

OTHER WISCONSIN WORKER'S COMPENSATION RESOURCES

NOVEMBER 2022



Wisconsin Department of Workforce Development
 Division of Worker's Compensation
 Dispute Resolution Staff and Areas of Expertise

November 2022

Lisa Halsey – Section Chief
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**To contact any of the DRS Specialists, please call
 608-266-1340 or 608-261-8472**

NOTE: ALL DRS SPECIALISTS PROCESS PPD CALCULATIONS

Jasmine Decorah jasminer.decorah@dwd.wisconsin.gov	Advances, Alternative Dispute Resolution
Cherie Goetz cherie.goetz@dwd.wisconsin.gov	Supplemental and Death Benefits, Alternative Dispute Resolution
Faith Howe faith.howe@dwd.wisconsin.gov	Advances, Delays, Alternative Dispute Resolution
Jeanie Millard jeanie.millard@dwd.wisconsin.gov	Advances
Chelsea Newby chelsea.newby@dwd.wisconsin.gov	Vocational Rehabilitation, Loss of Earning Capacity (LOEC), Internal Training
Jason Przybylo jason.przybylo@dwd.wisconsin.gov	In training
Phil Roberts philip.roberts@dwd.wisconsin.gov	Advances
Frank Salvi frank.salvi@dwd.wisconsin.gov	Supplemental and Death Benefits, Vocational Rehabilitation, Tie Breakers, Alternative Dispute Resolution
Gail Wickman gails.wickman@dwd.wisconsin.gov	Advances, Delays
Karee Williams karee.williams@dwd.wisconsin.gov	Delays, Alternative Dispute Resolution, Loss of Earning Capacity (LOEC)
Kati Zieroth (Claims Management) kati.zieroth@dwd.wisconsin.gov	Hearing Loss, Vision Loss

Important WCD Contact Information

Mailing Address	P.O. Box 7901 Madison, WI 53707-7901
Physical Address	201 E. Washington Ave., Room C100, Madison, WI 53703
Main Telephone Line	608-266-1340
Imaging Server Fax	608-260-2503
Litigated Fax	608-260-3053
Main Fax	608-267-0394
IT Help Desk	608-266-7252

Bureau of Insurance Programs	608-266-3046
Dispute Resolution Section (DRS)	608-261-8472
Copy Work	608-266-3280

Bureau of Claims Management Supervisors

Rod Gennrich, Claims Services	608-405-4123
Lisa Halsey, Dispute Resolution Section	608-266-5570
Brendan Kim, Records Management	608-261-0382

Computations

(Social Security Offsets, Present Value)

AAA-GAF	Nancy Wright
GAG-LAZ	Samantha Maroney
LBA-REH	Karen Knapton
REI-Z	Jill Learned

Health Cost Disputes

Kayla Van Valkenberg	Kayla.VanValkenberg@dwd.wisconsin.gov
Holly Hampton	HollyH.Hampton@dwd.wisconsin.gov
Health Cost Disputes Fax	608-260-3143

Wage

(Please note: if claim is litigated, staff usually will not directly address the correct AWW unless requested by ALJ.)

A-N	Keith Kinion
O-Z	Steven McKinney

WCRB Insurance Coverage Look Up:
Child Support Lien Docket:

<https://www.wcrb.org/coverage-lookup/>
<https://liendocket.wisconsin.gov/>

Required Reports to Be Filed with Division of Worker's Compensation

(Event Table)

For complete text of provisions, see Wisconsin Administrative Code DWD 80.02

Due	Report/Form	Code Requirement
1 day	WKC-12, First Report of Injury	DWD 80.02(1) An employer shall within one day after the death of an employee due to a compensable injury, report the death to the department and the employer's insurance carrier.
14 days	WKC-12, First Report of Injury	DWD 80.02(2)(a) A first report of injury... on or before the 14th day after an accident or the beginning of a disability from occupational disease.
30 days	WKC-13, Supplemental Report	DWD 80.02(2)(b) A supplementary report, with information required by form WKC-13 on or before the 30th day following the day on which the injury occurred. (First payment and wage information)
30 days	WKC-13A1, Wage Information	DWD 80.02(2)(c) The wage information required by form WKC-13A1 if the wage is less than the maximum wage.
30 days	Part-time employee's restriction statement, if applicable	DWD 80.02(2)(d) A signed statement from the employee to verify that the employee restricts his/her availability on the labor market to part-time employment and is not actively employed elsewhere.
30 days from event	WKC-13, Supplemental Report. (Accompanied by WKC-16, Final Medical Report, at end of healing when more than 3 weeks of temporary disability, any PPD, or surgery as a result of injury).	DWD 80.02(2)(e) A WKC-13 report within 30 days after each of the following events, with a copy to the employee <ul style="list-style-type: none"> • Payment type is changed to PPD from TTD or salary continuation in lieu of compensation • TTD benefits or salary continuation in lieu of compensation are reinstated • TPD is paid including information 30 days from event required by form WKC-7359-1-E • Final payment of compensation is made or salary continuation in lieu of compensation ended
At time of event	WKC-13, Supplemental Report	DWD 80.02(2)(f) Due when submitting stipulation or compromise or at time of hearing

Notice Requirements

For complete text of provisions, see Wisconsin Administrative Code DWD 80

Due	Send to	Code Requirement
7 days	DWD Employee	DWD 80.02(2)(g)1 Written notice of Suspension When payments are stopped for any reason. If any payments are stopped for a reason other than an employee's return to work, the notice shall explain why payments were suspended and shall advise the employee what to do to reinstate payments.
7 days	DWD Employee	DWD 80.02(2)(g)2 Written notice of Denial When a decision is made to deny liability for payment of compensation <u>after a concession of liability is made</u> , giving the reason for the denial and advising the employee of the right to a hearing before the Division.
7 days	DWD	DWD 80.02(2)(g)3 Written notice of Amputation requiring artificial member or appliance.
14 days	Employee	DWD 80.02(2m)(a)1 Written notice of Denial Notice to advise that liability for payment of compensation is being denied, with the specific reason for the denial and advising employee of the right to a hearing.
14 days	Employee	DWD 80.02(2m)(a)2 Written notice of Investigation Notice to advise that claim is not being paid because it is still under investigation. The notice shall specify if additional medical or other information is needed to complete the investigation and shall advise the employee of the right to a hearing.
30 days	DWD	DWD 80.02(2)(i) Final Receipt on Safety Violation If increased compensation is due, a final receipt within 30 days of the final payment to the employee.
13 weeks	DWD	DWD 80.42 Notice of disability beyond 13 weeks Notice to advise that disability will extend beyond 13 weeks. Notice should include a copy of a current practitioner's report.

**Wisconsin Worker's Compensation Division
Selected Worker's Compensation Forms**

(For complete list, see <https://dwd.wisconsin.gov/wc/about-us/formsorder.htm>)

November 2022

Form Number	Form Description
WKC-3-E	Medical Treatment Statement – To list charges from medical providers, or for medicine and supplies. (To be submitted with WKC-7 – Hearing Application)
WKC-7	Hearing Application – To be filed with the Department by a party requesting resolution of a dispute
WKC-7 Instructions	Instructions for completing Hearing Application (Form WKC-7) Spanish WKC-7 instructions – Instrucciones Para Llenar La Solicitud de Audiencia Adjunta (Formulario WKC-7)
WKC-7-B	Compromise Review Application
WKC-12-E	Employer's First Report of Injury or Disease – Word document, protected from modification and enabled for form fill (includes tabbed fields for form completion)
WKC-13-E	Supplementary Report on Accidents and Industrial Diseases – Supplemental report to be filed by the insurer or self-insured employer when payments are started, stopped, suspended, or changed. Word document, protected from modification and enabled for form fill (includes tabbed fields for form completion)
WKC-13A-E	Wage Information Supplement – (for injuries occurring before April 10, 2022) To be filed with the Department by the insurer or self-insured employer when wage used is less than the maximum compensation rate. Word document, protected from modification and enabled for form fill (includes tabbed fields for form completion)
WKC-13-A1-E	Wage Information Supplement – (for injuries occurring on or after April 10, 2022) To be filed with the Department by the insurer or self-insured employer when the wage used is less than the maximum compensation rate. Except for fatal, perm total, and litigated claims the information on this form must be sent to the WC Division electronically.
WKC-16-E	Medical Report on Industrial Injury – To be filed by the insurer or self-insured employer when temporary disability exceeds 3 weeks or permanent disability results
WKC-16-A-E	Physician's Report on Eye Injuries
WKC-16-B-E	Physician's Report on Accident or Industrial Disease in Lieu of Testimony (To be submitted with WKC-7 – Hearing Application)

Form Number	Form Description
WKC-19-DHA-E	DHA Admission to Service and Answer to Application – To be filed by the respondent insurer or employer and served on the party filing the Hearing Application. Must be filed within 20 days after service of the application.
WKC-136-E	Advance or Lump Sum Request
WKC-170-E	Third Party Proceeds Distribution Agreement – To be filed with the Department by the insurance carrier for approval of distribution
WKC-176	Compromise Agreement – To be filed with the Department by the parties for approval of compensation resolving a dispute
WKC-7359-E	Temporary Partial Disability Worksheet
WKC-9351-E	Health Service Fee Database Certification Application – To be completed by a database company to obtain certification as a health service fee database used for resolving reasonableness of fee disputes
WKC-9380-E	Necessity of Treatment Dispute Resolution Request
WKC-9488-E	Voluntary and Informed Consent for Disclosure of Health Care Information – Electronic format which may be completed on-line and printed for signatures (Available in English, Hmong, and Spanish)
WKC-9498	Reasonableness of Fee Dispute Resolution Request
WKC-10146	Notification of Vocational Services
WKC-10369	Private Vocational Rehabilitation Services Quarterly Report
WKC-12698	Self-Restriction to Part-Time Work
WKC-17001	Notice of Potential Eligibility to Receive Vocational Rehabilitation Services
WKC-17843-E	Fax Cover Sheet – To be used when submitting documents on non-litigated claims
WKC-17876-E	Annual Report of Permanent Total Disability Payments Made

Links to Important Documents

Name	Link to Electronic Version	Hard copy sold through Document Sales (800) 362-7253
Wisconsin Worker's Compensation Act (R. 08/2022)	WKC-1-P * Adobe PDF Format	Specify Item # 403D \$5.10 each plus tax and shipping
How to Evaluate Permanent Disability (R. 8/2012)	WKC-7761-P Adobe PDF Format	Printed versions are available in very limited quantities.
Maximum Wage and Rate Chart (R. 04/2022)	WKC-9572-P Adobe PDF Format	
Historical Wage/Rate Information	Wage History Excel Spreadsheet format	
Insurance Letters Used to convey important information to stakeholders.	Insurance Letters (wisconsin.gov)	

- The online version of the Wisconsin Worker's Compensation Act is regularly updated. An updated printed version is anticipated in 2023; we recommend using the online version as it is most current. The last printed version of the Act is from 2017.