



Worker's Compensation Glossary

A

Advocate - a person who represents the interests of a party to an injury claim, typically an attorney for an insurance company or an employee.

Apportionment - the splitting of responsibility between insurers for a claim.

C

Compensability – the decision made to accept or deny a claim.

Compromise and Release (C & R)– full settlement of a portion or total claim.

D

Defense Attorney – a lawyer assigned by the carrier to represent the policy holder's interest during a claim process.

Disability Management - to coordinate medical appointments and follow an Injured Worker's progress and coordinate an early and safe return to work. A nurse case manager typically oversees this process.

F

Fraud - Any attempt or action by a person to willingly take or receive benefits of any kind that would not otherwise be rewarded to them.

G

Gross Wages - Total wages earned before taxes are deducted.

I

Incurred Reserve – total of the outstanding balance and paid-to-date amounts reserved on a file

Indemnity – wage benefits.

Independent Medical Examination (IME) - an appointment made with an independent medical provider - one not treating the patient for any reason and usually set up by the insurance carrier.

Injury Manager (aka claims adjuster, claims representative, claims specialist, claims examiner) – a person who oversees an injury claim. Responsible for investigation and determination of compensability of a claim in accordance with state regulations.

L

Labor Market Survey – survey of jobs that an injured worker can perform within specific physical capabilities and wages paid for the jobs.

Loss Run - a report of an employer's claims over policy periods. Typically lists all money spent on each claim and if the claim is opened or closed.



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Lost Time Claim - any claim in which the injured worker has been out of work past the PA Workers Compensation specified seven (7) day waiting period to collect wage reimbursement.

M

Managed Care Arrangement – a carrier who participates in a network of medical providers for treatment of their injured workers for a reduced fee.

Mediation - a meeting between parties with the purpose of issue resolution.

Medical Authorization - signed release for medical information.

Medical Benefits – payment for medical treatment by a licensed practitioner for treatment of work related injuries.

Medical Fee Schedule - state specific rules governing the payment of medical bills in a workers' compensation case. Providers are not legally allowed to collect payment from an Injured Worker for any balances not covered by payments made by Workers' Compensation benefits.

Medical Only Claim: a work related injury claim paying medical benefits only.

N

Nurse Case Manager - a nurse assigned to help oversee the medical aspect of a claim and assist with timely return to work of an injured worker.

P

Petition – legal document filed by the injured worker or the carrier when a dispute arises and cannot be resolved. A petition is assigned to a WC judge for a hearing.

Physician Capacity Form - document a medical provider completes that outlines the physical abilities of a person to perform a job.

Physician Panel - a list of six or more licensed medical providers selected by the employer with whom an Injured Worker is required to treat for a period of ninety days following the first visit.

R

Return-to-Work Program - a program put in place by an employer to provide temporary or permanent light duty positions to accommodate a worker's physical limitation as a result of their work injury.

Risk Management – to assist in work safety compliance and training, risk avoidance, and injury tracking on behalf of a policy holder.

S

Subrogation – the recovery of funds paid on behalf of a policy holder due to the negligence of a third party.

Statement of Wage - a document that is completed by the employer and used to calculate the average weekly wage for an Injured Worker.

Statute of Limitations – a law that limits the time in which a party can file a claim or appeal an unfavorable decision or pursue additional benefits.



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T

Temporary Partial Disability (TPD) –payments made to an Injured Worker to partially replace lost wages when returned to work at less than pre-injury weekly wage.

Temporary Total Disability (TTD) - payments made to an Injured Worker as replacement of wages loss while out of work.

Transitional Work (aka: Alternate Work/Light Duty/Limited Duty/Modified Duty) - temporary work that is within an Injured Worker's physical restrictions. It is a bridge back to full regular job duties and medically authorized.

W

Waiting Period - the number of days determined by a state that an Injured Worker must be out of work before qualifying for indemnity (or wage replacement) benefits. Pennsylvania waiting period is seven (7) days.

**If you have any questions or concerns, please do not hesitate to call our office:
866-402-6600**