WCAC Data Call

Definition of Terms

Claims Adjusters:

For the purposes of this data call, a **claims adjuster is defined under California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.01 (b)** - "Claims adjuster" means a person who, on behalf of an insurer, including an employee or agent of an entity that is not an insurer, is responsible for determining the validity of a workers' compensation claim. The claims adjuster may also establish a case reserve, approve and process all workers' compensation benefits, may hire investigators, attorneys or other professionals and may negotiate settlements of claims. "Claims adjuster" also means a person who is responsible for the immediate supervision of a claims adjuster but does not mean an attorney representing the insurer or a person whose primary function is clerical. "Claims adjuster" also includes an experienced claims adjuster. "Claims adjuster" does not include themedical director or physicians utilized by an insurer for the utilization review process pursuant to Labor Code section 4610.

Experienced Claims Adjusters:

For the purposes of this data call, an **experienced claims adjuster is defined under California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.01 (f)** - "Experienced claims adjuster" means a person who has had at least five (5) years within the past eight (8) years of on-the job experience adjusting California workers' compensation claims or supervising claims adjusters handling California workers' compensation claims and is designated as an experienced claims adjuster by an insurer. A person who has successfully completed the written examination specified by Title 8, Section 15452 of the California Code of Regulations is also considered an experienced claims adjuster, provided that he or she has either (1) worked as a workers' compensation claims adjuster or supervised workers' compensation claims adjusters continuously since passing the examination and is designated as an experienced claims adjuster by an insurer or (2) passed the examination within the previous five (5) years and is designated as an experienced claims adjuster by an insurer. "Experienced claims adjuster" also includes a person who has already been trained and designated a claims adjuster and now meets the requirements of experience or examination completion noted above and is designated an experienced claims adjuster by an insurer.

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Medical-Only Claims Adjusters:

For the purposes of this data call, a **medical-only claims adjuster is defined under California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.01 (m)** - "Medical-only claims adjuster" means a person who, on behalf of an insurer, including an employee or agent of an entity that is not an insurer, is responsible for determining the validity of workers' compensation claims only involving medical workers' compensation benefits, as defined under Article 2 (commencing with Labor Code section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code. The medical-only claims adjuster may also establish medical treatment reserves, approve and process medical benefits, and negotiate settlement of medical benefit claims. "Medical-only claims adjuster" also means a person who is responsible for the immediate supervision of a medical-only claims adjuster but does not mean an attorney representing the insurer or a person whose primary function is clerical. "Medical-only claims adjuster" also includes an experienced medical-only claims adjuster. "Medical-only claims adjuster" does not include the medical director or physicians utilized by an insurer for the utilization review process pursuant to Labor Code section 4610.

Experienced Medical-Only Claims Adjusters:

For the purposes of this data call, an **experienced claims adjuster is defined under California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.01 (g)** - "Experienced medical only claims adjuster" means a person who has had at least three (3) years within the past five (5) years of on-the-job experience adjusting California workers' compensation medical-only claims and is designated as an experienced medical-only claims adjuster by an insurer.

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Medical Bill Reviewer:

For the purposes of this data call, a **medical bill reviewer is defined under California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.01 (k)** - "Medical bill reviewer" means a person who is not a claims adjuster or medical-only claims adjuster and who only reviews or adjusts workers' compensation medical bills on behalf of an insurer, including employees or agents of the insurer or employees or agents of a medical billing entity. "Medical bill reviewer" also includes an experienced medical bill reviewer.

Experienced Medical Bill Reviewer:

For the purposes of this data call, an e**xperienced medical bill reviewer is defined under California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.01 (h)** - "Experienced medical bill reviewer" means a person who has had at least three (3) years within the past five (5) years of on-the-job experience reviewing California workers' compensation medical bills and is designated as an experienced medical bill reviewer by a medical billing entity or by an insurer.

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Workers' Compensation Insurance:

California Insurance Code Section 109 - Workmen's compensation insurance includes insurance against loss from liability imposed by law upon employers to compensate employees and their dependents for injury sustained by the employees arising out of and in the course of the employment, irrespective of negligence or of the fault of either party.