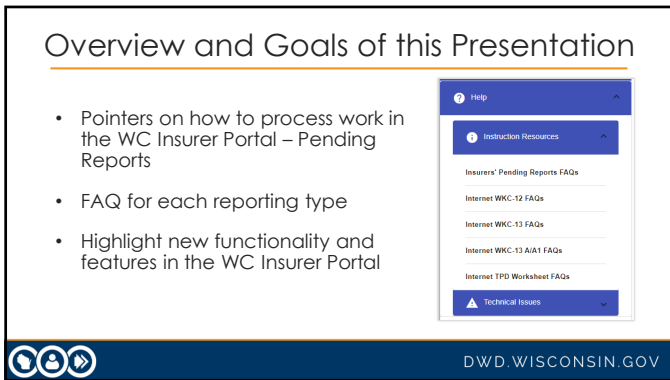
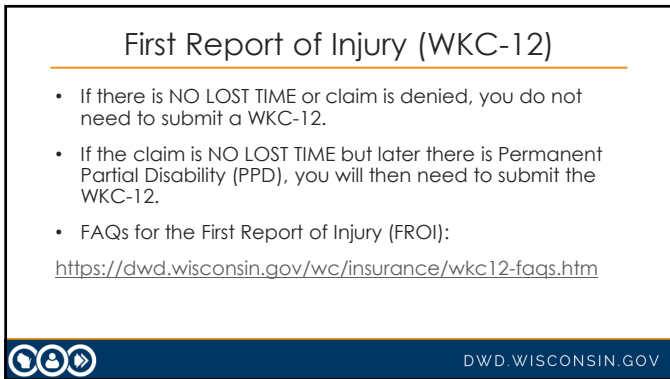




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3

FROI Tips (WKC-12)

Injury Descriptions:

- Use explicit descriptions for injuries.
- When coding the injury on a WKC-12, only use "all other" when absolutely needed.
- Some descriptions of injuries can affect how the Division runs reports.
 - Primarily affects claims that may have a safety violation.

Nature of Injury
OTHER - SPECIFIC INJURIES (NOT OTHERWISE CLASSIFIED)



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FROI Tips (WKC-12)

Hernia claims:

When coding the claim, use **hernia** in the "nature of injury" code. If you use strain, sprain, rupture, etc., our system will require a final medical report. Hernia claims do not require a final medical report.



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Hearing Loss: Occupational and Traumatic

- Occupational hearing loss claims:
 - Will always be no lost time, but do not close them out as NO LOST TIME or DENIED. We need an audiogram and medical report to do a worksheet. We will extend the expected date on these for the first WKC-13.
 - Note: **Quick Fill is also available on the FROI for Occupational Hearing Loss**
- Traumatic hearing loss claims are due to a specific injury. They should be handled like any other claim.

Hearing Quick Fill
OCCUPATIONAL HEARING LOSS



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Employer Lookup (WKC-12)

- New FEIN lookup for existing employer records in the Worker's Compensation database.
 - Select "existing" or "add new" for both the employer and address location.

Employer Search

Note: Search by employer FEIN to find existing employers in the database. If none are found, enter an employer manually.

Employer FEIN*
487848787

Search



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First Supplemental Report: WKC-13

WKC-13 is used to meet many reporting requirements.

- First payment reporting requirement is WKC-13 for initial payment.
 - AWW information can be sent with initial WKC-13 if it is not already in system.
- Establishes claim status.
- Sets expected wage information date.



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First Supplemental Report: WKC-13 (cont.)

- First supplemental WKC-13s to report first payment information are due by the later of 30 days after:
 - The date of injury, or
 - The date the injury was reported to DWC
- Overdue reports are subject to \$100 surcharges and may be referred to the Office of Commissioner of Insurance (OCI) or, for self-insured employers, to the Bureau of Insurance Programs (BIP).



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First Supplemental Report: WKC-13 (cont.)

- All claims submitted to the Division require a WKC-13 even if:
 - There is no lost time,
 - The claim is denied, or
 - The claim is being investigated.
- WKC-13s can be submitted through the online WC Insurer Portal – Pending Reports application for non-litigated claims.



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Denials

Denials:

- Submit through the first supplemental WKC-13, or

Claim Status ☐ Being Investigated ☒ Denied
Has claimant been notified? ☒ Yes ☐ No

- Send the Division a copy of the physical letter of denial you sent the injured worker.
- Do not enter denials as "claim denied" on notes.



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Insurer Investigation

- Investigation status may be submitted through first report submission.

Claim Status ☒ Being Investigated

- By law, you have only 30 days to update after first reporting.
- Need an extension of time? Request by email or phone.
- Extension of time will not show up online, but once you have requested it, you can assume we extended it.

Note: Putting a claim into investigation will NOT automatically prevent the possibility of a delay penalty for late payment of benefits.



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Reporting Last Day Worked (LDW)

- WKC-13 Initial Payment requires Last Day Worked (LDW) for all payment types.
- If you have already sent the first WKC-13 showing payment but you need to correct the Last Day Worked, someone in the Division will need to change the LDW for you. You can either call or email us.

[Send Email](#)



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Payment Types Allowed on Initial WKC-13

- Temporary Partial Disability (TPD)
- Temporary Total Disability (TTD)
- Salary continued + sick leave
- Duty disability (State Hazardous Duty Pay)
- Permanent Partial Disability (PPD)
 - Occupational hearing loss, nonscheduled disability, scheduled disability



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Supplemental Report – WKC-13

Supplemental Report WKC-13 is used to meet many reporting requirements:

- Change in benefit type: TTD to TPD, TTD to PPD, etc.
- Suspension of benefit payments.
- Reinstatement of benefit payments.
- Final payment of compensation.



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Due Date for Subsequent WKC-13

- Although the worker may still be receiving temporary disability, the Division will request an updated WKC-13 by the due date so payment information is current in our system.
- For temporary disability claims, the due date is generally 180 days from the date the Division received the last WKC-13.



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TTD and TPD in the Same Week

- If you pay Temporary Total Disability (TTD) and Temporary Partial Disability (TPD) in the same week, the total week must be figured as TPD.
- TPD is reported by using Sunday to Sunday dates, using the earnings from Sunday to Saturday.
 - The only day other than a Sunday when a period of TPD can begin is the date of injury (DOI).



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Last Supplemental Report WKC-13

- When submitting a WKC-13 showing TTD payments made, if there is no balance due and you answer "no" to the question – *Will there be more Temporary Disability payments made on this claim in the future?* – the claim will close.

Do you want to enter more payment information for this claim now? ☐ Yes ☒ No

Will there be more Temporary Disability payments made on this claim in the future? ☐ Yes ☒ No

- If you answer "yes," the claim stays open and you could receive a status letter (WC-86A) asking for further payment information.



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Final Medical Report

Final medical reports from the treating provider are required for all claims involving:

1. Permanent disability,
2. More than three (3) weeks of temporary disability (TTD or TPD), including salary continuation by the employer,
3. Surgery, including amputation (but not including hernias), or
4. Eye injuries requiring 3 or more medical visits.



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Final Medical Report (cont.)

- Final medical reports are due, along with the final WKC-13, 30 days after temporary disability period ends.
- If you cannot submit the final medical report on time, you are required to notify the Division:
 - **Why** it could not be sent, and
 - Approximately **when** you anticipate sending the report.



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Final Medical Report (cont.)

- To extend the final medical report expected date, use the "Final Medical Expected Date" button. This can only be used if the status is "Waiting for final medical report."

Final Medical Expected Date

- You can only extend the expected date three times.
- If you are unable to extend the date using the pending reports medical expected date, use the email reply function of the pending reports or contact us by phone to request an extension.



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Final Medical Report (cont.)

- When you notice the expected medical report date is coming up soon, you will want to extend that date.
- If you do not update the expected medical report date in time, a surcharge automatically goes out **on** the actual expected date.
- Do not wait until 2 or 3 days before the due date to send us an email! We handle emails received through the pending reports the day after we receive them. An email sent on Monday will not be acted upon until Tuesday.



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Last Supplemental Report WKC-13

- Final supplemental WKC-13 to report payment of PPD benefits is due within 30 days after the date of final PPD payment.
- Since the Division does not request or record the final payment date, the Division considers these reports to be prompt if they are received within 45 days from the most recent reported return to work date.
- When PPD is due on a claim, the accrual date will reflect the date the final WKC-13 is due.



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Fatal and Permanent Total Disability

- The Division requires updates on permanent total disability claims whenever there is a change in:
 - The injured worker's condition, or
 - Dependency information.
- Annual updates for FataIs and Perm Totals are required. The Division will send a paper status request form asking for updated claim status and amount paid.
 - AU03 form for Perm Totals
 - AU04 form for Fatal claims

Upload Document




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Litigated Claims

All documents for litigated claims must be faxed to
608-260-3053
rather than submitted online.

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Questions?

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