Overview of Income Benefits

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

Before an employee is granted income benefits, there is a “waiting period” of seven days. They can be given benefits during the waiting period if he/she has been disabled for 21 or more days in a row.

Effective Date	7/1/03	7/1/05	7/1/07	7/1/13	7/1/15	7/1/16	7/1/19	7/1/22	7/1/23
Max Weekly Benefit	$425	$450	$500	$525	$550	$575	$675	$725	$800
Min Weekly Benefit*	$42.50	$45	$50	$50	$50	$50	$50	$50	$50
Total Max Benefits	$170,000	$180,000	$200,000	$210,000	$220,000	$230,000	$270,000	$290,000	$320,000

*The maximum amount of weekly benefits caps at 400 weeks from the accident. There is no maximum on benefits for cases either occurring before July 1, 1992 or for catastrophic cases. If the weekly wage is less than $50, then that is the minimum weekly benefit.

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

Calculation for TPD is done by taking 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	7/1/03	7/1/05	7/1/07	7/1/13	7/1/15	7/1/16	7/1/19	7/1/22	7/1/23
Max Weekly Benefit	$284	$300	$334	$350	$367	$383	$450	$483	$533
Total Max Benefits	$99,400	$105,000	$116,900	$122,500	$128,450	$134,050	$157,500	$169,050	$186,550

*The maximum time for benefits is 350 weeks from the date of the accident.

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

If an employee is receiving TTD or TPD benefits, they are not entitled to permanent partial disability compensation. The employer/insurer has thirty days to have the injured worker evaluated for a permanent partial disability once the worker's eligibility for TTD or TPD coverage ends. It is assumed that the insurer and employer are aware of the rating no later than ten days following the date on which the report establishing the rating was received. The employer/insurer has 21 days from the time it learns of the rating to start paying PPD benefits. PPD benefits are paid either weekly or in one lump sum, and the employer/insurer chooses how much to pay each week.

Effective Date	7/1/03	7/1/05	7/1/07	7/1/13	7/1/15	7/1/16	7/1/19	7/1/22	7/1/23
Max Weekly Benefit	$425	$450	$500	$525	$550	$575	$675	$725	$800

For loss of or loss of use of specific members, the following are maximum weekly benefits.

Member	**Weeks**
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
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)

There are 100% benefits for dependents who are entirely reliant on the deceased employee for income. For partial dependents, benefits are calculated by comparing the weekly wages of the desceased to their contributions to the partial dependents.

Effective Date	7/1/03	7/1/05	7/1/07	7/1/13	7/1/15	7/1/16	7/1/19	7/1/22	7/1/23
Max Weekly Benefit	$425	$450	$500	$525	$550	$575	$675	$725	$800
Burial Expense	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500

*The maximum time for benefits is 350 weeks from the date of the accident.

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

- This approach uses the salary of the worker for the 13 weeks leading up to the accident week. If the employee worked "substantially the whole" of the 13 weeks before to the accident week, this approach has to be used first. The wages for the 13 weeks are totaled and divided by 13.

- This method can be used for an employee in a similar situation, but the AWW is not able to be calculated with the previous method. The wages of a comparable employee in the same occupation who has worked "substantially the whole" of the 13 weeks before to the injured employee's accident must be taken into account by the employer/insurer if the employee's AWW cannot be determined using the 13-week technique.

- If neither of the first two procedures can be applied since the employee has a contract wage, the employer/insurer must determine the employee's AWW by multiplying the hourly rate by the total number of hours that constitute full-time work.

- An AWW's computation takes into account an employee's hourly wage or salary, gratuities, employer-provided lodging and food, bonuses, and operating costs. Fringe benefits are not included in it.

Statute of Limitations and Other Time Limits

Initial Claim: If statute is not tolled, one year from date or injury or last remedial medical treatment

Condition Change: Two years from last income benefits payment date

PPD Benefit Claims: For either temporary total or temporary partial disability benefits, four years from the last payment date

Appellate Division Appeal: Twenty days from the date of ALJ (administrative law judge) award

Subrogation: If there is no lawsuit brought by the injured employee to a third party tortfeasor within one year, the insurer or employer may file a suit and is required to notify said employee since they then have a right to intervene. The recovery is limited by compensation and medical expenses truly paid after the claimant has been "fully and completely compensated" for their losses, both economic and noneconomic according to O.C.G.A. § 34-9-11.1. If the employee does file a lawsuit, protect lien by intervening prior to entry of judgment.

Reimbursement: The Board has the power to order reimbursement of the income benefits overpayment to a claimant. The request for this must be made within two years of the date of overpayment according to O.C.G.A. § 34-9-245.

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)

- The employer/insurer has to accept the claim or file controvert within 21 days. For claims that have been accepted, the employer/insurer must controvert within 81 days. At any time, the employer/insurer can controvert a claim on the basis of "newly discovered evidence." The administrative law judge must determine what constitutes "newly discovered evidence" based on the corresponding statutory requirements. If awarded income benefits, the employer/insurer has 20 days to issue payment (17 days if funds are from outside Georgia). Failure to pay within this time 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

"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." - *GA Code § 34-9-200 (2022)*

- Within 30 days, correctly filed medical expenses (mileage excluded) must be reimbursed to the provider or, if paid out of pocket, the employee. There is a ten percent penalty for nonpayment after thirty days. There is a twenty percent penalty for nonpayment after sixty days. A twenty percent penalty with interest is imposed for nonpayment within ninety days.

- Revision of O.C.G.A. § 34-9-203 states that effective on July 1, 2013, it is mandated that any mileage charges incurred by the employee be reimbursed, and that payment for such charges be made within 15 days of the date the employer or insurer receives the required reports and charges from the Board.

- Revision of O.C.G.A. § 34-9-203 states that effective on July 1, 2003, there will be penalties for expenses that incurred "out of pocket." Requests for mileage reimbursement from employees are included in this section. The employee may file a request for reimbursement within a year after the date of service.

- Revision of O.C.G.A. § 34-9-200 clearly states that effective on July 1, 2003, an employee receiving compensation is required to submit to examination by the approved treating physician. Should the staff member unjustly decline to appear or impede an assessment in any other way, the Board has the authority to impose a benefit suspension.

Request for Pre-authorization of Treatment or Testing

If there is a request for pre-authorization on a WC-205

- Action required: can pre-authorize or deny
  - If denying, Form WC-3 needs to be filed
- Deadline: Facsimile or email the requesting provider within five business days from when WC205 was received
  - If denying testing or treatment, file WC-3 within 21 days
- If deadline is not met: Testing or treatment is deemed pre-authorized

If there is a request for pre-authorization of WC- Petition for Medical Treatment (WC-PMT), a Notice of Telephonic Conference with an administrative law judge is issued within five days

- Action required: Can pre-authorize treatment or controvert based on WC-PMT Section C or D. Either one of these actions can rescind the need for a telephonic conference with the ALJ, thus it can be cancelled. If not, the conference is still required.
- After telephonic conference with ALJ: It is possible to issue an interlocutory order regarding authorization. If authorization is deemed necessary, then either the treatment may be approved, or within 20 days, a hearing request objecting to the interlocutory decision must be made. Should such be the case, the hearing request will take the place of the order.
- If a hearing request is not filled promptly: The Board will interpret such non-action as consent to payment for the requested treatment or testing.

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

1. Within 60 days of light duty release by an authorized physician, send to the employee and file with the State Board the following:
   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, in order to lower benefits, send the following 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. 10 or more days before the employee is scheduled to return to work, send them the following:
   a. WC-240 (including copy of job description to employee and counsel at time description is provided to physician)
   b. Description of job, duties, hours, rate of pay
   c. Physician approval; within 60 days
   d. Location, date, time of job commencement
   e. When properly completed WC-240 (a) form is included, it will satisfy the requirements for making a proper offer of employment.
2. After refusal to return to work, file the following with The Board
   a. WC-240 and documents sent to employee
   b. WC-2: suspension of benefits
   c. Statement that employee did not try job
3. As of July 1, 2013, if an employee returns to work and attempts the job for eight cumulative hours or one scheduled workday, whichever is greater, but is unable to work for fifteen working days, the employer/insurer is required to recommence TTD. In this case the employee must file form WC-2 memorializing recommencement and a copy of the employee's WC-2, which shows the reinstatement of benefits with the State Board. If benefits are not reinstated immediately in accordance with 240(c), the employer's defense of the employment's appropriateness for the duration of the employer's failure to pay weekly income benefits when due will be waived.
4. The employer or insurer may unilaterally suspend the employee's income benefits if they choose not to attempt the provided work.