

First Payment of Temporary Disability References

Timely First Payment of Temporary Disability:

OAR 436-060-150(4)(a)

Timely payment of temporary disability benefits means payment has been made no later than the 14th day after:

- (A) The date of the employer's notice or knowledge of the claim AND of the worker's disability, if the attending physician or authorized nurse practitioner has authorized temporary disability. Temporary disability accrued before the date of the employer's notice or knowledge of the claim will be due within 14 days of claim acceptance;
- (B) The date the attending physician or authorized nurse practitioner authorizes temporary disability, if the authorization is more than 14 days after the date of the employer's notice or knowledge of the claim and of the worker's disability.

** The 14-day clock to issue the first payment of temporary disability starts from the day that the employer has notice or knowledge of a worker's claim AND disability.

Employer Date of Knowledge reference:

OAR 436-060-0010(2) Employer reporting time frame.

An employer, except a self-insured employer, must report a claim to its insurer no later than five days after the date the employer has notice or knowledge of any claim or accident that may result in a compensable injury. **The date an employer has knowledge of an accident that may result in a compensable injury is the earliest date any supervisor or manager of the employer has enough facts to reasonably conclude that workers' compensation liability is a possibility.**

Knowledge of Disability:

The Workers' Compensation Division interprets "employer's notice or knowledge of disability" to mean that the employer (any supervisor or manager) knows, or has enough facts available to reasonably conclude, that the worker cannot perform full regular duties due to the injury or that the worker has lost time or wages due to the injury.

Three Day Waiting Period:

436-060-0019 Determining and Paying the Three-Day Waiting Period

(1) Determining the three-day waiting period.

The three-day waiting period is three consecutive calendar days, beginning with the first day the worker leaves work or loses wages as a result of the compensable injury...

(3) Paying the three-day waiting period.

No temporary disability compensation is due to the worker for the three-day waiting period, unless temporary disability is authorized under OAR 436-010-0210, and:

- (a) The worker is totally disabled after the injury, and the total disability continues for a period of 14 consecutive days; or
- (b) The worker is admitted as an inpatient to a hospital within 14 days of the first onset of total disability.

If anything is due on the 14th day, it is due by the 14th day:

OAR 436-060-150(4) Insurers must timely process the first payment of temporary disability compensation. **The first payment of temporary disability on a claim must also include all temporary disability benefits due as of the date of payment**, unless there is a reasonable basis to exclude those benefits at the time the payment issued.

Contact us:

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800-452-0288 (toll free)

503-947-7810 (central reception)

workcomp.questions@dcbs.oregon.gov

WCD.AskAnAuditor@dcbs.oregon.gov

First Pay Scenarios

Scenario 1: On September 6, the worker was walking down the stairs, missed the last step, and felt a pop in their knee. The worker tells their supervisor, but states that they are unsure if they want to file a claim, although they do sign the 801. The worker continues to work through September 21, and goes to their doctor after their work shift. The worker notifies their employer on September 22 that they had been taken off work, unable to return until October 9.

What is the EDOK of the claim? _____

When did the employer have knowledge of disability? _____

When is the first payment of temporary disability due? _____

Notes:

Scenario 2: A worker strains their shoulder on March 16. They notify their supervisor and fill out an incident report. They do not seek treatment. On June 8, after their work shift, they go to their authorized provider where it is identified that the injury is related to the March 16 incident. The worker is authorized modified duty beginning June 8. They bring their authorization to their employer the next day and the employer accommodates full wage modified duty. The worker remains on modified duty until they are authorized off work June 20 – June 30 for surgery and recovery. The worker returns to work Monday, July 3.

What is the EDOK of the claim? _____

When did the employer have knowledge of disability? _____

When is the first payment of temporary disability due? _____

Notes:

Scenario 3: A worker is injured on April 4. The next day they call their employer and state that they hurt their back and need to go to the doctor. They don't mention that their injury is due to a work related incident. The worker seeks treatment and continues to remain off work. On April 10 the treating facility faxes a Form 827 to the insurer with a full off-work release from April 5 – April 19.

What is the EDOK of the claim? _____

When did the employer have knowledge of disability? _____

When is the first payment of temporary disability due? _____

Notes:



2023

JANUARY

S	M	T	W	T	F	S
1 001	2 002	3 003	4 004	5 005	6 006	7 007
8 008	9 009	10 010	11 011	12 012	13 013	14 014
15 015	16 016	17 017	18 018	19 019	20 020	21 021
22 022	23 023	24 024	25 025	26 026	27 027	28 028
29 029	30 030	31 031				

FEBRUARY

S	M	T	W	T	F	S
			1 032	2 033	3 034	4 035
5 036	6 037	7 038	8 039	9 040	10 041	11 042
12 043	13 044	14 045	15 046	16 047	17 048	18 049
19 050	20 051	21 052	22 053	23 054	24 055	25 056
26 057	27 058	28 059				

MARCH

S	M	T	W	T	F	S
			1 060	2 061	3 062	4 063
5 064	6 065	7 066	8 067	9 068	10 069	11 070
12 071	13 072	14 073	15 074	16 075	17 076	18 077
19 078	20 079	21 080	22 081	23 082	24 083	25 084
26 085	27 086	28 087	29 088	30 089	31 090	

APRIL

S	M	T	W	T	F	S
						1 091
2 092	3 093	4 094	5 095	6 096	7 097	8 098
9 099	10 100	11 101	12 102	13 103	14 104	15 105
16 106	17 107	18 108	19 109	20 110	21 111	22 112
23 113	24 114	25 115	26 116	27 117	28 118	29 119
30 120						

MAY

S	M	T	W	T	F	S
	1 121	2 122	3 123	4 124	5 125	6 126
7 127	8 128	9 129	10 130	11 131	12 132	13 133
14 134	15 135	16 136	17 137	18 138	19 139	20 140
21 141	22 142	23 143	24 144	25 145	26 146	27 147
28 148	29 149	30 150	31 151			

JUNE

S	M	T	W	T	F	S
				1 152	2 153	3 154
4 155	5 156	6 157	7 158	8 159	9 160	10 161
11 162	12 163	13 164	14 165	15 166	16 167	17 168
18 169	19 170	20 171	21 172	22 173	23 174	24 175
25 176	26 177	27 178	28 179	29 180	30 181	

JULY

S	M	T	W	T	F	S
						1 182
2 183	3 184	4 185	5 186	6 187	7 188	8 189
9 190	10 191	11 192	12 193	13 194	14 195	15 196
16 197	17 198	18 199	19 200	20 201	21 202	22 203
23 204	24 205	25 206	26 207	27 208	28 209	29 210
30 211	31 212					

AUGUST

S	M	T	W	T	F	S
		1 213	2 214	3 215	4 216	5 217
6 218	7 219	8 220	9 221	10 222	11 223	12 224
13 225	14 226	15 227	16 228	17 229	18 230	19 231
20 232	21 233	22 234	23 235	24 236	25 237	26 238
27 239	28 240	29 241	30 242	31 243		

SEPTEMBER

S	M	T	W	T	F	S
					1 244	2 245
3 246	4 247	5 248	6 249	7 250	8 251	9 252
10 253	11 254	12 255	13 256	14 257	15 258	16 259
17 260	18 261	19 262	20 263	21 264	22 265	23 266
24 267	25 268	26 269	27 270	28 271	29 272	30 273

OCTOBER

S	M	T	W	T	F	S
1 274	2 275	3 276	4 277	5 278	6 279	7 280
8 281	9 282	10 283	11 284	12 285	13 286	14 287
15 288	16 289	17 290	18 291	19 292	20 293	21 294
22 295	23 296	24 297	25 298	26 299	27 300	28 301
29 302	30 303	31 304				

NOVEMBER

S	M	T	W	T	F	S
			1 305	2 306	3 307	4 308
5 309	6 310	7 311	8 312	9 313	10 314	11 315
12 316	13 317	14 318	15 319	16 320	17 321	18 322
19 323	20 324	21 325	22 326	23 327	24 328	25 329
26 330	27 331	28 332	29 333	30 334		

DECEMBER

S	M	T	W	T	F	S
					1 335	2 336
3 337	4 338	5 339	6 340	7 341	8 342	9 343
10 344	11 345	12 346	13 347	14 348	15 349	16 350
17 351	18 352	19 353	20 354	21 355	22 356	23 357
24 358	25 359	26 360	27 361	28 362	29 363	30 364
31 365						