



DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS
Workers Compensation Section

OCCUPATIONAL DISEASE REPORTING REQUIREMENTS
NRS 617.357

Background:

All Nevada workers' compensation insurers are required by NRS 617.357 to submit to the Administrator a written report for each claim for compensation that is filed for an occupational *disease of the heart or lungs or any occupational disease that is infectious or relates to cancer* within **30 days after the insurer accepts or denies** the claim pursuant to NRS 617.356. **ADDITIONALLY**, the insurer is required to notify the Administrator in writing within 30 days after the claim is appealed or affirmed, modified or reversed on appeal or is closed or reopened. NRS 617.357 became effective July 1, 2001.

On August 28, 2001 and on February 11, 2003, Charles J. Verre, Chief Administrative Officer, Workers' Compensation Section (WCS) sent memos to all workers' compensation insurers and third party administrators (TPAs) outlining the reporting requirements for occupational diseases as stated above.

The Occupational Disease Claim Report (OD-8) has been adopted for reporting claims pursuant to NRS 617.357(1) and for updating each claim pursuant to NRS 617.357(2). This form is available on line at <http://dirweb.state.nv.us/WCS/wcs.htm>, under the Insurer Reporting drop down menu, Occupational Disease Reporting Requirements. The OD-8 may be filed electronically via e-mail as an attachment or may be mailed/faxed as a hard copy.

Insurers who have no reportable claims pursuant to this statute during a calendar year are required to file an Occupational Disease Claim Statement of Inactivity form within 5 working days of the end of the calendar year for which they are reporting. This will ensure that all insurers have addressed the requirements of this statute and are represented in the Administrator's report required by NRS 617.357(3). This form is available on line as directed above and may be filed electronically via e-mail to the e-mail address listed above as an attachment or may be mailed or faxed as a hard copy.

The above reporting requirements are mandated by the NRS. Failure to file the required reports may result in administrative fines pursuant to NAC 616D.415(1)(d).

OCCUPATIONAL DISEASE REPORTING REQUIREMENTS (CONTINUED)

NRS 617.357

Claims to be reported:

Every insurer must report each claim for compensation for an occupational disease of the heart or lungs or any occupational disease that is infectious or relates to cancer that is accepted or denied on or after July 1, 2001, unless the claim was filed with the insurer before January 1, 2001, within 30 days of the acceptance or denial of the claim pursuant to NRS 617.356.

Claims Information to be reported:

The *Occupational Disease Claim Report (OD-8)* has the full details of information requested including a statement of the nature of the claim, whether the claim was accepted or denied and the reasons for the decision, an estimate of the medical costs of the claim, etc.

Claims Changes and Updates to be reported:

If a claim is appealed or affirmed, modified or reversed on appeal, or is closed or reopened, the insurer shall notify the Administrator of that fact in writing within 30 days after the action. The OD-8 form should be used to report these updates.

Form OD-8 to be used for reporting:

The *Occupational Disease Claim Report* must be used for all reporting. The form is divided into sections, which are specific to the reporting being done.

- The first section, “All Reports”, must be completed each time there is any reporting.
- The second section, “Initial and/or Updated Reports”, must be completed for the initial report in its entirety and can be used to show changes that are required to be reported by statute.
- The third section, “Update Reports Only”, must be completed for each change that occurs, i.e. if the claimant appeals the decision of the insurer, this form is to be used and the box for 1st appeal should be checked and the date of the appeal request should be entered next to Date: When the decision of that first appeal is received, this form should be used to report the decision and the date of the decision. If a second, third or other appeal is scheduled this form is to be used to update the WCS claims information in the same manner as the first appeal.

OCCUPATIONAL DISEASE REPORTING REQUIREMENTS (CONTINUED)

NRS 617.357

Form to use when reporting no claims:

The *Occupational Disease Claim Statement of Inactivity* form (see page 1, paragraph 4) must be used by all insurers who have no reportable occupational disease claims for the calendar year. This *Statement of Inactivity* must be submitted within 5 working days of December 31st of the calendar year for which it is applicable. The form is self-explanatory and can be obtained on line. Submission of this form can be done as in the summary that is listed below.

When to report claims:

Initial reports: Within 30 days after acceptance or denial of the claim

Update reports: Within 30 days of each or any of the following:

- An appeal filed regarding claim acceptance or denial
- A decision rendered on an appeal regarding acceptance or denial
- Subsequent appeals and decisions regarding acceptance or denial
- Claim closure
- Claim reopening

Methods of Reporting Claims Information/Questions Regarding Report Requirements:

Electronically by e-mail to: WCSRA@business.nv.gov

Hard copy by fax to: (702) 990-0364, Attention: Research & Analysis

Hard copy by U.S. Postal Service or other mail service to:

State of Nevada
Division of Industrial Relations
Workers' Compensation Section
Education, Research & Analysis
1301 North Green Valley Parkway, Suite 200
Henderson, NV 89074