

LCB File No. R093-98

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
INDUSTRIAL INSURANCE REGULATION SECTION

In the matter of adoption, amendment and repeal of Regulations pertaining to:

Adjusters, Electronic Transmission,
Payroll, Posters, Forms, and
other changes to Chapter 616A of the
Nevada Administrative Code.

DIR 98-14
LCB: Unassigned

New ***Electronic transmission*** ~~is~~ defined.

Electronic transmission ~~is~~ means, for the purpose of compliance with NRS 616A.417, 616C.040 and 616C.045, sending information via a legible electronic facsimile, including, but not limited, to fax, on-line entry, scan, or Electronic Data Interchange (EDI).

New ***Adjuster*** ~~is~~ defined. Effective 7/1/99

Adjuster, ~~is~~ for purposes of complying with NRS 616A.490, means an insurer ~~is~~ claims benefit unit or a third-party administrator who is responsible for administering industrial injury or occupational disease claims in this state including determinations of compensability or payment of accident benefits.

NAC 616A.050 ***Chief*** ~~is~~ defined. *Chief* ~~is~~ means the chief administrative officer of the industrial insurance regulation section.¹

616A.200 "Payroll" defined, effective 7-1-99.

"Payroll" means, for the purpose of computing *workers* ~~is~~ compensation premiums by every employer who is not a self-insured employer or a member of an association of self-

¹ The State Industrial Insurance System is proposing its June 8, 1998 workshop and public hearing to ~~sunset~~ the definition of *chief* ~~is~~ at their June 8, 1998 hearings; DIR is opposed to that suggestion as that regulation is not one adopted by SIIS. DIR would like to retain the current definition of *chief* ~~is~~ as it uses this term in correspondence and policy manuals. However, if other regulations in this Chapter use the word *chief* ~~is~~ in reference to the Industrial Insurance Regulation Section, please change to *administrator or his designated agent*. ~~is~~

² If any regulations in this Chapter use the term *workmen* ~~is~~ compensation, ~~is~~ please change the phrase to *workers* ~~is~~ compensation. ~~is~~

insured public or private employers [for workers' compensation], the first \$36,000 paid by each employer to any one employee during a [calendar] *policy* year and includes, but is not limited to:

1. Salary.
2. Commissions.
3. Piecework.
4. Incentive pay.
5. Vacation pay.
6. Sick pay.
7. Holiday pay.
8. Wages.
9. Bonuses.
10. Overtime pay.
11. Termination pay.
12. Travel time pay which is compensation for time spent traveling.
13. Tips collected and disbursed by employers which were not paid at the discretion of the customer.
14. Tips not included in subsection 13 which the employee has reported pursuant to 26 U.S.C. § 6053(a).
15. Tool allowance or rental, including vehicle rental or usage, where no accounting is required of the employee.
16. Reasonable market value of board, rent, housing, lodging or similar advantage received from an employer. The value for board and room must be reported at a minimum of \$150 monthly, \$5 daily or \$1.50 per meal and the value for a room alone at a minimum of \$50 per month.
17. Cafeteria plan benefits provided to the employee at the employee's option, in lieu of salary pursuant to section 125 of the Internal Revenue Code of 1986.
18. All deemed wages defined by provisions of chapters 616A to 617, inclusive, of NRS.

POSTERS AND FORMS

616A.460 Informational poster to be displayed by employers.

1. Each employer governed by the provisions of chapters 616A to 617, inclusive, of NRS shall prominently display at his place of business a poster with the language and in the format specified in Form D-1.
2. The title of the poster must be printed in not less than 20-point bold type. The required statement concerning questions and problems relating to claims must be printed in not less than 12-point bold type. The text appearing on the remainder of the poster must be printed in not less than 10-point type. The poster must be at least 11 inches by 17 inches in size.
3. Each [self-insured] employer shall:
 - (a) Display the poster as required by this section; and
 - (b) Advise his employees of the name, address and telephone number of his insurer or third-party administrator for their claims for workers' compensation.
4. The poster must be displayed in such a manner as to be readily visible by all

employees. A poster must not be displayed unless:

- (a) It has been issued or approved by the industrial insurance regulation section; or
- (b) If it has not been issued by the industrial insurance regulation section, it bears the industrial insurance regulation section's indication of approval.

616A.460 Informational poster to be displayed by employers. Effective 7/1/99.

1. Each employer governed by the provisions of chapters 616A to 617, inclusive, of NRS shall prominently display at his place of business a poster with the language and in the format specified in Form D-1.

2. The title of the poster must be printed in not less than 20-point bold type. The required statement concerning questions and problems relating to claims must be printed in not less than 12-point bold type. The text appearing on the remainder of the poster must be printed in not less than 10-point type. The poster must be at least 11 inches by 17 inches in size.

3. Each [self-insured] employer shall:

- (a) Display the poster as required by this section; and
- (b) Advise his employees of the name, address and telephone number of the *insurer or third-party administrator* *is adjuster in this state, nearest to the employer's place of business* for their claims for workers' compensation.

4. The poster must be displayed in such a manner as to be readily visible by all employees. A poster must not be displayed unless:

- (a) It has been issued or approved by the industrial insurance regulation section; or
- (b) If it has not been issued by the industrial insurance regulation section, it bears the industrial insurance regulation section's indication of approval.

616A.480 Forms for insurers.

1. The following posters and forms *or data* 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] *A copy* of the form must be delivered *or the record sent via electronic transmission* to the insurer or third-party administrator. [Page two] The form *signed by the employer* must be retained by

the employer. [Page three] *A copy of the form must be delivered to the injured employee.³ If the form is sent via electronic transmission, all fields of the form, required to be completed as prescribed by the administrator, must be transmitted. The form shall be signed with an electronic symbol as the signature of the employer. An electronic symbol may be accepted only if it is unique to the employer for whom it is used as a signature, capable of verification and linked to data in such a manner that the signature is invalidated if the data is altered. If the form is sent via electronic transmission, the employer shall acknowledge on the form that he is maintaining the original document and shall maintain the original report of industrial injury or occupational disease form for three years.⁴*

The original form shall be delivered to the insurer to become part of the insurer's file of the claimant's claim within 30 days from the date the employer moves from or ceases operation in the state .

(e) C-4, Employee's Claim for Compensation/Report of Initial Treatment. [Page one] *A copy of the form must be delivered to the insurer or third-party administrator. [Page two] A copy of the form must be delivered or the record sent via electronic transmission to the employer.⁵ [Page three] 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 or provided as a separate document. [Page four] The original of the form signed by the injured worker and the physician or chiropractor must be retained by the [provider of health care] physician or chiropractor. [The language contained in Form D-2 must be printed on the reverse side of page 3, the employee's copy of the form.] If the form is sent via electronic transmission, all fields of the form, required to be completed as prescribed by the administrator, must be transmitted. An electronic symbol may be accepted only if it is unique to the person for whom it is used as a signature, capable of verification and linked to data in such a manner that the signature is invalidated if the data is altered. If the form is sent via electronic transmission, the physician or chiropractor shall acknowledge on the form that he is maintaining the original document and shall maintain the original claim for compensation form for three years.⁶*

The original form shall be delivered to the insurer to become part of the insurer's file of the claimant's claim within 30 days from the date the physician or chiropractor moves from or ceases operation in the state.

- (f) D-5, Wage Calculation Form for Claims Agent's Use.
- (g) D-6, 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.

³ NRS 616C.045 specifies time frame in which to submit C-3 form.

⁴ The three years is similar to the requirement for the C-1 form under NRS 616C.015(3).

⁵ NRS 616C.040 specifies the time period in which to submit the C-4 form .

⁶ NRS 616C.015(5) indicates an employer shall retain a notice of injury for 3 years.

- (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 Employee's Right to Reopen a Claim Which Has Been Closed.
 - (r) D-14, Permanent Total Disability Report of Employment.
 - (s) D-15, 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-21, Fatality Report.
 - (x) D-22, Notice to Employees - Tip Information.
 - (y) D-23, Employee's Declaration of Election to Report Tips.
 - (z) D-24, Request for Reimbursement of Expenses for Travel and Lost Wages.
 - (aa) D-25, Affirmation of Compliance (Business Application).
 - (bb) D-26, Application for Reimbursement of Claim-Related Travel Expenses.
 - (cc) D-27, Interest Calculation for Compensation Due.
 - (dd) D-28, Rehabilitation Lump Sum Request.
 - (ee) D-29, Lump Sum Rehabilitation Agreement.
 - (ff) D-30, Notice of Claim Acceptance.
 - (gg) D-31, Notice of Intention to Close Claim.
 - (hh) D-32, Authorization Request for Additional Chiropractic Treatment.
 - (ii) D-33, Authorization Request for Additional Physical Therapy Treatment.
 - (jj) D-34, HCFA 1500 Billing Form.
 - (kk) D-35, Rotating Rating Physician/Chiropractor Request.
 - (ll) D-36, Request for Additional Medical Information and Medical Release.
 - (mm) D-37, Insurer's Subsequent Injury Checklist.
 - (nn) D-38, Injured Worker Index System Claims Registration Document.
 - (oo) D-39, Physician's Progress Report - Certification of Disability.
 - (pp) D-40cc, IIRS Non-Compliance Premium.*
 - (qq) D-40lv, IIRS Non-Compliance Premium.*
 - (rr) D-41, System or Private Carrier Account Reinstatement of Reopening.*
 - (ss) D-42, Intent to Cancel, Renew or Change to Private Carrier or System.*
 - (tt) D-43, Employer Election to Reject Coverage and Election to Waive the Rejection of Coverage for Excluded Persons.*
 - (uu) D-44, Election of Coverage by Employer; Employer Withdrawal of Election of Coverage.*
 - (vv) D-45, Sole Proprietor Coverage.*
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, 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 administrator or his designee.

4. The industrial insurance regulation section will be responsible for printing and distributing 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.

616A.480 Forms for insurers. Effective 7/1/99

1. The following posters and forms *or data* 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; *and*

(4) The name, business address and telephone number of the insurer or third-party administrator's adjuster in this state, 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]** *Information Concerning Claimant's Rights.*

(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]** *A copy* of the form must be delivered *or the record sent via electronic transmission* to the insurer

or third-party administrator.⁷ [Page two] The form *signed by the employer* must be retained by the employer. [Page three] *A copy of the form must be delivered to the injured employee. If the form is sent via electronic transmission, all fields of the form, required to be completed as prescribed by the administrator, must be transmitted. The form shall be signed with an electronic symbol as the signature of the employer. An electronic symbol may be accepted only if it is unique to the employer for whom it is used as a signature, capable of verification and linked to data in such a manner that the signature is invalidated if the data is altered. If the form is sent via electronic transmission, the employer shall acknowledge on the form that he is maintaining the original document and shall maintain shall maintain the original report of industrial injury or occupational disease form for three years.*

The original form shall be delivered to the insurer to become part of the insurer's file of the claimant's claim within 30 days from the date the employer moves from or ceases operation in the state .

(e) C-4, Employee's Claim for Compensation/Report of Initial Treatment. [Page one] *A copy of the form must be delivered to the insurer or third-party administrator. [Page two] A copy of the form must be delivered or the record sent via electronic transmission to the employer.⁸ [Page three] 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 or provided as a separate document. [Page four] The original of the form signed by the injured worker and the physician or chiropractor must be retained by the [provider of health care] physician or chiropractor. [The language contained in Form D-2 must be printed on the reverse side of page 3, the employee's copy of the form.] If the form is sent via electronic transmission, all fields of the form, required to be completed as prescribed by the administrator, must be transmitted. An electronic symbol may be accepted only if it is unique to the person for whom it is used as a signature, capable of verification and linked to data in such a manner that the signature is invalidated if the data is altered. If the form is sent via electronic transmission, the physician or chiropractor shall acknowledge on the form that he is maintaining the original document and shall maintain shall maintain the original claim for compensation form for three years.*

The original form shall be delivered to the insurer to become part of the insurer's file of the claimant's claim within 30 days from the date the physician or chiropractor moves from or ceases operation in the state.

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

⁷ NRS 616C.045 addresses the time frame in which to submit the C-3 form.

⁸ NRS 616C.040 addresses the time frame for submission of C-4.

(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 Employee's Right to Reopen a Claim Which Has Been Closed.

(r) D-14, Permanent Total Disability Report of Employment.

(s) D-15, 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.

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

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

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

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

(pp) D-40cc, IIRS Non-Compliance Premium.

(qq) D-40lv, IIRS Non-Compliance Premium.

(rr) D-41, System or Private Carrier Account Reinstatement of Reopening.

(ss) D-42, Intent to Cancel, Renew or Change to Private Carrier or System.

(tt) D-43, Employer Election to Reject Coverage and Election to Waive the Rejection of Coverage for Excluded Persons.

(uu) D-44, Election of Coverage by Employer; Employer Withdrawal of Election of Coverage.

(vv) D-45, Sole Proprietor Coverage.

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, 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 administrator or his designee.

4. The industrial insurance regulation section will be responsible for printing and distributing 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.

616A.500 Duties of public licensing authority.

1. A public licensing authority shall not accept an affidavit required pursuant to NRS 244.33505 or 268.0955, unless:

- (a) Each question on the affidavit is answered or marked "NA" if the question does not apply to the applicant; and
- (b) The affidavit is signed by the applicant before an employee of the office issuing the license.

2. A public licensing authority shall maintain an alphabetical list of the names of those businesses to which it issues a license. The list must include:

- (a) The name and address of the principal owner of the business;
- (b) The name and address of the business; and
- (c) The class or nature of the business.

3. The public licensing authority shall submit:

- (a) A copy of the list required by subsection 2; and
- (b) The name of each person who compiled the list[; and
- (c) Each signed affidavit received during the previous month],

to the [chief] administrator not later than 15 days after the end of each month during which the public licensing authority has issued a license.

4. As used in this section, "public licensing authority" means any city council, board of county commissioners or other governing body for any political subdivision of this state which requires a license to engage in a business.