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Summary of Workers' Compensation Provisions

Income Benefits

Temporary Total Disability (TTD) Benefits (O.C.G.A. § 34-9-261)

There is a seven-day "waiting period" before an employee is entitled to income benefits. The employee is entitled to income benefits for the "waiting period" if he or she is disabled for a period of 21 consecutive days.

Effective Date	7/1/01	7/1/03	7/1/05	7/1/07	7/1/13	7/1/15	7/1/16	7/1/19	7/1/22
Maximum weekly benefit	$400	$425	$450	$500	$525	$550	$575	$675	$725
Minimum weekly benefit*	$40	$42.50	$45	$50	$50	$50	$50	$50	$50
Total maximum benefits	$160,000	$170,000	$180,000	$200,000	$210,000	$220,000	$230,000	$270,000	$290,000

The maximum duration of weekly benefits is 400 weeks from the date of accident except for catastrophic cases, in which there is no cap on income benefits. There is no cap on weekly benefits for accidents occurring before July 1, 1992.

** The minimum weekly benefit is the average weekly wage if the average weekly wage is less than $50.*

Temporary Partial Disability (TPD) Benefits (O.C.G.A. § 34-9-262)

Calculated by determining the difference between the employee's pre-injury average weekly wage and his post-injury earnings and multiplying that difference by two-thirds.

Effective Date	7/1/01	7/1/03	7/1/05	7/1/07	7/1/13	7/1/15	7/1/16	7/1/19	7/1/22
Maximum weekly benefit	$268	$284	$300	$334	$350	$367	$383	$450	$483
Total maximum benefits	$93,800	$99,400	$105,000	$116,900	$122,500	$128,450	$134,050	$157,500	$169,050

The maximum duration for TPD benefits is 350 weeks. The time period runs from date of accident.

Permanent Partial Disability (PPD) Benefits (O.C.G.A. § 34-9-263)

Permanent partial disability benefits are not due to an injured employee so long as the employee is receiving TTD or TPD benefits. Once the employee's entitlement to TTD or TPD benefits ceases, the employer/insurer have 30 days within which to have the injured employee rated for a permanent partial impairment. The employer/insurer are presumed to have knowledge of the rating not more than 10 days after the date of the report establishing the rating. Once the employer/insurer has knowledge of the rating, it must initiate payment of PPD benefits within 21 days. PPD benefits may be paid in lump sum or weekly and the method of payment is within the discretion of the employer/insurer.

Effective Date	7/1/01	7/1/03	7/1/05	7/1/07	7/1/13	7/1/15	7/1/16	7/1/19	7/1/22
Maximum weekly benefit	$400	$425	$450	$500	$525	$550	$575	$675	$725

Maximum weekly benefits for loss of or loss of use of specific members

Member	Weeks
Arm	225
Leg	225
Hand	160
Foot	135
Thumb	60
Index Finger	40
Middle Finger	35
Ring Finger	30

Member	Weeks
Little Finger	25
Great toe	30
Other toes	20
Loss of Hearing: One ear	75
Loss of Hearing: Both ears	150
Loss of vision: One eye	150
Body as a whole	300

Death Benefits-Payable Only to Dependents (O.C.G.A. § 34-9-265)

Dependents who are wholly dependent upon the deceased employee for income are entitled to 100 percent benefits. Income benefits to partial dependents are calculated by comparing the deceased employee's average weekly wage to contributions paid by the deceased to the partial dependents.

Effective Date	7/1/01	7/1/03	7/1/05	7/1/07	7/1/13	7/1/15	7/1/16	7/1/19	7/1/22
Maximum weekly benefit	$400	$425	$450	$500	$525	$550	$575	$675	$725
Burial Expense	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500

$290,000 cap for a surviving spouse without dependents within one year of death for injuries on or after 7/1/22.

Calculating an Employee's Pre-injury Average Weekly Wage (AWW)

1. The employee's earnings during the 13 weeks immediately preceding the week of the accident. This method must be utilized first if the employee worked "substantially the whole" of 13 weeks preceding the week of the accident. The 13 weeks of wages are added and then divided by 13.
2. A similarly situated employee. If the employee's AWW cannot be calculated based on the 13 week method, the employer/insurer must take the wages of a similar employee in the same employment who has worked "substantially the whole" of the 13 weeks immediately preceding the injured employee's accident.
3. Contract wage. If neither of the first two methods can be used, the employer/insurer must calculate the employee's AWW by multiplying the hourly rate by the number of hours constituting full-time employment.
4. The computation of an AWW includes hourly pay/salary, tips, food and housing furnished by the employer, bonuses and operational expenses. It does NOT include fringe benefits.

Statute of Limitations and Other Time Limits

1. File initial claim: One year from date of injury or last remedial medical treatment, unless statute is tolled.
2. Change in condition: Two years from the date of last payment of income benefits.
3. Claims for PPD benefits: Four years from date of last payment of either temporary total or temporary partial disability benefits.
4. Appeal to Appellate Division: Twenty days from date of administrative law judge (ALJ) award.
5. Appeal to Superior Court: Twenty days from date of Appellate Division award.
6. Subrogation: If an injured employee does not file suit against a third-party tortfeasor within one year, the employer/insurer may file suit and must notify the employee who then has a right to intervene. Employer/insurer's recovery limited by compensation and medical expenses actually paid and only after claimant has been "fully and completely compensated" for economic and non-economic losses. O.C.G.A. § 34-9-11.1. If employee does file suit, protect lien by intervening prior to entry of judgment.
7. Reimbursement: The Board is now empowered to order reimbursement of the overpayment of income benefits to a claimant. The request for reimbursement must be made within two years of the date the overpayment was made. O.C.G.A. § 34-9-245.
8. Peer review: Submit disputed charges to peer review within 60 days of receipt.

Notice to Controvert, Payment of Compensation and Awards, Penalties (O.C.G.A. § 34-9-221)

1. The employer/insurer must accept claim or file controvert within 21 days.
2. For accepted claims, employer/insurer must controvert within 81 days.
3. The employer/insurer may controvert a claim based on "newly discovered evidence" at any time. Based on review of certain statutory requirements, it is within the discretion of the administrative law judge to determine what constitutes"newly discovered evidence."
4. If an award is issued granting income benefits, the employer/insurer has 20 days in which to issue payment (17 days if funds are from outside Georgia). Failure to timely pay subjects the employer/insurer to a 20 percent penalty. The same rule applies to approved settlements.

Payment of Medical and Other Expenses; Returning Employee to the Doctor/Suspension of Benefits

1. For all injuries occurring on or before June 30, 2013, and for all injuries occurring on or after July 1, 2013, which are designated as catastrophic injuries pursuant to subsection (g) of Code Section 34-9-200.1, the employer shall furnish the employee entitled to benefits under this chapter such medical, surgical, and hospital care and other treatment, items, and services which are prescribed by a licensed physician, including medical and surgical supplies, artificial members, and prosthetic devices and aids damaged or destroyed in a compensable accident, which in the judgment of the State Board of Workers' Compensation shall be reasonably required and appear likely to effect a cure, give relief, or restore the employee to suitable employment.

   For all injuries occurring on or after July 1, 2013, that are not designated as catastrophic injuries pursuant to subsection (g) of Code Section 34-9-200.1, the employer shall, for a maximum period of 400 weeks from the date of injury, furnish the employee entitled to benefits under this chapter such medical, surgical and hospital care and other treatment, items and services that are prescribed by a licensed physician, which in the judgment of the State Board of Workers' Compensation shall be reasonably required and appear likely to effect a cure, give relief or restore the employee to suitable employment. The 400-week cap does not apply to the maintenance, repair, revision, replacement or removal of any prosthetic device, spinal cord stimulator, intrathecal pain pump device, durable medical equipment, orthotics, corrective eyeglasses or hearing aids, provided that such items were originally furnished within 400 weeks of the date of injury or occupational disease arising out of and in the course of employment.
2. Properly submitted medical expenses (excluding mileage) must be paid to the provider (or to the employee if paid out of pocket) within 30 days. Failure to pay after 30 days results in a 10 percent penalty. Failure to pay after 60 days results in a 20 percent penalty. Failure to pay within 90 days results in a 20 percent penalty plus interest.
3. O.C.G.A. § 34-9-203 was amended, effective July 1, 2013, to require reimbursement for any charges for mileage incurred by the employee be paid within 15 days from the date the employer or insurer receives the charges and reports required by the Board.
4. O.C.G.A. § 34-9-203 was amended, effective July 1, 2003, to include penalties for expenses incurred "out of pocket." This section includes employee requests for mileage reimbursements. The employee has one year from the date of service to submit a request for reimbursement.
5. O.C.G.A. § 34-9-200 was amended, effective July 1, 2003, to make it abundantly clear that an employee receiving compensation has an obligation to submit to examination by the authorized treating physician. If the employee unjustifiably refuses to attend or otherwise obstructs an examination, the Board may order a suspension of benefits.

Request for Pre-authorization of Treatment or Testing

1. If pre-authorization is requested on a WC-205
   a. Action required: Either pre-authorize or deny on WC-205 and, if denying, file Form WC-3.
   b. Deadline: Respond to requesting medical provider by facsimile or email within five business days from date of receipt of WC-205 and file WC-3 within 21 days if denying treatment or testing.
   c. If deadline is not met: Treatment or testing deemed pre-authorized.
2. If pre-authorization is requested by filing of WC – Petition For Medical Treatment (WC-PMT): Notice of Telephonic Conference with an ALJ is issued for a date within five days
   a. Action required: Either pre-authorize treatment or controvert it on WC-PMT Section C or D. If one of these is done, telephonic conference with ALJ will be cancelled. If not done, parties required to participate in telephonic conference.
   b. Following conference with ALJ: Interlocutory order may be issued addressing authorization. If it is determined authorization should be provided, the treatment may then be authorized or a hearing request objecting to interlocutory order must be filed within 20 days. If so, the hearing request will operate as a supersedeas of the order.
   c. Where a hearing request is not timely filed: The Board will construe such non-action as consent to payment of requested medical treatment or testing.

Change in Condition: Release to Light Duty (O.C.G.A. § 34-9-104 (a)(2))

1. Send to employee and file with the State Board within 60 days of light duty release by authorized doctor
   a. Form WC-104
   b. Copy of medical report providing light duty restrictions
2. After 52 consecutive weeks or 78 aggregate weeks of light duty release, to reduce benefits send to employee and State Board
   a. Form WC-2
   b. Copy of Form WC-104
   c. Copy of medical report

Offering a 240 Light Duty Job (O.C.G.A. § 34-9-240, Rule 240)

1. Send to employee at least 10 days before scheduled to return to work
   a. WC-240 (send a copy of job description to employee and their counsel at time description is provided to treating physician)
   b. Description of job, duties, hours, rate of pay
   c. Physician approval (within 60 days)
   d. Location, date, time of job commencement
   e. Attaching a properly completed form WC-240 (a) will satisfy the requirements for making a proper offer of employment.
2. File with Board after refusal to return to work
   a. WC-240 and documents sent to employee
   b. WC-2: suspension of benefits
   c. Statement that employee did not try job
3. Effective July 1, 2013, employer/insurer must recommence TTD if employee returns to work and attempts the job for eight cumulative hours or one scheduled workday, whichever is greater, but is unable to work 15 working days; file form WC-2 memorializing recommencement with the State Board. Must also send employee copy of WC-2 reflecting recommencement of benefits. Failure to immediately reinstate benefits per 240(c) shall result in waiver of employer's defense of suitability of employment for period of time the employer did not pay the weekly income benefits when due.
4. If the employee fails to attempt the proffered job, the employer/insurer may unilaterally suspend the employee's income benefits.