Say What? – The Use of Acronyms in Work Comp

When a person who is not familiar with the vocabulary of workers’ compensation reads a claims report or the adjuster file notes, it can be similar to trying to read a foreign language. There are many words and phrases in worker’s compensation that are subject to repetitive use throughout the day or throughout a claim file. Rather than constantly typing out the words or phrases, acronyms are used.

The most popular acronyms include:

AWW Average weekly wage – the average earnings of an employee based on a set number of weeks (or months) prior to the injury

C Claimant – the injured employee

Clmt Claimant

CMS Centers for Medicare and Medicaid Services – the federal government agency that oversees the Medicare and Medicaid programs

CMS Claim management system – within context, the computer system used with the claim handling

DA Defense attorney – the attorney representing the employer

DB Death benefits paid to a deceased employee’s dependents

DME Durable medical equipment – medical equipment that can be used multiple times, like canes and wheelchairs

DOB Date of birth

DOH Date of hire

EE Employee

EFR Empoyer’s First Report (same as FROI). This is the state mandated claim report form which gives the details of the claim – the employee’s identifying information, the employer’s identifying information, the details of the injury, and the information on the initial medical provider.

ER Employer

FCE Functional Capacity Evaluation – a type of testing that measures an employee’s ability to perform various physical functions including lifting, twisting, bending, range of motion, etc.

FCM A nurse case manager who works outside of the office by meeting with the injured employee and by attending medical appointments with the injured employee.

FD Full duty

FROI First Report of Injury (same as EFR). This is the state mandated claim report form which gives the details of the claim – the employee’s identifying information, the employer’s identifying information, the details of the injury, and the information on the initial medical provider.

FT Full time employee

IC Industrial commission – in some states, the name of the state agency overseeing workers’ compensation

IME Independent medical examination or independent medical evaluation – A medical examination/evaluation by a medical specialist who has not been involved in the medical care of the injured employee to verify the validity of proposed medical care, or the level of disability impairment of the injured employee

IND Indemnity – the compensation paid to an injured employee while they are off work, or compensation paid to the employee for a permanent injury

Insd Insured – the employer

IR Impairment rating – a measurement of the level of impairment an injured employee has incurred, often stated in percentage terms

IW Injured worker – the employee who got hurt

LD Light duty

LD Mods Modifications and restrictions placed on the injured employee returning to work, normally stating as restrictions on lifting, bending, twisting, carrying, stooping, etc.

Leakage Any payment on a workers’ compensation claim that should not have been made

LT Lost time – the injured employee is out of work longer than the state mandated waiting period

MCO Managed care organization – a group of doctors, hospitals and other medical providers who work together to provide medical care for an injured employee at a pre-agreed reduced price

MM Medical management

MMI Maximum medical improvement – the point where the medical provider advises the injured employee that they will not recover any further from their injury

MMR Maximum medical recovery – same as MMI

MO Medical only – the injured employee will receive medical benefits but is not eligible for any type of indemnity compensation.

MP Medical provider

MSA Medicare Set-aside Arrangement – aka Medicare Set-aside Agreement, an agreement with CMS on the future cost of medical services an injured employee will need, and the setting aside of the agreed dollar amount in a trust for the future payment of medical expenses

MSP Medicare Secondary Payor – a federal law that requires all future medical benefits owed under workers’ compensation to be paid by the work comp insurer and not shifted to Medicare or Medicaid

OC Opposing counsel – the attorney representing the injured employee

OH Occupational health – A medical specialty focusing on the health, safety and welfare of employees

Ortho An orthopedic doctor

OT Occupational therapy

OW Off work – the injured employee is physically unable to return to work either light duty or full duty

NCM Nurse case manager

PI Permanent impairment – the level of disability the injured employee has once the doctor has placed the employee at MMI

PP Preferred provider – a medical provider within a MCO or PPO that has demonstrated superior medical service and medical results while returning the injured employee to work in shortest period of time

PPO Preferred provider organization – similar to MCO, a group of doctors, hospitals and other medical providers who work together to provide medical care for an injured employee at a pre-agreed reduced price

PPD Permanent partial disability – the degree of impairment the injured employee has after reaching maximum medical improvement

PRS Physician review service – a group of board certified physicians who provide utilization review services and peer to peer reviews

PT Part time employee (look for the context in which PT is used)

PT Physical therapy

PTD Permanent total disability – the injured employee injury is such that the employee is permanently unable to return to any type of work

Reserves The amount of money set aside to pay the future cost of a work comp claim

RTW Return to work

SNR Senior nurse reviewer – a highly experienced nurse case manager involved in the most complex medical cases

Subro Subrogation – the process where the insurer recovers the cost of the claim from a responsible third party, for example – when the employee is injured in a not at fault automobile accident

SSDI Social security disability income – the payment an injured employee receives from the federal government when the employee is totally and permanently disabled

SSN Social security number of the injured employee

TCM Telephonic case manager – A nurse case manager who works exclusively from an office and handles the majority of communications via the telephone

TPA Third party administrator – an independent hired by a self-insured employer or by an insurer to handle workers’ compensation claims

TPD Temporary partial disability – the employee is able to perform some type of work but is physically unable to return to the prior job duties

Triage A nurse who arranges and coordinates the medical care for an injured employee, and keeps both the employer and the adjuster up to date on the medical treatment status

TTD Temporary total disability – the disability compensation paid to an injured employee who is unable to perform any type of work

UR Utilization review – a medical management service where the medical treatment requested is reviewed for necessity

WC Workers’ compensation

WC Work capacity – when used within the context of the employee’s ability to RTW, often stated as full duty work capacity, light duty work capacity, light duty with restrictions or unable to work in any capacity

WCB Workers’ compensation board – in some states, the name of the state agency overseeing workers’ compensation

WCC Workers’ compensation commission – in some states, the name of the state agency overseeing workers’ compensation

While this is a comprehensive list, it by no means includes all the claim acronyms that are used. Some claims offices will utilize acronyms that are specific to their state work comp statutes or limited to a particular medical specialty.