

Glossary of Common Workers' Compensation Acronyms and Terms - 9.17.19	
ACRONYM / TERM	DEFINITION
3-Point Contact	3-Point Contact with Providers, Employee, and Employer to identify Medical Needs. The 3-Point Contact is made up of a series of telephonic interviews designed to establish the validity of the claim and to obtain information that may prove helpful in the later disposition. All information is documented in the claim.
5020	5020 Employer's Report of Occupational Injury or Illness: California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury/illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.
Form 5021	Doctor's First Report of Occupational Injury or Illness
ACOEEM	American College of Occupational and Environmental Medicine
AMA	American Medical Association
AME	Agreed Medical Evaluator
AOE /COE	Arising Out of Employment / Course of Employment
AWW	Average Weekly Wage
BCRC	Benefits Coordination and Recovery Center
BR	Bill Review
C&R	Compromise & Release
CCR	California Code of Regulations
CDI	California Department of Insurance
CMS	Centers for Medicare and Medicaid Services
Compensation	Includes every benefit or payment to an injured employee, including temporary total disability payments and vocational rehabilitation.
COLA	Cost of Living Allowance
CPL	Conditional Payment Letter
CPN	Conditional Payment Notice
CPR	Conditional Payment Research
CSA	Conditional Set-Aside
CT	Cumulative Trauma
DC	Chiropractor
DEU	Disability Evaluation Unit Rater
DME	Durable Medical Equipment
DOI	Date of injury
DOK	Date of Knowledge (Date of knowledge of Injury and Disability. The date the employer had knowledge or reasonably can be expected to have had knowledge)
DWC	Division of Workers' Compensation
DWC-1	Workers' Compensation Claim Form
DWC AD Form 10133.33	Description of Employee's job duties
EAMS	Electronic Adjudication Management System
EDI	Electronic Data Interface
EOB	Explanation of Benefit
EOR	Explanation of Review
Ergo	Ergonomic Evaluation
FD-1	Suspected Fraudulent Claim (SFC) Referral Form
F&A	Findings & Award
First-AID	Type of claim: A work- injury case which results in a one-time treatment, and any follow up visit for the purpose of observation of minor scratches, cuts, burns, splinters, or other minor industrial injury, which do not ordinarily require medical care and does not involve work restrictions, loss time and/or permanent disability.
FM	Type of claim: Future Medical
FROI/ SROI	First Report of Injury / Supplemental Report of Injury
HICN	Health Insurance Claim Number
IBR	Independent Bill Review
ICD-10 Codes	International Statistical Classification of Diseases and Related Health Problems
IME	Independent Medical Exam
IMR	Independent Medical Review
Indemnity	Type of claim: A work-injury case which has or may result in any of the following benefits and or involvement: <ul style="list-style-type: none"> • Temporary Disability or salary in lieu thereof • Permanent Disability • Life Pension • Death Benefits • SJDB- Voucher • Litigation Activity
Information Only	Type of claim: work related injury reported for record purposes only; involving no loss time, permanent disability or medical treatment.
ISO	Insurance Services Office (Claims Search Index)
IW	Injured Worker
JA	Job Analysis
LC	Labor Code
Labor Code 4850	4850. (a) Whenever any person listed in subdivision (b), who is employed on a regular, full-time basis, and is

Glossary of Common Workers' Compensation Acronyms and Terms - 9.17.19	
ACRONYM / TERM	DEFINITION
	<i>disabled, whether temporarily or permanently, by injury or illness arising out of and in the course of his or her duties, he or she shall become entitled, regardless of his or her period of service with the city, county, or district, to a leave of absence while so disabled without loss of salary in lieu of temporary disability payments or maintenance allowance payments under Section 139.5, if any, that would be payable under this chapter, for the period of the disability, but not exceeding one year, or until that earlier date as he or she is retired on permanent disability pension, and is actually receiving disability pension payments, or advanced disability pension payments pursuant to Section 4850.3.</i>
"Lost Time" Claim	A "lost time" claim is created when a worker suffers a work-related injury/disease which results in being off work past the day of accident, loss of wages/earnings, or a permanent disability/impairment.
LP	Life Pension
MCM	Medical Case Management
Medical Treatment	Workers' compensation benefit offered to injured worker
Medical Unit	Unit within Division of Workers' Compensation oversees: utilization review (UR), independent medical review (IMR), medical provider network (MPN), and Qualified Medical Evaluators (QME)
MMI/ P&S	Maximum Medical Improvement / Permanent and Stationary: point at which doctor reports injured workers' condition has stabilized. Same as MMI
MMSEA	Medicare, Medicaid and SCHIP Extension Act of 2007
MO	Type of claim: Medical Only - A work injury case which medical care is the only benefit required and does not exceed set maximums for payouts and or duration of medical care, as applicable and does not involve loss time in excess of three days, no permanent work restrictions and or permanent disability.
MOU	Memoranda of Understanding
MPN	Medical Provider Network
MSA	Medicare Set Aside
MSP	Medical Secondary Payer
NLT	No Lost Time
OMFS	Official Medical Fee Schedule
ORM	Ongoing Responsibility of Medical
Ortho	Orthopedic Surgeon
OSIP	Office of Self-Insurance Plans
OT	Occupational Therapy
OTC	Over the counter medication
PD	Permanent Disability benefits and/or ratings
PBM	Pharmacy Benefit Management
PPO	Preferred Provider Organization
PR	Peer Review
PR-2	Primary Treating Physician's First Report of Injury
PR-4	Physician's Report: Medical Maximum Improvement
PT	Physical Therapy
PTD	Permanent Total Disability
PTP	Primary Treating Physician
QME	Qualified Medical Evaluator
RFA	Request for Authorization
ROM	Range of Motion
RRE	Responsible Reporting Entity
RTW	Return to Work
Rx	Pharmaceutical prescription
SAWW	State average weekly wage
SDT	Subpoena Duces Tecum
SBR	Second Bill Review
SC	Salary Continuation
SJDB	Supplemental Job Displacement Benefit-Voucher
SIBTF	Subsequent Injury Benefit Trust Fund
SIU	Special Investigative Unit
SSN	Social Security Number
Stip	Stipulations with Request for Award
Sub-rosa	Secret or confidential investigation / Surveillance
Subrogation	The substitution of one claim for another, especially the transfer of the right to receive payment of a debt to somebody other than the original creditor.
TD /TTD	Temporary Disability / Total Temporary Disability
TPOC	Total Payment Obligation to the Claimant
TPA	Third Party Administrator
U&C	Usual and Customary Job Duties
UR	Utilization Review
URO	Utilization Review Organizations
WC	Workers' Compensation
WCAB	Workers' Compensation Appeals Board

