AND  
INDUSTRY LCB File No.**

**Unassigned**

August 18, 2021

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

AUTHORITY: §§ 1-6, 8, 9, 17, 19-23, 27 and 34, NRS 616A.400; § 7, NRS 616A.400 and 616A.417; §§ 10-15 and 18, NRS 232.680 and 616A.400; § 16, NRS 616A.400, 616B.584 and 616B.587; §§ 24-26 and 28, NRS 616A.400 and 616C.490; §§ 29 and 30, NRS 616A.400 and 616C.420; § 31, NRS 616A.400 and 616D.120; § 32, NRS 616A.400 and 616C.555; § 33, NRS 616A.400, 617.455 and 617.457.

A REGULATION relating to industrial insurance;

**Legislative Counsel’s Digest:**

**Section 1.** NAC 616A.400 is hereby amended to read as follows:

NAC 616A.060 “Claimant” means a person who applies for or claims any right or benefit from an insurer because of any accident under chapters 616A to 616D, inclusive, of NRS or any occupational disease under chapter 617 of NRS. *The terms “claimant”, “injured worker” and “injured employee” are deemed to be equivalent and may be used interchangeably.*

**Sec. 2 .** NAC 616A.480 is hereby amended to read as follows:

NAC 616A.480 1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers' compensation:

(a) D-1, Informational Poster - Displayed by Employer. The informational poster must include the language contained in Form D-2, and the name, business address, telephone number and contact person of:

(1) The insurer;

(2) The third-party administrator, if applicable;

(3) The organization for managed care or providers of health care with whom the insurer has contracted to provide medical and health care services, if applicable; and

(4) The name, business address and telephone number of the insurer's or third-party administrator's adjuster in this State that is located nearest to the employer's place of business.

(b) D-2, Brief Description of Your Rights and Benefits if You Are Injured on the Job.

(c) C-1, Notice of Injury or Occupational Disease (Incident Report). One copy of the form must be delivered to the injured employee, and one copy of the form must be retained by the employer. The language contained in Form D-2 must be printed on the reverse side of the employee's copy of the form, or provided to the employee as a separate document with an affirmative statement acknowledging receipt.

(d) C-3, Employer's Report of Industrial Injury or Occupational Disease. A copy of the form must be delivered to or the form must be filed by electronic transmission with the insurer or third-party administrator. The form signed by the employer must be retained by the employer. A copy of the form must be delivered to the injured employee. If the employer files the form by electronic transmission, the employer must:

(1) Transmit all fields of the form that are required to be completed, as prescribed by the Administrator.

(2) Sign the form with an electronic symbol representing the signature of the employer that is:

(I) Unique to the employer;

(II) Capable of verification; and

(III) Linked to data in such a manner that the signature is invalidated if the data is altered.

(3) Acknowledge on the form that he or she will maintain the original report of industrial injury or occupational disease for 3 years.

↪ If the employer moves from or ceases operation in this State, the employer shall deliver the original form to the insurer for inclusion in the insurer's file on the injured employee within 30 days after the move or cessation of operation.

(e) C-4, Employee's Claim for Compensation/Report of Initial Treatment. A copy of the form must be delivered to the insurer or third-party administrator. A copy of the form must be delivered to or the form must be filed by electronic transmission with the employer. A copy of the form must be delivered to the injured employee. The language contained in Form D-2 must be printed on the reverse side of the injured employee's copy of the form or provided to the injured employee as a separate document with an affirmative statement acknowledging receipt. The original form signed by the injured employee and the ~~[physician or chiropractor]~~ *health care provider* who conducted the initial examination of the injured employee must be retained by that ~~[physician or chiropractor]~~ *health care provider*. If the ~~[physician or chiropractor]~~ *health care provider* who conducted the initial examination files the form by electronic transmission, the ~~[physician or chiropractor]~~ *health care provider* must:

(1) Transmit all fields of the form that are required to be completed, as prescribed by the Administrator.

(2) Sign the form with an electronic symbol representing the signature of the ~~physician or chiropractor~~ *health care provider* that is:

(I) Unique to the ~~physician or chiropractor~~ *health care provider* ;

(II) Capable of verification; and

(III) Linked to data in such a manner that the signature is invalidated if the data is altered.

(3) Acknowledge on the form that he or she will maintain the original form for the claim for compensation for 3 years.

↪ If the ~~physician or chiropractor~~ *health care provider* who conducted the initial examination moves from or ceases treating patients in this State, the ~~physician or chiropractor~~ *health care provider* shall deliver the original form to the insurer for inclusion in the insurer's file on the injured employee within 30 days after the move or cessation of treatment of patients. *“Health care provider” as used in the C-4, Employee’s Claim for Compensation/Report of Initial Treatment and this subsection means:*

*1. A physician or physician’s assistant licensed pursuant to chapter 630 or 633 of NRS;*

*2. A chiropractic physician licensed pursuant to chapter 634 of NRS; or*

*3. An advanced practice registered nurse licensed pursuant to chapter 632 of NRS.*

(f) *C-4A, Release of Medical and Other Information for Nevada Workers’ Compensation Claims. If the injured employee electronically signed the C-4, Employee’s Claim for Compensation/Report of Initial Treatment, the health care provider who completed the C-4 shall*

*obtain an original signature from the injured employee on the C-4A and deliver the original signed C-4A at the same time and in the same manner as the C-4.*

~~(g)~~ (g) D-5, Wage Calculation Form for Claims Agent's Use.

~~(g)~~ (h) D-6, Injured Employee's Request for Compensation.

~~(h)~~ (i) D-7, Explanation of Wage Calculation.

~~(i)~~ (j) D-8, Employer's Wage Verification Form.

~~(j)~~ (k) D-9(a), Permanent Partial Disability Award Calculation Worksheet.

~~(k)~~ (l) D-9(b), Permanent Partial Disability Award Calculation Worksheet for Disability Over ~~25~~ 30 Percent Body Basis.

~~(l)~~ (m) D-9(c), Permanent Partial Disability Worksheet for Stress Claims Pursuant to NRS 616C.180.

~~(m)~~ (n) D-10(a), Election of ~~Method of~~ Lump Sum Payment of Compensation.

~~(n)~~ (o) D-10(b), Election of ~~Method of~~ Lump Sum Payment of Compensation for Disability Greater than ~~25~~ 30 Percent.

~~(o)~~ (p) D-11, Reaffirmation/Retraction of Lump Sum Request.

~~(p)~~ (q) D-12(a), Request for Hearing - Contested Claim.

~~(q)~~ (r) D-12(b), Request for Hearing - Uninsured Employer.

~~(r)~~ (s) D-13, Injured Employee's Right to Reopen a Claim Which Has Been Closed.

~~(s)~~ (t) D-14, Permanent Total Disability Report of Employment.

~~(t)~~ (u) D-15, Election for Nevada Workers' Compensation Coverage for Out-of-State Injury.

~~(u)~~ (v) D-16, Notice of Election for Compensation Benefits Under the Uninsured Employer Statutes.

~~(v)~~ (w) D-17, Employee's Claim for Compensation - Uninsured Employer.

~~{(w)}~~ **(x)** D-18, Assignment of Claim for Workers' Compensation - Uninsured Employer.

~~{(x)}~~ **(y)** D-21, Fatality Report.

~~{(y)}~~ **(z)** D-22, Notice to Employees - Tip Information.

~~{(z)}~~ **(aa)** D-23, Employee's Declaration of Election to Report Tips.

~~{(aa)}~~ **(bb)** D-24, Request for Reimbursement of Expenses for Travel and Lost Wages.

~~{(bb)}~~ **(cc)** D-25, Affirmation of Compliance with Mandatory Industrial Insurance Requirements.

~~{(ee)}~~ **(dd)** D-26, Application for Reimbursement of Claim-Related Travel Expenses.

~~{(dd)}~~ **(ee)** D-27, Interest Calculation for Compensation Due.

~~{(ee)}~~ **(ff)** D-28, Rehabilitation Lump Sum Request.

~~{(ff)}~~ **(gg)** D-29, Lump Sum Rehabilitation Agreement.

~~{(gg)}~~ **(hh)** D-30, Notice of Claim Acceptance.

~~{(hh)}~~ **(ii)** D-31, Notice of Intention to Close Claim.

~~{(ii)}~~ **(jj)** D-32, Authorization Request for Additional Chiropractic Treatment.

~~{(jj)}~~ **(kk)** D-33, Authorization Request for Additional Physical Therapy Treatment.

~~{(kk)}~~ **(ll)** D-34, CMS 1500 Billing Form.

~~{(ll)}~~ **(mm)** D-35, Request for a Rotating Rating Physician or Chiropractor.

~~{(mm)}~~ **(nn)** D-36, Request for Additional Medical Information and Medical Release.

~~{(nn)}~~ **(oo)** D-37, Insurer's Subsequent Injury Checklist.

~~{(oo)}~~ **(pp)** D-38, Injured Worker Index System Claims Registration Document.

~~{(pp)}~~ **(qq)** D-39, Physician's Progress Report - Certification of Disability.

~~{(qq)}~~ **(rr)** D-41, International Association of Industrial Accident Boards and Commissions

POC 1.

~~[(tt)]~~ (ss) D-43, Employee's Election to Reject Coverage and Election to Waive the Rejection of Coverage for Excluded Persons.

~~[(ss)]~~ (tt) D-44, Election of Coverage by Employer; Employer Withdrawal of Election of Coverage.

~~[(tt)]~~ (uu) D-45, Sole Proprietor Coverage.

~~[(uu)]~~ (vv) D-46, Temporary Partial Disability Calculation Worksheet.

~~[(vv)]~~ (ww) D--48, Proof of Coverage Notice.

~~[(ww)]~~ (xx) D-49, Information Page.

~~[(xx)]~~ (yy) D-50, Policy Termination, Cancellation and Reinstatement Notice.

~~[(yy)]~~ (zz) D-52, CMS (UB-92).

~~[(zz)]~~ (aaa) D-53, Alternative Choice of Physician or Chiropractor and Referral to a Specialist.

2. In addition to the forms specified in subsection 1, the following forms must be used by each insurer in the administration of a claim for an occupational disease:

- (a) OD-1, Firemen and Police Officers' Medical History Form.
- (b) OD-2, Firemen and Police Officers' Lung Examination Form.
- (c) OD-3, Firemen and Police Officers' Extensive Heart Examination Form.
- (d) OD-4, Firemen and Police Officers' Limited Heart Examination Form.
- (e) OD-5, Firemen and Police Officers' Hearing Examination Form.
- (f) OD-6, Firemen and Police Officers' Sample Letter.
- (g) OD-7, Firemen and Police Officers' Physical Examination Information.
- (h) OD-8, Occupational Disease Claim Reporting.



3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.

4. An insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator may not use a different form or change a form without the prior written approval of the Administrator.

5. The Workers' Compensation Section will ~~be responsible for printing and distributing~~ *post* the following forms *on its website* :

(a) C-4, Employee's Claim for Compensation/Report of Initial Treatment;

(b) *C-4A, Release of Medical and Other Information for Nevada Workers' Compensation Claims;*

(c) D-12(b), Request for Hearing - Uninsured Employer;

~~(e)~~ (d) D-16, Notice of Election for Compensation Benefits Under the Uninsured Employer Statutes;

~~(d)~~ (e) D-17, Employee's Claim for Compensation - Uninsured Employer; and

~~(e)~~ (f) D-18, Assignment of Claim for Workers' Compensation - Uninsured Employer.

6. Each insurer or third-party administrator is responsible for printing and distributing all other forms listed in this section. The provisions of this subsection do not prohibit an insurer, employer, provider of health care, organization for managed care or third-party administrator from providing any form listed in this section.

7. Upon the request of the Administrator, an insurer, employer, provider of health care, organization for managed care or third-party administrator shall submit to the Administrator a copy of any form used in this State by the insurer, employer, provider of health care, organization for

managed care or third-party administrator in the administration of claims for workers' compensation.

**Sec. 3 .** NAC 616C.073 is hereby amended to read as follows:

NAC 616C.073 1. A claim for compensation must be printed or typed, properly titled, signed and dated by the person filing the claim or the person's attorney or other representative. A claim for compensation that is filed by electronic transmission must be signed with an electronic symbol representing the signature of the person submitting the claim that is:

- (a) Unique to the person who uses it as a signature;
- (b) Capable of verification; and
- (c) Linked to data in such a manner that the signature is invalidated if the data is altered.

2. A report of injury must be submitted on a form prescribed by the Administrator and provided by the insurer or third-party administrator. The form must set forth the name and address of the injured employee and the time, place, nature and cause of the injury. If the employer files the report of injury by electronic transmission, the employer must retain the original report for 3 years, unless, pursuant to NRS 616C.045, the insurer or third-party administrator requests the employer return by mail the report that contains the original signature of the employer or the employer's designee.

3. The original of each claim for compensation that is filed by electronic transmission must be retained by the ~~[physician or chiropractor]~~ *health care provider* who initially examined the injured employee for 3 years, unless, pursuant to NRS 616C.040, the insurer or third-party administrator requests that ~~[physician or chiropractor to]~~ *the health care provider* return by mail the claim for compensation that contains the original signatures of the injured employee and the ~~[physician or chiropractor]~~ *health care provider* .

4. If the injury or occupational disease will result in the injured employee losing time from work and the injured employee has been reporting his or her income from tips, the employer shall submit the amount of tips declared on Form D-23, which must be included in calculating the average monthly wage of the injured employee pursuant to NRS 616B.227.

**Sec. 4.** NAC 616C.080 is hereby amended to read as follows:

NAC 616C.080 1. A ~~physician or chiropractor~~ *health care provider* who is required to file a claim for compensation pursuant to NRS 616C.040, or a medical facility that has been delegated the duty to file a claim for compensation pursuant to subsection 2 of NRS 616C.040, shall:

(a) Require the injured employee to complete the upper portion of the form designated in NAC 616A.480 as Form C-4, Employee's Claim for Compensation/Report of Initial Treatment, including, without limitation, the name, address and telephone number of the employer of the injured employee and the name of the insurer or third-party administrator of the employer *and Form C-4A, if applicable*;

(b) Contact the employer or the insurer or third-party administrator of the employer to confirm the name and address of the insurer or third-party administrator;

(c) Send a copy of the completed Form C-4 *and Form C-4A, if applicable*, to the employer and to the insurer or third-party administrator of the employer; and

(d) Maintain, together with the completed Form C-4 *and Form C-4A, if applicable*, documentation of the steps taken by the ~~physician or chiropractor~~ *health care provider* or medical facility to verify that the insurer or third-party administrator is the insurer or third-party administrator of the employer.

2. If the ~~physician or chiropractor~~ *health care provider* or medical facility is unable to confirm whether an insurer or third-party administrator is the insurer or third-party administrator of the

employer within 3 working days after first providing treatment to an injured employee for a particular injury, the ~~[physician or chiropractor]~~ *health care provider* or medical facility shall:

(a) Contact the nearest office of the Division by telephone at (702) 486-9000 for ~~[Henderson]~~ *Las Vegas*, Nevada, or at (775) 684-7260 for Carson City, Nevada; and

(b) If requested by the Division, provide a copy of the completed Form C-4, *and Form C-4A, if applicable*, and documentation of the steps taken to verify that the insurer or third-party administrator is the insurer or third-party administrator of the employer.

**Sec. 5 .** NAC 616C.088 is hereby amended to read as follows:

NAC 616C.088 1. Each file of a claim concerning an industrial injury or occupational disease that is maintained by an insurer or third-party administrator must contain:

(a) The employer's report of the industrial injury or occupational disease.

(b) The claim for compensation, *Form C-4A, if applicable*, and any medical report associated with that claim that is issued after the claim is filed with the insurer.

(c) All:

(1) Applications for a stay concerning a decision on a claim for compensation made to a hearing officer, appeals officer or a court of competent jurisdiction;

(2) Written orders or decisions on a claim for compensation entered by a hearing officer, appeals officer or a court of competent jurisdiction;

(3) Written determinations made by an insurer, third-party administrator or an organization for managed care concerning a claim for compensation *and, if sent or served by electronic transmission, retain proof of a successful transmission and receipt by the injured employee or any person acting on his or her behalf*;

(4) Written settlement agreements or stipulations made between the injured employee and his or her employer or the insurer of the employer concerning a claim for compensation; and

(5) Except as otherwise provided in subparagraph (2) of paragraph (f), other documents which affect the amount, timing or denial of the payment of compensation. As used in this subparagraph, “payment of compensation” has the meaning ascribed to it in subsection 2 of NAC 616D.305.

(d) A record of all compensation paid to the injured employee and all payments made to any other person in connection with the claim, for:

- (1) Accident benefits;
- (2) Temporary partial disability;
- (3) Temporary total disability;
- (4) Permanent partial disability;
- (5) Permanent total disability;
- (6) Death benefits; and
- (7) Vocational rehabilitation,

↪ and the amount of the expected total incurred costs and the justification.

(e) A copy of any notice of termination of benefits which has been sent to the injured employee.

(f) Copies of all correspondence and other documents pertaining to the claim, including, without limitation, copies of:

- (1) All medical bills incurred by the injured employee and received by the insurer; and
- (2) Any notices sent to the injured employee to inform him or her of the right to a review or appeal,

↳ but not including records of any privileged communication between the insurer and its attorney or of any investigation conducted by or on behalf of the insurer concerning a possible violation of NRS 616D.300.

(g) All ratings performed by any physician or chiropractor.

(h) A summary of conversations or oral negotiations, or both, conducted by the insurer or the third-party administrator with the injured employee, the legal counsel who represents the injured employee or any other party other than the physician or chiropractor of the injured employee, if action is requested or taken.

(i) After the claim is closed, the log of oral communications relating to the medical disposition of a claim that must be maintained by an insurer or third-party administrator pursuant to NRS 616D.330.

2. Each file of a claim must be retained for 2 years after the death of the injured employee.

**Sec. 6 .** NAC 616C.091 is hereby amended to read as follows:

NAC 616C.091 1. After receipt of a claim for compensation, the insurer or third-party administrator shall give written notice of its determination to accept or deny the claim to the injured employee, the attorney or other authorized representative of the injured employee or his or her dependents and, if the injured employee's employer is not self-insured, to the injured employee's employer.

2. If the insurer or third-party administrator denies the claim in whole or in part:

(a) The insurer or third-party administrator shall, pursuant to NRS 616C.065, notify the Administrator of the denial.

(b) The notice of denial to the injured employee, the attorney or other authorized representative of the injured employee or his or her dependents must include:

(1) A written statement of the right to request a hearing on the matter before a hearing officer and a form for requesting a hearing; and

(2) A specific statement of the reasons for the denial of the claim.

(c) The insurer or third-party administrator shall provide a copy of each notice of denial it gives pursuant to paragraph (b) to the injured employee's *initial provider of health care and the* treating physician or chiropractor.

(d) The notice of denial required to be given to the Administrator pursuant to paragraph (a) must include:

(1) A copy of the notice of denial given to the injured employee, the attorney or other authorized representative of the injured employee or his or her dependents; and

(2) A copy of Form C-4, Employee's Claim for Compensation/Report of Initial Treatment, that was completed by the injured employee or his or her dependents.

3. If the insurer or third-party administrator accepts the claim, the notice of acceptance provided to the injured employee, the attorney or other authorized representative of the injured employee or his or her dependents must include:

(a) Written notice of acceptance of the claim;

(b) A copy of Form D-52, Alternative Choice of Physician or Chiropractor; and

(c) Either:

(1) If established and available, the Internet address of the website of the insurer or third-party administrator at which the injured employee, the attorney or other authorized representative of the injured employee or his or her dependents can obtain a list of providers of health care who are authorized to provide health care services to the injured employee; or

(2) Notification that, pursuant to NAC 616C.030, the injured employee, the attorney or other authorized representative of the injured employee, his or her dependents or the treating physician or chiropractor of the injured employee may, upon written request, obtain a list of providers of health care who are authorized to provide health care services to the injured employee.

4. A written notice of determination issued by an insurer or third-party administrator must include:

(a) The claim number;

(b) The name of the employer;

(c) The name of the insurer;

(d) The name of the third-party administrator, if applicable;

(e) The date of the injury;

(f) The date of the written notice of determination;

(g) Notice that the injured employee may, pursuant to subsection 1 or 3 of NRS 616C.315, request a hearing or appeal the determination within 70 days after the determination is issued by the insurer; and

(h) The addresses of the offices of the Hearings Division of the Department of Administration located in Carson City and Las Vegas.

**Sec. 7.** NAC 616C.490 is hereby amended to read as follows:

NAC 616C.490 1. If any permanent impairment from which an employee is suffering following an accidental injury or the onset of an occupational disease is due in part to the injury or disease, and in part to a preexisting or intervening injury, disease or condition, the rating physician or chiropractor ~~[, except as otherwise provided in subsection 8,]~~ shall determine the portion of the impairment which is ~~[reasonably]~~ attributable to the injury or occupational disease



and the portion which is ~~reasonably~~ attributable to the preexisting or intervening injury, disease or condition. The injured employee may receive compensation for that portion of his or her impairment which is ~~reasonably~~ attributable to the present industrial injury or occupational disease and may not receive compensation for that portion which is ~~reasonably~~ attributable to the preexisting or intervening injury, disease or condition. The injured employee is not entitled to receive compensation for his or her impairment if the percentage of impairment established for his or her preexisting or intervening injury, disease or condition is equal to or greater than the percentage of impairment established for the present industrial injury or occupational disease.

2. ~~Except as otherwise provided in subsection 8, the~~ *The* rating of a permanent partial disability must be apportioned if there ~~is~~ *are health care records or physical evidence* of a preexisting permanent impairment or intervening injury, disease or condition, whether it resulted from an industrial or nonindustrial injury, disease or condition.

3. A precise apportionment must be completed if a prior evaluation of the percentage of impairment is available and recorded for the preexisting impairment. The condition, organ or anatomical structure of the preexisting impairment must be identical with that subject to current evaluation. Sources of information upon which an apportionment may be based include, but are not limited to:

- (a) Prior ratings of the insurer;
- (b) Other ratings;
- (c) ~~Findings of the loss of range of motion~~ *diagnoses*;
- (d) ~~Information concerning previous surgeries~~ *measurements*; ~~or~~
- (e) *Imaging studies*;
- (f) *Laboratory testing*;

*(g) Other commonly relied upon medical evidence that supports the findings of a preexisting ratable impairment under specific provisions of the American Medical Association's Guides to the Evaluation of Permanent Impairment adopted pursuant to NRS 616C.110 at the time of the rating evaluation; or*

*(h) For claims accepted pursuant to NRS 616C.180, other medical or psychological records regarding the prior mental or behavioral condition.*

~~4. [Except as otherwise provided in subsection 5, if a rating evaluation was completed in another state or using an edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment* other than the edition of the *Guides* as adopted by reference pursuant to NAC 616C.002 for a previous injury or disease involving a condition, organ or anatomical structure that is identical to the condition, organ or anatomical structure being evaluated for the present industrial injury or occupational disease, or if no previous rating evaluation was performed, the percentage of impairment for the previous injury or disease and the present industrial injury or occupational disease must be recalculated by using the *Guides*, as adopted by reference pursuant to NAC 616C.002. The apportionment must be determined by subtracting the percentage of impairment established for the previous injury or disease from the percentage of impairment established for the present industrial injury or occupational disease.~~

~~—5. If precise information is not available, and the rating physician or chiropractor is unable to determine an apportionment using the *Guides* as set forth in subsection 4, an apportionment may be allowed if at least 50 percent of the total present impairment is due to a preexisting or intervening injury, disease or condition. The rating physician or chiropractor may base the apportionment upon X-rays, historical records and diagnoses made by physicians or chiropractors or records of treatment which confirm the prior impairment.~~

~~—6. If there are preexisting conditions, including, without limitation, degenerative arthritis, rheumatoid variants, congenital malformations or, for claims accepted under NRS 616C.180, mental or behavioral disorders, the apportionment must be supported by documentation concerning the scope and the nature of the impairment which existed before the industrial injury or the onset of disease.~~

~~—7.] A rating physician or chiropractor shall always explain the underlying basis of the apportionment as specifically as possible by citing pertinent data in the health care records or other records.~~

~~[8. If no documentation exists pursuant to subsection 6 or 7, the impairment may not be apportioned.]~~

**Sec. 8 .** NAC 616C.499 is hereby amended to read as follows:

NAC 616C.499 1. If an injured employee elects to receive an award for a permanent partial disability in a lump sum, he or she must reaffirm the election within 20 days after receiving notification from the insurer pursuant to subsection ~~[2]~~ 3 of NRS 616C.495 before the lump sum will be paid.

2. If an injured employee reaffirms the election within 20 days, 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 insurer receives the reaffirmation.

3. In offering an award for a permanent partial disability in a lump sum, the insurer shall notify the injured employee that acceptance of the award waives all of his or her rights regarding the claim, ~~[including the right to appeal,]~~ except the right to ~~[reopen the claim]~~ *request reopening,*

*request reopening for a permanent partial disability rating, ~~[the claim and to]~~ vocational rehabilitation ~~[services]~~ benefits, request a benefit penalty, and to continue to pursue pending contested matters except appeals on the scope of my claim; whether the claimant is stable and ratable; and his or her average monthly wage.*

Sec. 9. NAC 616C.505 is hereby repealed.

---

---

**TEXT OF REPEALED SECTIONS**

---

---

**NAC 616C.505 Acceptance of award in installment payments.** (NRS 616A.400) An injured employee may accept an award for a permanent partial disability in installment payments without prejudice to any right which he or she may have to an administrative or judicial review.