

# OTHER WISCONSIN WORKER'S COMPENSATION RESOURCES

APRIL 2024



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## WORKER'S COMPENSATION DIVISION MISSION

The mission of the Division of Worker's Compensation (WCD) is the promotion of healthy, safe work environments by maintaining a balanced system of services to ensure compliance with the provisions of the Wisconsin Worker's Compensation Act. The Division's work to ensure compliance with the Worker's Compensation Act includes, among other efforts, advancing worker protections and providing exceptional customer service – both of which are areas of focus in DWD's current long-term strategic planning efforts.

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

April 2024

**Lisa Halsey – Section Chief**

[Lisa.halsey@dwd.wisconsin.gov](mailto:Lisa.halsey@dwd.wisconsin.gov)

**To contact any of the DRS Specialists, please call 608-266-1340 or 608-261-8472**

|  |  |
|--|--|
| Jasmine Decorah<br><a href="mailto:jasminer.decorah@dwd.wisconsin.gov">jasminer.decorah@dwd.wisconsin.gov</a>          | PPD Calculations, Advances, Alternative Dispute Resolution   |
| Cherie Goetz<br><a href="mailto:cherie.goetz@dwd.wisconsin.gov">cherie.goetz@dwd.wisconsin.gov</a>                     | PPD Calculations, Supplemental and Death Benefits, Alternative Dispute Resolution  |
| Faith Howe<br><a href="mailto:faith.howe@dwd.wisconsin.gov">faith.howe@dwd.wisconsin.gov</a>                           | PPD Calculations, Delays, Alternative Dispute Resolution   |
| Becca Marshall<br><a href="mailto:rebecca.marshall@dwd.wisconsin.gov">rebecca.marshall@dwd.wisconsin.gov</a>           | PPD Calculations   |
| Jeanie Millard<br><a href="mailto:jeanie.millard@dwd.wisconsin.gov">jeanie.millard@dwd.wisconsin.gov</a>               | PPD Calculations, Advances   |
| Chelsea Newby<br><a href="mailto:chelseal.newby@dwd.wisconsin.gov">chelseal.newby@dwd.wisconsin.gov</a>                | PPD Calculations, Vocational Rehabilitation, Loss of Earning Capacity, Internal Training                                   |
| Jason Przybylo<br><a href="mailto:jason.przybylo@dwd.wisconsin.gov">jason.przybylo@dwd.wisconsin.gov</a>               | PPD Calculations, Advances   |
| Phil Roberts<br><a href="mailto:philip.roberts@dwd.wisconsin.gov">philip.roberts@dwd.wisconsin.gov</a>                 | PPD Calculations, Advances   |
| Frank Salvi<br><a href="mailto:frank.salvi@dwd.wisconsin.gov">frank.salvi@dwd.wisconsin.gov</a>                        | PPD Calculations, Supplemental and Death Benefits, Vocational Rehabilitation, Tie Breakers, Alternative Dispute Resolution |
| Gail Wickman<br><a href="mailto:gails.wickman@dwd.wisconsin.gov">gails.wickman@dwd.wisconsin.gov</a>                   | PPD Calculations, Advances, Delays, Alternative Dispute Resolution   |
| Karee Williams<br><a href="mailto:karee.williams@dwd.wisconsin.gov">karee.williams@dwd.wisconsin.gov</a>               | PPD Calculations, Delays, Alternative Dispute Resolution, Loss of Earning Capacity, Internal Training                      |
| Kati Zieroth (Claims Management)<br><a href="mailto:kati.zieroth@dwd.wisconsin.gov">kati.zieroth@dwd.wisconsin.gov</a> | PPD Calculations only for Hearing Loss, Vision Loss  |

### Important DWC Contact Information

|                                  |  |
|----------------------------------|--|
| Mailing Address                  | P.O. Box 7901<br>Madison, WI 53707-7901                |
| Physical Address                 | 201 E. Washington Ave., Room C100<br>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   |
| Health Cost Disputes Fax         | 608-260-3143   |
| 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 | 608-266-5570 |
| Brendan Kim, Records Management | 608-261-0382 |

### Computations

(Social Security Offsets, Present Value)

|           |                   |
|-----------|-------------------|
| A – GAF   | Karen Knapton     |
| GAG – LAZ | Anita Pradhan     |
| LBA – REH | Jessica Mandurano |
| REI – Z   | Jill Learned      |

### 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 |

### Specific Issues

|  |                |  |
|--|----------------|--|
| Pending Report Problems  | Rod Gennrich   | 608-405-4123   |
| Unable to Access Claim   |                |  |
| <ul style="list-style-type: none"> <li>No Hearing Application Filed</li> </ul>       | Rod Gennrich   | 608-405-4123   |
| <ul style="list-style-type: none"> <li>Hearing Application Has Been Filed</li> </ul> | Laura Przybylo | 608-267-4446   |
| Surcharges, Disability Dates, Interest Credit for Advancements                       | Kathy Almeida  | <a href="mailto:Kathrene.Almeida@dwd.wisconsin.gov">Kathrene.Almeida@dwd.wisconsin.gov</a> |

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

(Event Table)

For complete text of provisions, see Wisconsin Administrative Codes ch. DWD 80.02

| Due                | Report/Form  | Code Requirement   |
|--------------------|--|--|
| 1 day              | WKC-12, First Report of Injury   | DWD 80.02(1) An <b>employer</b> 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, <b>with a copy to the employee:</b> <ul style="list-style-type: none"> <li>• Payment type is changed to PPD from TTD or salary continuation in lieu of compensation</li> <li>• TTD benefits or salary continuation in lieu of compensation is reinstated</li> <li>• TPD is paid. Include information required by form WKC-7359-1-E</li> <li>• Final payment of compensation is made or salary continuation in lieu of compensation ended</li> </ul> |
| At time of event   | WKC-13, Supplemental Report  | DWD 80.02(2)(f) and HA 4.04(5) Due when submitting stipulation or compromise or at time of hearing   |



## Notice Requirements

For complete text of provisions, see Wisconsin Administrative Codes ch. DWD 80

| Due      | Send to          | Code Requirement   |
|----------|------------------|--|
| 7 days   | DWD and Employee | DWD 80.02(2)(g)1. Written notice of <b>Suspension</b><br><br>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 and Employee | DWD 80.02(2)(g)2. Written notice of <b>Denial</b><br><br>When a decision is made to deny liability for payment of compensation <b>after a concession of liability is made</b> , 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 <b>Amputation</b> requiring artificial member or appliance.  |
| 14 days  | Employee         | DWD 80.02(2m)(a)1. Written notice of <b>Denial</b><br><br>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 <b>Investigation</b><br><br>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 <b>Safety Violation</b><br><br>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 <b>disability beyond 13 weeks</b><br><br>Notice to advise that disability will extend beyond 13 weeks. Notice shall 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>)

| Form Number                        | Form Description   |
|------------------------------------|--|
| <a href="#">WKC-3-E</a>            | Medical Treatment Statement – To list charges from medical providers, or for medicine and supplies. (To be submitted with WKC-7 – Hearing Application)   |
| <a href="#">WKC-7-E</a>            | Hearing Application – To be filed with the Department by a party requesting resolution of a dispute  |
| <a href="#">WKC-7 Instructions</a> | Instructions for completing Hearing Application (Form WKC-7)<br>Spanish WKC-7 instructions – <a href="#">Instrucciones Para Llenar La Solicitud de Audiencia Adjunta (Formulario WKC-7)</a>  |
| <a href="#">WKC-7-B-E</a>          | Compromise Review Application  |
| <a href="#">WKC-12-E</a>           | Employer's First Report of Injury or Disease – Word document, protected from modification and enabled for form fill (includes tabbed fields for form completion)   |
| <a href="#">WKC-13-E</a>           | 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)   |
| <a href="#">WKC-13A-E</a>          | 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)                        |
| <a href="#">WKC-13-A1-E</a>        | 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. |
| <a href="#">WKC-16-E</a>           | Medical Report on Industrial Injury – To be filed by the insurer or self-insured employer when temporary disability exceeds 3 weeks, permanent disability results, or when there is surgery other than for a hernia  |
| <a href="#">WKC-16-A-E</a>         | Physician's Report on Eye Injuries   |
| <a href="#">WKC-16-B-E</a>         | Physician's Report on Accident or Industrial Disease in Lieu of Testimony (To be submitted with WKC-7 – Hearing Application)   |

### Selected Worker's Compensation Forms (continued)

| Form Number                        | Form Description  |
|------------------------------------|---|
| <a href="#">WKC-19-DHA-E</a>       | 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. |
| <a href="#">WKC-136-E</a>          | Advance or Lump Sum Request   |
| <a href="#">WKC-140-E</a>          | Supplemental Payments Reimbursement Request   |
| <a href="#">WKC-170-E</a>          | Third Party Proceeds Distribution Agreement – To be filed with the Department by the insurance carrier for approval of distribution   |
| <a href="#">WKC-176-E</a>          | Compromise Agreement – To be filed with the Department by the parties for approval of compensation resolving a dispute  |
| <a href="#">WKC-6156-E</a>         | Social Security Information   |
| <a href="#">WKC-6743-E</a>         | Vocational Expert Report  |
| <a href="#">WKC-7359-E</a>         | Temporary Partial Disability Worksheet  |
| <a href="#">WKC-9380-E</a>         | Necessity of Treatment Dispute Resolution Request   |
| <a href="#">WKC-9488-E</a>         | 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)                             |
| <a href="#">WKC-9498-E</a>         | Reasonableness of Fee Dispute Resolution Request  |
| <a href="#">WKC-10146-E</a>        | Notification of Vocational Services   |
| <a href="#">WKC-10369-E</a>        | Private Vocational Rehabilitation Services Quarterly Report   |
| <a href="#">WKC-12698-E</a>        | Self-Restriction to Part-Time Work  |
| <a href="#">WKC-13049-E (AU04)</a> | Letter requesting completion of form for annual follow-up for fatal injury  |
| <a href="#">WKC-13052-E (AU03)</a> | Letter requesting completion of form for annual reporting of PTD benefits   |
| <a href="#">WKC-16804-E</a>        | Work Injury Supplemental Benefit Fund Barred Claim  |
| <a href="#">WKC-17001-E</a>        | Notice of Potential Eligibility to Receive Vocational Rehabilitation Services   |
| <a href="#">WKC-17843-E</a>        | Fax Cover Sheet – To be used when submitting documents on non-litigated claims  |
| <a href="#">WKC-17876-E</a>        | Annual Report of Permanent Total Disability Payments Made   |
| <a href="#">WKC-18613-E</a>        | Mileage Reimbursement Record  |
| <a href="#">WKC-19603-E</a>        | Workers Compensation Feedback Form  |
| <a href="#">WKC-19606-P</a>        | Voluntary Notice to Injured Workers and Employers   |



## Useful Worker's Compensation Web Pages

|  |   |
|--|---|
| WCRB Insurance Coverage Look Up  | <a href="https://www.wcrb.org">Coverage Lookup - Wisconsin Compensation Rating Bureau (wcrb.org)</a>    |
| Claims Handling Performance Reports  | <a href="https://www.wisconsin.gov">Claims Handling Performance Reports (wisconsin.gov)</a>             |
| Three-Day Waiting Period Explanation   | <a href="https://www.wisconsin.gov">Counting Days (wisconsin.gov)</a>                                   |
| DWD Public Meeting and Hearing Notices   | <a href="https://www.wisconsin.gov">Statewide Public Meetings and Hearing Notices (wisconsin.gov)</a>   |
| Worker's Compensation Advisory Council   | <a href="https://www.wi.gov">Worker's Compensation Advisory Council (WCAC) (wi.gov)</a>                 |
| <ul style="list-style-type: none"> <li>• WCAC Membership</li> </ul>                    | <a href="https://www.wi.gov">WCAC Membership List (wi.gov)</a>  |
| <ul style="list-style-type: none"> <li>• WCAC Meeting Information</li> </ul>           | <a href="https://www.wi.gov">Workers Compensation Advisory Council (WCAC) Meeting Schedule (wi.gov)</a> |
| Self-Insurers Council (including Membership and Meeting Information)                   | <a href="https://www.wisconsin.gov">Self-Insurers Council (wisconsin.gov)</a>                           |
| Health Care Provider Advisory Committee (including Membership and Meeting Information) | <a href="https://www.wisconsin.gov">Health Care Provider Advisory Committee (HCPAC) (wisconsin.gov)</a> |
| Child Support Lien Docket  | <a href="https://www.wisconsin.gov">Lien Docket Welcome (wisconsin.gov)</a>                             |
| State of Wisconsin Pocket Travel Guide (reimbursement rates for injured worker travel) | <a href="https://www.wi.gov">Pocket Travel Guide_11_2023.pdf (wi.gov)</a>                               |

## Common Statutory Minimum PPD Ratings

Administrative Rules [DWD 80.32](#) and [DWD 80.33](#) present the conditions under which statutory minimum PPD ratings will apply. Please refer to the DWC publication *How to Evaluate Permanent Disability (WKC-7761-P)*. Pay special attention to these sections for commonly-seen statutory minimum PPD ratings:

|                                |   |
|--------------------------------|---|
| <a href="#">DWD 80.32 (2)</a>  | Amputations   |
| <a href="#">DWD 80.32 (3)</a>  | Hip – total or partial prosthesis   |
| <a href="#">DWD 80.32 (4)</a>  | Knee – total or partial prosthesis, meniscectomy, anterior cruciate ligament (ACL) repair |
| <a href="#">DWD 80.32 (7)</a>  | Shoulder – prosthesis   |
| <a href="#">DWD 80.32 (10)</a> | Complete sensory loss, foot drop  |
| <a href="#">DWD 80.32 (11)</a> | Back – removal of disc material, fusions, and symptomatic compression fractures           |
| <a href="#">DWD 80.33</a>      | Fingertip amputations   |

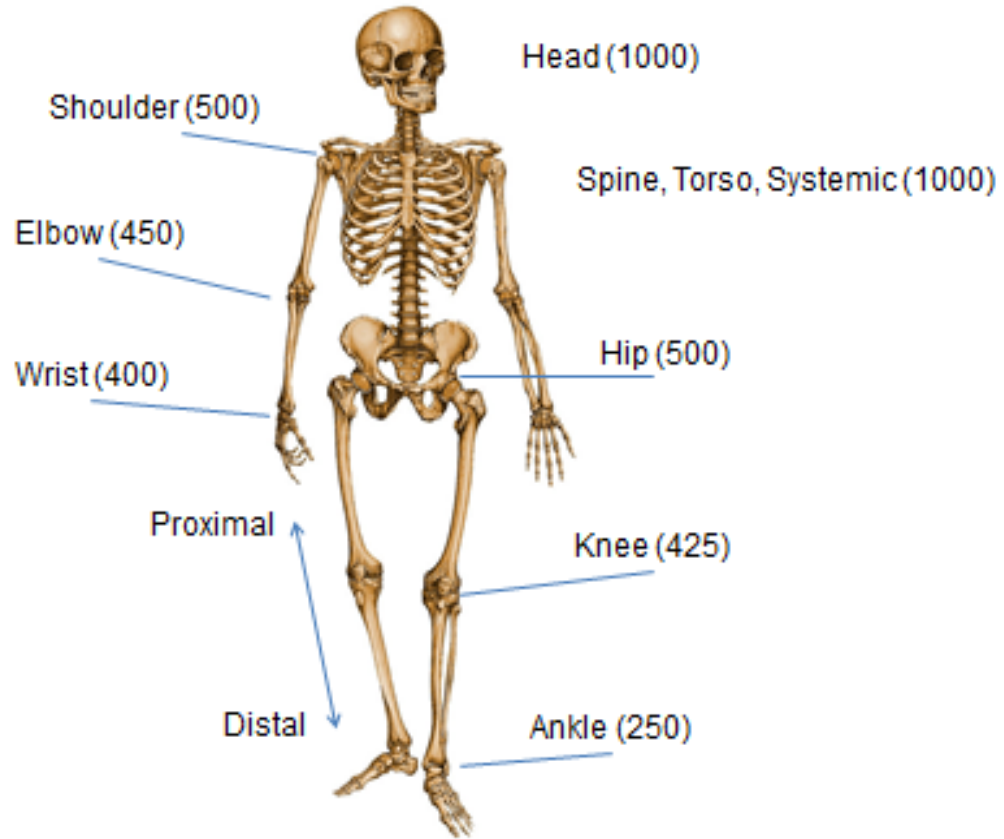
Please note that these are statutory minimum PPD ratings. [DWD 80.32 \(1\)](#) states that findings of additional disabling elements shall result in an estimate higher than the minimum.

## Links to Important Documents

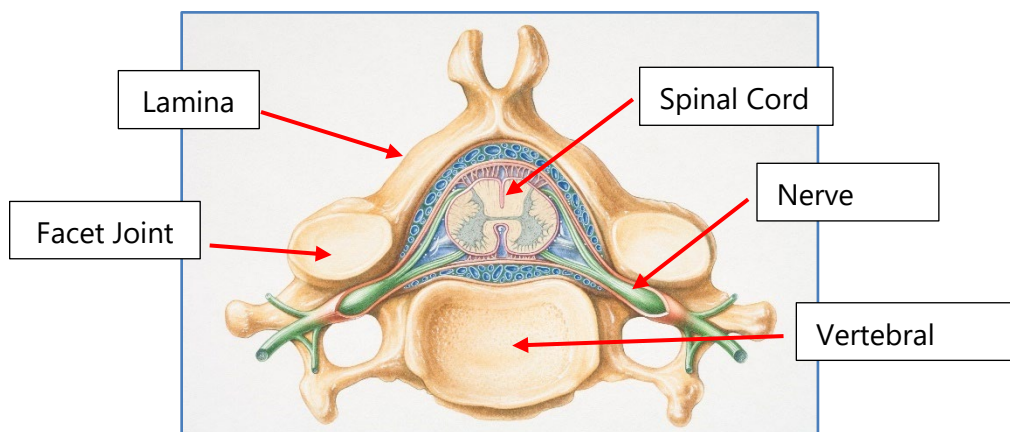
| Name  | Link to Electronic Version                               |
|---|--|
| Wisconsin Worker's Compensation Act (R. 08/2023)                              | <a href="#">WKC-1-P *</a><br>Adobe PDF format            |
| Wisconsin State Legislature Archive (Previous versions of statutes and rules) | <a href="#">Wisconsin Legislative Documents Archive</a>  |
| How to Evaluate Permanent Disability (R. 8/2012)                              | <a href="#">WKC-7761-P</a><br>Adobe PDF format           |
| Maximum Wage and Rate Chart (R. 03/2024)                                      | <a href="#">WKC-9572-P</a><br>Adobe PDF format           |
| Historical Wage/Rate Information  | <a href="#">Wage History</a><br>Excel spreadsheet format |
| Insurance Letters: Used to convey important information to stakeholders       | <a href="#">Insurance Letters (wisconsin.gov)</a>        |
| Worker's Compensation Online Publications                                     | <a href="#">WC Publications (wisconsin.gov)</a>          |

\*The online version of the Wisconsin Worker's Compensation Act is regularly updated. An updated printed version was published in August 2023 and may be purchased through [Document Sales \[\(800\) 362-7253\]](#) for \$7.50 each plus tax and shipping. Please specify item #403D. As new worker's compensation legislation is passed, please check the online version of the Wisconsin Worker's Compensation Act.

## Body and Major Joints Weeks of Compensation

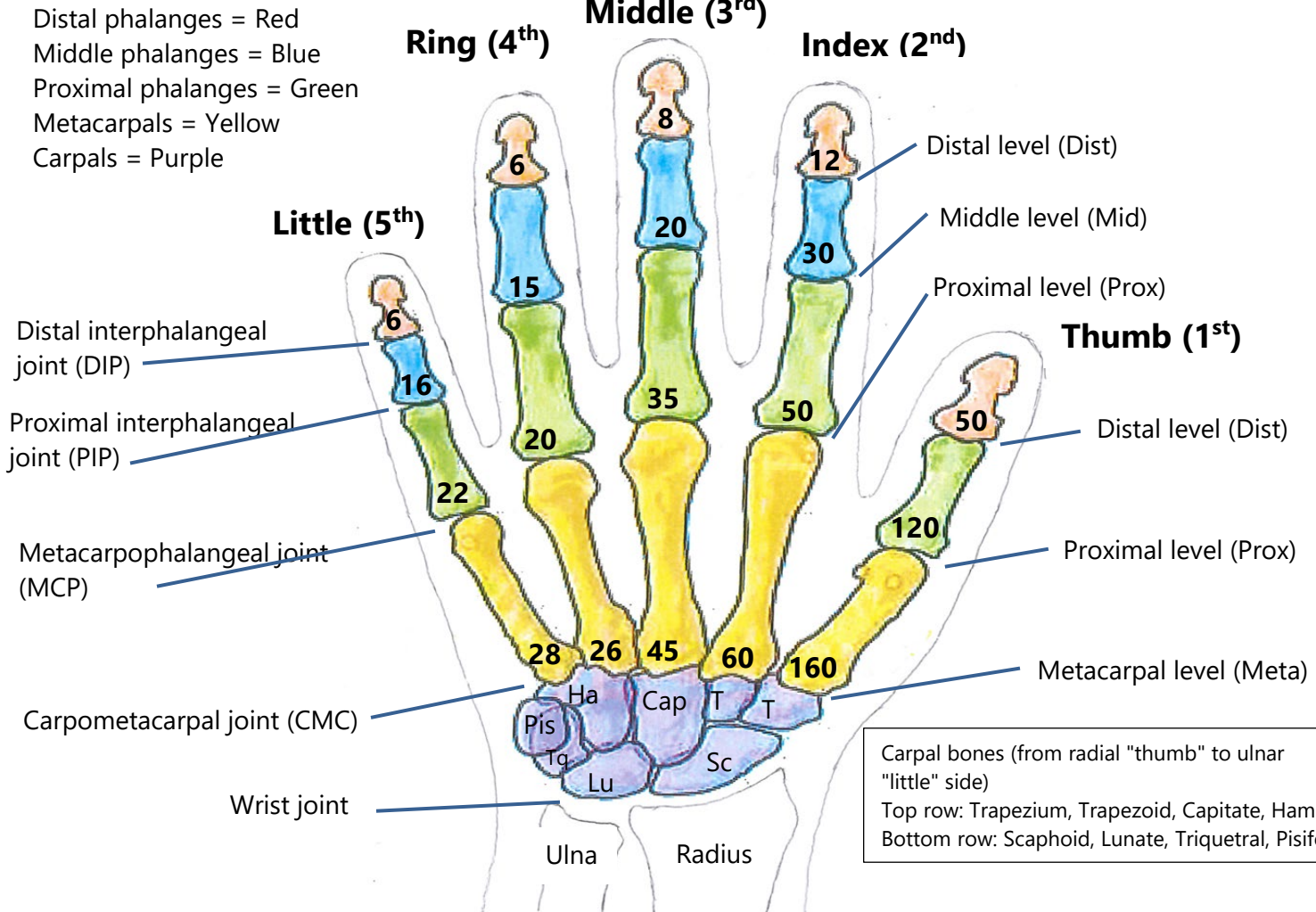


## Spine Cross Section





## Hand Injury Weeks of Compensation



### Amputations

#### Fingertip (distal phalanx):

Less than or equal to 1/3 = 45%

Between 1/3 and 2/3 = 80%

Greater than 2/3 = 100%

#### Middle or proximal phalanx:

Ratio residual bone vs. normal bone on comp x-ray at joint proximal to amp

#### Combinations:

All fingers at proximal level = 225 weeks

Palm where thumb remains = 325 weeks

#### Multiple disabling finger injuries to same hand

First equal or lesser injury X 100%

Second or more equal or lesser injury X 150%

**Dominant hand multiplier = 25%**

### Complete Ankylosis (Fusion, either surgical or non-surgical)

|                | Joint                 | Mid Position | Complete Ext |
|----------------|-----------------------|--------------|--------------|
| <b>Thumb</b>   | Dist                  | 25%          | 35%          |
|                | Prox                  | 15%          | 20%          |
|                | Dist and Prox         | 35%          | 65%          |
|                | Carpometacarpal (CMC) | 20%          | 20%          |
|                | Dist, Prox, and CMC   | 85%          | 100%         |
| <b>Fingers</b> | Dist                  | 25%          | 35%          |
|                | Mid                   | 75%          | 85%          |
|                | Prox                  | 40%          | 50%          |
|                | Dist and Mid          | 85%          | 100%         |
|                | Dist, Mid, and Prox   | 100%         | 100%         |

### Sensory Loss

|                  | Entire Digit | Palmar | Dorsal |
|------------------|--------------|--------|--------|
| <b>Any digit</b> | 50%          | 35%    | 15%    |



## Foot Injury Weeks of Compensation

