

STATE OF WISCONSIN



Department of Workforce Development

Tips to Expedite Your Claims

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Overview

- Common occurrences that may create extra work, delay appropriate benefits, or keep claims open far longer than needed
- Chance to review and re-emphasize points covered in previous presentations
- This list provides a useful reference to identify and resolve common problems



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Claim Number

- When contacting us, please use our claim number.
- DWD has three ways to find the file:
 - Name
 - Social Security Number
 - WC claim number (DWD claim number)
- Using a WC claim number is **preferred** because additional information isn't required to know we have the correct claim.



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Operative Reports

- Please send all narrative operative reports to DWD WC.
- We want the narrative operative report by the surgeon.
 - Usually, 1-2 pages long
 - Reads like a story and describes the surgeon's actions

IMPORTANT: Do not send hospital records, anesthesiology reports, pre-op physical reports, medication reports, etc. unless explicitly asked.



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Statutory Minimums



- Minimum PPD rating required by DWD 80.32.
 - Your question: "What will prevent a delay penalty?"
 - Our question: "What do you reasonably know?"
- If you know that a statutory minimum rating applies, PPD payments **must** start within 30 days of the end of TTD/TPD.



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Statutory Minimums: Examples

1. Amputation of some portion of left distal index finger
 - You don't know full amount of amputation, but you know it is at least less than 1/3. You are expected to know PPD for this type of injury and pay accordingly.
2. Surgery for meniscectomy or fusion
 - You know these are stat min surgeries and you are expected to pay accordingly.



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Statutory Minimums: Examples

- 3 • ROM measurements trigger a stat min.
 - The measurements aren't taken until End of Healing (EOH), so you are not expected to pay 30 days after end of TTD/TPD because you can't know this amount until EOH.
- Exception: Surgery fuses a joint, so you know there is no movement possible.



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Meniscectomy

- ANY removal of meniscal tissue is considered a meniscectomy.
- If the operative report includes biting, shaving, trimming, or any other word that indicates removal of at least part of the meniscus, the department considers it a meniscectomy, even if "meniscectomy" is not specifically listed in the op report.
- If you are unsure, call us.



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Comparative X-rays

- We need X-rays for both the injured and **uninjured** hand.
- The law requires that we measure and compare the bone length in the two hands.
- We cannot use the following:
 - o X-ray reports,
 - o X-ray of just the injured hand, or
 - o Photocopies of x-ray films
- The claim will remain open until we have reviewed the comparative X-rays.



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Final Medical Report (FMR)

- Must be signed by treating provider: a doctor, psychologist, podiatrist, or chiropractor.
- The FMR **must** include Diagnosis, End of Healing, Discharge, PPD rating assigned to a specific joint or body part, signature, and date of signature.
- WKC-16 is not required but saves time and trouble.
- An IME can **never** be a final medical report.



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Off-Work Notes



- Per § 102.17(1) (d) 1, PAs and APRNs are not allowed to opine about the cause of an injury.
- If you have an APRN or PA signature on an off-work note, please ask for the collaborating physician's signature.



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Three Attempts

- When you have made three attempts to get the Final Medical Report without a response, ask DWD to write a letter to the doctor.
- Three attempts means:
 - Three requests to the doctor's office (not the main building of the health care system, not the billing or medical records offices), **and**
 - There is at least one month between requests, **and**
 - Your request to us is made at least a month after your last request to the doctor.



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Three Attempts (cont.)

- If the doctor says the injured worker has not yet reached End of Healing, you start over at request one.
- If you want us to write a letter to the doctor:
 1. Ask us, **and**
 2. Send us a copy of each attempt you made and any response from the doctor, **and**
 3. Provide us with the full name of the doctor and the doctor's **physical address**.
 4. Please verify that you have been faxing to the correct number before asking us for a letter.



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Surcharge vs. Delay Penalty

- Surcharges are assessed when you are late reporting required information to the department.
 - Paid to Work Injury Supplemental Benefit Fund.
- These deadlines **can** be extended.
- Delay penalties are penalties charged when you pay the injured worker late.
 - Paid directly to injured worker.
- The law **does not allow** for any extension for payment of due and accrued benefits.



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Investigation Letter

- **After conducting your initial investigation, mail** your investigation letter to the injured worker within 14 days of the first report of injury.
- Letter must clearly state:
 - What you are investigating, **and**
 - How the injured worker can help you obtain the information, **and**
 - The injured worker's hearing rights if the claim is denied.
- This letter is necessary to be allowed four additional weeks for your investigation.
- Investigations should not go beyond six weeks.



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Employer Actions that Increase Litigation

- Improper reporting
- Unclear or improper offer of work during TPD
- Employer fails to tell injured worker they have the right to choose their provider.



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Voluntary Notice for Employers

- May 2024: WC announced a new tool for employers
- Notice to Injured Workers and Employers (Form WKC-19606-P)
 - Voluntary for employers to post – not mandatory
 - Tells employers and employees what to do in the event of a work injury
 - Gives contact information for this employer's worker's compensation claims administrator
 - Available in English, Spanish, and Hmong



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Notice to Injured Workers and Employers



Find this and other workplace posters on the DW DeWorkBoard.



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Litigation

- For the department to consider a claim litigated, we must have a hearing application on file.
- Even if the injured worker has an attorney, if no hearing application is on file, the insurance carrier is still responsible for providing required reports to the department.
- With the upcoming reunification, all questions and correspondence will again come to one office.
- ADR will still be available for claims with less complex disputes.



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Questions?

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