

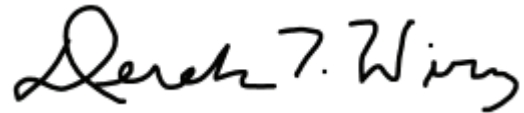
The Southern Agency

— Insurance & Bonds —

The staff of The Southern Agency wish to thank Doug Lay of the Kissiah and Lay Law firm for this Georgia Workers' Compensation Guide for employers and insurance companies.

If you have questions about your insurance program, please contact us.

Thank you,



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Georgia Comp Charts
For Employers and Insurers
2016-2017

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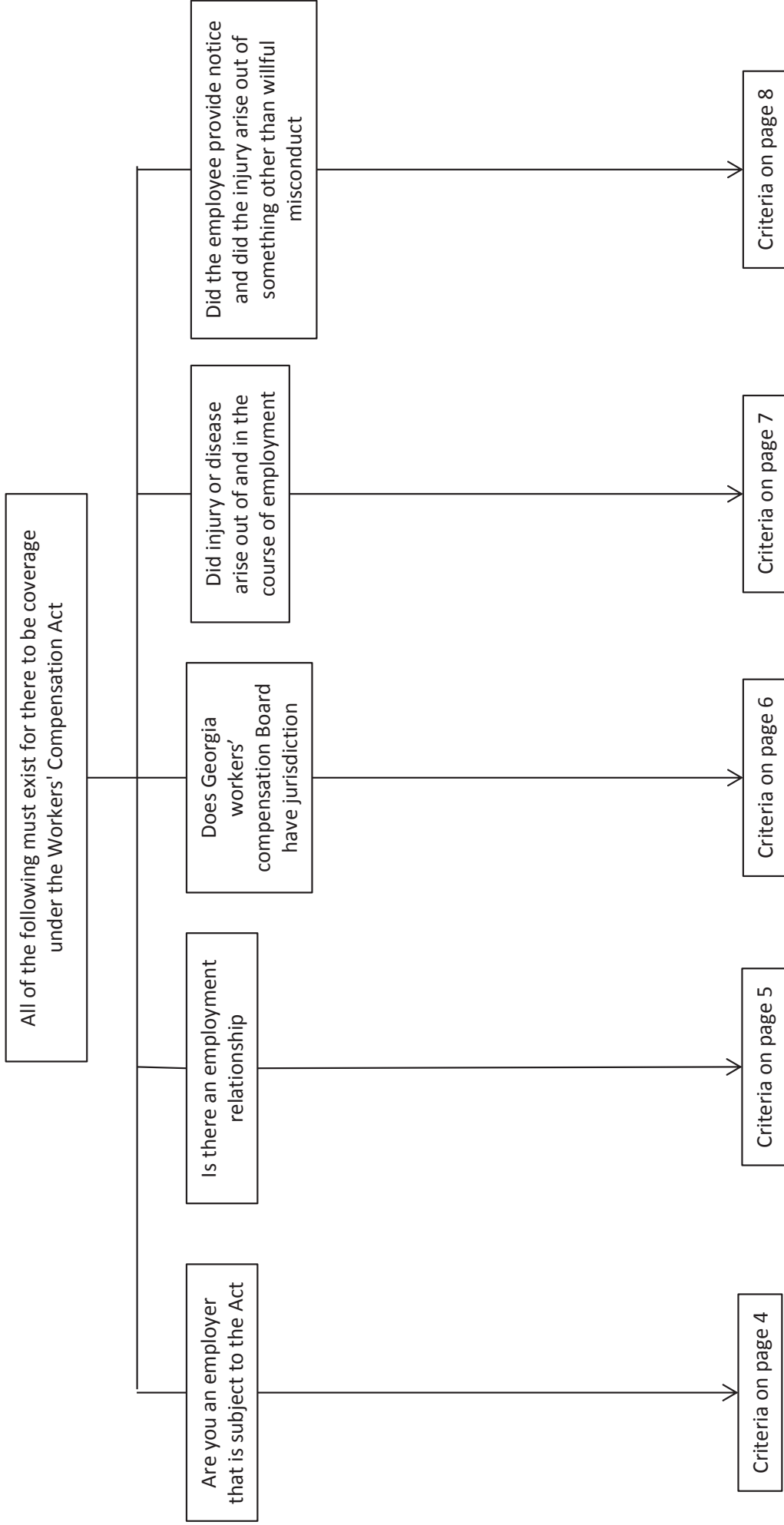
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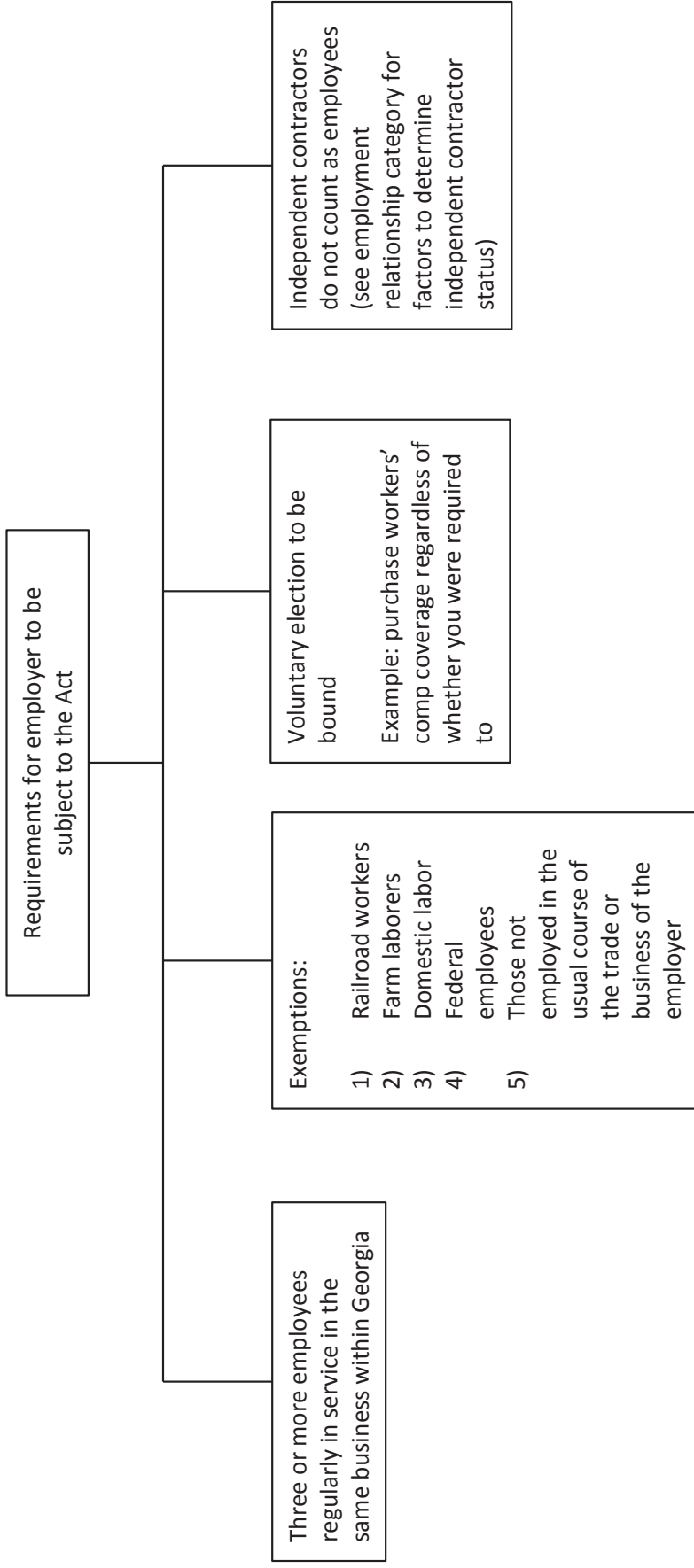
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Coverage



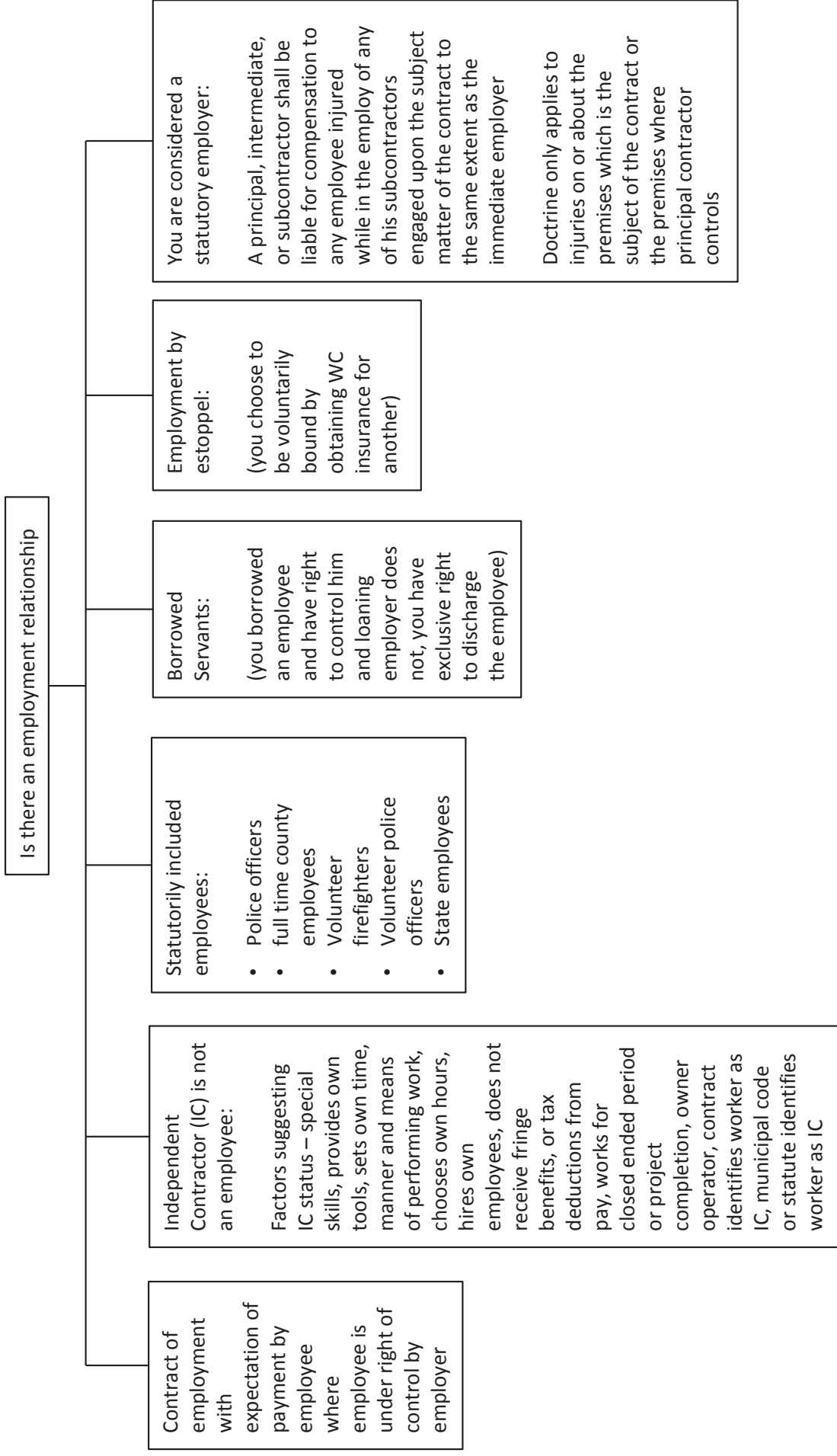
Coverage

Subject to the Act



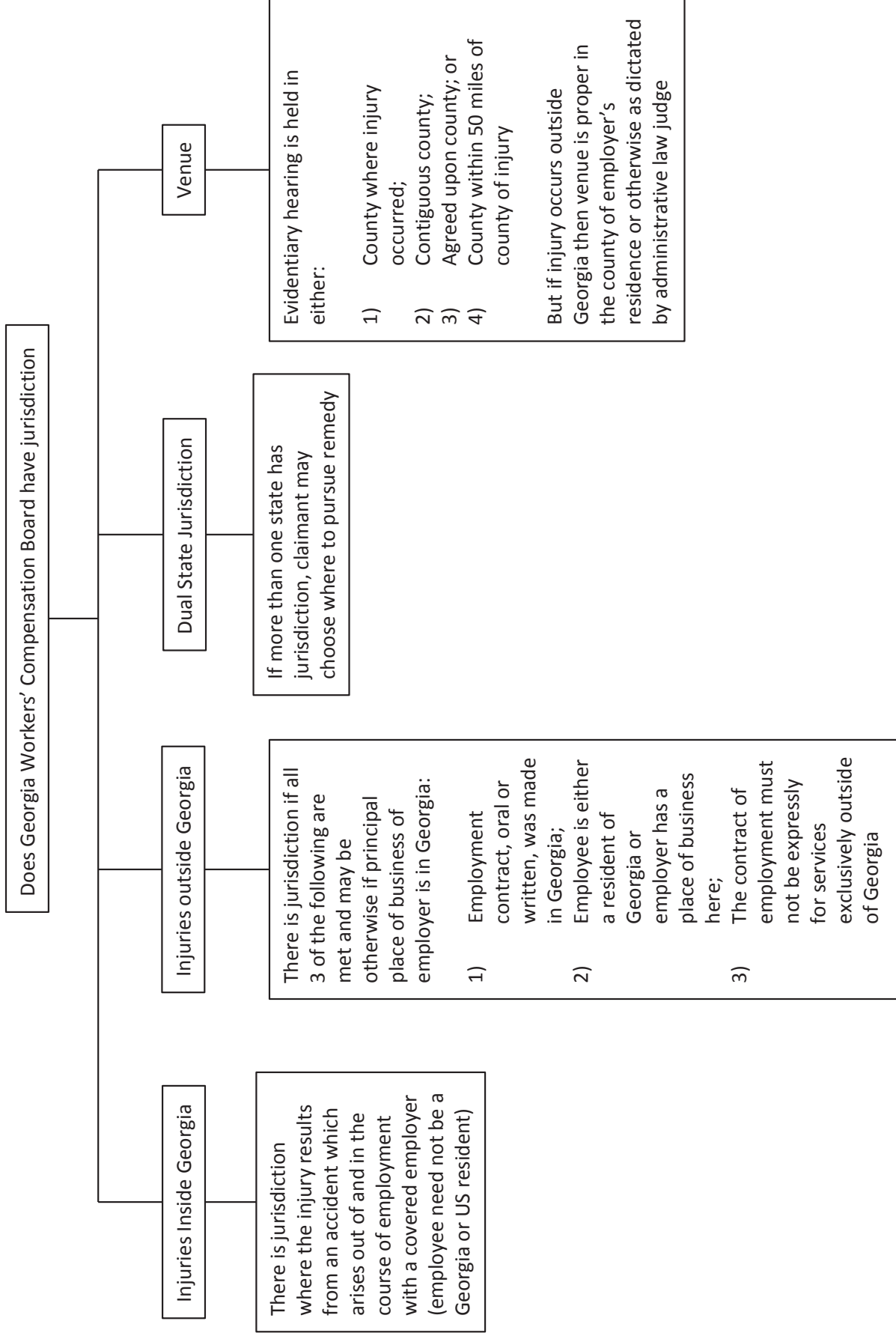
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Employment Relationship



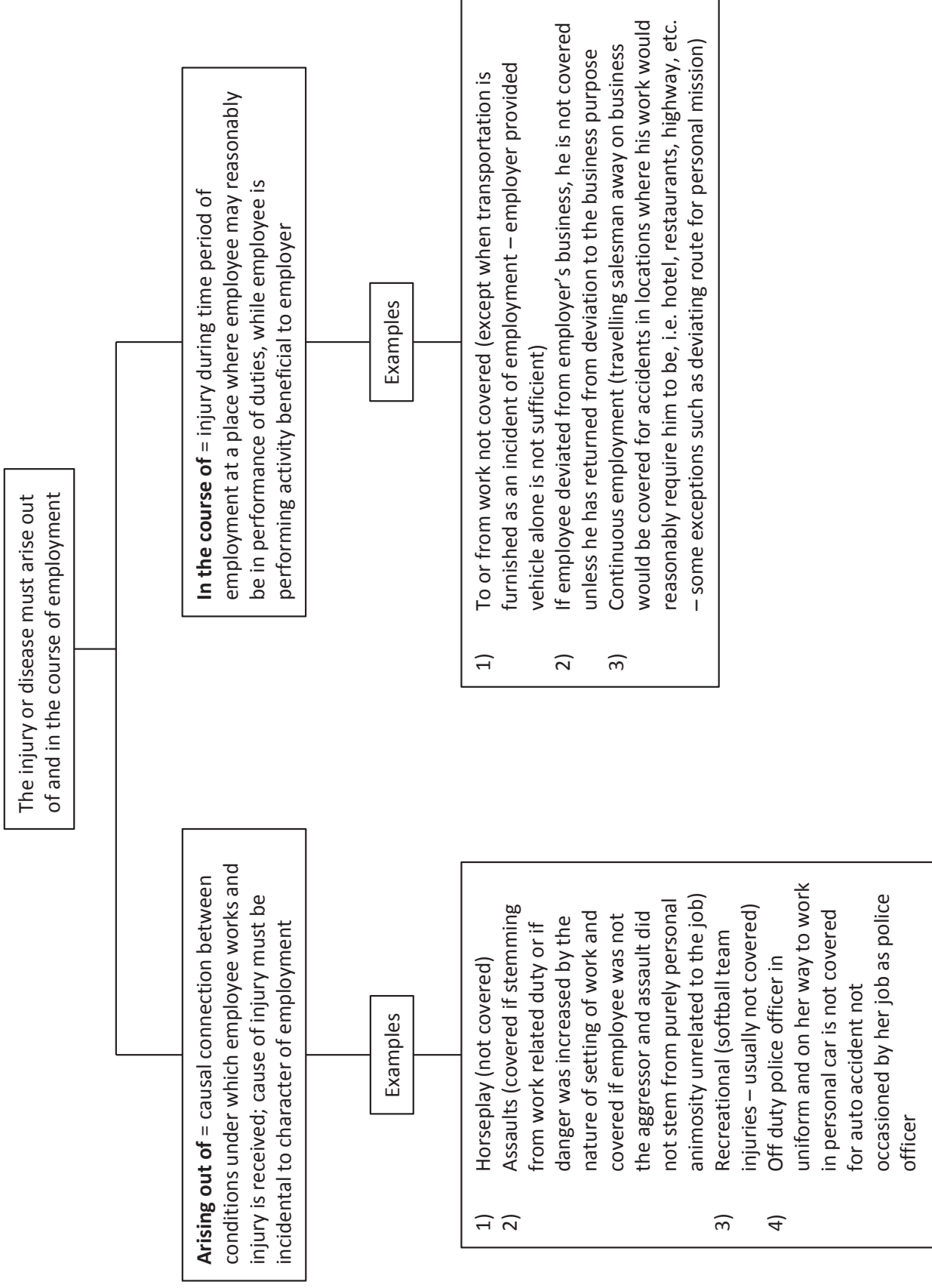
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Jurisdiction



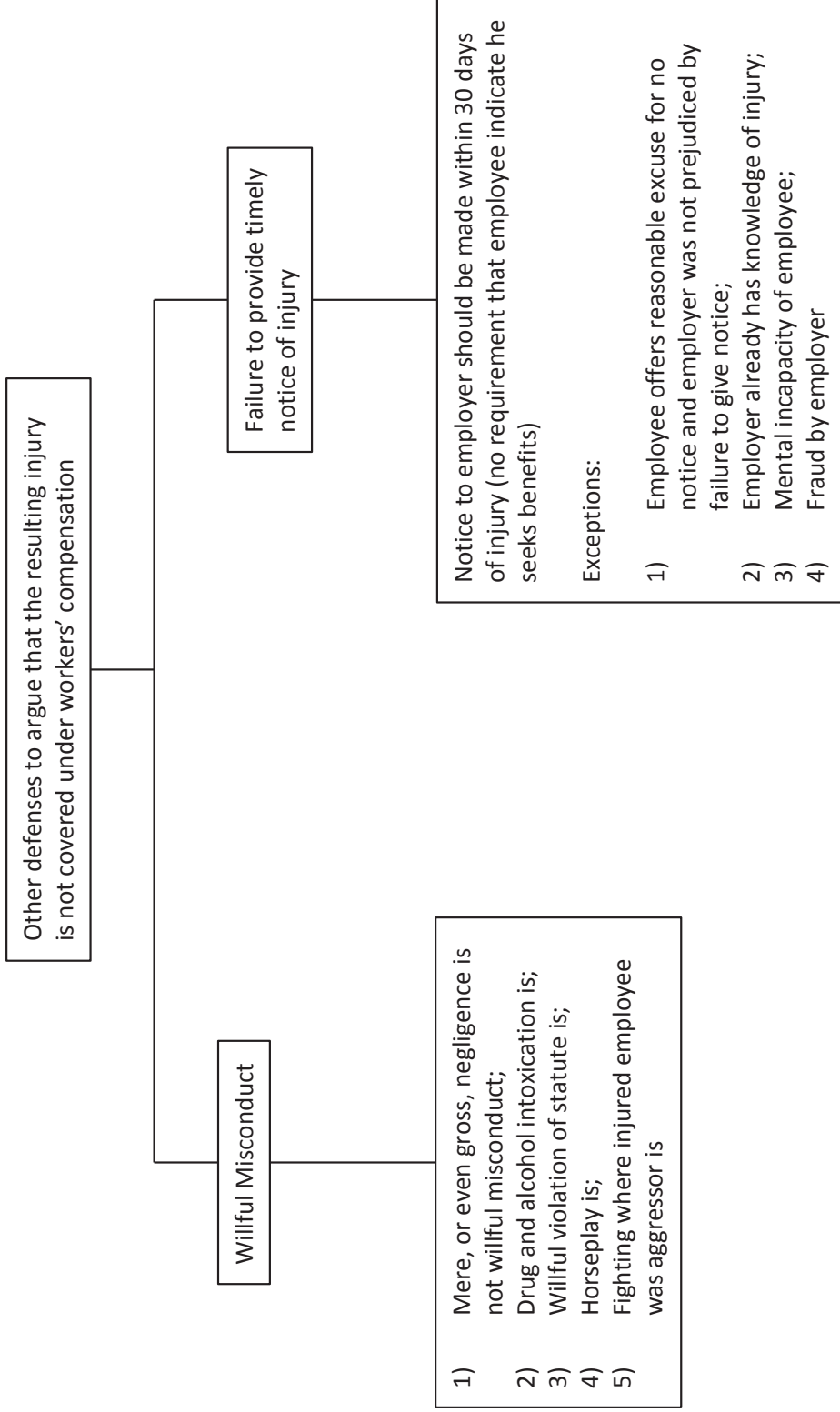
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Arising out of and in the course of employment

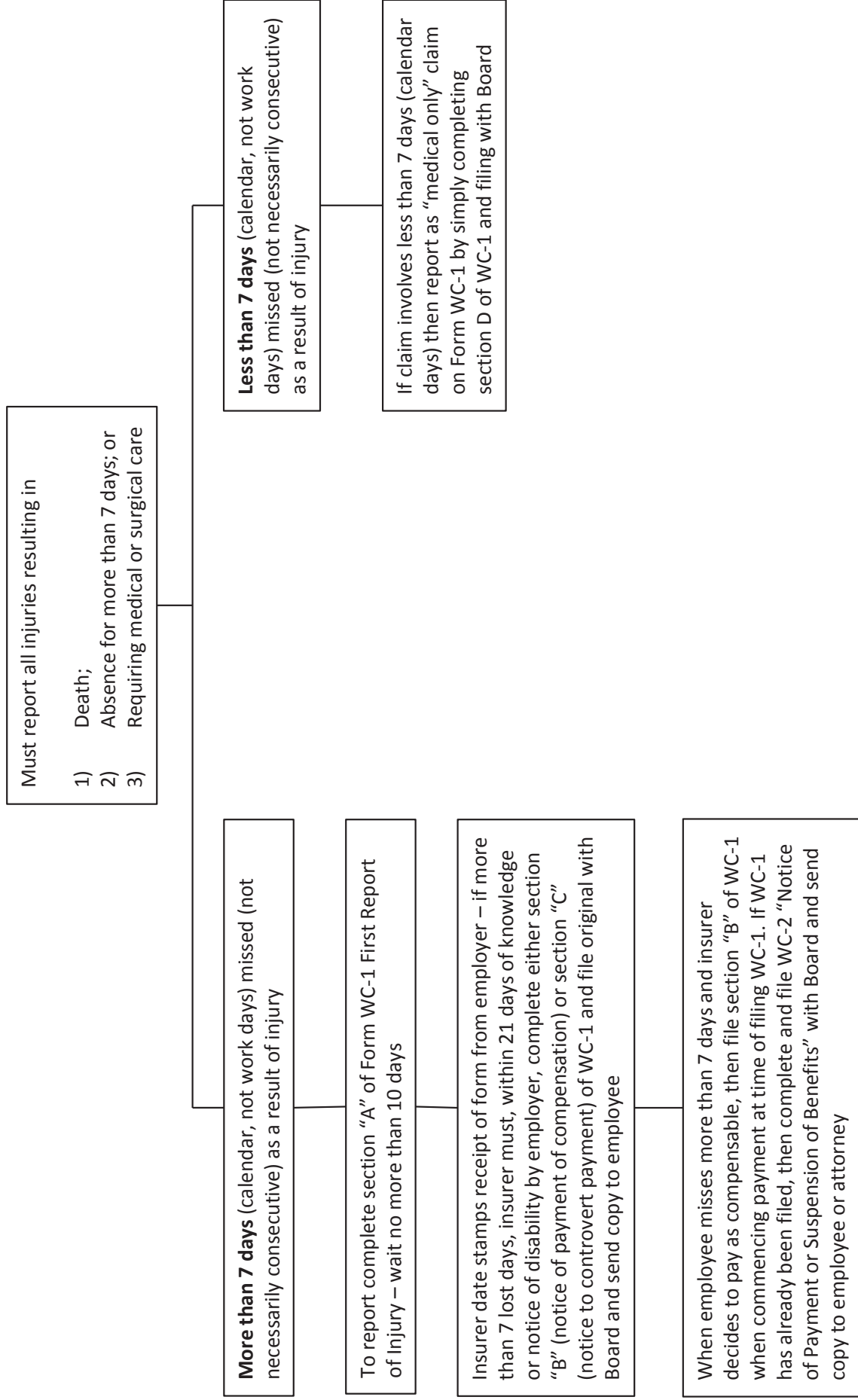


Coverage

Other Defenses

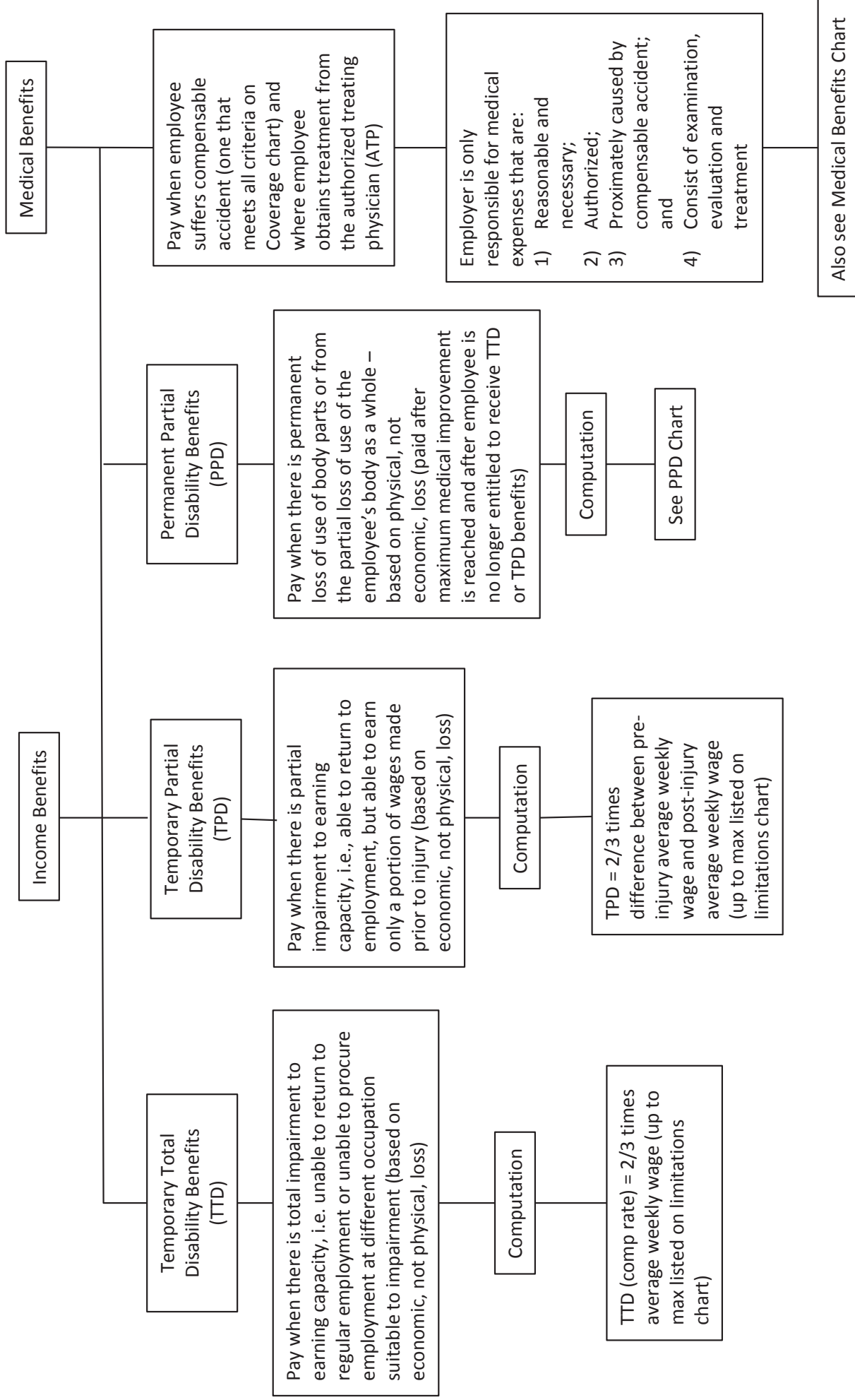


Reporting Workers' Compensation Injuries

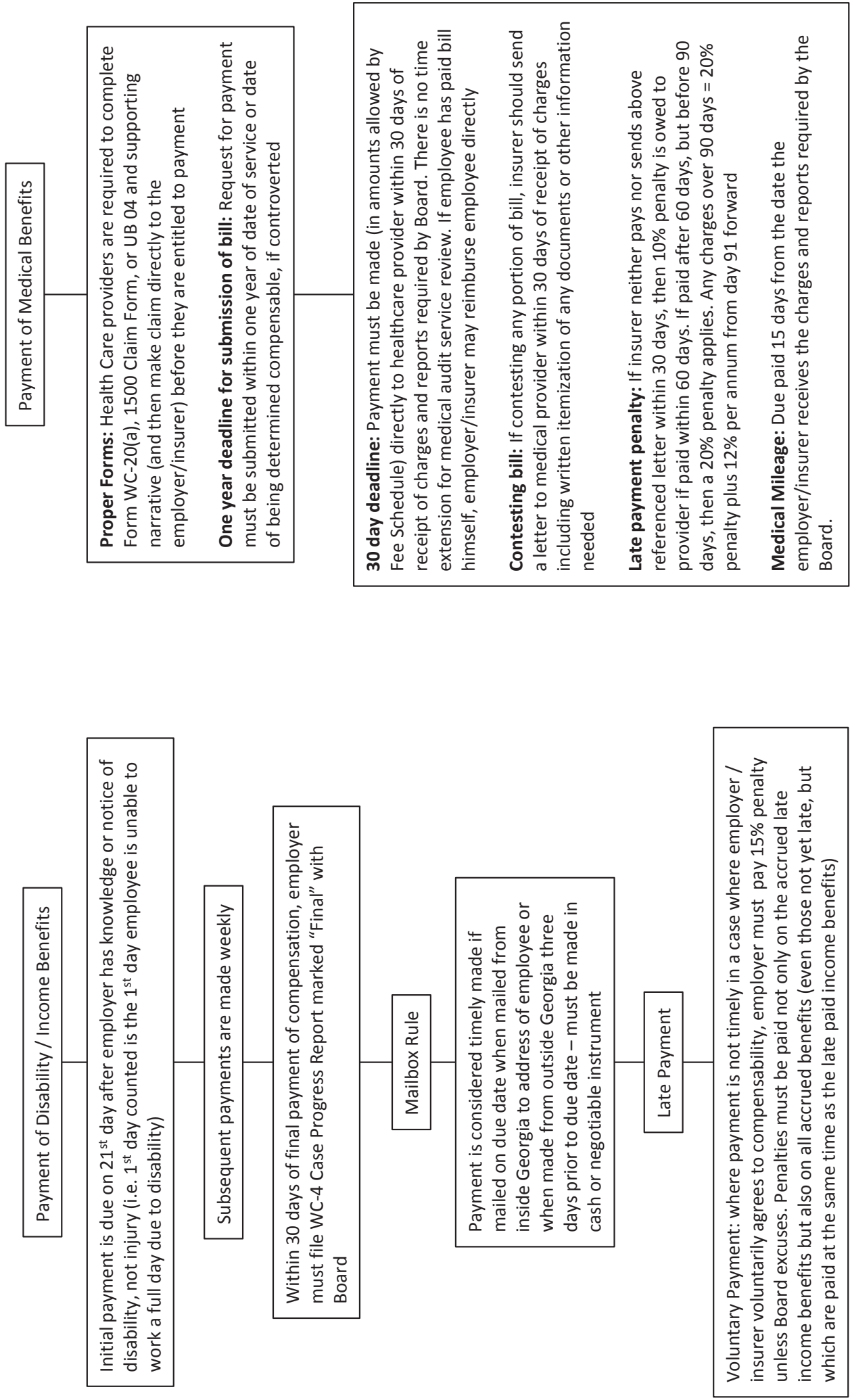


Benefits

(non-catastrophic and non-death cases)



Benefit Payment Procedures



Medical Benefits

Authorized Treatment

Authorized Care

Employer is only responsible for medical expenses that are:

- 1) reasonable and necessary
- 2) Authorized (ordered by authorized treating physician)
- 3) Proximately caused by the compensable on the job injury (one that meets all criteria on coverage chart), and
- 4) Expenses related to examination, evaluation and treatment

One Year Deadline

One year deadline regarding medical expenses:

Employee or provider must submit its charges to employer or insurer within one year of date of service (or, if claim or expense is controverted, within one year of date claim is accepted or established as compensable, whichever is later) or provider waives right to collect charges. Deadline also applies to mileage submitted by claimant.

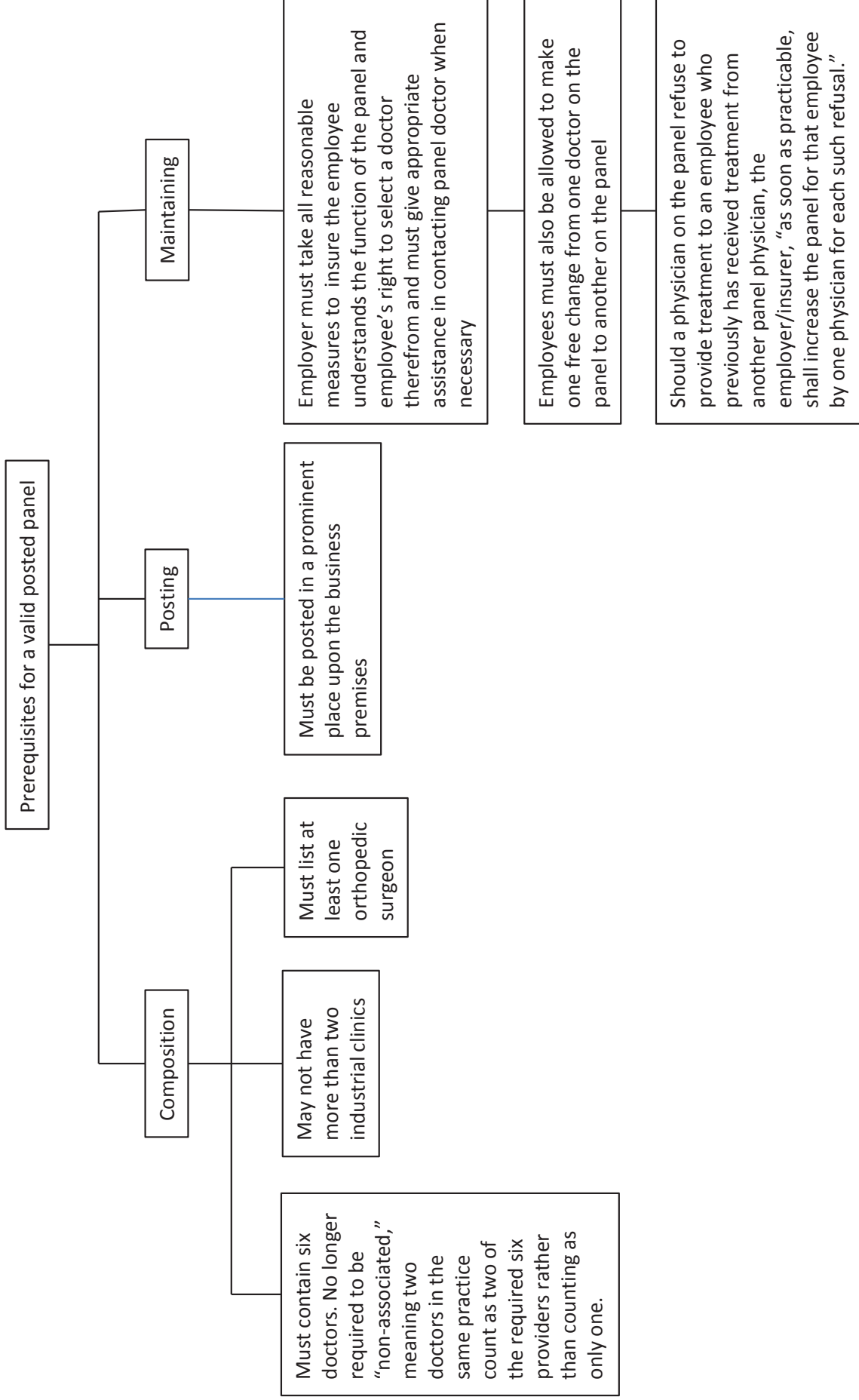
Authorized Treating Physician (ATP)

The following physicians would be authorized:

- 1) Physicians listed on employer traditional panel of physicians, conformed panel or certified medical care organization
- 2) Physician selected by employee if employer failed to comply with panel posting requirement of OCGA 34-9-201
- 3) Physician seeing claimant upon referral by ATP (only one referral allowed – second doctor cannot make an authorized referral to third doctor without a change of physician action)
- 4) Physician providing emergency care (authorized only for duration of emergency)
- 5) Physician providing reasonable and necessary care which was refused by employer and/or authorized treating physician
- 6) Parties have agreed the physician is authorized
- 7) Physician is seeing employee pursuant to a successful change of treating physician request to State Board (parties must first make a good faith effort to agree on physician)
- 8) Physician is seeing employee following controversion of overall liability with regard to the claim and the claim is later found compensable
- 9) Employee chose physician as one free change from valid panel
- 10) Employee chose physician as one free change from first doctor of their choice if panel was invalid

Medical Benefits

Posted Panel of Physicians



Medical Benefits

Controverting Care

Controverting Responsibility for Care

Dispute over cost of care

If a dispute as to cost of services arises, the procedure listed in Board Rule 203(c) should be followed or a mediation conference scheduled

Controverting specific medical procedure or treatment after accepting compensability of overall claim

Employer is responsible for medical treatments and tests which are:

- 1) Prescribed by the authorized treating physician (ATP);
- 2) Related to the on the job injury; and
- 3) Are reasonably required and appear likely to either effect a cure, give relief, restore to suitable employment, or establish relatedness or causation of medical condition to compensable accident
- 4) If submitted for payment within one year of date of service (or date of being determined compensable, if previously controverted)

If authorized doctor requests pre-authorization in writing, employer must, within 30 days, either controvert procedure or treatment by filing a WC-3, or pay for the treatment requested (absent written request for pre-authorization, presumably there is no time limitation to controvert specific treatment)

WC-205 filing:

If medical provider requests advance authorization by sending employer/insurer a WC-205, you must respond within 5 business days of receipt or the testing or treatment stands pre-approved. If you send denial you must then, within 21 days of initial receipt of WC-205, either authorize the requested treatment or testing in writing or file a WC-3 controvert with State Board controverting the treatment or test

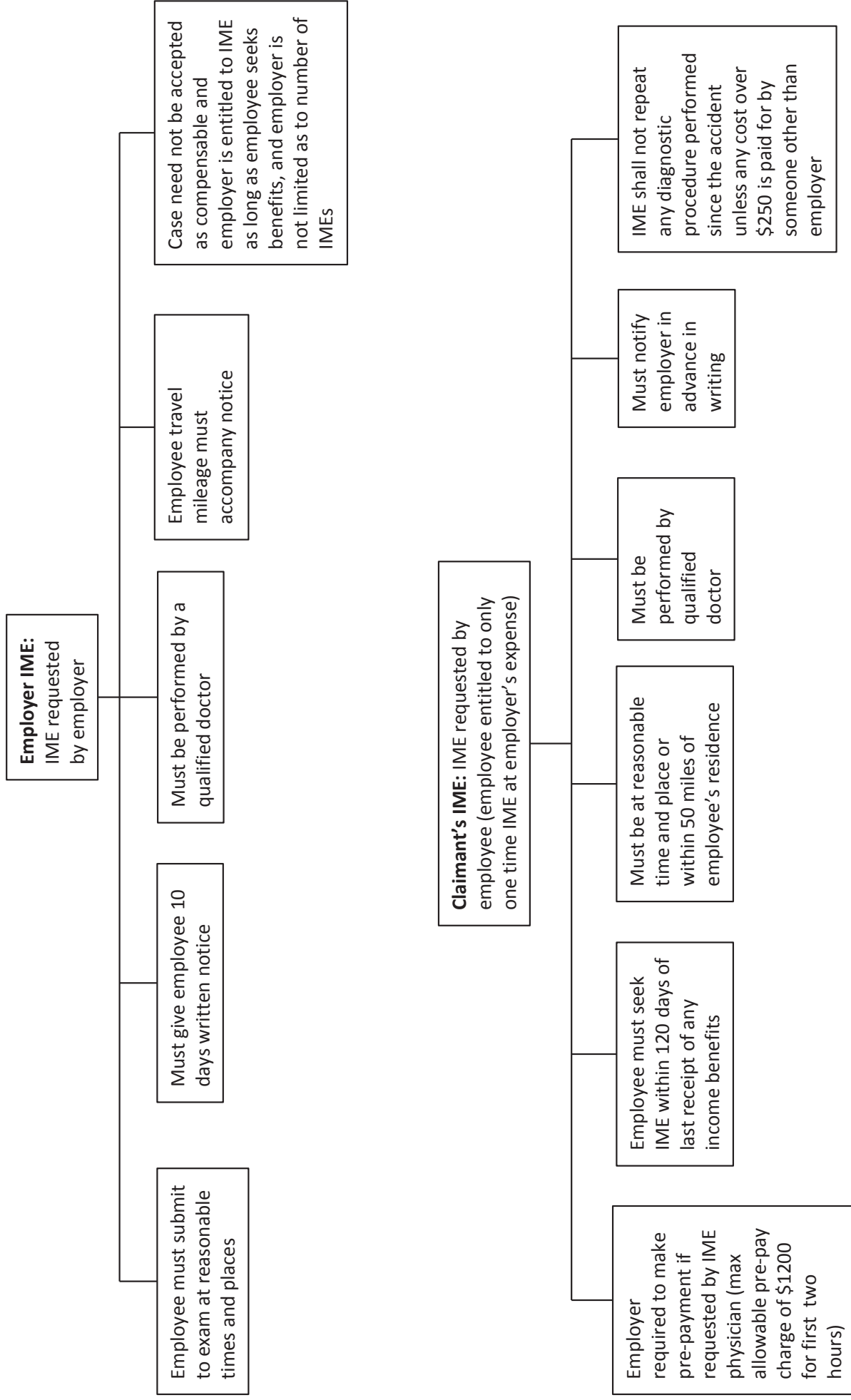
Employer responsibility for unauthorized care

When employer maintains a proper panel and employee undertakes care with a non-panel doctor, prior to making a claim for WC benefits, and employer later files notice to controvert overall claim, employer is not responsible for unauthorized care prior to filing notice to controvert (true even if the claim was not timely controverted)

Employer would be responsible for unauthorized care after filing notice to controvert, if controverted and later found compensable (true even if initially controverted and later withdraws controversion of claim)

Medical Benefits

Independent Medical Exam (IME)



Permanent Partial Disability Benefits

Pay when there is permanent loss or loss of use of body parts or from the partial loss of use of the employees body as a whole – based on physical, not economic, loss

If compensable accident (one that meets all criteria on Coverage chart) creates above situation, then Permanent Partial Disability (PPD) benefits are due – must be based on AMA 5th Edition Guides (see limitations below)

When is PPD Due ?

Not later than 21 days after knowledge of rating by doctor (employer/insurer are presumed to have knowledge not later than 10 days after date of report containing rating)

As long as claimant is entitled to TTD or TPD, he cannot recover PPD benefits for the same claim. If two injuries are from two separate accidents, involving same or different body part, claimant can simultaneously recover PPD for one injury and TTD or TPD for other injury

Even if employee refuses suitable employment and is no longer entitled to TTD or TPD, he is eligible to receive PPD

After employee has received TTD or TPD and PPD rating has not been previously requested or issued, Board Rule 263 requires the employer to actually request, in writing (within 30 days), that the authorized treating physician rate the employee for PPD

Schedule

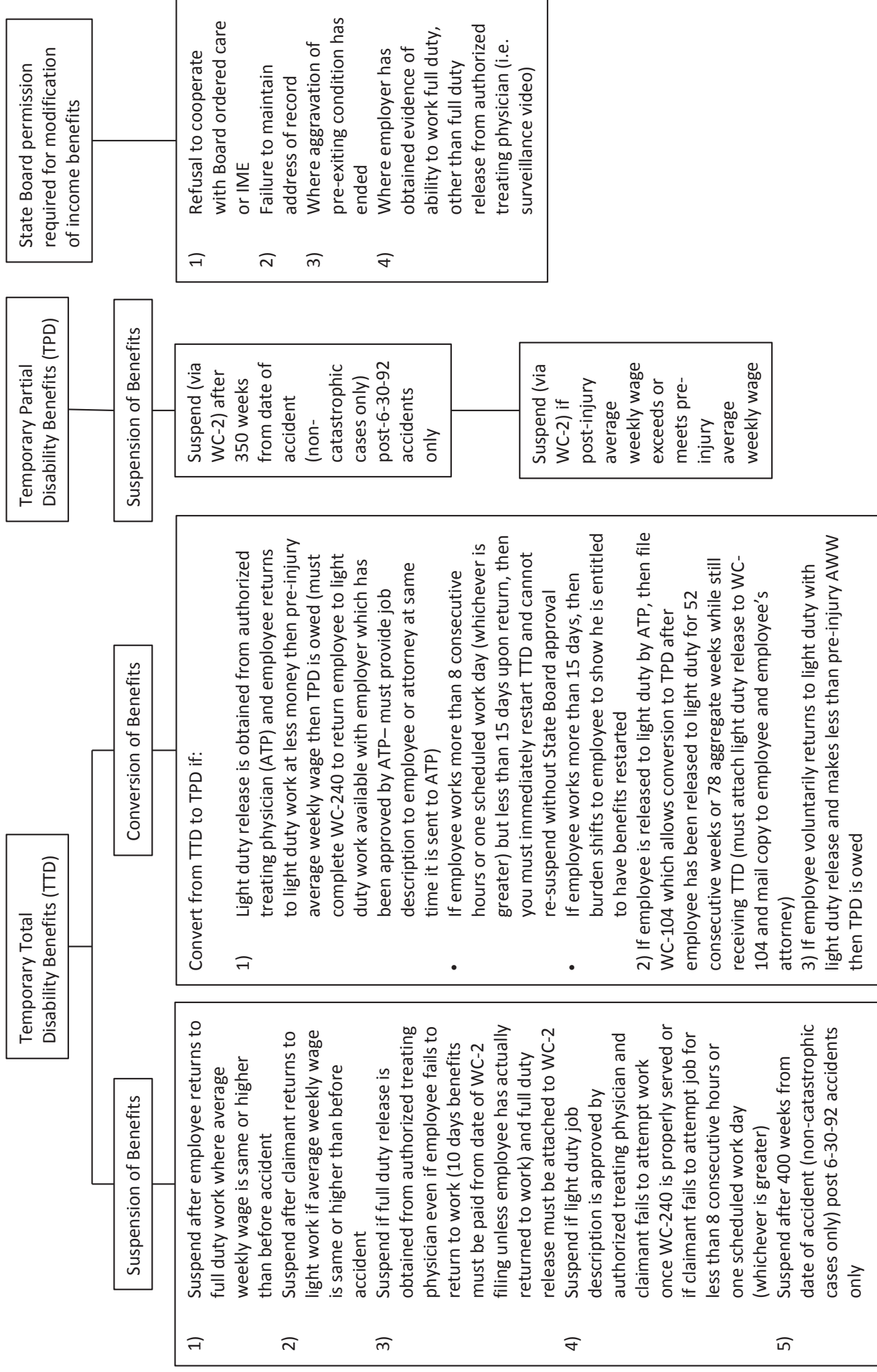
Number of weeks allowed for 100% loss of body part:

- Arm (225)
- Leg (225)
- Hand (160)
- Foot (135)
- Thumb (60)
- Index finger (40)
- Middle finger (35)
- Ring finger (30)
- Little finger (25)
- Great toe (30)
- Any other toe (20)
- Hearing in one ear (75)
- Vision in one eye (150)
- Disability of body as a whole (300)

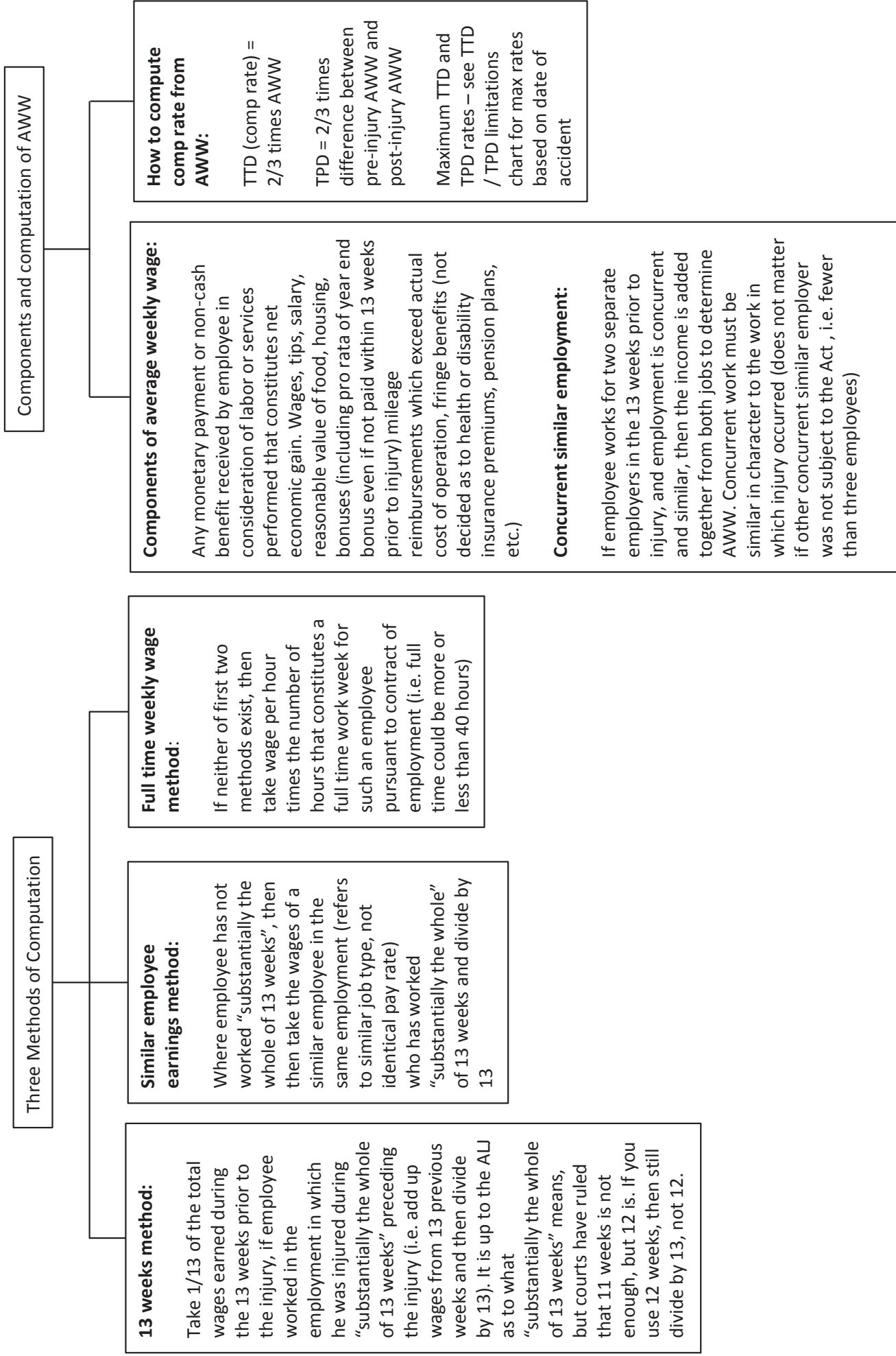
Computation

Multiply the percentage of PPD rating times the maximum weeks allowed for a 100% PPD to the body part (or whole body) times the claimant's compensation rate i.e. 100% PPD to body as a whole = 300 weeks PPD, so a 20% PPD to body as a whole rating = 20% of 300 = 60 weeks x comp rate

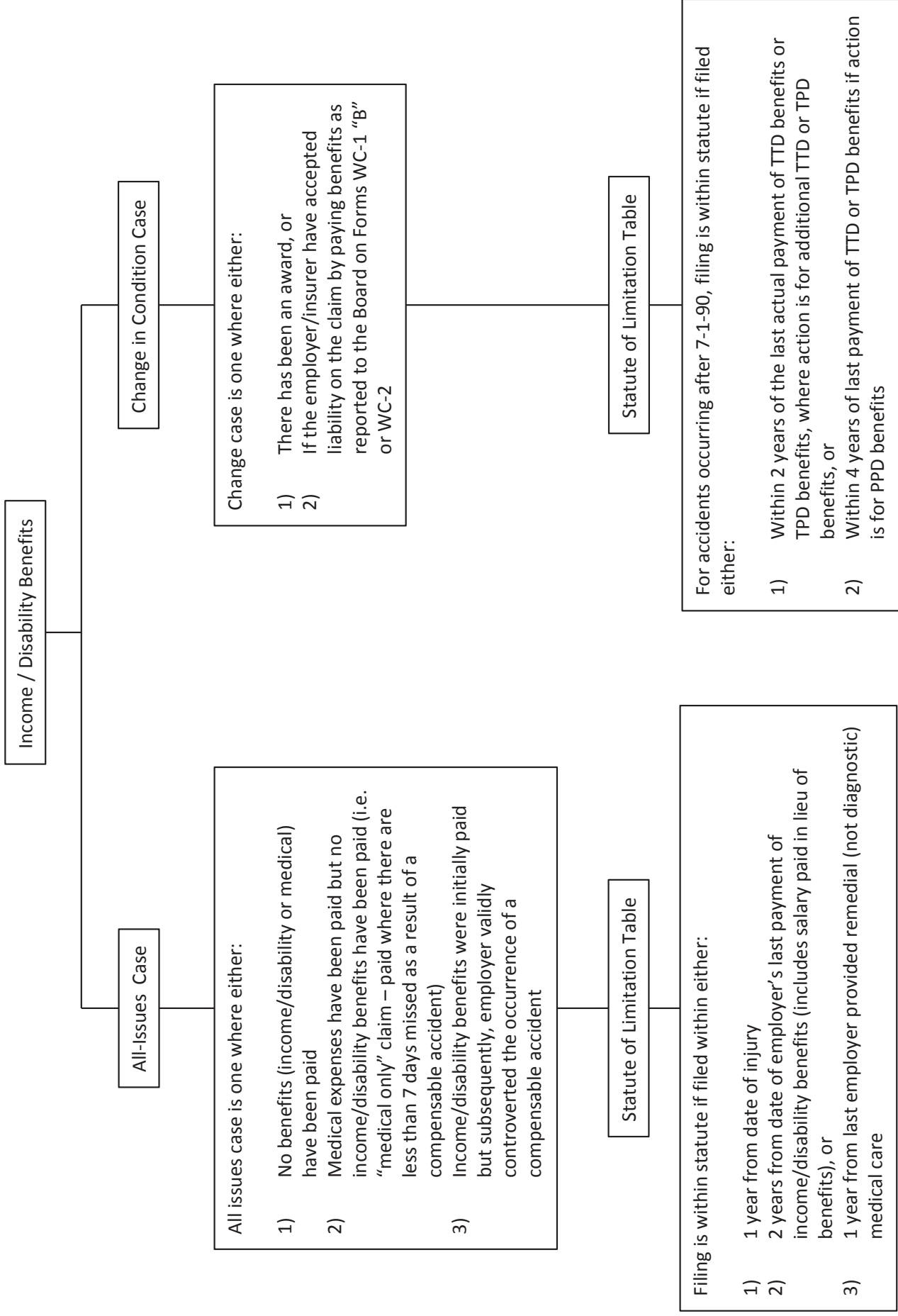
Suspension and Conversion of Income Benefits



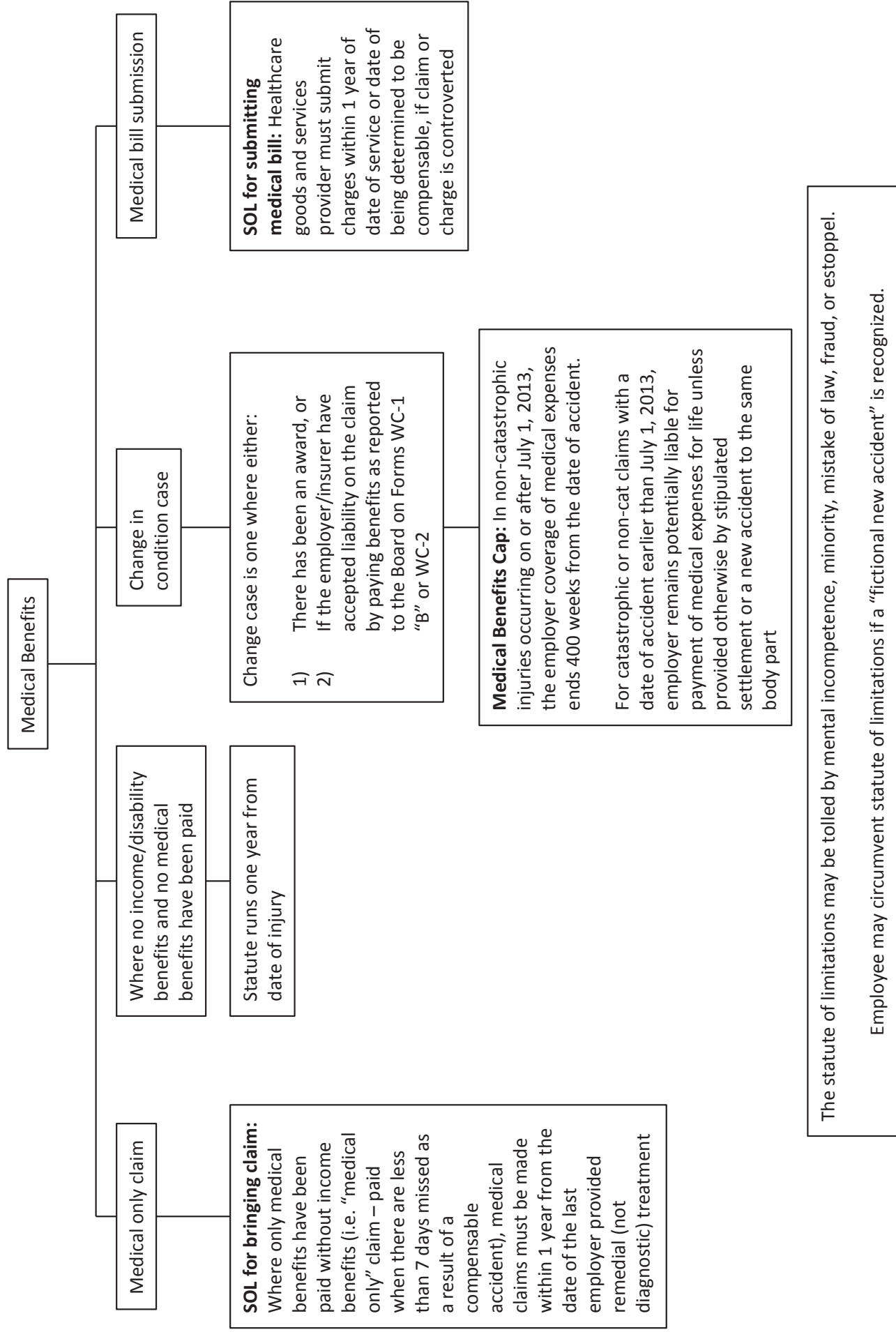
Average Weekly Wage



Statute of Limitations



Statute of Limitation



TTD / TPD Limitation on Weekly Amounts

<u>Date of Accident</u>	<u>Temporary Total Disability Benefits</u>	<u>Temporary Partial Disability Benefits</u>
7/1/90 – 6/30/92	\$225	\$150
7/1/92 – 6/30/94	\$250	\$175
7/1/94 – 6/30/96	\$275	\$192.50
7/1/96 – 6/30/97	\$300	\$192.50
7/1/97 – 6/30/99	\$325	\$216.67
7/1/99 – 6/30/00	\$350	\$233.33
7/1/00 – 6/30/01	\$375	\$250
7/1/01 – 6/30/03	\$400	\$268
7/1/03 – 6/30/05	\$425	\$284
7/1/05 – 6/30/07	\$450	\$300
7/1/07 – 6/30/13	\$500	\$334
7/1/13 – 6/30/15	\$525	\$350
7/1/15 – 6/30/16	\$550	\$367
7/1/16 – present	\$575	\$383