

**ADOPTED REGULATION OF THE ADMINISTRATOR OF THE
DIVISION OF INDUSTRIAL RELATIONS OF THE
DEPARTMENT OF BUSINESS AND INDUSTRY**

LCB File No. R104-97

Effective March 6, 1998

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

AUTHORITY: §§ 1 and 2, NRS 616A.400.

Section 1. NAC 616A.480 is hereby amended to read as follows:

616A.480 1. The following *posters and* forms must be used by each insurer 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, address, telephone number and contact person of:*

(1) The insurer;

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

(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.

(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. Page one of the form must be delivered to the insurer or third-party administrator. Page two of the form must be retained by the employer. Page three of the form must be delivered to the injured employee.

(e) C-4, Employee's Claim for Compensation/Report of Initial Treatment. Page one of the form must be delivered to the insurer or third-party administrator. Page two of the form must be delivered to the employer. Page three of the form must be delivered to the injured employee. Page four of the form must be retained by the provider of health care. The language contained in Form D-2 must be printed on the reverse side of page 3, the employee's copy of the form.

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

(g) D-6, [Claimant's] *Injured Employee's* Request for Compensation.

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

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

(j) D-9(a), PPD Award Calculation Worksheet.

(k) D-9(b), PPD Award Calculation Worksheet for Disability Over 25 Percent Body Basis.

(l) D-10(a), Election of Method of Payment of Compensation.

(m) D-10(b), Election of Method of Payment of Compensation for Disability Greater than 25 Percent.

(n) D-11, Reaffirmation of Lump Sum Request.

(o) D-12(a), Request for Hearing.

(p) D-12(b), Request for Hearing - Uninsured Employer.

(q) D-13, Injured [Worker] *Employee's* Right to Reopen a Claim Which Has Been Closed.

- (r) D-14, Permanent Total Disability Report of Employment.
- (s) D-15, [Release of Employer] *Election for Nevada Workers' Compensation Coverage* for Out-of-State Injury.
- (t) D-16, Notice of Election for Compensation Benefits Under the Uninsured Employer Statutes.
- (u) D-17, Employee's Claim for Compensation - Uninsured Employer.
- (v) D-18, Assignment of Claim for Workers' Compensation - Uninsured Employer.
- (w) [D-20, Application for Extension-Reopening Under Medical Investigation.
- (x)] D-21, Fatality Report.
- [(y)] (x) D-22, Notice to Employees - Tip Information.
- [(z)] (y) D-23, Employee's Declaration of Election to Report Tips.
- [(aa)] (z) D-24, Request for Reimbursement of Expenses for Travel and Lost Wages.
- [(bb)] (aa) D-25, Affirmation of Compliance (Business Application).
- [(cc)] (bb) D-26, Application for Reimbursement of Claim-Related Travel Expenses.
- [(dd)] (cc) D-27, Interest Calculation for Compensation Due.
- [(ee)] (dd) D-28, Rehabilitation Lump Sum Request.
- [(ff)] (ee) D-29, Lump Sum Rehabilitation Agreement.
- [(gg)] (ff) D-30, Notice of Claim Acceptance.
- [(hh)] (gg) D-31, Notice of Intention to Close Claim.
- [(ii)] (hh) D-32, Authorization Request for Additional Chiropractic Treatment.
- [(jj)] (ii) D-33, Authorization Request for Additional Physical Therapy Treatment.
- [(kk)] (jj) D-34, HCFA 1500 Billing Form.
- [(ll)] (kk) D-35, Rotating Rating Physician/Chiropractor Request.

[(mm)] (ll) D-36, Request for Additional Medical Information and Medical Release.

[(nn)] (mm) D-37, Insurer's Subsequent Injury Checklist.

[(oo)] (nn) D-38, Injured Worker Index System Claims Registration Document.

(oo) D-39, *Physician's Progress Report - Certification of Disability.*

2. [The] *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, Information Regarding Physical Examinations for Firemen and Police Officers.

3. An insurer, employer, injured employee, provider of health care or claims agent may not use a different form or change a form without the prior written approval of the [chief.] *administrator or his designee.*

4. The industrial insurance regulation section will be responsible for printing and distributing [Form D-1 to each self- insured employer.] *the following forms:*

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

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

(c) *D-16, Notice of Election for Compensation Benefits Under the Uninsured Employer Statutes;*

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

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

5. Each insurer is responsible for printing and distributing all other forms listed in this section.

Sec. 2. NAC 616C.520 is hereby amended to read as follows:

616C.520 1. Each insurer shall include with the initial payment of compensation for a temporary total disability a copy of Form D-7, "Explanation of Wage Calculation."

2. Each insurer may provide Form D-6, [**"Claimant's**] *"Injured Employee's Request for Compensation,"* to the claimant with each check for a temporary total disability. The form must be used by the claimant to request compensation for the temporary total disability if the insurer elects to use it. Failure to submit the form does not preclude the payment of the compensation if there is documentation on file which indicates a continued disability.