



# Workers Compensation Claim State Environmental Guide – Indiana

INDIANA – <http://www.in.gov/wcb/>

## Indemnity issues

Temporary Total Benefits	<p>Average Weekly Wage calculated by the average of the last 52-weeks prior to the date of injury; overtime, bonus, etc., included. If not employed 52-weeks; use the number of weeks worked or attempt to secure 52-weeks on a same/similar employee.</p> <p>7-Day Waiting period (calendar days). First payment due within 14 days of first day of lost time. Waiting period paid once authorized off work 22-days or more.</p> <p>\$75.00 Minimum AWW; \$50.00 Minimum TTD rate; or actual. If AWW between \$50.00 and \$75.00, then TTD rate is \$50.00. If AWW less than \$50.00 then AWW and TTD would be the same.</p> <p>Maximum TTD rates per date of injury:</p> <table border="1"><thead><tr><th></th><th>AWW</th><th>TTD</th></tr></thead><tbody><tr><td>7/1/2009 - 6/30/2014</td><td>\$ 975.00</td><td>\$650.00</td></tr><tr><td>7/1/2014 - 6/30/2015</td><td>\$1040.00</td><td>\$693.33</td></tr><tr><td>7/1/2015 - 6/30/2016</td><td>\$1105.00</td><td>\$736.67</td></tr><tr><td>7/1/2016 – 6/30/2019</td><td>\$1170.00</td><td>\$780.00</td></tr></tbody></table> <p>TTD is generally payable to a terminated employee while on work restrictions until placed at MMI or restrictions declared permanent.</p>		AWW	TTD	7/1/2009 - 6/30/2014	\$ 975.00	\$650.00	7/1/2014 - 6/30/2015	\$1040.00	\$693.33	7/1/2015 - 6/30/2016	\$1105.00	\$736.67	7/1/2016 – 6/30/2019	\$1170.00	\$780.00
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Temporary Partial Benefits	<p>No minimum.</p> <p>AWW (or the max AWW rate, if over that amount) minus Gross weekly amount paid by employer; pay 66 2/3 of the difference.</p> <p>7-Day Waiting period (calendar days). First payment due within 14 days of first day of lost time. Waiting period paid once authorized off work 22-days or more.</p> <p>TTD/TPD should be combined to count toward waiting period and retro; not separate issues/waiting period, etc.</p>															



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**Indemnity issues**

<p>Permanent Partial Benefits</p>	<p>No minimum; must be at MMI (maximum medical improvement)</p> <p>The impairment rating assessed by the physician is converted to a dollar award through the use of the “degree system.” The entire body is worth 100 degrees, with lower degree values being assigned to individual body parts. The thumb, for example, is worth 12 degrees. For each degree of impairment, the employee receives a sum of money determined by a schedule contained in the Act. Amputations <i>with bone loss</i> occurring on or after July 1, 1997, are compensated at double the dollars per degree provided in statute. Loss of use continues to be compensated at the dollars per degree provided in statute. The doctor’s impairment rating is multiplied by the number of degrees for a given body part to obtain the degree of impairment for the injury: (continued)</p>
<p>Permanent Partial Benefits</p>	<p>Examples:</p> <p>25% impairment to the whole body (worth 100 degrees)                  25% X 100 degrees = 25 degrees</p> <p>50% impairment to the thumb (worth 12 degrees)                  50% X 12 degrees = 6 degrees</p> <p>Refer to the Degree Schedule. Like TTD, degree values vary depending upon extent of PPI and date of injury.</p> <p>The number of degrees is then multiplied by the appropriate dollar figure per degree; per date of injury and number of degrees. Refer to the appropriate schedule.</p> <p>If the employee has received 125 weeks of TTD, amounts of TTD paid beyond 125 weeks are credited against PPI compensation.</p> <p>Employee may not receive PPI in addition to Permanent Total Disability</p>
<p>Permanent Total Benefits</p>	<p>Maximum TTD rates apply; 500 weeks total compensation at TTD rate.                  Maximum for All Compensation (excluding medical care):</p> <p>7/1/2009 - 6/30/2014 \$325,000                  7/1/2014 - 6/30/2015 \$346,665                  7/1/2015 - 6/30/2016 \$368,335                  7/1/2016 – 6/30/2019 \$390,000</p> <p>Minimum compensation for PTD is \$75,000</p>
<p>Fatality Benefits</p>	<p>Funeral Expense – maximum of \$7,500.00</p> <p>500 weeks at TTD rate to the appropriate dependents; see Statute of definitions on dependents.</p> <p>A dependent spouse’s dependency terminates upon remarriage, at which time the spouse receives a lump sum settlement of 104 weeks of compensation, or the remainder left unpaid, whichever is less.</p>
<p>Vocational Rehabilitation</p>	<p>Injured workers who are unable to return to their pre-injury jobs may be eligible for Vocational Rehabilitation under Ind. Code §22-3-12-1 et seq. The employer is not required to pay for private vocational rehabilitation under the Indiana Worker’s Compensation Act. For more information, contact the Office of Vocational Rehabilitation at (317) 232-1319.</p>

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Settlement Allowed	When the employee is at MMI and given an impairment rating. A settlement of the claim may be achieved on a Standard 1043 form based upon that rating. 1043 and Waiver must be sent to employee within 15 days of physician's PPI assessment. If there is a dispute involving more than PPI rating, a compromised settlement (full and final) can be negotiated; this is called a "Section 15." No settlement is effective unless submitted to and approved by the Board. All settlements must be paid within 30 days of the Board's Approval.
Cap on benefits, exceptions	State maximums as previously noted.

**Medical issues**

Initial Choice of Provider	Employer choice						
Change of Provider	Employer choice/direction or the insurance carrier on their behalf. Once authorized, physician may be changed by agreement with employee or with Board approval for good cause.						
Medical Fee Schedule	<p>Fee Schedule <u>only</u> for:</p> <ul style="list-style-type: none"> <li>• Hospital charges capped at 200% of Medicare.</li> <li>• Cost of implant devices capped at invoice plus 25%.</li> </ul> <p>Usual &amp; Customary on all other treatments and providers. A medical provider has the right to file an Application for Adjustment of Provider Fee against the employer/carrier disputing proper payment has been made. The burden of proof is on the employer/carrier to prove the amount paid is correct. For reductions based on the "80<sup>th</sup> percentile U&amp;C in the GeoZip zone", production of the actual data relied upon is required to meet the burden of proof and establish proper payment has been made.</p>						
Managed Care	None						
Utilization Review	Not a UR state but we follow the Travelers UR principles.						
Treatment Guidelines	None for the state; Travelers guidelines used.						
Generic Drug Substitution	The state allows generic substitution; however, it is not mandatory.						
Medical Mileage Reimbursement Rate	<p>If the employee is requested or required by the employer/carrier to submit to treatment which requires the employee to travel outside of the county of employment, the employer must also pay the employee's reasonable expenses for travel, food, and lodging necessary during the travel. Payment or reimbursement for mileage and other expenses is to be made at the level the state reimburses its employees for travel under the policies and procedures established by the Department of Administration and approved by the State Budget Agency.</p> <p>The state rate increases and decreases frequently. As of August 1, 2016, the state mileage allowance applicable to travel to medical examinations and treatment under worker's compensation is \$0.38 per mile, no matter how many trips are made and no matter how many miles are traveled as long as the employee is traveling.</p> <p>Subsistence (meal allowance) may not be claimed for same day travel. Overnight travel must be involved. When overnight travel is involved, the meal reimbursement maximum allowances are as follows:</p> <table border="1" data-bbox="586 1745 1528 1841"> <thead> <tr> <th></th> <th>IN-STATE</th> <th>OUT-OF-STATE</th> </tr> </thead> <tbody> <tr> <td>Breakfast</td> <td>\$6.50</td> <td>\$8.00</td> </tr> </tbody> </table>		IN-STATE	OUT-OF-STATE	Breakfast	\$6.50	\$8.00
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**Medical issues**

	Lunch	\$6.50	\$8.00
	Dinner	\$13.00	\$16.00
Network Information	First Health (primary) and Corvel (secondary).		
Ability to Terminate Medical Treatment	<p>No limit on medical treatment reasonably and necessarily required to cure or relieve the injury.</p> <p>A second opinion or an IME, obtainable only by agreement or Board Order on good cause shown, may be needed to terminate.</p> <p>Once the employee is at MMI; medical treatment is generally ended (no longer covered) however lifetime palliative care and medications (required to maintain functionality) may be awarded. Need to review on a case by case basis in direct relation with the Statute of Limitations.</p>		
Settlement Allowed	Settlement of disputed past and future medical expenses is permitted. A compromise settlement (full and final) can be negotiated; this is called a "Section 15." No settlement is effective unless submitted to and approved by the Board. Medicare's interests must be considered when settling future medical and CMS thresholds apply.		
Cap on benefits, exceptions	No cap. Exception is fee schedule, usual and customary, or network reductions; whichever applies and the provider cannot balance bill the injured worker.		

**Other Issues**

WC Hearing Docket Speed	The Board has adopted a three year rule. Any cases older than 3 years can only be continued for cause, such as waiting for an MSA.
Staff Counsel	<p>Travelers Staff Counsel</p> <p>280 East 96<sup>th</sup> Street, Suite 325</p> <p>Indianapolis, IN 46240</p> <p>Phone Direct Dial: 317-818-5100</p>
Hearings require attorney or claim handler participation	Attorney
Occupational Diseases	Handled same as occupational injury, except the Statute of Limitations is different and runs from the date of disability not exposure
Second Injury Fund availability	<p>The Second Injury Fund was created by Ind. Code §22-3-3-13 is designed to prevent discrimination in hiring workers who have lost or lost the use of an arm, hand, leg, or foot. When an employee loses the use of any two of these parts of the body, the employee is considered totally impaired, because a loss of any two of these parts is compensated by an award of 100 degrees of impairment pursuant to Ind. Code §22-3-3-10(c)(2). Such injuries must be compensated by an award of 100 degrees of impairment or Permanent Total Disability (PTD) whichever is greater. Obviously, employers would hesitate to hire any employee who had already lost or lost the use of an arm, hand, foot, or leg, for fear that a second injury would expose them to liability for an award of PTD. Under §22-3-3-13(a), the employer is held liable only to the extent of compensation due for the second injury. The Second Injury Fund is liable for the remainder of the compensation award.</p> <p>The Second Injury Fund serves a second purpose unrelated to second injuries. In cases where the employee is permanently and totally disabled and exhausts the maximum compensation payable under the Act, application may be made to the Fund for benefits. The Fund may award benefits at the rate of sixty-six and</p>

**Other Issues**

	<p>two-thirds percent (66 2/3%) of the employee's average weekly wages at the time of the injury, the same weekly rate at which TTD and PPI were paid, payable at six week intervals for a total of 150 weeks. If the employee remains permanently and totally disabled after 150 weeks, he or she may reapply to the fund. The Board may award additional benefits for successive periods not to exceed one hundred fifty (150) weeks each. A hearing may be held to determine eligibility for benefit extensions. See Ind. Code §§22-3-3-13(d); 22-3-3-13(e).</p> <p>A third purpose of the Second Injury Fund was created by legislation passed in 1997. This legislation allows an employee to apply to the Second Injury Fund for the cost of repairs to or replacement of an artificial member, braces or prosthodontics resulting from a compensable injury pursuant to a prior worker's compensation award. The repairs or replacement may be due to medical necessity or normal wear and tear, but not in cases of abuse by the employee. The compensable injury resulting in the need for the prosthetic device must have caused the amputation of a body part, the enucleation of an eye, or the loss of natural teeth. This provision is available regardless of when the injury occurred, so long as the employee can prove that it was a compensable injury and that the prosthetic was received pursuant to a worker's compensation award. See Ind. Code §22-3-3-4(e).</p>
Other Offset Opportunities	None.
Reimbursement of lost time from work for medical treatment	<p>Amendment HEA1050 became effective 7/1/2000:</p> <p>IC 22-3-3-4 requires employers/insurers to reimburse employees actual wages for actual lost work time due to medical treatments or travel to or from the place of treatment based on their average daily wage.</p> <p>*If the employer fails to pay the injured worker for missed (scheduled) work hours for medical treatment, then the carrier must pay per direction of the Indiana WC Board. This is paid as a miscellaneous medical payment off the claim file.</p>
EDI	Claims EDI Release 1: FROI only (8/1/2008). FROI must be filed within seven days after the employer's knowledge of an injury, either actual or alleged, any time a worker is provided medical care beyond first aid (comports with OSHA reporting requirements).
In-State Adjusting Required	No
License or Certification Required	No