

LCB File No. T027-99

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

(Effective May 1, 1999)

STATE OF NEVADA

DEPARTMENT OF BUSINESS AND INDUSTRY

DIVISION OF INDUSTRIAL RELATIONS

IN THE MATTER OF REGULATIONS
PERTAINING TO THE SCHEDULE OF
FEES AND CHARGES FOR ACCIDENT
BENEFITS UNDER NEVADA REVISED
STATUTES, CHAPTERS 616A THROUGH
617, PANEL OF TREATING PHYSICIANS
AND CHIROPRACTORS, AND OTHER
AMENDMENTS TO CHAPTER 616C OF
THE NEVADA ADMINISTRATIVE CODE

DIR No. 98-21 (T)
LCB File No. T027-99

ADOPTED TEMPORARY REGULATIONS

Regarding the adoption of temporary regulations pertaining to allowable fees and charges by health care providers for the treatment of injured employees, panel of treating physicians and chiropractors, and other amendments to chapter 616C of the Nevada Administrative Code.
AUTHORITY: NRS 233B.0613; 616C.260

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

Section 1. NAC 616C.009 is hereby amended to read as follows:

NAC 616C.009 Panel of physicians and chiropractors: Notice to member of suspension or removal. (NRS 616A.400, 616C.090)

1. The administrator or his designated agent may suspend or remove for cause any physician or chiropractor from the panel upon 30 days' written notice.
2. The notice of suspension or removal must define the particular cause or causes for suspension or removal.
3. *The administrator or his designated agent may immediately suspend or remove a physician or chiropractor from the panel if the license of the physician or chiropractor is suspended or revoked by his licensing authority.*

Sec 2. NAC 616C.015 is hereby amended to read as follows:

NAC 616C.015 Panel of physicians and chiropractors: Appeal of decision for suspension or removal.

1. Any physician or chiropractor *suspended or* removed from the panel of physicians and

chiropractors may petition the administrator in writing for hearing on his *suspension or* removal. The petition must be delivered to the administrator no later than 10 days after the notice of *suspension or* removal.

2. The petition must be served by registered or certified mail directed to the division's office in Carson City, or may be served by delivering it personally to the administrator or by leaving a copy with an authorized agent at the division's office.

Sec 3. NAC 616C.021 is hereby amended to read as follows:

NAC 616C.021 Rating physician or chiropractor: Designation; qualifications; authority; review of rating evaluation. (NRS 616A.400, 616C.490)

1. The designation of a rating physician or chiropractor pursuant to NRS 616C.490 must be in writing. To qualify for designation, a physician or chiropractor must:

(a) Possess the qualifications required of a physician or chiropractor who is appointed to the panel of physicians and chiropractors established pursuant to NRS 616C.090 and NAC 616C.003;

(b) Demonstrate a special competence and interest in industrial health by:

(1) Performing ratings evaluations of permanent partial disabilities when selected pursuant to NRS 616C.490, except disabilities related to an injured employee's vision or functional limitations, including deficiencies in brain function, resulting from an industrial accident or occupational disease;

(2) Scheduling and performing a rating evaluation within 30 days after receipt of a request from an insurer, a third-party administrator or an injured employee or his representative; and

(3) Serving without compensation for a period not to exceed 1 year on the panel established pursuant to NAC 616C.023;

(c) Except as otherwise provided in subsection 2, successfully complete a course on rating disabilities that is approved by the administrator or his designated agent and pass an examination that is administered by the American Board of Independent Medical Examiners, or its successor organization; and

(d) Demonstrate an understanding of the:

(1) Regulations of the division related to the evaluation of permanent partial disabilities;
and

(2) *Evaluation of permanent partial disability in accordance with the American Medical Association's "Guides to the Evaluation of Permanent Impairment" as adopted pursuant to NAC 616C.002.*

2. The administrator or his designated agent may authorize ophthalmologists and psychiatrists who are authorized to practice in this state to attend the relevant portions of the course required by paragraph (c) of subsection 1 and, upon the recommendation of the instructor of the course, may approve an ophthalmologist or psychiatrist to evaluate injured employees with impaired vision or brain damage according to his area of specialization.

3. A rating evaluation of a permanent partial disability may be performed by a chiropractor only if the injured employee's injury and treatment is related to his neuromusculoskeletal system.

4. A rating physician or chiropractor may not rate the disability of an injured employee if the physician or chiropractor has:

(a) Previously examined or treated the injured employee for the injury related to his claim for workers' compensation; or

(b) Reviewed the health care records of the injured employee and has made recommendations regarding the likelihood of the injured employee's ratable impairment.

5. A rating evaluation of a permanent partial disability performed by a rating physician or chiropractor is subject to review by the administrator or his designated agent pursuant to the provisions of NAC 616C.023.

Sec 4. NAC 616C.024 is hereby amended to read as follows:

NAC 616C.024 Rating physician or chiropractor: Disciplinary action. (NRS 616A.400, 616C.090, 616C.490)

1. The administrator or his designated agent will issue a warning to any physician or chiropractor on the list of rating physicians and chiropractors designated pursuant to NRS 616C.490, suspend any physician or chiropractor from the list or remove any physician or chiropractor from the list if the physician or chiropractor:

(a) Commits an excessive number of errors in the performance of ratings evaluations, as determined by comparing the number of ratings found by the administrator or his designated agent to be erroneous to the total number of ratings performed by the physician or chiropractor;

(b) Violates any provision of NAC 616C.006 or commits two or more violations of any of the provisions of chapters 616A to 617, inclusive, of NRS or any other regulations adopted pursuant thereto;

(c) Is the subject of any disciplinary action which resulted in the suspension or revocation of his license or the limitation of his practice by the applicable licensing authority;

(d) Is determined by the administrator or his designated agent to have engaged in any action detrimental to an injured employee, an employer, an insurer or the program of industrial insurance;

(e) Refuses to serve as a member of the panel established pursuant to NAC 616C.023 or serves as a member of the panel but does not attend the meetings of the panel; or

(f) Fails to perform ratings evaluations when selected pursuant to NRS 616C.490 or schedules and fails to perform such evaluations in accordance with that section.

2. For the purposes of paragraph (a) of subsection 1, the administrator or his designated agent, after receiving the advice of the panel established pursuant to NAC 616C.023, will determine what is an excessive number of errors in the performance of ratings evaluations.

3. If the administrator or his designated agent intends to *suspend or* remove a physician or chiropractor from the list of rating physicians and chiropractors, he will cause written notice of the *suspension or* removal to be delivered by certified mail to the physician or chiropractor affected. The physician or chiropractor may appeal the determination of the administrator or his designated agent by filing a written notice of appeal with the administrator within [30] 10 days after the notice of *suspension or* removal is received. If a notice of appeal is filed in the manner provided by this subsection, the administrator or his designated agent will conduct a hearing on the matter and issue a decision in writing affirming or reversing the determination.

4. Except as otherwise provided in this subsection, the *suspension or* removal of a physician or chiropractor from the list of rating physicians and chiropractors becomes final and effective upon the expiration of the time permitted by subsection 3 for the filing of a notice of appeal. If a notice of appeal is filed in the manner provided by subsection 3, the *suspension or* removal is final and effective upon the issuance of a decision affirming the determination of the administrator or his designated agent. The issuance of such a decision is a final decision for the purposes of judicial review.

Sec 5. NAC 616C.027 is hereby amended to read as follows:

NAC 616C.027 Review of reduction or disallowance of bill. (NRS 616A.400, 616C.135, 616C.260)

1. A provider of health care whose bill has been reduced or disallowed may, within 60 days after receiving notice of the reduction or disallowance, submit a written request to the industrial insurance regulation section for a review of that action. The request must identify the billed item for which the review is sought and state the ground upon which the request is based. The industrial insurance regulation section will review the matter, issue a written determination and mail or deliver copies of the determination to the provider of health care and the insurer. If the determination is in the provider's favor, the insurer shall, within 30 days after receiving notice of the determination, pay him the amount ordered by the industrial insurance regulation section, unless an appeal is taken in the manner provided by subsection 2.

2. Any person aggrieved by the determination of the industrial insurance regulation section may appeal to the administrator or his designated agent by filing a request for a hearing with the [industrial insurance regulation section] *Division of Industrial Relations* within 30 days after the date of the determination.

3. The administrator or his designated agent will schedule a hearing on the matter and, after the hearing, issue a written decision. The administrator or his designated agent will give notice of his decision to the provider of health care and the insurer. If the decision is in the provider's favor, the insurer shall, within 10 days after receiving notice of the decision, pay the provider the amount ordered by the administrator or his designated agent. The decision of the administrator or his designated agent is a final decision for the purposes of judicial review.

Sec 6. NAC 616C.030 is hereby amended to read as follows:

NAC 616C.030 Provision of list of providers to injured employee. (NRS 616A.400, 616C.010, 616C.090) Upon the receipt of a request from an injured employee or his representative, an employer, an insurer, a third-party administrator or an organization for managed care shall, *within 3 working days of receipt of a written request*, provide a list of providers of health care who are authorized to provide medical and health care services to the injured employee.

Sec 7. NAC 616C.094 is hereby amended to read as follows:

NAC 616C.094 Notification of determination concerning request relating to claim. (NRS 616A.400, 616C.060, 616C.235, 616C.390)

1. Except as otherwise provided in this section, within 30 days after receipt of a *written* request relating to a claim made by:

(a) An injured employee, an employer, a health care provider or the attorney or other representative of any of them; or

(b) A spouse, child or parent of an injured employee who is deceased or incapacitated, the insurer, *third-party administrator* or organization for managed care shall notify the person making the request, *in writing*, of its determination concerning the request.

2. If the insurer, *third-party administrator or organization for managed care* terminates or denies any benefit [*or refuses to reopen a claim*] in response to a *written* request, it shall notify the person making the request and the employer in writing, giving the reasons for its determination and an explanation of the person's right to appeal.

3. *If the insurer or third-party administrator denies claim reopening in response to a written request, it shall notify the person making the request and the employer, in writing, giving the reasons for its determination and an explanation of the person's right to appeal.*

Sec 8. NAC 616C.103 is hereby amended to read as follows:

NAC 616C.103 Rating evaluation of injured employee; award for permanent partial disability. (NRS 616A.400, 616C.490)

1. When a physician or chiropractor appointed to the panel of physicians and chiropractors has determined that an injured employee is stable and ratable and information in the insurer's file on the injured employee indicates the likelihood that he has a ratable impairment, according to the guide, the insurer shall comply with subsection 2 of NRS 616C.490, within the time prescribed in that subsection for the scheduling of an appointment, by:

(a) Requesting a physician or chiropractor from the [panel] *list* designated by the administrator to evaluate the injured employee and determine the extent of any permanent impairment; [*and*]

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

(c) *Providing the assigned rating physician or chiropractor, at least three working days prior to an injured employee's evaluation, the following information from the injured employee's claim: all physician, chiropractor and hospital reports; all surgical reports; all diagnostic, laboratory and radiography reports; previous disability awards; medical reports*

regarding any pre-existing condition(s) that are part of the injured employee's claim; form C-4, "Employee's Claim for Compensation/Report of Initial Treatment," form D-35, "Rotating Rating Physicians/Chiropractors Request;" and the stable and ratable statement from a physician or chiropractor.

2. Except as otherwise provided in subsection 4, if the rating physician or chiropractor 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 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 it receives the properly executed award papers from the injured employee or his representative.

3. If the rating physician or chiropractor determines that the permanent impairment may be apportioned pursuant to NAC 616C.490, the insurer shall advise the injured employee of the amount by which the rating was reduced and the reasons for the reduction.

4. 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 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 him; and

(c) Notify the injured employee of the specific reasons for the disagreement and his right to appeal. The notice must also set forth, *with particularity*, a proposal for resolving the dispute *within 75 days of the notice unless good cause is shown*.

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

6. As used in this section, "award papers" means the following forms, as appropriate:

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

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

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

Sec 9. NAC 616C.109 is hereby amended to read as follows:

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

1. *[If an injured employee is permitted by the rating physician or chiropractor to have his attorney or other representative present during a rating evaluation for a permanent partial disability, the employer of the injured employee is also entitled to have a representative present during the evaluation.] The rating physician or chiropractor may permit an attorney or other representative to be present during a rating evaluation for a permanent partial disability. If an injured employee, employer, insurer, or third-party administrator intends to have his attorney or other representative present during a rating for a permanent partial disability, he shall give at least a five working day written notice to the opposing party(ies) and their attorney or representative of record and the rating physician or chiropractor of his intention to attend the rating evaluation.* The rating physician or chiropractor may request an attorney or representative to leave the examination room or may terminate the examination:

(a) If the attorney or representative disrupts the examination; or

(b) To protect the privacy of the injured employee.

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

Sec 10. NAC 616C.120 is hereby amended to read as follows:

NAC 616C.120 Inspection of health care records by injured employee.

(NRS 616A.400, 616C.260) The provisions of NAC 616C.123 to 616C.230, inclusive, do not

prohibit or otherwise impair or interfere with the right of an injured employee to inspect *or to obtain a copy of* his health care records pursuant to NRS 629.061.

Sec 11. NAC 616C.129 is hereby amended to read as follows:

NAC 616C.129 Rules of treatment for panel of physicians and chiropractors. (NRS 616A.400, 616C.250, 616C.260) The members of the panel of physicians and chiropractors, approved for treatment of employees protected by workers' compensation, shall adhere to the following rules:

1. There may be only one treating physician or chiropractor in any one case at any one time, unless prior authorization is obtained from the insurer. Physicians and chiropractors associated with the treating physician or chiropractor may treat the injured employee during the temporary absence of the treating physician or chiropractor. In all cases, the treating physician or chiropractor is directly responsible for the management of the health care of the injured employee. Physicians in emergency rooms are not considered treating physicians within the meaning of NAC 616C.126 to 616C.144, inclusive.

2. The insurer shall give written notice to all interested persons of the transfer of an injured employee to a new physician or chiropractor.

3. Except as otherwise provided in this subsection, an injured employee or an insurer is not financially liable for the payment of the fees of a provider of health care who renders treatment to an injured employee for an industrial accident or occupational disease, knowing that the injured employee is already under the care of another provider of health care. The insurer may be liable for the payment of the fees pursuant to this subsection if the insurer gives prior written approval for the treatment or good cause is shown for the treatment provided.

4. Any prescription or service ordered by a physician or chiropractor other than:

(a) The treating physician or chiropractor; or

(b) A physician or chiropractor associated with the treating physician or chiropractor who is treating the injured employee during the temporary absence of the treating physician or chiropractor,

is not a financial liability of the insurer unless good cause is shown for the prescription or service.

5. The treating physician or chiropractor must request written authorization from the insurer before ordering or performing any one of the following services with an estimated billed amount of \$200 or more:

(a) Consultation;

(b) Diagnostic testing;

(c) Elective hospitalization;

(d) Any surgery which is to be performed under circumstances other than an emergency; or

(e) Any elective procedure.

6. Any request for prior authorization to order or perform any of the services set forth in subsection 5 must contain an explanation of the need for each service to be ordered or performed. If any of the services are performed without the insurer's written authorization, the insurer is not liable for the fee for the service, unless good cause is shown for providing the services without prior authorization.

7. In the case of a medical emergency, a provider of health care who is not able to obtain prior written authorization to treat a person for an industrial injury or occupational disease shall submit to the insurer proof of the emergency and the reasons why prior authorization was impracticable to obtain. The proof must be submitted within 5 working days after the treatment is rendered.

8. A treatment program that consists of more than six visits, not including the initial evaluation, and is billed under codes [97001] 97004 to 97799, inclusive, 98925 to 98943, inclusive, or NV00001 to NV00003, inclusive, whether the visits are billed separately or included under different codes, must be authorized in advance by the insurer to verify the medical necessity for continued treatment. The first six visits do not require the prior

authorization of the insurer. The number of requests for additional visits and any written authorization granted therefor are not restricted, and are subject only to the treatment prescribed by the treating physician or chiropractor and the determination of the insurer. A report of the status of an injured employee may be requested by an insurer at any time during the course of treatment. The initial evaluation shall be deemed to be separate from the initial six treatments *and shall be billed under codes 97001 to 97003, inclusive*. An initial evaluation may be performed on the same day as the initial treatment.

Sec 12. NAC 616C.141 is hereby amended to read as follows:

NAC 616C.141 Amendments to “Relative Values for Physicians.” (NRS 616A.400, 616C.250, 616C.260) The “Relative Values for Physicians,” as adopted pursuant to NAC 616C.188, is hereby amended as follows:

1. If a program of treatment that is required to be billed under codes 97001 to 97799, inclusive, or 98925 to 98943, inclusive, is administered to an injured employee, the treatment, evaluation, manipulation, modality, mobilization procedure, testing or measurements must be administered by:

- (a) A licensed physical therapist;
- (b) A licensed physical therapist’s assistant;
- (c) A licensed occupational therapist;
- (d) A licensed occupational therapy assistant;
- (e) A licensed physician;
- (f) A licensed chiropractor; or
- (g) A certified chiropractor’s assistant,

who is acting within the authorized scope of his license or certification.

2. If a treating physician or chiropractor prescribes a program of treatment that is required to be billed under codes [97001] 97004 to 97799, inclusive, or 98925 to 98943, inclusive, it must be in writing and include:

- (a) A recommendation of the modalities or procedures, or both, to be administered to specific areas of the body; and
- (b) The frequency of the treatments.

3. The maximum unit value allowed for bills that include any treatment identified under codes 97001 to 97799, inclusive, or 98925 to 98943, inclusive, billed individually or as an item included under a different code, is as follows:

(a) Services provided by a physician or chiropractor must be billed using the following modifiers:

Code Modifier	Time Billed	Maximum Unit Value
-51A	Up to one-half hour.....	7.25 units
-51B	Over one-half hour	12.5 units

(b) Services provided by a licensed physical therapist[,] *or* licensed physical therapist’s assistant [, licensed occupational therapist or licensed occupational therapy assistant] must be billed using the following modifier:

Code Modifier	Time Billed	Maximum Unit Value
-51C	All services provided per day	12 units

(c) Services provided by a licensed occupational therapist or licensed occupational therapist’s assistant must be billed using the following modifier:

Code Modifier

Time Billed

Maximum Unit Value

-51D

*All services provided
per day..... 12 units*

(d) The maximum unit values, pursuant to subsection 3, may be exceeded if authorized in writing and in advance by the insurer, third-party administrator or organization for managed care for services provided to injured employees with trauma to multiple body parts.

4. The maximum unit value includes all services provided pursuant to this section, except materials and supplies. Any payment made pursuant to this section must include, but is not limited to, payment for:

- (a) The office visit;
- (b) Evaluations and management services;
- (c) Manipulations;
- (d) Modalities;
- (e) Mobilizations;
- (f) Testing and measurements;
- (g) Treatments;
- (h) Procedures; and
- (i) Extra time.

5. The initial evaluation, pursuant to NAC 616C.129, shall be deemed to be separate from the initial six treatments and shall be billed under codes 97001 to 97003, inclusive. An initial evaluation may be performed on the same day as the initial treatment.

6. A postoperative evaluation shall be deemed to be separate from all services pursuant to subsection 4.

[5] 7. A provider of health care shall indicate on a bill presented to an insurer for any treatment each code contained in the “Relative Values for Physicians,” as adopted pursuant to NAC 616C.188, or the “Relative Value Guide of the American Society of Anesthesiologists, Inc.,” as adopted pursuant to NAC 616C.194, for any services. The codes must be indicated on each bill regardless of whether the provisions of NAC 616C.073 to 616C.336, inclusive, allow for the payment of such services, the payment is requested or the item is included under a different code.

[6] 8. Any bill for an office visit that is billed under codes 90000 to 99999, inclusive, must include a written report concerning the history of the injured employee, a comprehensive evaluation of the injured employee’s health condition or an evaluation of specific health problems of the injured employee, any decision made concerning the treatment required by the injured employee and all forms for submitting a claim to the insurer or billing reports that are requested by an insurer. Such a bill is not required to include a special report that is specifically requested by an insurer and is required to be billed under code 99080.

[7] 9. Code 99080 is hereby amended to read as follows:

Code	Procedure	Payment
99080	Special reports requested in writing by an insurer, such as the review of health care data to clarify an injured employee’s status or to describe extensively an injured employee’s health condition B more than the information contained in the standard health care communication or standard reporting form.	By Report

[8] 10. Services provided by a certified advanced practitioner of nursing or certified physician’s assistant must be billed using the modifier-29. An insurer is financially liable for

the payment of any bill using the modifier-29 pursuant to this subsection at a rate not to exceed 70 percent of the maximum allowable fee established for physicians or chiropractors pursuant to paragraph (a) of subsection 3. The provisions of this subsection do not authorize a certified advanced practitioner of nursing or certified physician's assistant to perform any services that are not within the authorized scope of his practice.

[9] 11. Services provided by a licensed physical therapist's assistant or licensed occupational therapy assistant must be billed using modifier-29. An insurer is financially liable for the payment of any bill using modifier-29 pursuant to this subsection at a rate not to exceed 50 percent of the maximum allowable fee for licensed physical therapists or licensed occupational therapists established pursuant to paragraph (b) of subsection 3. The provisions of this subsection do not authorize a licensed physical therapist's assistant or licensed occupational therapy assistant to perform any services that are not within the authorized scope of his license.

[10] 12. Services provided by a certified chiropractor's assistant must be billed using modifier-29. An insurer is financially liable for the payment of any billing using modifier-29 pursuant to this subsection at a rate not to exceed 40 percent of the maximum allowable fee for chiropractors established pursuant to paragraph (a) of subsection 3. The provisions of this subsection do not authorize a certified chiropractor's assistant to perform any services that are not within the authorized scope of his certification.

[11] 13. Surgical assistant services provided by a licensed registered nurse, a certified physician's assistant, or an operating room technician employed by a surgeon for surgical assistant services must be billed using modifier-29. An insurer is financially liable for the payment of any bill using modifier-29 pursuant to this subsection at a rate not to exceed 14 percent of the maximum allowable fee for the surgeon's services rendered. Fees for surgical assistant services performed by a licensed registered nurse, a certified physician's assistant or an operating room technician employed by the hospital or surgical facility must be included in the per diem rate pursuant to code NV00500 as set forth in subsection 3 of NAC 616C.203.

Sec 13. NAC 616C.144 is hereby amended to read as follows:

NAC 616C.144 Periods for billing and processing of bills; submission of certain reports; specification of payment or disallowance of services. (NRS 616A.400, 616C.130)

1. Billings for health care services must be submitted within 90 days after the date on which the services were rendered unless good cause is shown for a later billing. In no event may an initial billing for health care services be submitted later than [6] 12 months after the date on which the services were rendered.

2. A provider of health care shall, within 14 days after the date on which services are rendered or the injured employee is discharged from the hospital, unless good cause is shown, submit to an insurer, a third-party administrator or an organization for managed care, a report on the services rendered. Payment is not required for those services if the report is inadequate to determine the amount due. This subsection does not require the disclosure of any information regarding which disclosure is prohibited by state or federal statute or regulation.

3. The insurer or a representative of the insurer may require the submission of reports on the injured employee's admission to and discharge from the hospital and all physician's or chiropractor's medical reports before payment of a hospital or medical bill.

4. **[If an insurer:**

(a) Has not entered into a contract with another entity to revise the charges contained in a bill, the insurer must pay or deny the payment of charges within 60 days after receipt of the first bill for those charges, unless good cause is shown for a later payment or denial.

(b) Has entered into a contract with another entity to revise the charges contained in a bill:

(1) That entity must process and deliver the bill to the insurer within 30 days after the bill is received.

(2) The insurer must pay or deny the payment of charges within 30 days after receipt of the bill from that entity unless good cause is shown for a later payment or denial.] *Payment or denial of charges must be made within 60 days of the first receipt of an initial billing, or*

resubmittal of a bill, unless good cause is shown for a later payment or denial.

5. A bill that is submitted for reconsideration must be:

(a) Received by the insurer or a person authorized by the insurer to receive such a bill no later than [6] 12 months after the date on which the services were rendered, unless good cause is shown.

(b) Processed in accordance with the requirements of subsection 4.

6. The insurer shall:

(a) Provide an explanation of benefits for each code billed [with its payment] that includes the amounts for services that are paid and disallowed; and

(b) Indicate on each payment those services which are being disallowed and the reasons for the disallowance.

(c) *If any payment to a provider of health care requires adjustment because of the codes set forth in the bill submitted to the insurer, process for payment any portion of the bill that is not in question and return the bill to the provider and request additional documentation of the services, supplies or materials provided.*

Sec 14. NAC 616C.150 is hereby amended to read as follows:

NAC 616C.150 (NRS 616A.400, 616C.260, 616C.365)

1. The insurer shall reimburse an injured employee for the cost of transportation if he is required to travel 20 miles or more, one way, from:

(a) His residence to the place where he receives health care; or

(b) His place of employment to the place where he receives health care if the care is required during his normal working hours.

2. The insurer shall reimburse an injured employee for the cost of transportation if he is required to travel 20 miles or more, one way, from his residence or place of employment to a place of hearing designated by the insurer or the department of administration if the hearing concerns an appeal by the employer or insurer from a decision in favor of the injured employee and the decision is upheld on appeal.

3. An injured employee who does not qualify for reimbursement under paragraph (a) or (b) of subsection 1 but is required to travel a total of 40 miles or more in any 1 week for health care or for attendance at [the system's] a rehabilitation center *designated by the insurer* is entitled to be reimbursed for the cost of his transportation.

4. Except as otherwise provided in subsection 6, reimbursement for the cost of transportation must be computed at a rate equal to:

(a) The mileage allowance for state employees who use their personal vehicles for the convenience of the state; or

(b) The expense actually incurred by the injured employee for transportation, if the injured employee consents to reimbursement at this rate and the expense is not greater than the amount to which the injured employee would otherwise be entitled pursuant to paragraph (a).

5. Except as otherwise provided in subsection 6, if an injured employee must travel before 7:00 a.m. or between 11:30 a.m. and 1:30 p.m. or cannot return to his residence or place of employment until after 7:00 p.m., or any combination thereof, reimbursement for meals required to be purchased must be computed at a rate equal to:

(a) That allowed for state employees; or

(b) The expense actually incurred by the injured employee for meals, if the injured employee consents to reimbursement at this rate and the expense is not greater than the amount to which the injured employee would otherwise be entitled pursuant to paragraph (a).

6. The insurer shall reimburse an injured employee for his expenses of travel if he is required to travel 50 miles or more, one way, from his residence or place of employment and is required to remain away from his residence or place of employment overnight.

Reimbursement must be computed at a rate equal to:

(a) The per diem allowance authorized for state employees; or

(b) The expenses actually incurred by the injured employee, whichever is less.

7. A claim for reimbursement of expenses governed by this section may be disallowed unless it is submitted to the insurer within 60 days after the expenses are incurred.

Sec 15. NAC 616C.170 is hereby amended to read as follows:

NAC 616C.170 “Report” defined. (NRS 616A.400, 616C.260) As used in NAC 616C.170 to 616C.230, inclusive, unless the context otherwise requires, “report” means an extended written narrative that meets the requirements of NAC 616C.185 [and is presented to the insurer separately from any bill].

Sec 16. NAC 616C.182 is hereby amended to read as follows:

NAC 616C.182 Determination of amount of payment; billing by report.

1. Each insurer shall determine the amount to be paid to a provider of health care according to NAC 616C.[170] 126 to 616C.230, inclusive, unless the insurer has entered into a contract for the provision of those benefits for less than the amounts set forth in those sections.

2. The provider of health care shall bill by report if there is insufficient information to support a unit of value. A provider of health care who bills by report shall submit the information identified in the guidelines for billing by a report for that area of treatment, contained in the “Relative Values for Physicians,” as adopted pursuant to NAC 616C.188.

Sec 17. NAC 616C.185 is hereby amended to read as follows:

NAC 616C.185 Contents of reports. (NRS 616A.400, 616C.130) A report submitted pursuant to NAC 616C.[170] 126 to 616C.230, inclusive, must include:

1. The complete health history of the injured employee;
2. A description of all pertinent subjective information provided by the injured employee;
3. All pertinent objective data obtained by examination and testing, unless disclosure of the data is prohibited by law;
4. An assessment of all pertinent subjective information and objective data;
5. A description of the plans for the treatment of the injured employee; and
6. In the case of a report relating to a final or discharge evaluation, a statement of the health of the injured employee, including the likelihood of a ratable impairment.

Sec 18. NAC 616C.188 is hereby amended to read as follows:

NAC 616C.188 Adoption by reference of “Relative Values for Physicians.” (NRS 616C.260)

1. The division adopts by reference the [following sections of the July 1997 (Update 97.1)] *most recently published* edition/update of “Relative Values for Physicians,” except as modified by NAC 616C.138 to 616C.218, inclusive[:

- (a) Surgery/Anesthesia;
- (b) Radiology;
- (c) Pathology;
- (d) Medicine;
- (e) Evaluation and Management; and
- (f) Health Care Financing Administration, HCFA Common Procedures Coding System (HCPCS), for:

- (1) Transportation services (A0000-A0999);
- (2) Medical and surgical supplies (A4000-A4999);
- (3) Additional ostomy supplies (A5051-A5149);
- (4) Administrative, miscellaneous and investigational (A6020-A9505);
- (5) Enteral and parenteral therapy (B4034-B9999);
- (6) Dental procedures (D0110-D9999);
- (7) Durable medical equipment (E0100-E1702);
- (8) Procedures/Professional services (G0001-G0025);
- (9) Drugs administered other than oral method (J0110-J7799);

- (10) Chemotherapy drugs (J9000-J9999);
- (11) Orthotic procedures (L0100-L9999);
- (12) Prosthetic procedures (L5000-L9999);
- (13) Laboratory tests (P0000-P9999);
- (14) Vision services (V0000-V2799);
- (15) Hearing Services (V5000-V5299); and
- (16) Speech-Language pathology services (V5336-V5399)].

2. *The administrator or his designee shall review each section of the most recently published edition or update of the “Relative Values for Physicians” and approve or disapprove of its use in Nevada. If the administrator does not post a notice of disapproval by March 1 or September 1 of each year, it shall be deemed approved for this state and will be effective May 1 and November 1 of each year. The administrator or his designated agent shall post a notice of disapproval at each main public library of each county, the Nevada State Library, the Grant Sawyer Office Building, all offices of the Division of Industrial Relations and shall send notices to all persons on the mailing list of the Division of Industrial Relations who have expressed an interest in proposed amendments to Chapters 616A - D and 617 of the Nevada Administrative Code.*

[2.] 3 A copy of “Relative Values for Physicians,” as adopted pursuant to subsection 1, may be purchased from St. Anthony Publishing, Inc., [P.O. Box 96561, Washington, D.C. 20090] 11410 Isaac Newton Square, Suite 200, Reston, Virginia 20190, (800) 632-0123, at the cost of \$[269] 249.

Sec 19. NAC 616C.194 is hereby amended to read as follows:

NAC 616C.194 Health care services provided by anesthesiologist. (NRS 616C.260)

Health care services provided by an anesthesiologist must be billed by the anesthesiologist and paid by the insurer, as follows:

1. The division adopts by reference the *most recently published edition of the “Relative Value Guide of the American Society of Anesthesiologists, Inc.,” [copyright 1997]*, except as otherwise specifically provided in NAC 616C.182 to 616C.218, inclusive. *The administrator or his designee shall review each section of the most recently published edition of the “Relative Value Guide of the American Society of Anesthesiologists, Inc.” and approve or disapprove its use in Nevada. If the administrator does not post a notice of disapproval by April 1 of each year, it shall be deemed approved for this state and will become effective May 1 of each year. The administrator or his designated agent shall post a notice of disapproval at each main public library of each county, the Nevada State Library, the Grant Sawyer Office Building, all offices of the Division of Industrial Relations and shall send notices to all persons on the mailing list of the Division of Industrial Relations who have expressed an interest in proposed amendments to Chapters 616 and 617 of the Nevada Administrative Code.* A copy of this publication may be purchased from the American Society of Anesthesiologists, 520 N. Northwest Highway, Park Ridge, Illinois 60068-2573, (847) 825-5586, for the price of \$[10] 15.

2. Except as otherwise provided in this subsection, an anesthesiologist shall use the codes that are stated in the guide for each procedure which he bills and submits to an insurer. If a code for a procedure performed by an anesthesiologist is not provided in the guide, the anesthesiologist shall use the code provided for that procedure in the “Relative Values for Physicians,” as adopted pursuant to NAC 616C.188 utilizing the *applicable or appropriate [anesthesia]* conversion factor *assigned to the codes service type*. The maximum allowable fee for any anesthesiology service is the basic unit value that is stated in the guide, plus the number of 15-minute intervals that the service was rendered, or any fraction thereof, multiplied by the following conversion factor:

Codes	Type of Service	Conversion Factor
-------	-----------------	-------------------

00000-99999
\$51.54

Basic Anesthesiology

3. The insurer shall pay the lesser of the provider’s usual charge for his services or the maximum allowable fee calculated pursuant to subsection 2 or pursuant to a contract between the provider of health care and the insurer.

4. All basic anesthetic values must be applied to those procedures administered by a licensed physician or a certified registered nurse anesthetist.

Sec 20. NAC 616C.197 is hereby amended to read as follows:

NAC 616C.197 Ambulatory patients. (NRS 616C.260)

1. The following procedure has the payment group assigned to it for the use of a licensed surgical center for ambulatory patients and the insurer shall pay the following assigned amount, the billed amount or the amount agreed upon pursuant to a contract between the provider of health care and insurer, whichever is less:

Code	Type of Service	Payment Group
NV29888	Anterior cruciate ligament repair	9

[3.] 2. The following is the maximum allowable payment for each of the payment groups for fees charged by a licensed surgical center for ambulatory patients:

Payment Group	Maximum Allowable Payment
Group 1	\$426
Group 2	546
Group 3	660
Group 4	816
Group 5	868
Group 6	1024
Group 7	1087
Group 8	1101
Group 9	1101

[4. A copy of the eligible codes and payment groups adopted pursuant to subsection 2 is available, free of charge, from the Division of Industrial Relations, Industrial Insurance Regulation Section:

- (a) At 400 W. King Street, Suite 400, Carson City, Nevada 89710, (702) 687-3033; or
- (b) At 2500 W. Washington, Suite 102, Las Vegas, Nevada 89106, (702) 486-5001.

[5.] 3. Costs related to the following items must be included in allowable charges for fees charged by a surgical center for ambulatory patients:

- (a) The cost of the anesthetic;
- (b) General supplies;
- (c) Operating room;
- (d) Radiology, technical component;
- (e) Pathology, technical component;
- (f) Any other diagnostic procedure; and
- (g) Medication.

[6] 4. An insurer shall reimburse a surgical center for ambulatory patients for orthopedic hardware and prosthetic devices in an amount equal to the center’s cost for the hardware or device, excluding tax and charges for freight, plus 20 percent.

[7] 5. If an injured employee requires more than one surgical procedure to be performed at the same time, the surgical center for ambulatory patients shall bill for the surgery using modifier-51 that is contained in the “Relative Values for Physicians,” as adopted pursuant to NAC 616C.188.

[8] 6. If there is no assigned value for the surgical procedure or if the modifier-51 is used, the amount paid must not exceed the per diem rate for code NV00500 as set forth in subsection 3 of NAC 616C.203 and the code NVH0009 must be used.

[2] 7. The division adopts by reference the complete list of eligible codes for surgical centers for ambulatory patients and the payment groups to which those codes are assigned for services rendered on and after January 1, 199[8] 7, established by the Health Care Financing Administration (HCFA)[.]:

ASC Services Rendered on and after January 1, 1997

Following is a complete list of ASC eligible codes and the payment groups to which those codes are assigned. The list of codes is valid for services performed on or after January 1, 1997.

CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP
10180	2	13120	2	15740	2	19318	4	21010	2
11042	2	13121	3	15750	2	19328	1	21025	2
11043	2	13131	2	15755	3	19330	1	21026	2
11044	2	13132	3	15756	3	19340	2	21034	3
11404	1	13150	3	15757	3	19342	3	21040	2
11406	2	13151	3	15758	3	19350	4	21041	2
11424	2	13152	3	15760	2	19357	5	21044	2
11426	2	13160	2	15770	3	19364	5	21050	3
11444	1	13300	4	15840	4	19366	5	21060	2
11446	2	14000	2	15841	4	19370	4	21070	3
11450	2	14001	3	15842	4	19371	4	21100	2
11451	2	14020	3	15845	4	19380	5	21206	5
11462	2	14021	3	15920	3	20005	2	21208	7
11463	2	14040	2	15922	4	20200	2	21209	5
11470	2	14041	3	15931	3	20205	3	21210	7
11471	2	14060	3	15933	3	20206	1	21215	7
11604	2	14061	3	15934	3	20220	1	21230	7
11606	2	14300	4	15935	4	20225	2	21235	7
11624	2	14350	3	15936	4	20240	2	21240	4
11626	2	15000	2	15937	4	20245	3	21242	5
11644	2	15050	2	15940	3	20250	3	21243	5
11646	2	15100	2	15941	3	20251	3	21244	7
11770	3	15101	3	15944	3	20525	3	21245	7
11771	3	15120	2	15945	4	20650	3	21246	7
11772	3	15121	3	15946	4	20660	2	21248	7

CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP
11960	2	15200	3	15950	3	20661	3	21249	7
11970	3	15201	2	15951	4	20662	3	21267	7
11971	1	15220	2	15952	3	20663	3	21270	5
12005	2	15221	2	15953	4	20665	1	21275	7
12006	2	15240	3	15956	3	20670	1	21280	5
12007	2	15241	3	15958	4	20680	3	21282	5
12016	2	15260	2	16015	2	20690	2	21300	2
12017	2	15261	2	16030	1	20694	1	21310	2
12018	2	15350	2	16035	2	20900	3	21315	2
12020	1	15400	2	19020	2	20902	4	21320	2
12021	1	15570	3	19100	1	20910	3	21325	4
12034	2	15572	3	19101	2	20912	3	21330	5
12035	2	15574	3	19110	2	20920	4	21335	7
12036	2	15576	3	19112	3	20922	3	21337	2
12037	2	15580	3	19120	3	20924	4	21338	4
12044	2	15600	3	19125	3	20926	4	21339	5
12045	2	15610	3	19126	3	20955	4	21340	4
12046	2	15620	4	19140	4	20960	4	21343	5
12047	2	15625	3	19160	3	20962	4	21355	3
12054	2	15630	3	19162	7	20969	4	21360	4
12055	2	15650	5	19180	4	20970	4	21365	5
12056	2	15732	3	19182	4	20971	4	21385	5
12057	2	15734	3	19260	5	20972	4	21386	5
13100	2	15736	3	19290	1	20973	4	21387	5
13101	3	15738	3	19291	1	20975	2	21390	7
21395	7	23030	1	23532	4	24301	4	25020	3
21400	2	23035	3	23540	1	24310	3	25023	3
21401	3	23040	3	23545	1	24320	3	25028	1
21406	4	23044	4	23550	3	24330	3	25031	2
21407	5	23065	1	23552	4	24331	3	25035	2
21421	4	23066	2	23570	1	24340	3	25040	5
21422	5	23075	2	23575	1	24342	3	25065	1
21440	3	23076	2	23585	3	24350	3	25066	2
21445	4	23077	3	23600	1	24351	3	25075	2
21450	3	23100	2	23605	2	24352	3	25076	3
21451	4	23101	7	23615	4	24354	3	25077	3
21452	2	23105	4	23616	4	24356	3	25085	3

CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP
21453	3	23106	4	23620	1	24360	5	25100	2
21454	5	23107	4	23625	2	24361	5	25101	3
21461	4	23120	5	23630	5	24362	5	25105	4
21462	5	23125	5	23650	1	24363	7	25107	3
21465	5	23130	5	23655	1	24365	5	25110	3
21470	5	23140	4	23660	3	24366	5	25111	3
21480	1	23145	5	23665	2	24400	4	25112	4
1485	2	23146	5	23670	3	24410	4	25115	4
1490	3	23150	4	23675	2	24420	3	25116	4
21493	3	23155	5	23680	3	24430	3	25118	2
21494	4	23156	5	23700	1	24435	4	25119	3
21495	4	23170	2	23800	4	24470	3	25120	3
21497	2	23172	2	23802	7	24495	2	25125	3
21501	2	23174	2	23921	3	24498	3	25126	3
21502	2	23180	4	23930	1	24 500	1	25130	3
21510	3	23182	4	23931	2	24505	1	25135	3
21550	1	23184	4	23935	2	24515	4	25136	3
21555	2	23190	4	24000	4	24516	4	25145	2
21556	2	23195	5	24065	1	24530	1	25150	2
21600	2	23330	1	24066	2	24535	1	25151	2
21610	2	23331	1	24075	2	24538	2	25170	3
21620	2	23395	5	24076	2	24545	4	25210	3
21700	2	23397	7	24077	3	24546	5	25215	4
21720	3	23400	7	24100	1	24560	1	25230	4
21725	3	23405	2	24101	4	24565	2	25240	4
21800	1	23406	2	24102	.4	24566	2	25248	2
21805	2	23410	5	24105	3	24575	3	25250	1
21810	2	23412	7	24110	2	24576	1	25251	1
21820	1	23415	5	24115	3	24577	1	25260	4
21920	1	23420	7	24116	3	24579	3	25263	2
21925	2	23430	4	24120	3	24582	2	25265	3
21930	2	23440	4	24125	3	24586	4	25270	4
21935	3	23450	5	24126	3	24587	5	25272	3
22100	3	23455	7	24130	3	24600	1	25274	4
22101	3	23460	5	24134	2	24605	2	25280	4
22102	3	23462	7	24136	2	24615	3	25290	3
22103	3	23465	5	24138	2	24620	2	25295	3
22305	1	23466	7	24140	3	24635	3	25300	3

CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP
22310	1	23480	4	24145	3	24655	1	25301	3
22315	2	23485	7	24147	2	24665	4	25310	3
22325	3	23490	3	24150	3	24666	4	25312	4
22326	3	23491	3	24151	4	24670	1	25315	3
22327	3	23500	1	24152	3	24675	1	25316	3
22328	3	23505	1	24153	4	24685	3	25320	3
22505	2	23515	3	24155	3	24800	4	25330	5
22900	4	23520	1	24160	2	24802	5	25331	5
23000	2	23525	1	24164	3	24925	3	25332	5
23020	2	23530	3	24201	2	25000	3	25335	3
25350	3	25907	3	26418	4	26560	2	27047	2
25355	3	25922	3	26420	4	26561	3	27048	3
25360	3	25929	3	26426	3	26562	4	27049	3
25365	3	26011	1	26428	3	26565	5	27050	3
25370	3	26020	2	26432	3	26567	5	27052	3
25375	4	26025	1	26433	3	26568	3	27060	5
25390	3	26030	2	26434	3	26580	5	27062	5
25391	4	26034	2	26437	3	26585	5	27065	5
25392	3	26035	4	26440	3	26587	5	27066	5
25393	4	26037	4	26442	3	26590	5	27080	2
25400	3	26040	4	26445	3	26591	3	27086	1
25405	4	26045	3	26449	3	26593	3	27087	3
25415	3	26055	2	26450	3	26596	2	27097	3
25420	4	26060	2	26455	3	26597	3	27098	3
25425	3	26070	2	26460	3	26605	2	27100	4
25426	4	26075	4	26471	2	26607	2	27105	4
25440	4	26080	4	26474	2	26615	4	27110	4
25441	5	26100	2	26476	1	26645	1	27111	4
25442	5	26105	1	26477	1	26650	2	27193	1
25443	5	26110	1	26478	1	26665	4	27194	2
25444	5	26115	2	26479	1	26675	2	27202	2
25445	5	26116	2	26480	3	26676	2	27230	1
25446	7	26117	3	26483	3	26685	3	27238	1
25447	5	26121	4	26485	2	26686	3	27246	1
25449	5	26123	4	26489	3	26705	2	27250	1
25450	3	26125	4	26490	3	26706	2	27252	2
25455	3	26130	3	26492	3	26715	4	27265	1

CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP
25490	3	26135	4	26494	3	26727	7	27266	2
25491	3	26140	2	26496	3	26735	4	27275	2
25492	3	26145	3	26497	3	26742	2	27301	3
25505	1	26160	3	26498	4	26746	5	27303	2
25515	3	26170	3	26499	3	26756	2	27305	2
25520	1	26180	3	26500	4	26765	4	27306	3
25525	4	26200	3	26502	4	26776	2	37307	3
25526	5	26205	3	26504	4	26785	2	27310	4
25535	1	26210	2	26508	3	26820	5	27315	2
25545	3	26215	3	26510	3	26841	4	27320	2
25565	2	26230	7	26516	1	26842	4	27323	1
25574	3	26235	3	26517	3	26843	3	27324	1
25575	3	26236	3	26518	3	26844	3	27327	2
25605	3	26250	3	26520	3	26850	4	27328	3
25611	3	26255	3	26525	3	26852	4	27330	4
25620	5	26260	3	26530	3	26860	3	27331	4
25624	2	26261	3	26531	7	26861	2	27332	4
25628	3	26262	2	26535	5	26862	4	27333	4
25635	1	26320	2	26536	5	26863	3	27334	4
25645	3	26350	1	26540	4	26910	3	27335	4
25660	1	26352	4	26541	7	26951	2	27340	3
25670	3	26356	4	26542	4	26952	4	27345	4
25675	1	26357	4	26545	4	26990	1	27350	4
25676	2	26358	4	26548	4	26991	1	27355	3
25680	2	26370	4	26550	2	26992	2	27356	4
25685	3	26372	4	26551	4	27000	2	27360	5
25690	1	26373	3	26552	4	27001	3	27372	7
25695	2	26390	4	26553	2	27003	3	27380	1
25800	4	26392	3	26554	2	27030	3	27381	3
25805	5	26410	3	26555	3	27033	3	27385	3
25810	5	26412	3	26557	3	27035	4	27386	3
25820	4	26415	4	26558	2	27040	1	27390	1
25825	5	26416	3	26559	2	27041	2	27391	2
27392	3	27615	3	27810	1	28130	3	28436	2
27393	2	27618	2	27814	3	28140	3	28445	3
27394	3	27619	3	27816	1	28150	3	28456	2
27395	3	27620	4	27818	1	28171	3	28465	3

CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP
27396	3	27625	4	27822	3	28173	3	28476	2
27397	3	27626	4	27823	3	28175	3	28485	4
27400	3	27630	3	27824	1	28192	2	28505	3
27403	4	27635	3	27825	2	28193	4	28525	3
27405	4	27637	3	27826	3	28200	3	28545	1
27407	4	27638	3	27827	3	28202	3	28546	2
27409	4	27640	2	27828	4	28208	3	28555	2
27418	3	27641	2	27829	2	28210	3	28575	1
27420	3	27650	3	27830	1	28222	1	28576	3
27422	7	27652	3	27831	1	28225	1	28585	3
27424	3	27654	3	27832	2	28226	1	28605	1
27425	7	27656	2	27840	1	28236	2	28606	2
27427	3	27658	1	27842	1	28238	3	28615	3
27428	4	27659	2	27846	3	28240	2	28635	1
27429	4	27664	2	27848	3	28250	3	28636	3
27430	4	27665	2	27860	1	28260	3	28645	3
27435	4	27675	2	27870	4	28261	3	28665	1
27437	4	27676	3	27871	4	28262	4	28666	3
27438	5	27680	3	27884	3	28264	1	28675	3
27440	5	27681	2	28002	3	28272	3	28705	4
27441	5	27685	3	28003	3	28280	2	28715	4
27442	5	27686	3	28005	3	28285	3	28725	4
27443	5	27687	3	28008	3	28286	4	28730	4
27500	1	27690	4	28020	2	28288	3	28735	4
27501	2	27691	4	28030	4	28290	2	28737	5
27502	2	27692	3	28035	4	28292	2	28740	4
27503	3	271695	2	28043	2	28293	3	28750	4
27507	4	27696	2	28045	3	28294	3	28755	4
27508	1	27698	2	28046	3	28296	3	28760	4
27509	3	27700	5	28050	2	28297	3	28810	2
27510	1	27704	2	28054	2	28298	3	28820	2
27511	4	27705	2	28060	2	28299	5	28825	2
27513	5	27707	2	28062	3	28300	2	29804	3
27516	1	27709	2	28070	3	28302	2	29815	3
27517	1	27715	4	28072	3	28304	2	29819	3
27520	1	27730	2	28080	3	28305	3	29820	3
27524	3	27732	2	28086	2	28306	4	29821	3
27530	1	27734	2	28088	2	28307	4	29822	3

CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP
27532	1	27740	2	28090	3	28308	2	29823	3
27535	3	27742	2	28092	3	28309	4	29825	3
27538	1	27745	3	28100	2	28310	3	29826	3
27550	1	27750	1	28102	3	28312	3	29830	3
27552	1	27752	1	28103	3	28313	2	29834	3
27560	1	27756	3	28104	2	28315	4	29835	3
27562	1	27758	4	28106	3	28320	4	29836	3
27566	2	27759	4	28107	3	28322	4	29837	3
27570	1	27760	1	28110	3	28340	4	29838	3
27603	2	27762	1	28111	3	28341	4	29840	3
27604	2	27766	3	28112	3	28344	4	29843	3
27605	1	27780	1	28113	3	28345	4	29844	3
27606	1	27781	1	28114	3	28400	1	29845	3
27607	2	27784	3	28116	3	28405	2	29846	3
27610	2	27786	1	28118	4	28406	2	29847	3
27612	3	27788	1	28119	4	28415	3	29850	4
27613	1	27792	3	28120	7	28420	4	29851	4
27614	2	27808	1	28122	3	28435	2	29855	4
29856	4	31080	4	31625	2	37785	3	41500	1
29870	3	31084	4	31628	2	38300	1	41510	1
29871	3	31086	4	31629	2	38305	2	41520	2
29874	3	31090	5	31630	2	38308	2	41805	1
29875	4	31200	2	31631	2	38500	2	41806	1
29876	4	31201	5	31635	2	38505	1	41827	2
29877	4	31205	3	31640	2	38510	2	42000	2
29879	3	31233	2	31641	2	38520	2	42104	2
29880	4	31235	1	31645	1	38525	2	42106	2
29881	4	31237	2	31646	1	38530	2	42107	2
29882	3	31238	1	31656	1	38542	2	42120	4
29883	3	31239	4	31700	1	38550	3	42140	2
29884	3	31240	2	31710	1	38555	4	42145	5
29885	3	31254	3	31715	1	38700	2	42160	1
29886	3	31255	5	31717	1	38740	2	42180	1
29887	3	31256	3	31720	1	38745	4	42182	2
29888	3	31267	3	31730	1	38760	2	42200	5
29889	3	31276	3	31750	5	38790	1	42205	5
29894	3	31287	3	31755	2	40500	2	42210	5

CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP
29895	3	31288	3	31785	4	40510	2	42215	7
29897	3	31300	5	31800	2	40520	2	42220	5
29898	3	31320	2	31820	1	40525	2	42225	5
30115	2	31505	1	31825	2	40527	2	42235	5
30117	1	31510	2	31830	2	40530	2	42260	4
30118	3	31511	2	32000	1	40650	3	42281	3
30124	1	31512	2	32002	2	40652	3	42300	1
30125	2	31513	2	32005	2	40654	3	42305	2
30130	3	31515	1	32020	2	40801	2	42310	1
30140	2	31525	1	32400	1	40805	2	42320	1
30150	3	31526	2	32405	1	40806	1	42325	2
30160	4	31527	1	32420	1	40814	2	42335	3
30310	1	31528	2	33010	2	40816	2	42340	2
30320	2	31529	2	33011	2	40818	1	42405	2
30400	4	31530	2	34101	3	40819	1	42408	3
30410	5	31531	3	36261	2	40820	1	42409	3
30420	5	31535	2	36262	1	40831	1	42410	3
30430	3	31536	3	36489	1	40840	2	42420	7
30435	5	31540	3	36491	1	41000	1	42425	7
30450	7	31541	4	36532	1	41005	1	42440	3
30520	4	31560	5	36533	3	41006	1	42450	2
30540	5	31561	5	36534	2	41007	1	42500	3
30560	2	31570	2	36535	1	41008	1	42505	4
30580	4	31571	2	36640	1	41009	1	42507	3
30600	4	31576	2	36800	3	41010	1	42508	4
30620	7	31577	2	36810	3	41015	1	42509	4
30630	7	31578	2	36815	3	41016	1	42510	4
30801	1	31580	5	36821	3	41017	1	42600	1
30802	1	31582	5	36825	4	41018	1	42665	1
30903	1	31584	4	36830	4	41100	2	42700	1
30905	1	31585	1	36832	4	41105	2	42720	1
30906	1	31586	2	36835	4	41110	1	42725	2
30915	2	31588	5	36860	2	41112	2	42802	1
30920	3	31590	5	36861	3	41113	2	42804	1
31020	2	31600	2	37609	2	41114	2	42806	2
31030	3	31611	3	37700	2	41115	1	42808	2
31032	4	31612	1	37720	3	41116	1	42810	3
31050	2	31613	2	37730	3	41120	5	42815	5

CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP
31051	4	31614	2	37735	3	41250	2	42821	5
31070	2	31615	1	37760	3	41251	2	42826	4
31075	4	31622	1	37780	3	41252	2	42831	4
42836	4	44361	2	46050	1	49570	4	51900	4
42860	3	44363	2	46060	2	49585	4	51920	3
42870	3	44364	2	46080	3	49590	3	52000	1
42880	5	44365	2	46200	2	50020	2	52005	2
42900	1	44366	2	46210	2	50040	3	52007	2
42950	2	44369	2	46211	2	50200	1	52010	2
42955	2	44372	2	46220	1	50205	3	52204	2
42960	1	44373	2	46250	3	50390	1	52214	2
42962	2	44380	1	46255	3	50392	1	52224	2
43200	1	44382	1	46257	3	50393	1	52234	2
43202	1	44385	1	46258	3	50394	1	52235	3
43204	1	44386	1	46260	3	50395	1	52240	3
43215	1	44388	1	46261	4	50396	1	52250	4
43216	1	44389	1	46262	4	50398	1	52260	2
43217	1	44390	1	46270	3	50520	1	52270	2
43219	1	44391	1	46275	3	50551	1	52275	2
43220	1	44392	1	46280	4	50553	1	52276	3
43226	1	44393	1	46285	1	50555	1	52277	2
43227	2	44394	1	46608	1	50557	1	52281	2
43228	2	45000	1	46610	1	50559	1	52283	2
43234	1	45005	2	46611	1	50561	1	52285	2
43235	1	45020	2	46612	1	50570	1	52290	2
43239	2	45100	1	46700	3	50572	1	52300	2
43241	2	45108	2	46750	3	50574	1	52305	2
43243	2	45150	2	46753	3	50576	1	52310	2
43245	2	45170	2	46754	2	50578	1	52315	2
43246	2	45305	1	46760	2	50580	1	52317	1
43247	2	45307	1	46922	1	50590	9	52318	2
43248	2	45308	1	46924	1	50684	1	52320	5
43249	2	45309	1	46937	2	50688	1	52325	4
43250	2	45315	1	46938	2	50690	1	52330	2
43251	2	45317	1	47000	1	50951	1	52332	2
43255	2	45320	1	47510	2	50953	1	52334	3
43258	3	45321	1	47525	1	50955	1	52335	3

CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP
43259	3	45331	1	47530	1	50957	1	52336	4
43260	2	45332	1	47552	2	50959	1	52337	4
43261	2	45333	1	47553	3	50961	1	52338	4
43262	2	45334	1	47554	3	50970	1	52340	3
43263	2	45337	1	47555	3	50972	1	52450	3
43264	2	45338	1	47630	3	50974	1	52500	3
43265	2	45339	1	48102	1	50976	1	52601	4
43267	2	45355	1	49000	4	50978	1	52606	1
43268	2	45378	2	49080	2	50980	1	52612	2
43269	2	45379	2	49081	2	51005	1	52614	1
43271	2	45380	2	49085	2	51010	1	52620	1
43272	2	45382	2	49180	1	51020	4	52630	2
43450	1	45383	2	49250	4	51030	4	52640	2
43453	1	45384	2	49400	1	51040	4	52700	2
43456	2	45385	2	49420	1	51045	4	53000	1
43458	2	45500	2	49421	1	51500	4	53010	1
43600	1	45505	2	49425	2	51600	1	53020	1
43750	2	45520	1	49426	2	51605	1	53040	2
43760	1	45560	2	49505	4	51610	1	53200	1
43870	1	45900	1	49520	7	51710	1	53210	5
44100	1	45905	1	49525	4	51725	1	53215	5
44312	1	45910	1	49540	2	51726	1	53220	2
44340	3	45915	1	49550	5	51772	1	53230	2
44345	4	46030	1	49555	5	51785	1	53235	3
44346	4	46040	3	49560	4	51865	4	53240	2
44360	2	46045	2	49565	4	51880	1	53260	2
53265	2	54700	2	56625	7	62225	1	64712	2
53275	2	54800	1	56700	1	62230	2	64713	2
53400	3	54820	1	56720	1	62256	2	64714	2
53405	2	54830	3	56740	3	62268	1	64716	3
53410	2	54840	4	56800	3	62269	1	64718	2
53420	3	54860	3	56810	5	62270	1	64719	2
53425	2	54861	4	57000	1	62272	1	64721	2
53430	2	54900	4	57010	2	62273	1	64722	1
53440	2	54901	4	57020	2	62274	1	64726	1
53442	1	55040	3	57065	1	62275	1	64727	1
53447	1	55041	5	57105	2	62276	1	64732	2

CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP
53449	1	55060	4	57130	2	62277	1	64734	2
53450	1	55100	1	57135	2	62278	1	64736	2
53460	1	55110	2	57180	1	62279	1	64738	2
53502	2	55120	2	57200	1	62280	1	64740	2
53505	2	55150	1	57210	2	62282	1	64742	2
53510	2	55175	1	57220	3	62288	1	64744	2
53515	2	55180	2	57230	3	62289	1	64746	2
53520	2	55200	2	57240	5	62294	3	64771	2
53600	1	55400	1	57250	5	62350	2	64772	2
53601	1	55500	3	57260	5	62360	2	64774	2
53605	2	55520	4	57265	7	62361	2	64776	3
53620	1	55530	4	57268	3	62362	2	64778	2
53621	1	55535	4	57300	3	62365	2	64782	3
53661	1	55540	5	57310	3	62368	2	64783	2
53665	1	55600	1	57311	4	63600	2	64784	3
54001	2	55605	1	57320	3	63610	1	64786	3
54015	4	55650	1	57400	2	63650	2	64787	2
54057	1	55680	1	57410	2	63660	1	64788	3
54060	1	55700	2	57513	2	63685	2	64790	3
54065	1	55705	2	57520	2	63688	1	64792	3
54100	1	55720	1	57522	2	63744	3	64795	2
54105	1	56300	3	57530	3	63746	2	64802	2
54110	2	56301	3	57550	1	63750	4	64830	5
54115	1	56302	3	57700	3	63780	2	64831	4
54120	2	56303	5	57720	3	64410	1	64832	1
54125	2	56304	5	57800	1	64415	1	64834	2
54152	1	56305	4	57820	3	64417	1	64835	3
54861	2	56306	4	58120	2	64420	1	64836	3
54205	4	56307	5	58145	5	64421	1	64837	1
54220	1	56309	5	58800	3	64430	1	64840	2
54230	1	56316	4	58820	3	64442	1	64856	2
54300	3	56317	7	58900	3	64443	1	64857	2
54360	3	56343	5	60000	1	64510	1	64858	2
54420	4	56344	5	60200	2	64520	1	64859	1
54435	4	56350	1	60220	2	64530	1	64861	3
54440	4	56351	3	60225	3	64575	1	64862	3
54450	1	56352	2	60280	4	64590	2	64864	3
54500	1	56354	3	60281	4	64595	1	64865	4

CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP
54505	1	56356	4	61020	1	64600	1	64870	4
54510	2	56360	2	61026	1	64605	1	64872	2
54520	3	56361	3	61050	1	64610	1	64874	3
54530	4	56362	3	61055	1	64620	1	64876	3
54550	4	56363	3	61070	1	64622	1	64890	2
54600	4	56405	2	61215	3	64623	1	64891	2
54620	3	56440	2	61790	3	64630	2	64892	2
54640	4	56441	1	61791	3	64680	2	64893	2
54660	2	56515	3	61885	2	64702	1	64895	3
54670	3	56605	1	61988	1	64704	1	64896	3
54680	3	56620	5	62194	1	64708	2	64897	3
64898	3	66185	2	67340	4	68700	2	69801	5
64901	2	66220	3	67350	1	68720	4	69802	7
64902	2	66225	4	67400	3	68745	4	69805	7
64905	2	66250	2	67405	4	68750	4	69806	7
64907	1	66500	1	67412	5	68825	2	69820	5
65091	3	66505	1	67413	5	69105	1	69840	5
65093	3	66600	3	67415	1	69110	1	69905	7
65101	3	66605	3	67420	5	69120	2	69910	7
65103	3	66625	3	67430	5	69140	2	69915	7
65105	4	66630	3	67440	5	69145	2	69930	7
65110	5	66635	3	67450	5	69150	3		
65112	7	66680	3	67550	4	69205	1		
65114	7	66682	2	67560	2	69310	3		
65130	3	66700	2	67715	1	69320	7		
65135	2	66710	2	67801	2	69420	1		
65140	3	66720	2	67808	2	69421	3		
65150	2	66740	2	67830	2	69424	1		
65155	3	66821	2	67835	2	69436	3		
65175	1	66830	4	67880	3	69440	3		
65235	2	66840	4	67882	3	69450	1		
65260	3	66850	7	67901	5	69501	7		
65265	4	66852	4	67902	5	69502	7		
65270	2	66920	4	67903	4	69505	7		
65272	2	66930	5	67904	4	69511	7		
65275	4	66940	5	67906	5	69530	7		
65280	4	66983	8	67908	4	69550	5		

CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP	CPT CODE	GROUP
65285	4	66984	8	67909	4	69552	7		
65290	3	66985	6	67911	3	69601	7		
65400	1	66986	6	67914	3	69602	7		
65410	2	67005	4	67916	4	69603	7		
65420	2	67010	4	67917	4	69604	7		
65426	5	67015	1	67921	3	69605	7		
65710	7	67025	1	67923	4	69620	2		
65730	7	67030	1	67924	4	69631	5		
65750	7	67031	2	67935	2	69632	5		
65755	7	67036	4	67950	2	69633	5		
65770	7	67038	5	67961	3	69635	7		
65800	1	67039	7	67966	3	69636	7		
65805	1	67040	7	67971	3	69637	7		
65810	3	67107	5	67973	3	69641	7		
65815	2	67108	7	67974	3	69642	7		
65850	4	67109	5	67975	3	69643	7		
65865	1	67112	7	68130	2	69644	7		
65870	4	67115	2	68320	4	69645	7		
65875	4	67120	2	68325	4	69646	7		
65880	4	67121	2	68326	4	69650	7		
65900	5	67141	2	68328	4	69660	5		
65920	7	67218	5	68330	4	69661	5		
65930	5	67227	1	68335	4	69662	5		
66020	1	67250	3	68340	4	69666	4		
66030	1	67255	3	68360	2	69667	4		
66130	7	67311	3	68362	2	69670	3		
66150	4	67312	4	68500	3	69676	3		
66155	4	67314	4	68505	3	69700	3		
66160	2	67316	4	68510	1	69711	1		
66165	4	67318	4	68520	3	69720	5		
66171	4	67320	4	68525	1	69725	5		
66172	4	67331	4	68540	3	69740	5		
66180	5	67332	4	68550	3	69745	5		

Sec 21. NAC 616C.203 is hereby amended to read as follows:

NAC 616C.203 Use of emergency room; inpatient care at hospital; skilled nursing care facility; transfer or discharge of injured employee; excessive use of hospital accommodations. (NRS 616A.400, 616C.260)

1. The following is the maximum allowable payment per visit for the use of an emergency room:

Code	Procedure	Maximum Allowable Payment
NV00100 \$33.96	Emergency Room	<i>first hour</i>
<i>NV00101</i>	<i>Each additional hour or fraction thereof</i>	<i>\$16.98</i>

2. If an injured employee receives care in an emergency room that is located on the grounds of a hospital and the time for the use of the emergency room exceeds 60 minutes, the billing must be submitted in a report *to justify payment for additional time.*

3. The following per diem rates are the maximum allowable payments for an inpatient receiving care at a hospital:

Code	Procedure	Maximum Allowable Payment
NV00200 \$1,811.20	Intensive	Care
NV00400 1,663.18	Cardiac	Care
NV00500 NV00900 1,663.18	Medical-Surgical Care Care	1,101.22 for Burns

4. The insurer shall pay:

(a) The per diem rate multiplied by the number of days the injured employee was hospitalized;

(b) The total amount billed for all services if that amount is less than the amount computed in paragraph (a); or

(c) The amount owed pursuant to a contract between the provider of health care and insurer.

5. The per diem rate for care provided must include all services provided by the hospital, including the professional and technical services provided by members of the hospital's staff and other services ordered by the treating or consulting provider of health care.

6. The charge for an inpatient's use of an operating room must be included in the per diem rate for hospitals.

7. The insurer shall reimburse the hospital for orthopedic hardware and prosthetic devices at the cost to the hospital of the orthopedic hardware and prosthetic devices, excluding tax and charges for freight, plus 20 percent.

8. The following is the maximum allowable payment for open heart surgery for an inpatient receiving care at a hospital for 7 days or less:

Code	Procedure	Maximum Allowable Payment
NV00410	Open Heart Surgery	\$15,964.43

9. The insurer shall reimburse the hospital for supplies and materials used in open heart surgery at the cost to the hospital of the supplies and materials, excluding tax and charges for freight, plus 40 percent.

10. The treating physician shall order all preoperative laboratory and pathology tests and any other diagnostic tests to be performed on the injured employee as an outpatient before his

admission to the hospital except where hospitalization preceding and during a test is generally recognized by the medical profession as a necessary and prudent precaution.

11. The following per diem rate is the maximum allowable payment for a skilled nursing care facility:

Code	Procedure	Maximum Allowable Payment
NV00550 \$1,026.44	Skilled Nursing Care Facility	

12. A physician who admits an injured employee for hospitalization is responsible for directing that the injured employee be transferred to the next appropriate level of care, in or out of a hospital, or be discharged as soon as the level of care being provided exceeds that necessary for his welfare *so long as the cost does not exceed the per diem rate for code NV00500 as set forth in subsection 3.*

13. Any excessive use of hospital accommodations, as determined from evaluations of a committee on hospital utilization or an evaluation of the injured employee's health care records by a medical adviser for the insurer, may be grounds for the reduction or disallowance of hospital billings. The insurer shall inform a hospital of the reason for any such reduction or disallowance.

Sec 22. NAC 616C.206 is hereby amended to read as follows:

NAC 616C.206 Home health care services. (NRS 616C.260)

1. The following is the maximum allowable payment for home health care:

(a) For a visit which is not more than 2 hours and during which certain procedures are performed by a physical therapist, occupational therapist, speech therapist, skilled nurse, social worker or dietary nutritional counselor:

Code	Procedure	Maximum Allowable Payment
NV90170	Skilled home health care	\$68.00 per visit

(b) For a visit which is not more than 2 hours and during which certain activities are performed by a certified nursing assistant:

Code	Procedure	Maximum Allowable Payment
NV90130	Certified nursing assistant care	\$27.70 per visit

(c) For a visit which is more than 2 hours and during which certain procedures are performed by a physical therapist, occupational therapist, speech therapist, *skilled nurse*, social worker, dietary nutritional counselor or certified nursing assistant:

Code	Procedure	Maximum Allowable Payment
NV90180	Skilled home health care	\$34.25 per hour
NV90190	Certified nursing assistant care	16.70 per hour

2. An insurer is not financially liable for home health care services that are provided for more than 4 hours per day unless he has given prior written authorization for such care.

3. Fees for each 24-hour period billed pursuant to this section must not exceed the per diem rate for code NV00500 as set forth in subsection 3 of NAC 616C.203.

4. For the purposes of this section, "visit" includes the time it takes the provider of health care to travel to and from the home of the injured employee in order to provide health care services in the home and to complete any required documentation of the services provided.

Sec 23. NAC 616C.212 is hereby amended to read as follows:

NAC 616C.212 Rating of permanent partial disability; failure of injured employee to appear for appointment; report of evaluation. (NRS 616A.400, 616C.260)

1. The following is the maximum allowable payment for each rating of a permanent partial disability for each claim for workers' compensation:

Code	Procedure	Maximum Allowable Payment
NV01000	Review of records, testing, evaluation and report	\$450
<i>NV01006</i>	<i>Review of records and report</i>	<i>\$225</i>
NV01001	Failure of an injured employee to appear for appointment	\$150
NV01002	Addendum necessary to clarify original report	No charge
NV01003	Addendum after review of additional medical records	\$150
NV01004	Review of medical records and evaluation of more than 2 body parts for each body part in excess of 2	\$150
NV01005	Organization of medical records in chronological order	\$ 25

2. Code NV01001 may not be billed unless the injured employee fails to:

(a) Appear for the evaluation within 15 minutes after the scheduled appointment; or

(b) Cancel the appointment within 24 hours before the scheduled appointment,

if the injured employee is not seen on that day and all records and diagnostic images have been reviewed by the rating physician or chiropractor.

3. For the purpose of establishing the maximum allowable payment for the review of medical records and the evaluation of musculoskeletal body parts, the following constitute one body part:

(a) The cervicothoracic spine.

(b) The thoracolumbar spine.

(c) The lumbosacral spine.

(d) The left upper extremity, excluding the left hand.

(e) The right upper extremity, excluding the right hand.

(f) The left hand, including that portion below the junction of the middle and lower thirds of the left forearm.

(g) The right hand, including that portion below the junction of the middle and lower thirds of the right forearm.

(h) The left lower extremity.

(I) The right lower extremity.

(j) The head.

(k) The trunk.

4. A rating physician or chiropractor shall mail a report of an evaluation to the insurer within [15] 10 working days after the evaluation is completed. If an addendum is requested by the insurer, the rating physician or chiropractor shall mail the addendum to the insurer within 10 working days after receiving the request.

5. If a rating evaluation is requested by an injured employee or his representative, the rating physician or chiropractor shall mail a report of the evaluation to the injured employee or his representative within [15] 10 working days after the evaluation is completed. If an

addendum is requested by the injured employee or his representative, the rating physician or chiropractor shall mail the addendum to the injured employee or his representative within 10 working days after receiving the request.

6. A rating physician or chiropractor shall comply with subsections 4 and 5 unless good cause is shown for a late mailing of an evaluation report or addendum.

Sec 24. NAC 616C.215 is hereby amended to read as follows:

NAC 616C.215 Contents of bill to insurer. (NRS 616A.400, 616C.260)

1. Each provider of health care shall submit a bill to the insurer which includes:
 - (a) His usual charge for services provided;
 - (b) The code for the procedure and a description of the services;
 - (c) The number of visits and date of each visit to his office and the procedures followed in any treatment administered during the visit;
 - (d) The codes for supplies and materials provided or administered to the injured employee that are set forth in the AHealth Care Financing Administration, HCFA Common Procedures Coding System (HCPCS),[≡] as contained in the “Relative Values for Physicians,” as adopted pursuant to NAC 616C.188;
 - (e) The name of the injured employee and his employer and the date of his injury;
 - (f) The tax identification number of the provider of health care; and
 - (g) The signature of the person who provided the service.
2. In addition to the information required by subsection 1, each physician or chiropractor shall include on his bill the ICD-9-CM codes identifying the parts of the body of the injured employee that were affected by the injury, as set forth in the AInternational Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM),[≡] which is hereby adopted by reference. A copy of Volumes 1, 2 and 3 of this publication may be purchased from:
 - (a) Channel Publishing, Ltd., P.O. Box 70723, Reno, Nevada 89570, (800) 248-2882, at a cost of \$99.00;
 - (b) Medicode Publications, 5225 Wiley Post Way, Suite 500, Salt Lake City, Utah 84116-2889, (800) 999-4600, at a cost of \$[69.95] 89.95; or
 - (c) St. Anthony Publishing, Inc., [P.O. Box 96561, Washington, D.C. 20090] 11410 Isaac Newton Square, Suite 200, Reston, Virginia 20190, (800) 632-0123, at a cost of \$[74.95] 62.95.
3. The initial bill submitted to the insurer by a licensed physical therapist or a licensed occupational therapist must be accompanied by a copy of the order for the services rendered issued by the treating physician or chiropractor. Any subsequent bill submitted to the insurer by a licensed physical therapist or a licensed occupational therapist must include a copy of the order for the services rendered issued by the treating physician or chiropractor if the order for services rendered is changed by the treating physician or chiropractor.
- [4. If any payment to a provider of health care requires adjustment because of the codes set forth in the bill submitted to the insurer, the insurer shall process for payment any portion of the bill that is not in question and return the bill to the provider and request additional documentation of the services, supplies or materials provided.]

Sec 25. NAC 616C.224 is hereby amended to read as follows:

NAC 616C.224 Therapy: Evaluation of functional capacity. (NRS 616C.250, 616C.260)

1. The following procedure code and payment schedule must be used for all evaluations of functional capacity performed for an injured employee:

Code	Procedure	Maximum Allowable [Charge] Payment
NV99060	Testing and report	\$141.56 per hour

2. Testing performed in connection with such an evaluation must continue for not less than 2 nor more than 5 hours.

3. The evaluation must include, but is not limited to:

(a) An assessment and interpretation of the ability of the injured employee to perform work-related tasks; and

(b) The formulation of recommendations concerning the capacity of the injured employee to work safely within his physical limitations.

Sec 26. NAC 616C.227 is hereby amended to read as follows:

NAC 616C.227 Therapy: Work hardening programs. (NRS 616C.250, 616C.260)

1. The following procedure code and payment schedule must be used for all work hardening programs:

Code	Procedure	Maximum Allowable Payment
NV97545	Work hardening program.....	\$49.83 per hour
[NV97546	Extra time	49.83 per hour]

2. A program billed pursuant to this section must continue:

(a) For not less than 2 nor more than 8 hours per day, including any time spent in preparing a report of the treatment; and

(b) For not less than 2 nor more than 8 weeks.

3. The program must include, but is not limited to:

(a) Conditioning exercises and activities that simulate the work of the injured employee, graded to improve progressively the capacity of the injured employee to perform work; and

(b) Modalities intended to minimize the symptoms of the injured employee, including testing for endurance and range of motion.

Sec 27. *This regulation becomes effective May 1, 1999.*