Workers' Compensation

Subsequent Injury File Procedures

CARDS D-37 Webform

The D-37 webform must be completed within the CARDS system effective June 02, 2025. The form is accessible through the WCS CARDS website at https://cards.nv.gov. The D-37 (subsequent injury) webform enables users to submit initial and supplemental subsequent injury data.

Be advised of the following information regarding the submission of a D-37 webform:

- To initiate the form, the user must link to an existing claim.
- The D-37 webform consists of 8 parts, collecting information about the request along with multiple document uploads.
- Once the request is submitted, the Subsequent Injury Unit will begin reviewing the request to determine the validity of the request and that all criteria have been met pursuant to the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC).
- The Ticket Number (TK-0000-000) will be linked to the request and can be used for communication with the division if additional documentation or information is requested once the review of the request has begun.
- A letter of application is requested in Part Two. Do not re-state the NRS. It is helpful to include a brief explanation of why you believe the claim qualifies for reimbursement, highlighting the relevant qualifying factors under each subsection.
- Medical documentation is required that specifically shows that compensation due is greater because of the combined effects of the prior condition and the subsequent injury. Refer to **NAC 616B.707** for allowable expenses.
- Ensure that the medical documentation indicating a prior Whole Person Impairment (WPI) of 6% or greater is included with your submission. This documentation may consist of a previous or current Permanent Partial Disability (PPD) evaluation or relevant medical reports. It is necessary to specify the impairment percentage and the accepted body part(s).
- In accordance with **NRS 616B.557(4)**, the employer must establish by written records that the employer had knowledge of the "permanent physical impairment" at the time the employee was hired. This documentation should specify the date the employer became aware of the impairment, the date of hire, and the date of retention is required. If a specific document is referenced, indicate which document(s) and relevant dates of service.
- Parts Four through Seven documentation to be submitted:
  - Medical reports and billing should be in chronological order (oldest to newest).
  - No duplicate medical reports.

- Document payment on the required Expenditure Cost Summary List, which will include the check number, dates of service, type of payment, payee name and amount paid.
- If submitting medical reports and billing for multiple years, the documentation should be uploaded per year.

1. Ensure the file does not contain multiple copies of the same document.

2. The C-3 and C-4 Forms should be clear and legible. Include the C-1 Form if it is available. All sections of the C-3 and C-4 Forms must be fully completed in accordance with NAC 616A.480. The C-4 Form requires both the top and bottom sections to be completed to process a subsequent injury reimbursement request. Incomplete forms will be considered insufficient and will be returned to the submitter.

3. If there is specific documentation that is being relied upon to support false representation, this must be submitted.

4. Medical reports to substantiate the pre-existing condition are required. This must include prior medical records or a prior PPD report.

5. In accordance with **NRS 616B.557(1), NRS 616B.578(1), and NRS 616B.587(1),** if an employee is entitled to compensation for disability that is **substantially greater** by reason of the combined effects of the preexisting impairment, the medical reports for the subsequent injury are required.

6. When requesting any indemnity reimbursements, please include the completed Employer's Wages Verification Form (D-8 Form), Wage Calculation Form for Claims Agent's Use (D-5 Form), an average monthly wage (AMW) determination letter and all supporting documentation to substantiate the AMW.

7. Total expenditure documentation should include, but not limited to: copies of checks, Explanation of Benefits (EOB), Health Insurance Claim Forms, and Expenditure Cost Summary List. Copies of checks must be submitted with the corresponding bill and EOB that matches the payment.

8. Temporary Partial Disability (TPD) must include supporting documents, such as the completed D-46 Form and payroll checks.

9. PPD payments must be supported by the signed election papers (D-10 Form & D-11 Form) and calculation worksheet (D-9a Form & D-9b Form).

10. Partial Temporary Disability (PTD) determination letter, payments must include medical reports, D-14 Form for every year benefits are received and proof of compensation.

11. Temporary Total Disability (TTD) payments must include a Certificate of Disability (D-6 Form), proof of compensation and the employers' light duty employment offer, if applicable.

12. All supporting documentation should be provided for Vocational Rehabilitation services.

13. Travel reimbursement requests must be supported by medical reports, receipts, and the completed D-26 Form, which substantiates the payment.

14. The file should contain all legal documents, such as: Hearing Officer/Appeal Officer (HO/AO) decisions, stipulations, and proof of compliance determinations issued by the Insurer/TPA.

15. Subrogation documentation should be included in the file. Subrogation reimbursement will be offset from the subsequent injury reimbursement amount. If there has been an attempt at subrogation reimbursement or an actual reimbursement, all documents should be submitted for review. If there has been reimbursement this amount should be documented on the D-37 webform and subtracted from the total amount requested.

- Part Eight of the D-37 webform must include all requested expenditures for reimbursement.

- When submitting a supplemental reimbursement request, do not resubmit expenses that we previously approved or reimbursed. Additionally, do not include these expenses on the Expenditure Cost Summary List.

- Pursuant to SB317, NRS 616B.563-616B.581 was amended to include the following changes for Associations of Self-Insured Public or Private Employers only:

    1. Requires an employee to have incurred a subsequent injury on or before September 30, 2025.

    2. Evaluation of claims submitted will be reviewed not later than 30 days after WCS is in receipt of the claim.

If the required documentation is not submitted with each reimbursement request, the application will be considered incomplete and may be subject to return or denial.

If you have any questions, contact Jolene Pirnie at (702) 486-9095 or jpirnie@dir.nv.gov. If the file is not submitted accurately, it will be returned. If a request is returned, it will include a detailed letter outlining the issues with the file. The burden of proof lies with the party submitting the request.