



## GEORGIA WORKERS' COMPENSATION

### ATTORNEY CONTACT INFORMATION

Paula Smith  
Phone (404) 998-8185  
Fax (770) 458-9606  
pfsmith@wjcblaw.com

William J. Naglich  
Phone (470) 289-1063  
Fax (770) 458-9606  
wjnaglich@wjcblaw.com

Zachary D. Kunz  
Phone (404) 998-5640  
Fax (770) 458-9606  
zdkunz@wjcblaw.com

### MAXIMUM COMPENSATION RATE

Years	TTD	TPD
<b>7/1/2023-</b> _____:	<b>\$800</b>	<b>\$533</b>
7/1/2022-6/30/2023:_____:	\$725	\$483
7/1/2019-6/30/2022:_____:	\$675	\$450
7/1/2016-6/30/2019:_____:	\$575	\$383
7/1/2015-6/30/2016:_____:	\$550	\$367
7/1/2013-6/30/2015:_____:	\$525	\$350
7/1/2007-6/30/2013:_____:	\$500	\$334
7/1/2005-6/30/2007:_____:	\$450	\$300
7/1/2003-6/30/2005:_____:	\$425	\$284
7/1/2001-6/30/2003:_____:	\$400	\$268
7/1/2000-6/30/2001:_____:	\$375	\$250
7/1/1999-6/30/2000:_____:	\$350	\$233.33

### WEEKS ALLOWED FOR SCHEDULED MEMBERS

Body Part	Maximum 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
Any other toe.....	20
Loss of Hearing one/both.....	75/150
Loss of vision in one eye.....	150
Disability of the body as a whole.....	300

### GA MILEAGE RATES

Mileage (July 1, 2023) . . . . .45 cents per mile

### BENEFITS

- **Temporary Total Disability (TTD)** (§34-9-261): 2/3 of the employee's AWW, but not to exceed \$725 per week. Payable for a maximum period of 400 weeks from the date of injury unless case ruled Catastrophic as defined by §34-9-200.1 (g).
- **Temporary Partial Disability (TPD)** (§34-9-262): 2/3 of the difference between the pre-injury AWW and the AWW upon returning to work, but not to exceed \$483 per week. Payable for a maximum of 350 weeks from the date of injury.
- **Permanent Partial Disability (PPD)** (§34-9-263): Loss or loss of use of body members or from the partial loss of use of the employee's body. Not payable while the employee is entitled to TTD or TPD benefits. 2/3 of the employee's AWW, but not to exceed \$725 per week. Payable for the number of weeks determined by the percentage of bodily loss or loss of use times the maximum weeks.
- **Death Benefits** (§34-9-265): Funeral costs not to exceed \$7,500. Payment to dependents of 400 weeks of TTD benefits unless spouse is the sole dependent at time of death. Benefits paid to a spouse as sole dependent shall not exceed a maximum of \$320,000 effective 7/1/2023.
- **Medical Benefits OCGA** §34-9-200 as of July 1, 2019, and effective retroactively, the 400 week cap is removed for medical benefits related to spinal cord stimulators, prosthetics, hardware, durable medical equipment, etc. that are provided within the initial 400 weeks. These are subject to lifetime medical exposure.

## IMPORTANT INFORMATION

**Period of Incapacity Preceding Income Benefits** (§34-9-220): No income benefits are paid within the first 7 days following injury, unless the employee is incapacitated for 21 consecutive days following injury, then compensation shall be paid for the 1st seven calendar days of incapacity.

**Payment of Income Benefits** (§34-9-221): due 21 days after the employer has knowledge of the injury or death. Payments are due in weekly installments thereafter.

- Failure to pay benefits due prior to an award will result in a 15% penalty
- Failure to pay benefits due under terms of a board order within 20 days of becoming due will result in a 20% penalty

**Converting TTD to TPD Benefits** (§34-9-104/Rule 104): Form WC-104 must be served on employee, his/her attorney, and the board based upon restrictions issued by Authorized Treating Physician (ATP). After 52 consecutive weeks or 78 aggregate weeks on restrictions, TTD benefits may be unilaterally changed to TPD by filing a Form WC-2.

**Reimbursement for approved medical related travel** (Rule 203): \$0.40/mile payable within 15 days of request for reimbursement. Actual cost of meals when actual travel time exceeds 4 hours, but shall not exceed \$30 per day.

**Employer/Insurer Denial of Requested Treatment from ATP** (Rule 205): Must respond to submitted Form WC-205 within 5 business days of receipt by fax or email to ATP or the request stands pre-approved. Following the written response to WC-205, Employer/Insurer must file a WC-3 controverting the treatment within 21 days of receipt of the WC-205 request.

**WC-PMT (Petition for Medical Treatment)** Requires employer/insurer to show cause why recommended treatment/testing has not been authorized. Results in telephonic show cause conference with an ALJ. The employer/insurer may participate in the conference or use PMT form to authorize or controvert the recommended treatment/testing.

**WC-PMTb (Petition to Show Cause for Claimant Failure to Attend ATP Appointment)** Requires claimant to show cause for failure to show appointment/s with the ATP. Results in a telephonic show cause conference with an ALJ. Claimant may participate in the conference or use the PMTb response form confirming agreement to attend the next scheduled appointment. If the claimant again fails to attend a noticed ATP appointment, a 2nd PMTb may be filed to suspend benefits during the period of non-compliance with authorized medical treatment.

**Determining Average Weekly Wage (AWW)** (§34-9-260): Average of gross wages for the 13 weeks immediately preceding injury or 13 week wage average of a similarly situated employee if claimant did not work full 13 weeks. If neither of the foregoing methods can be reasonably and fairly applied the full time contracted wage of the employee is to be used.

**Traditional Panel of Physicians** (§34-9-201): Must maintain a list of at least six physicians or practices. At least one of the physicians must practice the specialty of orthopedic surgery and one minority physician. Not more than two industrial clinics shall be included to count toward the 6-provider minimum. Panel must be posted in prominent places upon the business premises and employer must educate employees of its purpose and contents. Failure to comply with the panel provisions allows the claimant to select a non-panel provider.

### GEORGIA STATE BOARD OF WORKERS' COMPENSATION COMMON FORMS

Forms	Title of Form	When Used	Who Receives	Code §/Rule
WC-1	Employer's Report of Injury	Within 21 days of Employer's knowledge of injury. Effective January 1, 2019 filing of a WC-1 is required for all claims including medical only files.	Board & all parties	§34-9-221/Rule 61
WC-2/2a	Notice of Payment or Suspension of Benefits/ Death Benefits	To commence, suspend, or amend weekly benefits/death benefits	Board & claimant/attorney; all beneficiaries/attorneys	§34-9-261, 262,263,265/Rule 221
WC-3	Notice to Controvert	When controverting where a WC-1 was previously filed; WC-4 must also be filed w/ in 180 days	Board & all parties, including treating physician/s and any party with financial interest	§34-9-221/Rule 221
WC-4	Case Progress Report	w/in year of 1 <sup>st</sup> injury; every 12 months; claim closure, settlement, or reopening; new 3 <sup>rd</sup> party administrator	Board	Rule 61
WC-6	Wage Statement	When weekly benefits are less than maximum allowed or w/in 30 days of written request	Board & claimant/attorney or other requesting party	§34-9-261 & 262
WC-14	Notice of Claim/Request for Hearing/Request for Mediation	Requesting a hearing or mediation	Board & all parties	§34-9-221
WC-104	Notice to Employee of Medical Release to RTW w/ Restrictions	W/in 60 days of claimant's release to return to work with restrictions	Claimant/attorney/Board	§34-9-104 & 240/Rule 104 & 240
WC-200a	Change of Physician/Additional Tx by consent	When all parties agree to ATP change or of new Tx	Board & all parties, including named medical providers	§34-9-200/Rule 200
WC-200b	Request/Objection for Change of Physician/ Additional Tx	Requesting an ATP change w/o consent or objecting to request by claimant	Board & claimant/attorney	§34-9-200/Rule 200
WC-205	Request for Authorization of Tx or Testing by Authorized Medical Provider	Filed by medical provider seeking Tx approval, response required w/in 5 days	Employer/insurer, response sent to medical provider and claimant/attorney	§34-9 -200
WC-207	Authorization and Consent to Release Information	Consent form used when seeking release of claimant's medical records	Completed by claimant and returned to employer/insurer	§34-9-207/Rule 200
WC-240	Notice to Employee of Suitable Employment	Offering employment suitable to impaired condition; suspension of weekly benefits per Rule 240	Claimant/attorney	§34-9-240/Rule 240
WC-240a	Job Analysis	In conjunction with WC-240 to provide a detailed job description	Claimant/attorney	§34-9-240/Rule 240
WC-243	Credit	Seeking credit for over payment or against other income benefits received	Board & claimant/attorney	§34-9-243
WC-PMT	Petition For Medical Treatment	Used by claimants to request telephonic conference when delay in authorization of medical treatment in a compensable claim. E/I may use form to authorize or controvert the treatment in lieu of telephone conference.	Board & claimant/attorney	Board Rule 205 (c)

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION**  
 270 PEACHTREE STREET, N.W., ATLANTA, GA 30303  
 800-533-0682

- ADR Division 404-656-2939
- Rehabilitation/Managed Care/ Catastrophic Disability 404-651-7831
- Case Status/Claims/ICMS Assistance 404-656-3818
- Medical Fee Schedule 404-656-2048
- Document Processing 404-656-3154
- General Switchboard 404-656-3875