



# Workers Compensation Claim State Environmental Guide - Arkansas

ARKANSAS – [WWW.AWCC.STATE.AR.US](http://WWW.AWCC.STATE.AR.US)

## Indemnity issues

Temporary Total Benefits	<p><b>As of 1/01/14 state maximum is \$617, minimum \$20</b></p> <p>Rate is based on 66 2/3% of Gross Average Weekly Wage</p> <p>Waiting period is 7 days excluding date of injury payable after 14 days of lost time. Temporary Total Disability limited to 450 weeks.</p>
Temporary Partial Benefits	<p><b>As of 1/01/14 state maximum \$617, minimum N/A. Maximum only comes into play when the EE is at the maximum.</b></p> <p><b>Paid at 66 2/3% of the difference between the pre-injury average weekly wage and post injury average weekly wage.</b></p> <p>Limited to 450 weeks.</p>
Permanent Partial Benefits	<p><b>As of 1/01/14 state maximum \$463, minimum \$20.</b></p> <p>If the Total Disability rate is \$205.35 or greater, then the PPD maximum is 75% of the Total Disability rate, rounded to the nearest whole dollar, up to \$463 per week. If the Total Disability is less than \$205.35, PPD is 66 2/3% of the worker's AWW, up to a maximum of \$154 (§11-9-501(d)(1)).</p> <p>There are scheduled injuries for every body part excluding the neck, back, and shoulders which are whole body injuries based on 450 weeks. The impairment percentage is multiplied by the total number of weeks corresponding to the rated body part. See §11-9-521 for schedule.</p> <p>The PPD rate for <b>amputation</b> or permanent total loss of use of a member is the same as the employees TTD rate.</p>



[travelers.com](http://travelers.com)

The Travelers Indemnity Company and its property casualty affiliates. One Tower Square, Hartford, CT 06183

This material is for informational purposes only. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. For an actual description of all coverages, terms and conditions, refer to the insurance policy. Coverages are subject to individual insureds meeting our underwriting qualifications and to state availability.

© 2014 The Travelers Indemnity Company. All rights reserved. Travelers and the Travelers Umbrella logo are registered trademarks of The Travelers Indemnity Company in the U.S. and other countries. Rev. 4/14

**Indemnity issues**

<p>Permanent Total Benefits</p>	<p><b>For claims with a date of injury prior to 01/01/08:</b>                  Permanent Total Benefits are paid up to the maximum <b>\$75,000</b>. Death and Permanent Total Benefits over <b>\$75,000</b> are paid by the Arkansas Death and Permanent Total Disability Trust Fund.                  Benefits paid toward Permanent Partial Benefits count towards the \$75,000 cap. The state requires a Form AR –D be filed each January for a claim where Permanent Total Benefits are being paid. The state will issue a certificate of acceptance with the date they will take over payment.</p> <p><b>For claims with a date of injury on or after 01/01/08:</b>  <b>Permanent Total Benefits are paid up to a maximum of \$169,650.</b></p> <p><b>For claims with a date of injury on or after 01/01/09:</b>  <b>Permanent Total Benefits are paid up to a maximum of \$178,750.</b></p> <p><b>For claims with a date of injury on or after 01/01/10:</b>  <b>Permanent Total Benefits are paid up to a maximum of \$182,650.</b></p> <p><b>For claims with a date of injury on or after 01/01/11:</b>  <b>Permanent Total Benefits are paid up to a maximum of \$186,875.</b></p> <p><b>For claims with a date of injury on or after 01/01/12:</b>  <b>Permanent Total Benefits are paid up to a maximum of \$189,800</b></p> <p><b>For claims with a date of injury on or after 01/01/13:</b>  <b>Permanent Total Benefits are paid up to a maximum of \$195,650</b></p> <p><b>For claims with a date of injury on or after 01/01/14:</b>  <b>Permanent Total Benefits are paid up to a maximum of \$200,525</b></p>
<p>Fatality Benefits</p>	<p>\$6,000 towards funeral. Fatality benefits are paid to those who were financially dependent on the claimant. The rate is based on different percentages of the average weekly wage depending on the number and who the dependents are. Widows, widowers, children, brothers, sisters, parents, grandchildren, grandparents can be found to be dependents.                  See AR Code §11-9-527.</p> <p>For claims with a date of injury prior to 01/01/08, fatality benefits cap is <b>\$75,000</b> except in the case of a widow remarrying she will receive a lump sum payment of 104 weeks of benefits regardless if the cap has been reached. The state requires a Form AR –D be filed each January for a claim where Permanent Total Benefits are being paid. The state will issue a certificate of acceptance with the date they will take over payment</p> <p><b>For claims with a date of injury on or after 01/01/08:</b>  <b>Permanent Total Benefits are paid up to a maximum of \$169,650</b></p> <p><b>For claims with a date of injury on or after 01/01/09:</b>  <b>Permanent Total Benefits are paid up to a maximum of \$178,750.</b></p> <p><b>For claims with a date of injury on or after 01/01/10:</b>  <b>Permanent Total Benefits are paid up to a maximum of \$182,650.</b></p> <p><b>For claims with a date of injury on or after 01/01/11:</b>  <b>Permanent Total Benefits are paid up to a maximum of \$186,875.</b></p> <p><b>For claims with a date of injury on or after 01/01/12:</b>  <b>Permanent Total Benefits are paid up to a maximum of \$189,800</b></p> <p><b>For claims with a date of injury on or after 01/01/13:</b>  <b>Permanent Total Benefits are paid up to a maximum of \$195,650.</b></p> <p><b>For claims with a date of injury on or after 01/01/14:</b>  <b>Permanent Total Benefits are paid up to a maximum of \$200,525</b></p>

**Indemnity issues**

Vocational Rehabilitation	Not mandatory
Settlement Allowed	Full and final settlements allowed (Joint Petition Settlement)
Cap on benefits, exceptions	<p>For claims with a date of injury prior to 01/01/08, 450 weeks temporary total, <b>\$75,000</b> permanent total cap.</p> <p>For claims with a date of injury on or after 01/01/08, 450 weeks temporary total, <b>\$169,650</b> permanent total cap.</p> <p>For claims with date of injury on or after 1/1/09, 450 weeks temporary total, <b>\$178,750</b> permanent total cap</p> <p>For claims with date of injury on or after 1/1/10, 450 weeks temporary total, <b>\$182,650</b> permanent total cap</p> <p>For claims with date of injury on or after 1/1/11, 450 weeks temporary total, <b>\$186,875</b> permanent total cap</p> <p>For claims with a date of injury on or after 01/01/12, 450 weeks Temporary total, <b>\$189,800</b> permanent total cap</p> <p><b>For claims with a date of injury on or after 01/01/13, 450 weeks Temporary total, \$195,650 permanent total cap</b></p> <p><b>For claims with a date of injury on or after 01/01/14: Permanent Total Benefits are paid up to a maximum of \$200,525</b></p>

**Medical issues**

Initial Choice of Provider	The employer/carrier has choice of the initial treating physician.
Change of Provider	<p>The claimant can contact Arkansas Workers' Compensation Commission for a one time change of doctor. The doctor must be associated with the managed care entity chosen by the Employer or the regular treating doctor of the claimant.</p> <p>If employer doesn't have contract with managed care organization, the claimant can select any doctor that is associated with any managed care organization certified by the commission.</p>
Medical Fee Schedule	<p>From the Commission Website:</p> <p>The official Medical Fee Schedule of the Arkansas Workers Compensation Commission shall be based on the Health Care Financing Administration's (HCFA) Medicare Resource Based Relative Value Scale, using HCFA's National relative value units and Arkansas-specific conversion factors adopted by the AWCC. Parties using this scale should also be familiar with Commission rule 30, the most current CPT, the Health Care Financing Administration Common Procedure Coding System and the ASA Relative Value Guide. All services except laboratory and pathology are paid at 100% of Medicare fee schedule. Laboratory and pathology are paid at 200% Medicare fee schedule.</p>
Managed Care	Employer choice
Utilization Review	<p>Utilization review mandatory for:</p> <ul style="list-style-type: none"> <li>• All managed care arrangements.</li> <li>• All non-emergency hospitalizations</li> <li>• Transfers between facilities</li> <li>• Outpatient Services expected to exceed \$1,000 and bill charges for a single date of service.</li> </ul>
Treatment Guidelines	No
Generic Drug Substitution	The state mandates generic substitution unless a statement of medical

**Arkansas Workers Compensation Claim State Environmental Guide**

**Medical issues**

	necessity is provided by the treating provider and the prescription is marked “do not substitute.”
Medical Mileage Reimbursement Rate	<b>As of 05/01/08 the mileage reimbursement rate is 43 cents a mile.</b>
Network Information	CorVel
Ability to Terminate Medical Treatment	Yes, with medical to support that treatment is no longer necessary.
Settlement Allowed	Full and final settlements allowed. Processed through a formal hearing in front of an Administrative Law Judge.
Cap on benefits, exceptions	No cap on medical benefits

**Other Issues**

WC Hearing Docket Speed	30-60 days to initial hearing. Overall outcomes are pro-employer based on conservative interpretation of the WC statute. Administrative Law Judge decision must be issued within 90 days of hearing.
Staff Counsel	Panel Counsel only as of March 2011
Hearings require attorney or claim handler participation	<b>Not statutory but generally an Attorney attends. Generally there are no pro se employees</b>
Occupational Diseases	Must be filed within 2 years from the date of last injurious exposure.
Second Injury Fund availability	Abolished 12/31/2007
Other Offset Opportunities	No
EDI	The AR-1 (Form 1) is the only EDI transmission. Due within 10 days of lost time. <b>This EDI transmission is not mandatory and the state prefers paper AR-1 to be faxed.</b>
In-State Adjusting Required	No
License or Certification Required	No