

Time Frames

The following is an outline of time frames for which certain events in a claim occur. These time frames may pertain to certain times the adjuster has to comply with the Department's rules and regulations. The time frames range from the date a claim must be accepted or denied to when a benefit should commence.

72 Hours to file 1 st Report	Every employer shall file a First Report of Injury with the Department within 72 hours (Sundays and legal holidays excluded) of receiving notice or knowledge of each injury for which an employee loses time from work or requires medical attention. First reports of injury are required to be filed via the Electronic Data Initiative as required by 21 VSA §660a . The statute specifies that all injuries that <u>require medical attention</u> or cause <u>an absence of one day or more</u> must be reported (see 21 V.S.A §701) and Rule 3.0500.
3 Days Payment of TTD	In all cases in which an injured worker is alleged to have been disabled for at least three calendar days the employer/carrier shall complete and file a Certificate of Dependency and Concurrent Employment Form (Form 10) and a Wage Statement (Form 25). 21 VSA §642 and Rule 3.0700.
7 Days Payment of TTD	If the total disability continues after the third day for a period of seven consecutive calendar days or more, compensation shall be paid for the whole period of disability. 21 V.S.A. §642 .
7 Days Notice of IME	At least 7 days prior to any scheduled medical examination which is requested by the carrier written notice must be provided to the injured worker. If the injured worker is represented then notice must also be provided to their representative. Rule 13.1000.
8 Days Payment of TPD	Where the disability for work resulting from an injury is partial, beginning on the eighth day, compensation equal to two-thirds of the difference between the average weekly wage before the injury and the average weekly wage which is earned following the injury shall be paid. 21 V.S.A. §646
10 Days VR – submit medical records to screener	After notice of a screening has been received the employer/carrier must provide medical records electronically to the Division of Vocational Rehabilitation within 10 days. The carrier is provided where to send this information in either an e-mail or letter from the Department.

21 Days calculating the investigation period	The employer/carrier shall have 21 days from receiving notice or knowledge of an injury within which to determine whether any compensation is due. Notice of an injury begins with the employer, the adjuster has 21 days from receipt of the notice of injury to accept or deny the claim. If within that 21 day period the insurance carrier, despite good faith efforts, cannot determine whether compensation is due, an extension may be requested. The request for an extension must be made to the Department in writing. In the request, the adjuster must specify the reason(s) why the extension is needed. The request must be copied to the injured worker and received by the Department prior to the end of the 21 day limit. If the Department grants an extension it is routinely for a 21 day period, unless stated otherwise. Rule 3.0900
21 Days in which to investigate claim	If the employer/carrier determines that no compensation is due, within 21 days of notice or knowledge of the injury, the employer/carrier shall notify, in writing, the commissioner and the injured worker of its denial, accompanied by its reasons and copies of all relevant documentation relied upon to support the denial. Rule 3.0900
21 Days if payments not made or written denial than ORDER	If payment or notice of denial is not made within 21 days of receiving notice or knowledge of the injury, the Commissioner may order that compensation be paid. Rule 3.1300
21 Days calculating in case of FORM 5	If an Employee's Notice of Injury and Claim for Compensation (Form 5) is filed by an injured worker, the employer/carrier shall investigate the claim immediately to determine whether any compensation is due within 21 days. A written response to the Department and injured employee, accompanied by all relevant supporting evidence, must be submitted by response date indicated in the Department's notice. Rule 3.0600 and Rule 3.0900.
21 Days VR plan review	The employer/carrier shall promptly review any submitted Return to Work Plan and either approve it or file any objections to it within 21 days of receiving it.
30 Days VR	An assessment as to the entitlement for V.R. services shall be made and a report filed with the Workers' Compensation Division within 30 days of the filing of the vocational rehabilitation referral.

30 Days pay or deny medical bills	The employer/carrier shall pay or deny all medical or vocational rehabilitation bills within 30 days of receipt o the bill and legible, supporting documentation. 21 V.S.A. §640a , Rule 40.012
4 months establish direct billing	Unless waived for the convenience of the employee and pursuant to the Guidelines of Rule 40.000, direct billing shall be established for reasonable and necessary prescription and medical supplies prescribed by a licensed physician that is anticipated to last 4 months or more. 21 V.S.A. 640(d) and Rule 26.2000.
45 Days from MER to evaluate permanency	When a Notice of Intention to Discontinue Payments (Form 27) is filed for the purpose of discontinue weekly temporary benefits on the basis the injured employee has reached a medical end result, the employer/carrier shall obtain a determination as to whether the injured worker has any permanent impairment within 45 days of filing the termination notice. Rule 18.1200
26 Weeks calculate AWW	An injured workers has to have received 26 weeks of temporary disability benefits prior to being entitled to a cost of living adjustment (COLA) 21 VSA §650(d)
90 Days VR Screening referral required	A Memorandum of Payment form (Form 25M) or a Vocational Rehabilitation Referral Form (VR-1) must be filed when an injured employee has received 90 calendar days of continuous temporary total disability.
6 Months intermittent periods of disability	When there has been a gap of more than six months between successive periods of disability related to the same injury, a new Agreement for Temporary Disability Compensation (Form 32) and Wage Statement (Form 25) shall be filed to reflect any increases in wages. 21 V.S.A. §650(c) , Rule 17.1000
July 1 st COLA	Effective July 1 of each year, an injured worker receiving temporary partial, temporary total, permanent partial, permanent total or death benefits shall be entitled to an increase in his or her compensation rate. If the injured worker is receiving temporary benefits the COLA can not exceed the average weekly wage. 21 V.S.A. §650(d) Rule 16.0000

Preauthorization 14 Days 45Days	<p>Within 14 days of receiving a written request by a medical provider for preauthorization of a specific treatment and supporting medical documentation, the insurance adjuster must respond to the medical provider, the injured worker and the Department, in writing, advising whether the request is approved or denied. If denied, a Form 2 Denial must be filed with supporting documentation that specifically addresses the proposed treatment and supports the proposed treatment is not related to the work injury and/or not related, or a Form 2 Denial must be accompanied by evidence showing the work injury claim was denied and no order from the Department has been issued requiring payment. Instead of denying or approving a request for pre-authorization, the insurance adjuster may schedule an Independent Medical Exam or Records Review within 14 days of receiving a written request by a medical provider for preauthorization of a specific treatment and supporting medical documentation. If the insurance adjuster schedules an IME or orders a Records Review, the insurance adjuster must provide written notice within the initial 14 days advising the medical provider, the injured worker and the Department and the insurance adjuster's written position and the report must be provided within 45 days from the date the written request by a medical provider for preauthorization of a specific treatment and supporting medical documentation was received. 21 V.S.A. §640b.</p>
330 Weeks Permanent Total Disability Payments	<p>If an injured worker is determined to be permanently totally disabled as a result of the work injury the injured employee is entitled to receive weekly compensation for the duration of his/her permanent total disability but not less than 330 weeks. 21 VSA §§644, 645</p>
104 Weeks Continuous Temporary Total Disability	<p>An insurance adjuster shall review every claim for temporary total disability benefits that continues for more than 104 weeks and no later than 30 days after 104 weeks of continuous temporary total disability benefits have been paid, the employer shall file with the Department and the claimant a medical report from a physician that evaluates the medical status of the claimant, the expected duration of the disability or when or if the claimant is expected to return to work. 21 V.S.A. §642a.</p>