

Workers Compensation Claim State Environmental Guide - Mississippi

MISSISSIPPI - www.mwcc.state.ms.us

Indemnity issues

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Temporary Total Benefits	Effective - 01/01/2022
	Minimum: \$25.00
	Maximum: \$551.02
	Waiting Period: 5 days, paid if disability of 14 days or more. Days do not have to be continuous.
	AWW calculated using average of 52 full weeks preceding accident. TTD rate is 2/3 AWW, maximum total compensation is \$247,959. (450 weeks multiplied by the maximum compensation rate)
	Daily Rate = Actual compensation rate/5
	Temporary Total cap – 450 weeks at max comp rate
Supplemental Earnings Benefits	Only owed if worker is unable to earn 100% of pre-injury wage. 450 week cap, including all indemnity benefits paid. Paid at two-thirds of pre-injury wages minus post-injury wages.
Permanent Partial Benefits	Permanent Partial based on AMA Guidelines and scheduled loss in Section (71-3-17). PPD paid based on AMA-calculated percentage loss to scheduled body part multiplied by total weeks of scheduled body part. Max and min same as TTD.
	NOTE: In scheduled member cases, Mississippi case law provides that maximum benefits should be awarded where the injury prevents the worker from performing the "substantial acts of his usual employment."
	NOTE: In whole body cases, the compensation is based upon loss of wage earning capacity.
Permanent Total Benefits	Same min and max and comp. rate calculation as TTD. The current lifetime disability maximum is \$247,959.



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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.

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Indemnity issues

Fatality Benefits	§ 71-3-25. Min and max same as TTD. Death must be causally related. Benefits are calculated based on # of dependents. Benefits for dependent spouse expire upon her/his death, remarriage or 450 weeks, whichever comes first. Benefits for dependent children expire at age 18 or until 23 if enrolled as a full time student at accredited educational institution.
	An immediate lump-sum payment of One Thousand Dollars (\$1,000.00) to the surviving spouse, in addition to other compensation benefits. If there be a surviving spouse and no child of the deceased, to such surviving spouse thirty-five percent (35%) of the average wages of the deceased during widowhood or dependent widowhood and, if there be a surviving child or children of the deceased, the additional amount of ten percent (10%) of such wages for each such child. In case of the death or remarriage of such surviving spouse, any surviving child of the deceased employee shall have his compensation increased to fifteen percent (15%) of such wages, provided that the total amount payable shall in no case exceed sixty-six and two-thirds percent (66- 2/3%) of such wages, subject to the maximum limitations as to weekly benefits. If there be a surviving child or children of the deceased but no surviving spouse, then for the support of each such child twenty-five percent (25%) of the wages of the deceased, provided that the aggregate shall in no case exceed sixty-six and two-thirds percent (66-2/3%) of such wages, subject to the maximum limitations as to weekly benefits. If there be no surviving spouse or child, or if the amount payable to a surviving spouse and to children shall be less in the aggregate than sixty-six and two-thirds percent (66-2/3%) of the average wages of the deceased, subject to the maximum limitations as to weekly benefits as set up in this chapter, then for the support of grandchildren or brothers and sisters, if dependent upon the deceased at the time of the injury, fifteen percent (15%) of such wages for the support of each such person; and for the support of each parent or grandparent of the deceased, if dependent upon him at the time of injury, fifteen percent (15%) of such wages during such dependency. All questions of dependency shall be determined as of the time of the injury. Funeral benefit up to \$5,000; must pay Second Injury Fund \$300 if dependency or \$500 if no dependency.
Disfigurement	The commission, in its discretion, is authorized to award proper and equitable compensation for serious facial or head disfigurements not to exceed five thousand dollars (\$5,000.00). No such award shall be made until a lapse of one year from the date of the injury resulting in such disfigurement.
Vocational Rehabilitation	Employer can furnish this service to determine value of claim subject to findings of the Administrative Judge and reduce or eliminate SEB exposure should the employee not be able to resume regular job and has made reasonable effort to find alternative employment.
Settlement Allowed	Yes, upon agreement of parties under 9(i) settles all issues including medical; 13(j) Indemnity only, settled with open medicals).
Cap on benefits, exceptions	450 weeks at the maximum compensation rate for TT, PT and death.

Medical issues

Initial Choice of Provider	Employee has one choice of physician, and that physician may make a single referral within a specialty. Judges can and frequently do order an IME where there is a dispute or question about treatment or diagnosis.
	A physician to whom the employee is referred by his employer shall not constitute the employee's selection unless the employee, in writing, accepts the

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	employer's referral as his own selection.
	If the employee is treated for his alleged work-related injury or occupational disease by a physician for six (6) months or longer, or if the employee has surgery for the alleged work-related injury or occupational disease performed by a physician, then that physician shall be deemed the employee's selection.
Change of Provider	Employee may petition state for change of provider. Employer does not have this right but may obtain EME (Employer Medical Examination).
Medical Fee Schedule	Yes
Managed Care	None
Utilization Review	Following procedures require prior certification or mandatory utilization review: (1) All admissions to inpatient facilities of any type; (2) All surgical procedures, inpatient and outpatient; (3) Repeat MRI more than 1 per injury; (4) repeat CAT more than 1 per injury; (5) Work hardening programs, Pain Management Programs, Back Schools, Massage Therapy, Acupuncture, Biofeedback; (6) External Spinal Stimulators; (7) Physical Medicine Treatments after 15 visits or 30 days whichever comes first. (8) Home Health (9) psychiatric treatment. Independent Medical Examination can be requested through MWCC, by counsel.
Treatment Guidelines	MS fee schedule includes treatment guidelines for some procedures. If the fee schedule does not address the procedure, any evidence based guideline can be utilized for UR.
Generic Drug Substitution	The state mandates generic substitution unless treating provider provides a statement of medical necessity and notes do not substitute on prescriptions.
Medical Mileage Reimbursement Rate	Yes. Reimbursement is at \$.585 cents per mile
Network Information	First Health (primary) and CorVel (secondary).
Ability to Terminate Medical Treatment	No limit on medical treatment that is reasonable and necessary.
Settlement Allowed	Yes, upon agreement of the parties under 9(i) (settlement of both indemnity and medical).
Cap on benefits, exceptions	None, unless there is a judgment.

Other Issues

WC Hearing Docket Speed	Hearing dates are between 9-12 months.
Staff Counsel	
	Lynn Lawyer & Associates 6750 Poplar Ave, Suite 601 Germantown, Tennessee 38134 901-756-3046
	Mildred Sabbatini – North Mississippi Lynn Lawyer & Associates 6750 Poplar Avenue, Suite 601 Germantown, Tennessee 38134 Direct: 901-756-3179
	Franklin Williams Central and Southern Mississippi Williams & Associates 3000 The Offices at Riverchase, Suite 650 Birmingham, Al 35244 Direct: 205-982-4623
	Richerish Johnson Williams & Associates 10 Canebrake Blvd., Ste. 220 Flowood, Mississippi 39232
	Direct: 601.572.3541
Hearings require attorney or claim handler participation	Attorney is required. (Claim Handler must be present or available by phone for duration of hearing.)
Occupational Diseases	Yes, the disease or illness that is due to causes and conditions characteristic of and peculiar to the particular trade, occupation, process or employment.
Second Injury Fund availability	Yes, however application very limited and applies to hands, arms, feet, eyes, and legs where the later injury to that area results in Permanent Total Disability.
Other Offset Opportunities	Where a preexisting physical handicap, disease, or lesion is shown by medical findings to be a material contributing factor in the results following injury, the compensation that would be payable shall be reduced by that proportion which such preexisting physical handicap, disease, or lesion contributed to the production of the results following the injury. The preexisting condition does not have to be occupationally disabling for this apportionment to apply. Apportionment is not applied until after employee obtains MMI. (Therefore, TTD and Medical treatment are not affected.)
EDI	Claims EDI Release 3: FROI only (1/1/2009)
In-State Adjusting Required	None
License or Certification Required	Not for Insurance Company Employee
Child Support	The applicable law requires the employer (if self-insured) or the carrier to always maintain the responsibility for withholding the proceeds needed to satisfy a support lien, and to ultimately pay these proceeds over directly to the Department of Human Services, or in rare cases, to the support obligee who has their own attorney and is not using the Department to help with collection.
	Neither attorneys for claimants nor claimants themselves should ever be

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Other Issues

Other issues	
	allowed to receive proceeds from a settlement and be responsible for satisfying an outstanding support lien.
	There will be instances when the Department has negotiated the amount of the lien with the parties, and in these cases, we must require written confirmation from the Department of Human Services that the amount being withheld to satisfy the lien is correct.

WC Reference 5 Rev. 6/2022