



Workers' Compensation

Questions Frequently Asked by Medical Providers

Must I evaluate and treat every patient with a work-related injury?

In the event of an emergency, you must evaluate and treat the injured worker.

If the injury is non-emergent, it is recommended that you verify whether you are a contracted provider for that employer, insurer or third-party administrator (TPA) to ensure payment for services rendered. If you do treat the injured worker, you must complete and forward the appropriate copy of the Form C-4, *Employee's Claim for Compensation/Report of Initial Treatment* to the **correct** insurer and the **correct** employer. [NRS 616B.527](#), [NRS 616C.090](#)

Also, it is your responsibility to inform the injured worker of his workers' compensation rights, which includes the completion of the Form C-4. The Form D-2, *Brief Descriptions of Rights and Benefits*, is located on the back of page 4, the injured worker's copy, of Form C-4. [NRS 616C.090](#), [NRS 617.352](#)

What are the Form C-4 requirements?

Within 3 working days after treating an injured worker, you must complete the Form C-4, *Employee's Claim for Compensation/Report of Initial Treatment* and forward the appropriate copy to the **correct** employer and the **correct** insurer. A Form C-4 must be completed even if you do not consider the injury or occupational disease to be work-related. The compensability of the claim lies with the insurer, not the health care provider nor the employer. The Form C-4 must be completed in its entirety, including signature and date, and any limitations and/or restrictions assigned. Please note that the insurer or TPA has 30 days from receipt of the C-4 to accept and begin payment or to deny the claim. [NRS 616C.040](#), [NRS 617.352](#)

How may I obtain Form C-4s and other necessary forms?

To order the multi-part Form C-4, contact the WCS Carson City office at 775 684-7270. For other forms, you may contact the WCS Carson City office or visit the WCS Web site at <http://dirweb.state.nv.us/WCS/wcs.htm>

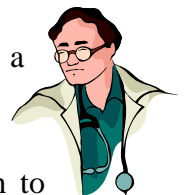
What if the patient or his employer asks me not to send in a Form C-4?

You must complete in its entirety the medical provider portion of the Form C-4 if you consider the injury or occupational disease to be work related or the patient reports a condition due to working. The appropriate copy of the C-4 must then be forwarded to the correct employer and correct insurer even if the injured worker has reused to complete the employee portion.

Under what circumstances may I charge an injured worker?

If a provider of health care accepts a patient for the treatment of an industrial injury or occupational disease, the patient may not be charged for any treatment related to the industrial injury or occupational disease. The insurer must be charged.

An injured worker may be charged when his employer is uninsured and WCS has issued a determination to not assign the workers' compensation claim to the Uninsured Employers' Account.



You may charge a patient when his claim is closed and he is seeking medical documentation to reopen the claim. You may also charge an injured worker for any treatment unrelated to the industrial injury or if his claim has been denied. Otherwise, never charge an injured worker for any treatment related to the claim. Payment may be accepted from the injured worker or his health insurer for

treatment the injured worker alleges is related to the industrial injury or occupational disease *which the insurer or third-party administrator has denied liability for.*

What do I do if the employer asks me to bill him directly?

Unless the employer is self-insured, the insurer or third-party administrator is responsible for payment of any medical services provided to the injured worker relating to the accepted industrial injury and/or condition.

What do I do if I suspect workers' compensation fraud?

The Attorney General's Workers' Compensation Fraud Unit investigates allegations related to claimant, employer, and provider fraud on behalf of the State and self-insured employers. This unit is also generally responsible for the investigation of any fraud related to the administration of workers' compensation. Report suspected fraud to the AG Fraud Hotline: 1-800-266-8688. More information for detecting possible fraud is available on their Web site at: <http://ag.state.nv.us/org/bcj/wcfu/wcfu.htm>

May a physician's assistant or nurse practitioner complete a Form C-4?

Yes, the physician or chiropractor, who has the responsibility to complete the C-4, may delegate the completion of the form to a medical facility, physician's assistant or nurse practitioner. However, a physician must always countersign the Form C-4.

What are the consequences if I fail to complete or send in a Form C-4 on time?

Administrative fines may be imposed if a C-4 is not completed accurately and/or not submitted within 3 working days to the correct employer and insurer. Benefit penalties and administrative fines may be imposed if a medical provider refused to process a claim for compensation and/or induces or influences a patient not to file a workers' compensation claim. [NRS 616C.040](#), [NRS 616D.120](#)

How can my office staff locate the correct insurer/TPA?

To receive prompt payment, it would be to your advantage to take every step possible to send the C-4 and the bill to the correct insurer or TPA. The first step is to ask the injured worker. The next step is to contact the employer. He is required to know who his insurer is.

The Coverage Verification Service is a limited portal into the National Council on Compensation Insurance's database which allows access to private carrier information for employers. To access this portal, visit the Workers' Compensation Section (WCS) Web site: <http://dirweb.state.nv.us/WCS/cvs.htm>. For information on self-insured employers and employers covered through an association, visit the Division of Insurance Web site: <http://doi.state.nv.us/sitemap.htm>.

If, despite all your efforts, you are unable to find out the name of the insurer, then you may call WCS for assistance in locating this information. If WCS is unable to locate the insurer at that time, you will be asked to send the C-4 and any notes you may have on the steps taken to locate the information needed to WCS. [NAC 616C.080](#)

What if the employer does not have workers' compensation insurance?

Send the Form C-4 and the bill to WCS with a cover letter stating the employer does not have workers' compensation insurance. There is an uninsured employers' account to cover this situation for which the injured worker may qualify.

Must I obtain prior authorization for everything?

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

- Consultation

- Diagnostic testing
- Elective hospitalization
- Any surgery which is to be performed under circumstances other than an emergency; or
- Any elective surgery

In addition, treatment for codes 97001 to 97799, exclusive of 97545, 97546, and 98925 to 98943, consisting of more than 6 visits, requires pre-authorization. [NAC 616C.129](#)

What if I request prior authorization and the insurer or TPA does not respond?

An insurer must respond to a **written request** for prior authorization for treatment, diagnostic testing, or consultation within 5 working days. If the insurer does not respond within 5 working days, authorization shall be deemed to be given. However, the insurer may subsequently deny the authorization. [NRS 616C.157](#)

How many treating physicians or chiropractors may a patient have?

There may be only one treating physician or chiropractor unless the insurer provides prior written authorization for the injured worker to receive treatment by more than one physician or chiropractor. [NRS 616C.090](#)

Physicians and chiropractors associated with the treating physician or chiropractor may treat the injured worker during the temporary absence of the treating physician or chiropractor. Physicians in emergency departments are not considered “treating physicians.” [NAC 616C.129](#)

Is a specific progress report form required?

The physician or chiropractor must use Form D-39, *Physician’s Progress Report – Certification of Disability*. The D-39 must be completed in its entirety to include a signature and date and any limitations and/or restrictions assigned. A copy of this form may be obtained from the WCS Web site <http://dirweb.state.nv.us/WCS/wcs.htm> or by contacting WCS. [NAC 616A.480](#)

Are there workers’ compensation standards of care?

Yes. The standards of care adopted by the Division of Industrial Relations are *Occupational Medicine Practice Guidelines* published by the American College of Occupational and Environmental Medicine. [NRS 616C.250](#), [NAC 616A.480](#)

Must I prescribe generic drugs?

Yes. A provider shall prescribe a generic drug in lieu of a brand name drug if the generic drug is biologically equivalent and has the same active ingredient or ingredients of the same strength, quantity and form of dosage as the brand name drug. [NRS 616C.115](#)

Is there specific language to use when the patient reaches maximum medical improvement?

Yes. To be consistent with statute, when the treating physician or chiropractor feels the injured worker has reached maximum medical improvement, the term “stable” should be used. If the treating physician or chiropractor deems the injured worker may have suffered a permanent impairment, the term “ratable” should be used. [NAC 616C.103](#)

How may I join the Treating Panel of Physicians and Chiropractors?

To become a member of the Treating Panel, a licensed physician or chiropractor must complete the “Application – Panel of Treating Physicians and Chiropractors” and submit the completed application to the Henderson office of WCS for processing. Upon completion, the health care provider will be notified and an informational packet will be sent. An application may be obtained from the WCS Web site <http://dirweb.state.nv.us/WCS/medical.htm> or by contacting WCS.

Please explain billing and payment regulations.

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 12 months after the date on which the services were rendered. Please note the following:

- An insurer must approve or deny a bill within 30 calendar days after receipt
 - If approved, the insurer has 30 days to pay the bill
 - If the insurer does not pay within 30 days, interest may be due to the medical provider
- An insurer is obligated to provide an explanation of benefits for each code billed.
 - An insurer cannot change your billing codes.
 - The insurer must return the bill and request additional information

What recourse do I have if my bill is reduced or denied?

If your bill has been reduced or denied by an insurer you may, within 60 days of receiving notice of the reduction or denial, request WCS to review that action. WCS will investigate and make a payment determination. [NAC 616C.027](#)

What may I bill for witness fees?

A physician or chiropractor that is called to testify is entitled to receive the same fees as witnesses in civil cases. These fees may exceed the fees in the medical fee schedule. [NRS 616C.350](#)

Does Nevada have a medical fee schedule?

Yes. Payment from insurers cannot exceed the medical fee schedule, but payment may be less than the medical fee schedule if the provider has a contract with the insurer.

A medical provider is to use the most recent editions, or updates of the following publications for the billing of workers' compensation: *Relative Values for Physicians*, *Relative Value Guides of the American Society of Anesthesiologists*, the Center for Medicare and Medicaid Services list of ambulatory surgical codes and payment groups, and Medicare's current reimbursement for HCPCS codes K & L for custom orthotics and prosthetics as well as the Nevada specific billing codes identified in the Med Fee Schedule. The providers service code conversion factors and the Nevada specific codes are contained in the Med Fee Schedule.

Where can I access the Nevada Medical Fee Schedule, ASC codes, DME and K&L codes, and the WCS Medical Unit information on the internet?

To access all of the above and more, visit the WCS Web site: <http://dirweb.state.nv.us/WCS/medical.htm>.

How may I obtain more information about workers' compensation?

To obtain more information about workers' compensation, please visit the WCS Web site or contact the Workers' Compensation Section.

1301 N. Green Valley Parkway, Suite 200
Henderson, NV 89074
(702) 486-9080 Fax: (702) 990-0364

400 N. King Street, Suite 200
Carson City, NV 89703
(775) 684-7270 Fax: (775) 687-6305

Or e-mail: WCSHelp@business.nv.gov

WCS Web site: <http://dirweb.state.nv.us/WCS/wcs.htm>

DOI Web site: <http://doi.state.nv.us/sitemap.htm>