

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

LCB File No. R093-98

June 29, 1998

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

AUTHORITY: §§2 and 4, NRS 616A.400; §3, NRS 616A.400 and 616A.417; §§5-8, NRS 616A.400; §9, NRS 616A.400 and 616A.490; §§10 and 11, NRS 616A.400 and 616A.417; §§12 and 13, NRS 616A.400

Section 1. Chapter 616A of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.

Sec. 2. *“Adjuster” means the unit of an insurer or a third-party administrator that is responsible for the administration of claims for compensation for industrial injury or occupational disease in this state, including, without limitation, making determinations relating to compensability and payment of accident benefits.*

Sec. 3. *“Electronic transmission” means the sending of information in a legible manner by electronic means, including, without limitation, by facsimile machine, computer or scanner. As used in NRS 616A.417, 616C.040 and 616C.045, the division will interpret “electronic transmission” to have the meaning ascribed to it in this section.*

Sec. 4. *“Payroll” means, for the purpose of computing premiums for workers’ compensation to be paid by an employer who is not a self-insured employer or a member of an*

association of self-insured public or private employers, the first \$36,000 paid by each employer to any one employee during a policy year and includes, without limitation:

- 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.

Sec. 5. NAC 616A.010 is hereby amended to read as follows:

616A.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in:

1. NRS 616A.030 to 616A.360, inclusive; and
2. NAC 616A.020 to 616A.270, inclusive, *and sections 2, 3, and 4 of this regulation,*

have the meanings ascribed to them in those sections.

Sec. 6. NAC 616A.290 is hereby amended to read as follows:

616A.290 The provisions of chapters 616A to 616D, inclusive, of NAC must be **[liberally]** construed to secure a just, speedy and economical determination of all matters concerning **[workmen's]** *workers'* compensation.

Sec. 7. NAC 616A.300 is hereby amended to read as follows:

616A.300 The provisions of chapters 616A to 616D, inclusive, of NAC concern **[workmen's]** *workers'* compensation and govern the determination and payment of benefits and compensation for injuries, disability, occupational disease and death.

Sec. 8. NAC 616A.460 is hereby amended to read as follows:

616A.460 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 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.

Sec. 9. NAC 616A.460 is hereby amended to read as follows:

616A.460 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 employer shall:

- (a) Display the poster as required by this section; and
- (b) Advise his employees of the name, *business* address and telephone number of [**the administrator**] *his insurer's or third party administrator's adjuster in this state that is located 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.

Sec. 10. NAC 616A.480 is hereby amended to read as follows:

616A.480 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 to *or the form must be filed by electronic transmission with* the insurer or third-party administrator. [Page two of the] *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 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 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 claimant within 30 days after the move or cessation of operation.

(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 to *or the form must be filed by electronic transmission with* the employer. [Page three] A copy of the form must be delivered to the injured employee. [Page four of the form] *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 his treating physician or chiropractor 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.] treating physician or chiropractor. If the treating physician or chiropractor files the form by electronic transmission, the treating physician or chiropractor 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 treating physician or chiropractor that is:*

(I) *Unique to the treating physician or chiropractor;*

(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 will maintain the original form for the claim for compensation for 3 years.*

If the treating physician or chiropractor moves from or ceases treating patients in this state, the treating physician or chiropractor shall deliver the original form to the insurer for inclusion in the insurer's file on the claimant within 30 days after the move or cessation of treatment of patients.

- (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.
- (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 Noncompliance Premium.*
- (qq) D-40lv, IIRS Noncompliance 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.

Sec. 11. NAC 616A.480 is hereby amended to read as follows:

616A.480 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, *business* 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'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.]**
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. 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 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 claimant 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 his treating physician or chiropractor must be retained by the treating physician or chiropractor. If the treating physician or chiropractor files the form by electronic transmission, the treating physician or chiropractor 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 treating physician or chiropractor that is:

(I) Unique to the treating physician or chiropractor;

(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 will maintain the original form for the claim for compensation for 3 years.

If the treating physician or chiropractor moves from or ceases treating patients in this state, the treating physician or chiropractor shall deliver the original form to the insurer for inclusion in the insurer's file on the claimant within 30 days after the move or cessation of treatment of patients.

- (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.
- (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 Noncompliance Premium.

(qq) D-40lv, IIRS Noncompliance 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.

Sec. 12. NAC 616A.500 is hereby amended to read as follows:

616A.500 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 [:], *without limitation*:

- (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**],

to the administrator or his designated agent 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.

Sec. 13. Sections 2, 4, 9 and 11 of this regulation become effective on July 1, 1999.