## Nevada Workers' Compensation Law for Firefighters

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## **Nevada Workers' Compensation Law for Firefighters**

The governing laws that apply to all employees in Nevada with work-related injuries and occupational diseases are found in Nevada Revised Statutes (NRS) Chapters 616 A thru 616 D, and NRS Chapter 617. Those laws are supplemented with regulations contained in the Nevada Administrative Code (NAC), Chapters 616 A thru 616 D and NAC Chapter 617. Workers' compensation laws in Nevada may change every two years when the Nevada legislature meets.

Interpretations of the existing law may be published by the Nevada Supreme Court through case decisions. Therefore, please verify that the law or the application of the law has not changed from the time this booklet was written (12/2021). Secondly, please keep in mind that this booklet is intended as a general overview of workers' compensation law for firefighters. It is not intended as legal advice for individuals with an existing or a potential workers' compensation claim.

Laws other than workers compensation statues may also apply when a firefighter has a work injury, such as the Federal Family Medical Leave Act (FMLA), and the Americans with Disabilities Act (ADA). Depending on the employer and depending on the applicable bargaining agreement with the employer, a firefighter may also be entitled to additional retirement benefits for a career-ending work injury. Think of Nevada workers' compensation laws as minimum entitlements; firefighters with work injuries or occupational diseases should explore all sources for any greater benefits.

Firefighters in Nevada have several special workers' compensation laws (some are applicable to police officers as well) that address industrial insurance coverage for heart disease, lung disease, cancer, contagious diseases, tuberculosis, and hepatitis.

- (1) Notification of Accidental Injury or Occupational Illness (Form C-1): If an employee suffers an injury while on duty or they have been given a diagnosis or an occupational disease they must submit a C-1 form to their supervisor within seven (7) days of the accident or diagnosis. This form is the notification of injury and does not start the claim itself. The claim is started with the C4 form.
- (2) <u>Claim for Compensation (Form C-4):</u> Whenever initial medical treatment is sought the employee must fill out the C-4 form, the top half is the employee, and the bottom half must be filled out by the provider. If you or

your provider do not have the form one can be found online by searching *State of Nevada C4 form.* A completed "Claim for Compensation" (Form C-4) must be filed within 90 days after an accident, or the initial submission of the C-1 form.

- (3) Physician Disability Statement or Accident/ Injury treatment report (depending on your employer this form may have different names): After your first medical evaluation you will be given a form completed by the physician which indicated what your work status will be. The options are "Return to Regular Work", "Modified Duty" and "Off Work". The provider will need to mark the form appropriately to indicate any restrictions you may have secondary to your injury. The provider must also indicate the dates the restrictions expire, or a date scheduled for any follow up appointments. It is essential that you get one filled out after each physician visit.
- (4) Medical Treatment: If you require medical treatment for your on-the-job injury or OD, you will need to select a physician or health provider from a list supplied by your workers' compensation insurer. This typically takes place after claim acceptance and once your claim is accepted all medical costs related to the treatment for industrial injury or OD will be paid by your insurer. Remember, you must use a provider from the list of acceptable physicians provided by your work comp third party administrator, the administrator may not pay for any treatment outside of their network.

## (5) How the appeal process works

Appeal Process Hearings Division: If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the Department of Administration, Hearings Division by following the instructions contained in your determination letter. You must include the denial letter with a statement as to why you are appealing the decision, a simple statement like "I disagree with the determination dated XXX" is sufficient.

You must appeal the determination within 70 days from the date of the determination letter at 1050 E. William Street, Suite 400, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 210, Las Vegas, Nevada 89102. Please keep a copy of the letter as proof of the submission. If you drop off the appeal letter in person, ask for a time stamp on your copy as well. You will have an opportunity to explain your situation to a Hearings Officer and they will decide based on the facts you present and how they pertain to the applicable NRS statutes.

**Appeals Officer Hearings**: If you disagree with the determination of the Hearing Officer you may file to have your claim reviewed by an Appeals Officer. For this step in the process, you need to be represented by an attorney or you can present the case yourself. Your union cannot represent you at this level of hearing. You

must file your appeal within 30 days from the date of the Hearing Officer Decision letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with a decision of an Appeals Officer, you may file a petition for judicial review with the District Court. You must do so within 30 days of the Appeal Officer's decision. You may be represented by an attorney at your own expense or you may contact the NAIW for possible representation.

- (6) <u>Temporary Total Disability (TTD):</u> If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation. This portion of your compensation is covered by your collective bargaining agreement.
- (7) <u>Temporary Partial Disability (TPD):</u> If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months. This portion of your compensation is covered by your collective bargaining agreement.
- (8) <u>Permanent Partial Disability (PPD):</u> When your medical provider determines that your condition is "stable and ratable" this becomes the trigger for your PPD rating appointment. Within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractor to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation and your age and wage.
- (9) <u>Permanent Total Disability (PTD):</u> If you are medically certified by a treating physician or chiropractor as permanently and totally disabled and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage or 66 2/3% of the maximum monthly wage as determined by the state of Nevada. The amount of your PTD payments is subject to reduction if you previously received a PPD award.
- (10) <u>Vocational Rehabilitation Services:</u> You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.