

STATE OF WISCONSIN



Department of Workforce Development

Tips to Expedite Your Claims

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Dispute Resolution Specialist

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



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.



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.



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.



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.



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.*



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.



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:
 - X-ray reports,
 - X-ray of just the injured hand, or
 - Photocopies of x-ray films
- The claim will remain open until we have reviewed the comparative X-rays.



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.



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.

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.



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.



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.



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.



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.



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



Notice to Injured Workers and Employers

**WISCONSIN WORKER'S COMPENSATION
NOTICE TO INJURED WORKERS AND EMPLOYERS**

The State of Wisconsin requires this employer to have worker's compensation insurance coverage.
Both employees and employers have rights and responsibilities under the worker's compensation law.

In Case of Work Injuries	
Employee 1. Immediately report any work injury or suspected occupational disease to your supervisor, Human Resources department, or other designated employer representative. 2. Get medical treatment as soon as possible. You have the right to choose your own doctor for work injuries. 3. Give your employer a copy of your doctor's note detailing your work restrictions or taking you off work.	Employer 1. Complete and submit a first report of injury (form WEC-12) to notify your worker's compensation insurance company of any work injury or suspected occupational disease. Fatal claims must be reported within 24 hours. 2. Submit any bills for the injured worker's medical care to your adjuster. Make sure to include the claim number. 3. Let your adjuster know if you will be able to accommodate any restrictions related to the work injury.

This employer's worker's compensation insurance carrier or claim administrator is:

Name of Insurance Carrier or Claim Administrator _____

Mailing Address _____

City, State, Zip Code _____

Telephone Number _____

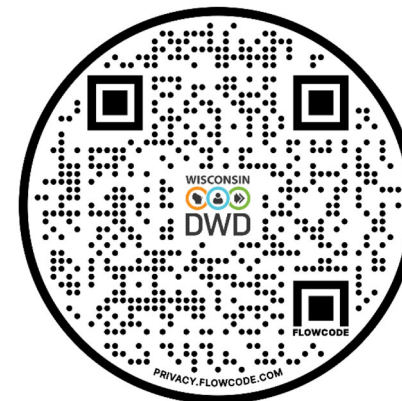
If you have questions about work injuries, please contact:

**STATE OF WISCONSIN
DWD
Department of Workforce Development
Worker's Compensation**

PO Box 7901
Madison, WI 53707-7901
DWDDWC@dwd.wi.gov
(608) 266-1340

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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.



Questions?

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