

This packet is designed to guide you through the Post Maximum Medical Improvement (MMI) Reoccurring Injury Coding request.

Recovery from a work-related injury is different for each person and depends on many factors, including the type and severity of the injury. At some point, you have or will have recovered as much as possible. On the date when a doctor believes you have reached that point and there will be no further substantial recovery from or lasting improvement to your injury, he or she will find you have reached maximum medical improvement (MMI). Should you reach MMI and/or no longer be eligible for temporary state income benefits (statutory MMI); you have the opportunity to request post-MMI recoding for reoccurring injury absences. This process is effective for absences on or after 8/1/2010.

SECTION 1 – I have reached MMI and need to continue treatment.

Reaching maximum medical improvement does not necessarily mean you will have no pain or no longer require medical treatment. Company policy requires that all doctor's appointments/medical treatments should be scheduled outside of your work schedule.

SECTION 2 – I have missed work and would like to request that my time missed be recoded to Injury on Duty (ID).

The Company relies on its employees to report to work as scheduled. In the event, you are unable to report to work due to your injury; you are required to call in sick. If the absence is related to your occupational injury, please complete and fax the attached Post MMI Reoccurring Injury Coding Request form along with supporting work status documentation to **FASC – IOD / Attn: Mary Hennessey / at (817) 963-1134**. Your Lost Time/Workforce Administrator will work with your Sedgwick Adjuster to determine if your recode request is appropriate. All recode requests will be reviewed on a case by case basis.

SECTION 3 – What if I do not to see a doctor for my absence?

As always, you are required to schedule a medical appointment within 24 hours of the first day of lost time. The same requirement is in place for any subsequent absences related to the injury. In order for your recode request to be considered, your Sedgwick Adjuster must have objective evidence from your authorized workers' compensation doctor that your absence was due to your work related injury. If medical documentation has not been received and/or treatment is denied by Sedgwick, the lost time will not be recoded.

SECTION 4 – How do I know if my schedule will be recoded?

In the event your request is approved, your injury your Lost Time/Workforce Administrator will recode your schedule.

Post MMI Reoccurring Injury Coding Request

Please PRINT except where a signature is required.

Fax completed form and all attachments to ICS/817-931-2792. Attn: Mary Hennessey

Employee Name _____ EE# _____

Station/Branch _____ Job Title _____

Injury Date _____ MMI Date _____

Home Address/City/State _____

State Acknowledged Treating Doctor's Name
Dr. Phone #

Date(s) for which employee is requesting to be recoded: _____

Immediate Supervisor Name _____ Signature _____

Phone # _____

I hereby certify that all statements and answers provided by me on this form are complete and true to the best of my knowledge. I agree that the information provided is to be considered as a request to recode the specific date(s) of absence as related to an injury on duty. I understand that it is my responsibility to provide complete and accurate records to the third party administrator for workers' compensation and AA Workers' Compensation from my state acknowledge treating doctor.

In addition, I understand that if I have sustained a new injury on duty, I need to report it to my supervisor, as required.

Employee Signature _____ Date _____