

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

**LCB FILE NO. R076-23I**

**The following document is the initial draft regulation proposed  
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**PROPOSED REGULATION OF THE  
DIVISION OF INDUSTRIAL RELATIONS OF THE  
DEPARTMENT OF BUSINESS AND INDUSTRY**

**LCB File No. Unassigned**

September     , 2023

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

AUTHORITY:           §§ NRS 616A.400; 616A.417; 616B.5273; 616C.110; 616C.245; 616C.365;  
616C.420; 616C.450; 616C.477; 616C.485; 616D.120.

A REGULATION relating to industrial insurance;

**Legislative Counsel’s Digest:**

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

**NAC 616A.480 Use, alteration, printing and distribution of certain posters and forms. (NRS 616A.400, 616A.417)**

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

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

(1) The insurer;

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

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

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

(b) D-2, Brief Description of Rights and Benefits.

(c) C-1, Notice of Injury or Occupational Disease (Incident Report). One copy of the form must be delivered to the injured employee, and one copy of the form must be retained by the employer. The language contained in Form D-2 must be printed on the reverse side of the employee’s copy of

the form, or provided to the employee as a separate document with an affirmative statement acknowledging receipt.

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

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

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

(I) Unique to the employer;

(II) Capable of verification; and

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

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

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

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

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

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

(I) Unique to the health care provider;

(II) Capable of verification; and

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

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

➤ If the health care provider who conducted the initial examination moves from or ceases treating patients in this State, the health care provider shall deliver the original form to the insurer for inclusion in the insurer's file on the injured employee within 30 days after the move or cessation of treatment of patients.

(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-9a, Permanent Partial Disability Award Calculation Worksheet.
- (k) D-9b, Permanent Partial Disability Award Calculation Worksheet for Disability Over 30 Percent Body Basis.
- (l) D-9c, Permanent Work-Related Mental Impairment Rating Report Work Sheet.
- (m) D-10a, Election of Lump Sum Payment of Compensation.
- (n) D-10b, Election of Lump Sum Payment of Compensation for Disability Greater than 30 Percent.
- (o) D-11, Reaffirmation/Retraction of Lump Sum Request.
- (p) D-12a, Request for Hearing - Contested Claim.
- (q) D-12b, Request for Hearing - Uninsured Employer.
- (r) D-13, Injured Employee's Right to Reopen a Claim Which Has Been Closed.
- (s) D-14, Permanent Total Disability Report of Employment.
- (t) D-15, Election for Nevada Workers' Compensation Coverage for Out-of-State Injury.
- (u) D-16, Notice of Election for Compensation Benefits Under the Uninsured Employer Statutes.
- (v) D-17, Employee's Claim for Compensation - Uninsured Employer.
- (w) D-18, Assignment to Division for Workers' Compensation Benefits.
- (x) D-21, Fatality Report.
- (y) D-22, Notice to Employees - Tip Information.
- (z) D-23, Employee's Declaration of Election to Report Tips.
- (aa) D-24, Request for Reimbursement of Expenses for Travel and Lost Wages.
- (bb) D-25, Affirmation of Compliance with Mandatory Industrial Insurance Requirements.
- (cc) D-26, Application for Reimbursement of Claim-Related Travel Expenses.
- (dd) D-27, Interest Calculation for Compensation Due.
- (ee) D-28, Rehabilitation Lump Sum Request.
- (ff) D-29, Lump Sum Rehabilitation Agreement.
- (gg) D-30, Notice of Claim Acceptance.
- (hh) D-31, Notice of Intention to Close Claim.
- (ii) D-32, Authorization Request for Additional Chiropractic Treatment.
- (jj) D-33, Authorization Request for Additional Physical Therapy Treatment.
- (kk) D-34, Health Insurance Claim Form (CMS 1500 Billing Form).
- (ll) D-35, Request for ~~[a-Rotating-Rating]~~ *Assignment of Rating* Physician or ~~[Chiropractor]~~ *Chiropractic Physician*.
- (mm) D-36, Request for Additional Medical Information and Medical Release.
- (nn) D-37, Insurer's Subsequent Injury Checklist.
- (oo) D-38, Index of Claims System – Claim Registration.
- (pp) D-39, Physician's and Chiropractor *Physician's* Progress Report - Certification of Disability.
- (qq) D-43, Employee's Election to Reject Coverage and Election to Waive the Rejection of Coverage for Excluded Persons.
- (rr) D-44, Election of Coverage by Employer; Employer Withdrawal of Election of Coverage.
- (ss) D-45, Sole Proprietor Coverage.
- (tt) D-46, Temporary Partial Disability Calculation Worksheet.
- (uu) D-52, CMS (UB-92).
- (vv) D-53, Alternative Choice of Physician or ~~[Chiropractor]~~ *Chiropractic Physician*.

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, Firefighters and Police Officers Medical History Form.
- (b) OD-2, Firefighters and Police Officers Lung Examination Form.
- (c) OD-3, Firefighters and Police Officers Extensive Heart Examination Form.
- (d) OD-4, Firefighters and Police Officers Limited Heart Examination Form.
- (e) OD-5, Firefighters and Police Officers Hearing Examination Form.
- (f) OD-6, Sample Letter.

(g) OD-7, Important Information Regarding Physical Examinations for Police Officers and Firefighters.

- (h) OD-8, Occupational Disease Claim Report.

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

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

5. The Workers' Compensation Section will be responsible for printing and distributing the following forms:

- (a) C-4, Employee's Claim for Compensation/Report of Initial Treatment;
- (b) D-12b, 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 to Division for Workers' Compensation Benefits.

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

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

8. As used in paragraph (e) of subsection 1, "health care provider" means a physician, chiropractic physician, physician assistant or advanced practice registered nurse.

**Sec. 2.** NAC Chapter 616B is hereby amended to add the following:

***NAC 616C.XXX Quarterly report by Division. (Sec. 7, 11, 12, 15, 16, 17 of SB274 (2023))***

***1. Every insurer shall include in its submission of claim indexing information required under NRS 616B.018:***

- a. The name of the rating physician or chiropractic physician who determined the percentage of disability; and***
- b. The date the rating was performed.***

***2. The information required under subsection 1 must be submitted to the Administrator within 30 days of the rating for permanent partial disabilities.***

Sec. 3. NAC 616B.010 is hereby amended to read as follows:

**NAC 616B.010 Maintenance of files for claims; address to be used for certain forms, correspondence and other documents. (NRS 616A.400)**

1. Except as otherwise provided in subsection 2 and [NAC 616B.013](#), copies of all claim files maintained by an insurer, third-party administrator or organization for managed care pursuant to [chapters 616A to 617](#), inclusive, of NRS or regulations adopted pursuant thereto must be ~~[maintained in one of its offices located in this State]~~ *made available for inspection and reproduction in accordance with NRS 616B.021, as amended by Sec. 3 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page x.*

2. Any Form C-4, Employee's Claim for Compensation/Report of Initial Treatment, *and all other correspondence and other documents* submitted to an insurer, third-party administrator or organization for managed care that concerns a claim for compensation which is being administered pursuant to [chapters 616A to 617](#), inclusive, of NRS or any regulations adopted pursuant thereto must be *mailed to the* address~~[ed]~~ ~~of [to]~~ the insurer, third-party administrator or organization for managed care at one of its offices *or provided by electronic means.* ~~[located in this State. All other correspondence and other documents submitted to an insurer, third-party administrator or organization for managed care that concern a claim for compensation that is being administered pursuant to chapters 616A to 617, inclusive, of NRS or regulations adopted pursuant thereto must be addressed to the insurer, third-party administrator or organization for managed care at one of its offices located in this State or to a facility located outside this State for the sole purpose of electronic scanning of the correspondence and documents to the claim file.]~~ All correspondence and documents shall be deemed to be officially received only if they have been so addressed.

Sec. 4. NAC 616B.013 is hereby amended to read as follows:

**NAC 616B.013 Availability, location and inspection of files of claims of injured workers; report of findings to insurer. (NRS 616A.400)**

1. An insurer or third-party administrator shall ensure that each file of any claim of an injured worker concerning an industrial injury which is filed in accordance with [chapters 616A to 617](#), inclusive, of NRS or a regulation adopted pursuant thereto is available for inspection during regular business hours by:

- (a) The injured worker;
- (b) The attorney or other authorized representative of the injured worker;
- (c) The Commissioner or a designee thereof; or
- (d) The Administrator.

2. All files of the claims of injured workers concerning industrial injuries must be administered ~~[in this State]~~ *in accordance with Sec. 2 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page x* and be *made* available for inspection *and reproduction in accordance with NRS 616B.021, as amended by Sec. 3 of Senate Bill No. 274, chapter 535, Statutes of Nevada 2023, at page x.* ~~[at an office of the insurer or third-party administrator in this State.]~~

3. After reviewing the file of a claim, the Commissioner or Administrator will report his or her findings to the insurer.

Sec. 5. NAC Chapter 616C is hereby amended to add the following:

*NAC 616C.XXX Declination of Rating Assignment*

1. *When the Administrator makes a rating assignment pursuant to NRS 616C.100, NRS 616C.145, NRS 616C.330, NRS 616C.360 or NRS 616C.490, the Administrator shall notify the requestor and the selected rating physician or chiropractic physician by electronic means.*
2. *If the selected rating physician or chiropractic physician would like to decline the selection, the physician or chiropractic physician must notify the requestor and the Administrator in writing by electronic means by the end of the second business day.*
3. *If the assigned rating physician or chiropractic physician declines the selection, the Administrator shall assign a new rater in accordance with paragraph 1 of this section, unless the requestor submits a new D-35 form requesting an assignment by mutual agreement within five business days.*

Sec. 6. NAC Chapter 616C is hereby amended to add the following:

*NAC 616C.XXX Regional Designations*

1. *The Administrator shall take into account the geographical location in the State of the injured employee when selecting a physician or chiropractic physician at random pursuant to NRS 616C.100, NRS 616C.145, NRS 616C.330, NRS 616C.360 and NRS 616C.490. There shall be the following regions:*
  - (a) *The Southern Nevada Region shall consist of Clark County, Esmeralda County, Lincoln County, and Nye County.*
  - (b) *The Northern Nevada Region shall consist of Carson City, Churchill County, Douglas County, Lyon County, Mineral County, Storey County, and Washoe County.*
  - (c) *The Rural Nevada Region shall consist of Elko County, Eureka County, Humboldt County, Lander County, Pershing County, and White Pine County.*
2. *For injured workers who reside in the Southern Nevada region, the Administrator shall select a physician or chiropractic physician at random from the Southern Nevada Region.*
3. *For injured workers who reside in the Northern Nevada region, the Administrator shall select a physician or chiropractic physician at random from the Northern Nevada Region.*
4. *For injured workers who reside in the Rural Nevada Region, the Administrator shall select a physician or chiropractic physician at random from a combination of the Northern Nevada Region and Rural Nevada Region.*

Sec. 7. NAC Chapter 616C is hereby amended to add the following:

*NAC 616C.XXX Annual Certification of treating physicians or chiropractic physicians.*

1. *Each physician or chiropractic physician appointed by the Administrator to the panel of physicians and chiropractic physicians described in NRS 616C.090 shall, on or before June 1 of each year, certify with the Administrator on a form prescribed by the Administrator. The certification must indicate what disciplines and specializations each physician or chiropractic physician accepts and treats injured employees for industrial injuries or occupational diseases.*

2. *If a physician or chiropractic physician fails to certify with the Administrator pursuant to subsection 1, the Administrator may determine there is good cause to suspend any physician or chiropractic physician from the panel and may reinstate a physician or chiropractor upon the submission of the information required under subsection 1 to the Administrator.*

Sec. 8. NAC Chapter 616C is hereby amended to add the following:

*NAC 616C.XXX Employer list of physicians and chiropractic physicians; format. (Section 9(12))*

1. *A list of physicians and chiropractic physicians created by an employer, insurer or third-party administrator pursuant to NRS 616C.087 must be provided to the Administrator not later than October 1 of each year through an electronic webform which includes the following fields:
  - (a) *Insurer Name*
  - (b) *Third Party Administrator Name*
  - (c) *Provider ID assigned by the Administrator;*
  - (d) *First Name;*
  - (e) *Middle Initial;*
  - (f) *Last Name;*
  - (g) *License type, which is MD, DC, or DO; and*
  - (h) *Date updated.**
5. *The information provided in subsection 1 will be used to obtain data from the Administrator's panel, including, specialty, condition, body parts, practice name, address, and phone number.*
6. *The electronic webform will allow insurers to select from a physician's list of body parts treated.*

Sec. 9. NAC 616C.021 is hereby amended to read as follows:

*First Parallel Section- Effective Upon Approval of Regulation*

**NAC 616C.021 Rating physician or chiropractic physician: Designation; qualifications; maintenance of designation; authority; review of rating evaluation by Administrator. (NRS 616A.400, 616C.490)<sup>1</sup>**

1. The designation of a rating physician or chiropractic physician pursuant to NRS 616C.490 must be in writing or by electronic communication.
2. To qualify for designation, a physician or chiropractic physician must:
  - (a) Possess the qualifications required of a physician or chiropractic physician who is appointed to the panel of physicians and chiropractic physicians established pursuant to NRS 616C.090 and NAC 616C.003.
  - (b) Demonstrate a special competence and interest in industrial health by:
    - (1) Completing [✚]

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<sup>1</sup> First Parallel Section – Effective Upon Approval of Regulation.



~~[(1) An appropriate level of training, as determined by the Administrator, related to industrial health from a nationally recognized program that provides training related to industrial health; or]~~

~~[(H) T] three years or more of experience concerning industrial health in private practice. [The Administrator shall determine whether the experience in private practice concerning industrial health is sufficient to qualify for designation as a rating physician or chiropractic physician on a case-by-case basis.]~~

(2) ~~[Except as otherwise provided in subsection 3, s]~~ Successfully completing a course on rating disabilities, in accordance with ~~[the most recent edition of]~~ the *Guide*, that is approved by the Administrator.

~~[— [(3) Except as otherwise provided in subsection 3, passing an examination on evaluating disabilities and impairments that is administered by the American Board of Independent Medical Examiners or its successor organization, or by any other organization or company recognized by the Division.]~~

~~[(4)]~~ (3) ~~[Except as otherwise provided in subsection 3, p]~~ Passing Nevada Impairment Rating Skills Assessment Test which is administered by the American Academy of Expert Medical Evaluators or its successor organization and which examines the practical application of the rating of disabilities in accordance with the *Guide* with a score of 75 percent or higher.

*(4) Successfully completing a course approved by the Administrator on Form D-9c, Permanent Work-Related Mental Impairment Rating Report Work Sheet.*

*(5) Physicians, including ophthalmologists and psychiatrists, and chiropractic physicians who pass the MD version of the exam in subsection 3 and successfully complete the course in subsection 4, may perform a permanent partial disability evaluation of any type of injury or disorder according to the requirements in the Guide and Form D-9c.*

*(6) Physicians who pass the MD version of the exam in subsection 3 but have not successfully completed the course in subsection 4, may perform a permanent partial disability evaluation of any type of injury or disorder except for those rated using Form D-9c.*

*(7) Physicians or chiropractic physicians who only pass the DC version of the exam in subsection 3 may only perform a permanent partial disability evaluation of injuries or disorders rated using chapters 1, 2, 13, 15, 16, and 17 of the Guide, according to the requirements in the Guide.*

*(8) Ophthalmologists who do not pass the exam in subsection 3 may only rate injuries and disorders of the visual system, according to requirements in the Guide.*

*(9) Psychiatrists who only successfully complete the course in subsection 4 may only rate mental impairments according to the requirements of Form D-9c.*

(c) Demonstrate an understanding of:

(1) The regulations of the Division related to the evaluation of permanent partial disabilities; and

(2) The *Guide*.

~~[3.— The Administrator may exempt an ophthalmologist or psychiatrist who is authorized to practice in this State from the requirements set forth in subparagraphs (2), (3) and (4) of paragraph (b) of subsection 2 and authorize an ophthalmologist or psychiatrist to evaluate injured employees with impaired vision or brain function or mental or behavioral disorders according to his or her area of specialization.]~~

~~[4.]~~ 3. In order to maintain designation as a rating physician or chiropractic physician, the physician or chiropractic physician must:

(a) ~~[Except as otherwise provided in subsection 5, p]~~ Perform ratings evaluations of permanent partial disabilities when selected pursuant to NRS 616C.490.~~[.]~~ *The designated rating physician or chiropractic physician is responsible for performing the assigned permanent partial disability evaluation but may reference specialized tests performed by other health care providers as part of the evaluation. These specialized tests must be performed after the injured worker has been determined to be stable and ratable. With the exception of permanent partial disability evaluations that are performed posthumously or to apportion a rating in accordance with NRS 616C.099, solely reviewing health care records does not constitute a permanent partial disability evaluation.* ~~[except disabilities related to an employee's vision or brain function resulting from an industrial accident or occupational disease;]~~

(b) *Unless the assigned rating physician or chiropractic physician declines the selection,* ~~[S]~~ schedule and perform a rating evaluation within 30 days after receipt of a request from an insurer, a third-party administrator or an injured employee or his or her representative. *The insurer and injured worker or their representatives, may mutually agree to extend the 30-day period for performing an evaluation.*~~[;]~~

(c) ~~[Except as otherwise provided in subsection 5, s]~~ Serve without compensation for a period of 1 year on the panel to review ratings evaluations established pursuant to NAC 616C.023 upon the request of the Administrator. With the approval of the Administrator, a physician or chiropractic physician may serve without compensation on the panel for an additional period of 1 year.

(d) ~~[Except as otherwise provided in subsection 5 and a]~~ After the date of designation as a rating physician or chiropractic physician, successfully complete biennially a *continuing education* course that is approved by the Administrator on rating disabilities, in accordance with the American Medical Association's *Guide*.

~~[(e) Except as otherwise provided in subsection 5, if the physician or chiropractic physician passed an examination concerning an edition of the Guide that is not the most recent edition adopted by the Administrator to become designated as a rating physician, pass the Nevada Impairment Rating Skills Assessment Test which is administered by the American Academy of Expert Medical Evaluators or its successor organization and which examines the practical application of the rating of disabilities in accordance with the Guide with a score of 75 percent or higher.]~~

~~—[5. If an ophthalmologist or psychiatrist has been designated as a rating physician and wishes to maintain such designation, the Administrator may exempt the ophthalmologist or psychiatrist who is authorized to practice in this State from the requirements set forth in paragraphs (a), (c), (d) and (e) of subsection 4 and authorize the ophthalmologist or psychiatrist to continue to evaluate injured employees with impaired vision or brain function or mental or behavioral disorders according to his or her area of specialization.]~~

~~[6. A rating evaluation of a permanent partial disability may be performed by a chiropractic physician only if the injured employee's injury and treatment are related to his or her neuromusculoskeletal system.]~~

4. ~~[7].~~ A rating physician or chiropractic physician may not rate the disability of an injured employee if the physician or chiropractic physician has:

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

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

**5. A rating physician or chiropractic physician may rate the disability of an injured employee if the physician or chiropractic physician has previously performed one or more permanent partial disability evaluations for the injured employee, unless the injured employee has requested a second determination of the percentage of disability pursuant to NRS 616C.100 or NRS 616C.145.**

**6. [8].** A rating evaluation of a permanent partial disability performed by a rating physician or chiropractic physician is subject to review by the Administrator pursuant to the provisions of [NAC 616C.023](#).

## **Second Parallel Section- Effective July 1, 2026**

**NAC 616C.021 Rating physician or chiropractic physician: Designation; qualifications; maintenance of designation; authority; review of rating evaluation by Administrator. ([NRS 616A.400](#), [616C.490](#))<sup>2</sup>**

1. The designation of a rating physician or chiropractic physician pursuant to [NRS 616C.490](#) must be in writing or by electronic communication.

2. To qualify for designation, a physician or chiropractic physician must:

(a) Possess the qualifications required of a physician or chiropractic physician who is appointed to the panel of physicians and chiropractic physicians established pursuant to [NRS 616C.090](#) and [NAC 616C.003](#).

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

(1) Completing three years or more of experience concerning industrial health in private practice.

(2) Successfully completing a course on rating disabilities, in accordance with the Guide, that is approved by the Administrator.

(3) Passing Nevada Impairment Rating Skills Assessment Test which is administered by the American Academy of Expert Medical Evaluators or its successor organization and which examines the practical application of the rating of disabilities in accordance with the Guide with a score of 75 percent or higher.

(4) Successfully completing a course approved by the Administrator on Form D-9c, Permanent Work-Related Mental Impairment Rating Report Work Sheet.

~~(5) Physicians, including ophthalmologists and psychiatrists, and chiropractic physicians who pass the MD version of the exam in subsection 3 and successfully complete the course in subsection 4, may perform a permanent partial disability evaluation of any type of injury or disorder according to the requirements in the Guide and Form D-9e.~~

~~(6) Physicians who pass the MD version of the exam in subsection 3 but have not successfully completed the course in subsection 4, may perform a permanent partial disability evaluation of any type of injury or disorder except for those rated using Form D-9e.~~

~~(7) Physicians or chiropractic physicians who only pass the DC version of the exam in subsection 3 may only perform a permanent partial disability evaluation of injuries or disorders rated using chapters 1, 2, 13, 15, 16, and 17 of the Guide, according to the requirements in the Guide.~~

~~(8) Ophthalmologists who do not pass the exam in subsection 3 may only rate injuries and disorders of the visual system, according to requirements in the Guide.~~

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<sup>2</sup> Second Parallel Section – Effective July 1, 2026.

~~(9) Psychiatrists who only successfully complete the course in subsection 4 may only rate mental impairments according to the requirements of Form D-9c.]~~

(c) Demonstrate an understanding of:

(1) The regulations of the Division related to the evaluation of permanent partial disabilities; and

(2) The Guide.

3. In order to maintain designation as a rating physician or chiropractic physician, the physician or chiropractic physician must:

(a) Perform ratings evaluations of permanent partial disabilities pursuant to [NRS 616C.490](#). The designated rating physician or chiropractic physician is responsible for performing the assigned permanent partial disability evaluation but may reference specialized tests performed by other health care providers as part of the evaluation. These specialized tests must be performed after the injured worker has been determined to be stable and ratable. With the exception of permanent partial disability evaluations that are performed posthumously or to apportion a rating in accordance with NRS 616C.099, solely reviewing health care records does not constitute a permanent partial disability evaluation.

(b) Unless the assigned rating physician or chiropractic physician declines the selection, schedule and perform a rating evaluation within 30 days after receipt of a request from an insurer, a third-party administrator or an injured employee or his or her representative. The insurer and injured worker or their representatives, may mutually agree to extend the 30-day period for performing an evaluation.

(c) Serve without compensation for a period of 1 year on the panel to review ratings evaluations established pursuant to [NAC 616C.023](#) upon the request of the Administrator. With the approval of the Administrator, a physician or chiropractic physician may serve without compensation on the panel for an additional period of 1 year.

(d) After the date of designation as a rating physician or chiropractic physician, successfully complete biennially a continuing education course that is approved by the Administrator on rating disabilities, in accordance with the American Medical Association's Guide.

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

(a) Previously examined or treated the injured employee; or

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

5. A rating physician or chiropractic physician may rate the disability of an injured employee if the physician or chiropractic physician has previously performed one or more permanent partial disability evaluations for the injured employee, unless the injured employee has requested a second determination of the percentage of disability pursuant to NRS 616C.100 or NRS 616C.145.

6. A rating evaluation of a permanent partial disability performed by a rating physician or chiropractic physician is subject to review by the Administrator pursuant to the provisions of [NAC 616C.023](#).

**Sec. 10.** NAC 616C.024 is hereby amended to read as follows:

**NAC 616C.024 Rating physician or chiropractic physician: Disciplinary action.** ([NRS 616A.400](#), [616C.490](#))

1. The Administrator will issue a warning to any physician or chiropractic physician on the list of rating physicians and chiropractic physicians designated pursuant to [NRS 616C.490](#), or suspend or remove any physician or chiropractic physician from the list if the physician or chiropractic physician:

(a) Fails to correct errors in subsequent ratings evaluations after receiving three or more written responses from the panel established by the Administrator pursuant to NAC 616C.023, which address the same or similar errors identified in ratings performed by the physician or chiropractic physician;

(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 that resulted in the suspension or revocation of his or her license or the limitation of his or her practice by the applicable licensing authority;

(d) Is determined by the Administrator 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 to review ratings evaluations established pursuant to [NAC 616C.023](#) or serves as a member of the panel but does not attend the meetings of the panel;

~~(f)~~

(f) Fails to perform ratings evaluations ~~[when selected]~~ pursuant to [NRS 616C.490](#) or schedules and fails to perform ratings evaluations in accordance with that section~~[-], or~~

*(g) Fails to notify the requestor of declination of a selection by the end of the second business day after receiving notification by the Administrator in accordance with NAC 616C.XXX.*

2. If the Administrator intends to suspend or remove a physician or chiropractic physician from the list of rating physicians and chiropractic physicians, the Administrator will cause written notice of the suspension or removal to be delivered by certified mail to the physician or chiropractic physician affected. The physician or chiropractic physician may appeal the determination of the Administrator by filing a written notice of appeal with the Administrator within 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 will conduct a hearing on the matter and issue a decision in writing affirming or reversing the determination.

3. Except as otherwise provided in this subsection, the suspension or removal of a physician or chiropractic physician from the list of rating physicians and chiropractic physicians becomes final and effective upon the expiration of the time permitted by subsection 2 for the filing of a notice of appeal. If a notice of appeal is filed in the manner provided by subsection 2, the suspension or removal is final and effective upon the issuance of a decision affirming the determination of the Administrator. The issuance of such a decision is a final decision for the purposes of judicial review.

**Sec. 11.** 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, employer, insurer or third-party administrator is permitted by the rating physician or chiropractic physician to have his or her attorney or other representative present during a rating evaluation for a permanent partial disability, that party shall, in writing and at least 5 working days before the evaluation, notify each of the other persons described and the attorney or other representative of those persons of the intent to have his or her attorney or other representative

attend the evaluation. The rating physician or chiropractic physician may *suspend* ~~[request an attorney or representative to leave the examination room or may terminate]~~ the examination~~[:]~~

~~[(a) ]~~if the attorney or representative disrupts *or attempts to participate in* 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. 12.** NAC 616C.1162 is hereby amended to read as follows:

**NAC 616C.1162 Notification by insurer or employer of request for medical examination. ([NRS 616A.400](#), [616C.140](#))**

1. If an insurer or employer requests that an injured employee who has filed a claim for compensation submit to a medical examination pursuant to [NRS 616C.140](#), the insurer or employer shall notify the injured employee, in writing, of the time and place of the medical examination:

(a) At least **21** ~~[10]~~ days before the date of the medical examination *unless otherwise specified or agreed upon by both parties* ~~[, if the employee resides within the state in which the medical examination will be conducted; or~~

~~—(b) At least 15 days before the date of the medical examination, if the employee resides outside of the state in which the medical examination will be conducted].~~

2. An insurer that requests an injured employee to submit to a medical examination pursuant to [NRS 616C.140](#) shall provide a copy of the written notification required pursuant to subsection 1 to the employer of the injured employee at the same time at which written notification is provided to the injured employee.

3. An employer that requests an injured employee to submit to a medical examination pursuant to [NRS 616C.140](#) shall provide a copy of the written notification required pursuant to subsection 1 to the insurer of the employer at the same time at which written notification is provided to the injured employee.

**Sec. 13.** NAC 616D.411 is hereby amended to read as follows:

**NAC 616D.411 Benefit penalties: Determination of amount required to be paid. ([NRS 616A.400](#), [616D.120](#))<sup>3</sup>**

1. To determine the amount of a benefit penalty required to be paid pursuant to subsection 3 of [NRS 616D.120](#), the Administrator will determine that the violation caused physical or economic harm to the injured employee or his or her dependents if the Administrator finds, by a preponderance of the evidence, that:

- (a) The harm would not have occurred but for the violation;
- (b) The violation was a substantial factor in bringing about the harm; and
- (c) There is no supervening cause that is responsible for bringing about the harm.

2. Physical harm must be established by a preponderance of objective medical evidence in the form of existing medical records or medical records furnished by the claimant.

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<sup>3</sup> First Parallel Section – For “claims” filed on or after January 1, 2024.

3. The Administrator will determine the amount of a benefit penalty required to be paid pursuant to subsection 3 of [NRS 616D.120](#) according to the following schedule. In addition to the required minimum benefit penalty of ~~[\$5,000]~~ **\$17,000**, a claimant will be awarded ~~[\$2,250]~~ **\$8,500** for each point assessed, but in no event will the amount of the benefit penalty be greater than ~~[\$50,000]~~ **\$120,000**.

Points assessed for physical harm:

Temporary minor harm.....	2 points
Temporary major harm.....	5 points
Permanent minor harm.....	5 points
Permanent major harm.....	15 points
Death.....	25 points

Points assessed for the amount of compensation found to be due the claimant:

Amount of compensation

\$3,001 - \$5,000.....	1 point
\$5,001 - \$7,000.....	2 points
\$7,001 - \$9,000.....	3 points
\$9,001 - \$11,000.....	4 points
\$11,001 - \$13,000.....	5 points
\$13,001 - \$15,000.....	6 points
\$15,001 - \$17,000.....	7 points
\$17,001 - \$19,000.....	8 points
\$19,001 - \$21,000.....	9 points
An amount that is greater than \$21,000.....	10 points

Points assessed for prior violations:

Average number of claims handled in the past 3 years of 4,000 or more

Five or less prior violations.....	0 points
Six prior violations.....	1 point
Seven prior violations.....	2 points
Eight prior violations.....	4 points
Nine or more prior violations.....	6 points

Average number of claims handled in the past 3 years of less than 4,000 but more than 1,500

Three or less prior violations.....	0 points
Four prior violations.....	1 point
Five prior violations.....	2 points
Six prior violations.....	4 points
Seven or more prior violations.....	6 points

Average number of claims handled in the past 3 years of 1,500 or less

One prior violation.....	0 points
Two prior violations.....	1 point
Three prior violations.....	2 points

Four prior violations.....	4 points
Five or more prior violations.....	6 points

Points assessed for economic harm:

Amount of economic harm

\$6,001 - \$7,000.....	1 point
\$7,001 - \$8,000.....	2 points
\$8,001 - \$9,000.....	3 points
\$9,001 - \$10,000.....	4 points
\$10,001 - \$11,000.....	5 points
\$11,001 - \$12,000.....	6 points
\$12,001 - \$13,000.....	7 points
\$13,001 - \$14,000.....	8 points
\$14,001 - \$15,000.....	9 points
More than \$15,000.....	10 points

4. To determine the number of prior violations of an insurer, organization for managed care, health care provider, third-party administrator, employer or employee leasing company, the Administrator will:

(a) Consider only those fines and benefit penalties imposed pursuant to paragraphs (a) to (e), inclusive, (h) and (i) of subsection 1 of [NRS 616D.120](#) using the 3 most recent complete years of available data.

(b) Not consider those benefit penalties imposed pursuant to paragraph (b) of subsection 3 of [NRS 616D.120](#).

5. To determine the average number of claims handled in the past 3 years, the Administrator will consider the 3 most recent complete years of available data.

6. As used in this section:

(a) “Dependent” means a person who:

(1) At the time of the violation, is:

(I) The spouse of the injured employee;

(II) A child of the injured employee and is under 18 years of age; or

(III) A child of the injured employee, is 18 years of age or older and is physically or mentally incapacitated and unable to earn a wage; or

(2) Is a parent of the injured employee, a child of the injured employee who is 18 years of age or older, a stepchild of the injured employee or a sibling of the injured employee if that person’s dependency upon the injured employee is established by a federal income tax return of the injured employee or by any other reliable evidence.

(b) “Economic harm” includes:

(1) The loss of money or an item of monetary value; and

(2) The deprivation of a reasonable expectation of a financial or monetary advantage.

(c) “Number of claims handled” means the total number of claims accepted, denied or reopened during a 1-year period.

(d) “Permanent major harm” means physical harm that:

(1) Results in a complete or significant loss of the ability to engage in activities of daily living, including, without limitation, caring for oneself, performing manual tasks, walking, standing, sitting,



seeing, hearing, speaking, breathing, learning, working, sleeping, functioning sexually, and engaging in normal recreational and social activities; and

(2) Is unlikely to be alleviated in spite of medical treatment that a reasonable person is willing to undergo.

(e) “Permanent minor harm” means physical harm that:

(1) Does not result in a complete or significant loss of the ability to engage in activities of daily living, including, without limitation, caring for oneself, performing manual tasks, walking, standing, sitting, seeing, hearing, speaking, breathing, learning, working, sleeping, functioning sexually, and engaging in normal recreational and social activities; and

(2) Is unlikely to be alleviated in spite of medical treatment that a reasonable person is willing to undergo.

(f) “Physical harm” means death or any physiological disorder or condition, cosmetic disfigurement or anatomic loss affecting one or more of the following body systems:

(1) The neurological system.

(2) The musculoskeletal system.

(3) Special sense organs.

(4) The respiratory system, including, without limitation, speech organs.

(5) The cardiovascular system.

(6) The reproductive system.

(7) The digestive system.

(8) The genitourinary system.

(9) The hemic and lymphatic system.

(10) The skin.

(11) The endocrine system.

(g) “Temporary major harm” means physical harm that:

(1) Results in a complete or significant loss of the ability to engage in activities of daily living, including, without limitation, caring for oneself, performing manual tasks, walking, standing, sitting, seeing, hearing, speaking, breathing, learning, working, sleeping, functioning sexually, and engaging in normal recreational and social activities; and

(2) Is likely to be alleviated with or without medical treatment.

(h) “Temporary minor harm” means physical harm that:

(1) Does not result in a complete or significant loss of the ability to engage in activities of daily living, including, without limitation, caring for oneself, performing manual tasks, walking, standing, sitting, seeing, hearing, speaking, breathing, learning, working, sleeping, functioning sexually, and engaging in normal recreational and social activities; and

(2) Is likely to be alleviated with or without medical treatment.

***7. For purposes of this section, “claim” means a Form C-4 submitted in accordance with NAC 616C.080 on or after January 1, 2024.***