



Workers Compensation Claim State Environmental Guide - Ohio

OHIO – <https://www.bwc.ohio.gov/>

Indemnity issues

Temporary Total Benefits	<p>Min & max set by Ohio Bureau of Workers' Compensation by injury year & recalculated annually. 2022 max/min \$1,085.00/\$361.67. Waiting period 7 days. Waiting period becomes payable once injured worker experiences 14 consecutive calendar days of disability. No limit. Compensation payable upon receipt of written certification from the physician of record that the injured worker is temporarily and totally disabled or has physical restrictions that cannot be accommodated by the employer. Benefits can terminate with a full duty release by the physician of record or finding of maximum medical improvement.</p> <p>During the first 6 weeks after the date of injury, TT can be certified by a physician, certified nurse practitioner, clinical nurse specialist, psychologist, or physician assistant who has examined the injured worker. After 6 weeks from the date of injury, certification of TT for physical conditions may only be submitted by a medical doctor, doctor of osteopathy, doctor of podiatric medicine or chiropractor or for a psychological condition a psychologist, medical doctor or doctor of osteopathy. Designated doctor can cosign disability after reviewing medical documentation of exam by certified nurse practitioner, clinical nurse specialist, or physician assistant.</p>
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Indemnity issues

<p>Temporary Partial Benefits</p>	<p>Temporary partial not available for injuries on/after 8-22-86 due to statutory change. For injuries on or after 8/22/86 wage loss compensation is payable if injured worker “has returned to employment other than his/her former position of employment or has been unable to find employment consistent with his/her disability; experiences a reduction of earnings; has the reduction in earnings as a direct result of physical and/or psychiatric restrictions caused by the allowed conditions in the claim.” “An injured worker may qualify for 1.) Working wage loss compensation when they have returned to employment, which is not their former position of employment, or 2.) Non-working wage loss compensation when they have not returned to work because they have been unable to find suitable employment.” To apply for wage loss compensation the injured worker should complete an Application for Wage Loss Compensation (C-140) and have a physician complete the back of the form with temporary or permanent restrictions. If the restrictions are temporary the injured worker must be seen by their physician and submit a new form completed by their physician every 90 days. If the restrictions are permanent, then the BWC or self-insured employer may request an updated report every 180 days. An injured worker is required to seek suitable employment with the employer of record. For non-working wage loss, the injured worker must make a good faith effort to find suitable employment including submitting BWC job search logs to the employer including supporting documentation of any online posting and verification of application. Wage loss compensation Formula = Average Weekly Wage (gross earnings for 52 weeks prior to week of injury/52), less gross earnings if any, multiplied by 66-2/3% (.6667). No min; max = T.T. max for year of injury. No waiting period. On or after 8/25/06 the statutory max is 226 weeks to include any combination of working and non-working wage loss compensation to a maximum of 226 weeks of a combination working and non-working wage loss with a limit of only 52 weeks of non-working wage loss. For injuries prior to 8/25/06 an injured worker could collect up to 200 weeks of compensation in any combination.</p>
<p>Temporary Partial Benefits (cont.)</p>	
<p>Permanent Partial Benefits</p>	<p>Specific awards for amputation (“scheduled loss”) set by statute, e.g., 5 weeks @ TT max for injury year for loss distal phalanx little finger. “Non-scheduled” awards for whole body impairment based on AMA guidelines, but Industrial Commission makes final decision based upon medical reports. Rate is determined by year of injury and AWW calculation. PPD = 2 weeks per % point at 2/3 of IW’s AWW not to exceed the minimum SWAWW for the year in which injury or occupational disease occurred. Waiting period for injuries prior to 6-30-06 40 weeks from last payment of TT or wage loss, or, if no TT/WL. has been paid, 40 weeks from date of injury. For injuries on/after 6-30-06, waiting period has been reduced to 26 weeks from last payment of TT/WL. Injured worker limited by statute to 100% whole person impairment on all claims. 2022 PPD maximum rate \$361.67 per week.</p>

Indemnity issues

Permanent Total Benefits	Min & max = TT rates annually set by BWC. No waiting period. Lifetime entitlement. For injuries prior to 8/25/06, loss of both eyes, both hands, both arms, "or any two thereof" statutorily entitles injured worker to PTD. For injuries on/after 8-25-06, loss of one limb does not constitute loss of "arm & hand" for purposes of statutory PTD. BWC provides PTD rate calculation sheet that must be used in determining ongoing compensation rate. Injured workers with a combined PTD and Social Security rate that is less than the Disabled Worker Relief Fund (DWRP) qualifying figure of the year qualify for a payment of DWRP benefits that are calculated and paid directly by the BWC then assesses back to the self-insured according to the Ohio Revised Code.
Fatality Benefits	Min & max rates = TT. Rates annually set by BWC. No waiting period. Lifetime entitlement to spouse unless he/she remarries, in which case spouse receives final lump sum payment equal to two years of benefits. Other dependents receive benefits to age 18 unless enrolled full-time in accredited educational institution, in which case benefits may continue to age 25; or physically incapacitated from engaging in substantial gainful employment, in which case benefits continue during incapacity. If decedent leaves two or more dependents, statutory benefit is apportioned between/among beneficiaries by Industrial Commission. Benefits also include decedent's final medical expenses and for claims with date of death after 9-15-20 \$7,500 for funeral expenses.
Vocational Rehabilitation	Not required of self-insured employer unless requested by eligible injured employee. For injuries prior to 8-25-06, however, injured workers could collect up to 200 weeks of living maintenance wage loss benefits if they obtained a job while participating in a vocational rehabilitation program. Additionally, injured workers could also be eligible for 200 weeks of non-working wage loss benefits. On or after 8-25-06, total wage loss benefits are capped at 226 weeks. Injured worker should have reached MMI and have permanent restrictions in order to enter a vocational program.
Settlement Allowed	Yes; must be approved by BWC
Cap on benefits, exceptions	See above

Medical issues

Initial Choice of Provider	See med guidelines. Injured worker has free choice unless employer has BWC-approved Qualified Health Plan. If employer has QHP, injured worker must make initial choice w/in network but may opt out of network after 1 st office visit. Providers must be selected from pool "certified" by BWC, i.e., provider must accept Industrial patients and not have had license suspended.
Change of Provider	Injured worker has free choice. MDs, DOs, & DCs are all considered "physicians." Once IW goes to physician for treatment three times, that provider becomes physician of record and the IW must request a change by filing Form C23, Notice to Change Physician of Record.
Medical Fee Schedule	BWC Professional Provider Medical Services Fee Schedule set by BWC.
Managed Care	Not required of self-insured employer unless it has QHP.
Utilization Review	Not required of self-insured employer unless it has QHP, in which case all UR for compensable diagnoses must be performed by licensed medical professional.
Treatment Guidelines	Does the state mandate the use of evidence based guidelines? No

Medical issues

Generic Drug Substitution	The state mandates generic substitution.
Medical Mileage Reimbursement Rate	Payable only if injured worker must seek specialized medical care outside town or city where he resides (must travel 45 miles round trip) or if employer requests IW appear for a medical examination. Rate prior to 4/19/20 was \$.52/mile; rate on or after 4/20/20 is \$.52/mile.
Network Information	Self-insured employer not permitted to direct care unless it has an accredited QHP. Network providers may be "offered." First Health network is used.
Ability to Terminate Medical Treatment	Only by Industrial Commission order after formal hearing.
Settlement Allowed	Yes; must be approved by BWC
Cap on benefits, exceptions	No. For injuries prior to 8/25/06, claims in which no indemnity has been paid remain viable by statute for six years after payment of most recent medical; and claims in which indemnity has been paid remain viable by statute for 10 years after payment of most recent indemnity or medical. For injuries on or after 8/25/06, claims in which neither indemnity or medical is paid within 5 years of the date of injury will no longer be viable by statute at the expiration of that 5-year period. For injuries on or after 7/1/20 the claim expires 5 years from the last paid compensation or medical date of service.

Other Issues

Occupational Diseases	Enumerated by statute: anthrax, glanders, lead poisoning, mercury poisoning, etc.