

Virginia Workers' Compensation QUICK REFERENCE GUIDE 2024

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MAXIMUM/MINIMUM COMPENSATION RATES

July 1, 2024.....	\$1,410.00 / \$352.50
July 1, 2023.....	\$1,343.00 / \$335.75
July 1, 2022.....	\$1,290.00 / \$322.50
July 1, 2021.....	\$1,195.00 / \$298.75
July 1, 2020.....	\$1,137.00 / \$284.25
July 1, 2019.....	\$1,102.00 / \$275.50
July 1, 2018.....	\$1,082.00 / \$270.50

COLA INCREASES

October 1, 2024.....	3.35%
October 1, 2023.....	6.40%
October 1, 2022.....	7.40%
October 1, 2021.....	1.40%
October 1, 2020.....	2.30%
October 1, 2019.....	1.85%
October 1, 2018.....	2.15%

PERMANENT IMPAIRMENT (WEEKS)

Arm.....	200
Hand.....	150
Foot.....	125
Leg.....	175
Total Loss of Vision (per eye).....	100
Total Loss of Hearing (per ear).....	50
Thumb.....	60
First Finger (index finger).....	35
Second Finger.....	30
Third Finger.....	20
Fourth Finger.....	15
Great Toe.....	30
Any other Toe.....	10
Severely marked disfigurement.....	60

APPEAL PERIOD (DAYS)

Appeal to Full Commission.....	30
Appeal to Court of Appeals.....	30

MILEAGE REIMBURSEMENT

1/1/24.....	\$0.670/mi.
1/1/23.....	\$0.655/mi.
7/1/22 to 6/30/22....	\$0.625/mi.
4/1/22 to 6/30/22....	\$0.585/mi.

TERMINATING AWARDS

The employer should not stop payments after an open period of indemnity is awarded without filing a Termination of Wage Loss Award or Employer's Application for Hearing (EAH) to terminate the Award. Grounds for filing an EAH to terminate/suspend an award include:

- The claimant returns to work, either pre-injury or light duty.
- The claimant is released to return to pre-injury work.
- The claimant fails to report a change such as incarceration, change in earnings, remarriage, or change in student status.
- The claimant fails to report a change of address to the Commission.
- Medical records show that the claimant's continuing disability is unrelated to the work accident.
- The claimant refuses employer-procured light duty work within his or her physical capabilities.
- The claimant refuses to cooperate with reasonable vocational rehabilitation efforts.
- The claimant fails to report to an employer-requested medical exam, or refuses to cooperate with medical treatment.
- The employer requests modification of the award and/or a credit for over payments based on an incorrect average weekly wage.

STATUTES OF LIMITATION

- **File Initial Claim:** 2 years from the date of injury
- **Change in Condition:**
 - 2 years from the last day for which compensation was paid under an award
 - 2 years from when the claimant has a surgical procedure to repair or replace a prosthesis or orthosis
- **Permanency claims:** 3 years from the date of injury or 3 years from the last day for which compensation was last paid under an award
- **TTD/TPD after PPD award:** 1 year from when compensation was last due under the PPD award

NOTICE

If the claimant does not report the accident within 30 days, the claim may not be payable. If the claimant shows a reasonable excuse for providing late notice, the claim may be payable unless the employer shows it was prejudiced by the late notice.

TIME PERIODS

- **Filing Employer's First Report of Injury:** 10 days from knowledge of injury.
- **Waiting Period:** 7 days, but the waiting period is recoverable after disability exceeds 21 days.
- **Notice to Employer:** 30 days from the date of injury.

DISEASES

- **Occupational diseases:** arise out of and in the course of employment and are not ordinary diseases of life to which the general public is exposed.
- **Ordinary diseases of life:** diseases to which the general public is exposed outside of the employment.

MEDICAL BENEFITS

After a medical award is entered, the employer is responsible for medical treatment provided by the treating physician that is reasonable, necessary and causally related to the accident.

MEDICAL RECORDS

- Any health care provider treating a claimant shall provide copies of the claimant's medical reports upon request of the claimant's employer, insurer, certified rehabilitation provider, or any of their representatives.
- After a hearing request has been filed, the employer or claimant must send medical records that are related to the hearing request to the Commission
- The HIPAA Privacy Rule does not apply to workers' compensation insurers or employers.

INJURY BY ACCIDENT

Sudden identifiable injury by accident arising out of and in the course of employment, which includes acceleration or aggravation of pre-existing injury. The "actual risk test" requires that the employment expose the worker to an added risk associated with employment.

PANEL OF PHYSICIANS

- As soon as possible after the injury, a claimant should be provided with a panel of doctors from which to choose. Otherwise, the claimant may seek treatment from the doctor of his or her choice.
- To be valid, the panel must have the names of at least (3) physicians from (3) different practice groups.

WILLFUL MISCONDUCT

The employer can avoid payment of a claim if the injury resulted from the claimant's willful misconduct (e.g., intentional self-inflicted injury, attempt to injure another, intoxication, failure or refusal to use a safety appliance or perform a duty required by statute, violation of the employer's safety rule, and use of a nonprescribed controlled substance)

AVERAGE WEEKLY WAGE

- The claimant's actual wages during the 52 weeks before the date of injury, divided by 52. If the claimant worked less than 52 weeks, divide the total earned by the number of weeks worked.
- Periods of more than seven consecutive days with no earnings should be excluded.
- The claimant is entitled to combine wages from similar employment held at the time of the accident.

DEATH BENEFITS

If death results from the accident within 9 years:

- Total dependents are entitled to a maximum 500 weeks of compensation.
- If there are no total dependents, partial dependents are entitled to a maximum of 400 weeks of compensation.
- The employer is responsible for payment of burial expenses up to \$10,000.00 and for the decedent's transportation expenses up to \$1,000.00.

INDEMNITY BENEFITS

- **Temporary Total Disability (§65.2-500).**
When incapacity from work is total, the employer pays 66 2/3% of the AWW not below minimum and not to exceed maximum state rate. 500 week limitation §65.2-518.
- **Temporary Partial Disability (§65.2-502).**
When incapacity from work is partial, the employer pays 66 2/3% of the difference between the AWW before the injury and amount the claimant earns after the injury. 500 week limitation §65.2-518.
- **Permanent Total Disability (§65.2-503).**
Awarded for loss of two scheduled body parts in the same accident, injury resulting in total paralysis, or brain injury rendering the claimant permanently unemployable in gainful employment. Lifetime award with no cap.
- **Permanent Partial Disability (§65.2-503).**
Awarded for scheduled losses for the period specified at 66 2/3% of the AWW. Payable after completion of temporary total disability benefits or simultaneously with temporary partial disability benefits. Subject to the 500 week limitation. Not payable at the same time as temporary total disability benefits.