

Quick reference guide: Filing a PPD follow up webform

Work Comp Campus will be used to electronically file the permanent partial disability (PPD) follow up webform when PPD benefits are being paid. This webform is required at the start of PPD periodic payments or at the time of a PPD lump-sum payment. This webform is filed in addition to the appropriate electronic data interchange (EDI) Maintenance Type Codes (MTCs).

1. On your Campus dashboard, find the claim on the **My Claims** tab. Click on the Campus File Number (CFN, also the jurisdiction claim number or JCN) to link directly to the claim. You can also click on the filter button to filter by any of the column headers, then click on the CFN/JCN to link directly to the claim.

My Overview

4 Open Claims | 0 Upcoming Events | 0 New Documents

My Queues
My Claims | My Disputes | My Forms | My SCF Assessment Reports

Campus File Number	Employee	Employer	Claim Admin	Date of Injury	Status
CL-02-3883-404	Practice Parish	Third Street Elementary School		3/17/2020	Open
CL-02-3883-449	Ashley Spinelli	Third Street Elementary School		2/1/2019	Open

Include Inactive

My Overview

4 Open Claims | 0 Upcoming Events | 0 New Documents

My Queues
My Claims | My Disputes | My Forms | My SCF Assessment Reports

Filters

Column: Employee | Value: Ashley Spinelli | Apply

Campus File Number	Employee	Employer	Claim Admin	Date of Injury	Status
CL-02-3883-449	Ashley Spinelli	Third Street Elementary School		3/17/2020	Open

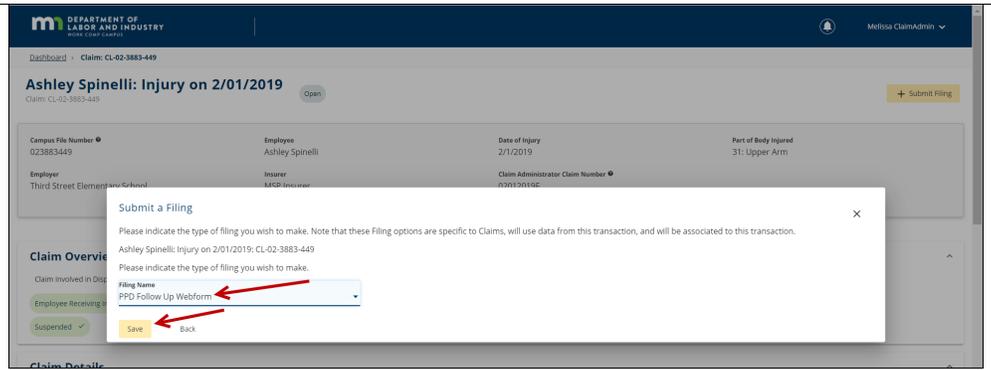
2. On the Claim Details Page, click on the **Submit Filing** button.

Ashley Spinelli: Injury on 2/01/2019 | Open

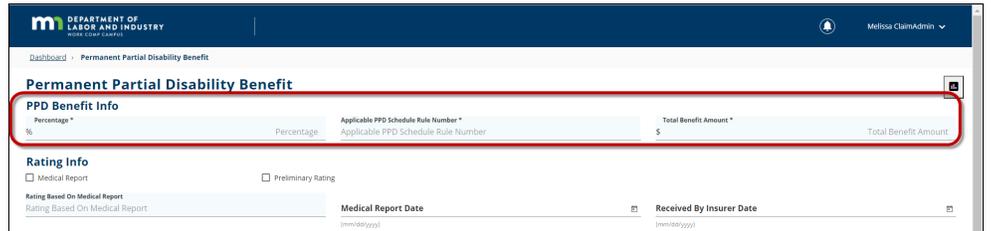
Submit Filing

Campus File Number 023883449	Employee Ashley Spinelli	Date of Injury 2/1/2019	Part of Body Injured 31: Upper Arm
Employer Third Street Elementary School	Insurer MSP Insurer	Claim Administrator Claim Number 02012019F	

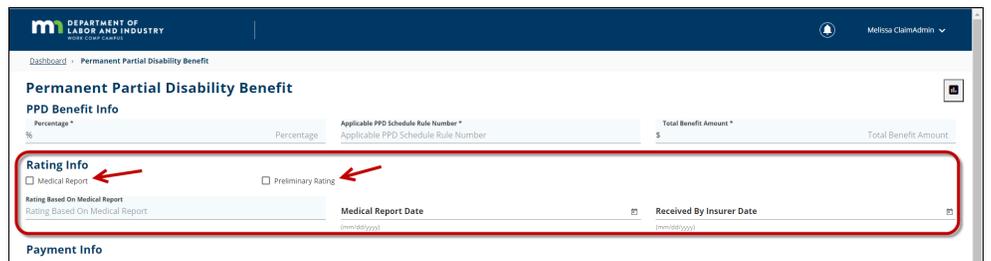
3. When the **Submit a Filing** box appears, choose **PPD Follow Up Webform** from the Filing Name drop-down menu and click **Save**.



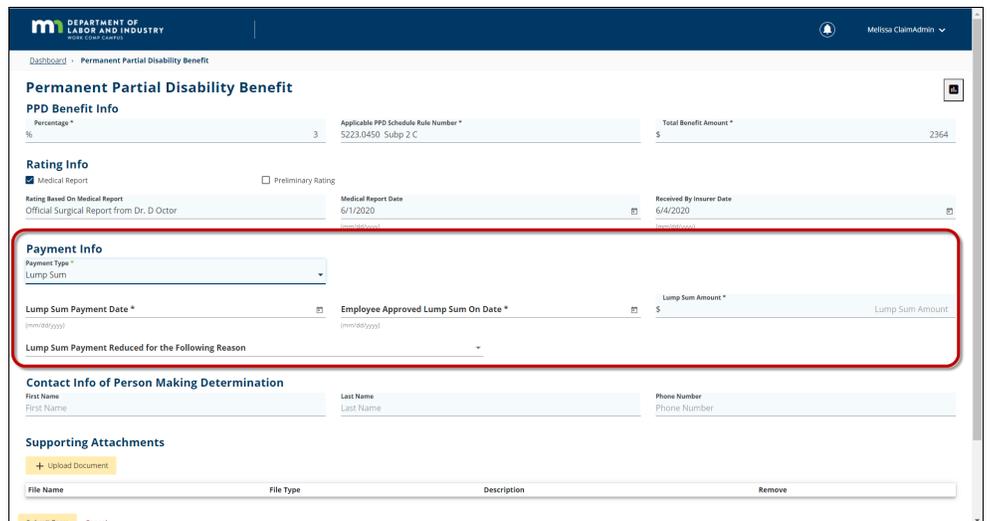
4. On the **Permanent Partial Disability Benefit** page enter the PPD Benefit Info including the **Percentage**, **Applicable PPD Schedule Rule Number**, and **Total Benefits Amount**.



5. Use the checkboxes to indicate if the **Rating Info** is based on a **Medical Report** or a **Preliminary Rating**. If based on a medical report, list the report along with the **Medical Report Date** and **Received by Insurer Date**.



6. Under **Payment Info**, choose the **Payment Type**. If you choose **Lump Sum** you will also enter the **Lump Sum**



Payment Date, Employee Approved Lump Sum on Date and Lump Sum Amount, and will have the opportunity to list a reason why the lump-sum payment was reduced, if applicable.

- 7. If you choose **Periodic Payments** you will need to enter the **Initial Periodic Payment Date, the Last Periodic Payment Date, the Periodic Payment Amount and the Frequency of Periodic Payment.**

- 8. Under **Contact Info of Person Making Determination** list your **First Name, Last Name and Phone Number.**

- 9. Click **Upload Document** to attach a document to the webform.

- 10. Either drag and drop your PDF document or click to do a search of your computer to find the document. Next, select the **Document Type**. The **Description** will automatically populate from the **Document Type** field,

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Dashboard > Permanent Partial Disability Benefit

Permanent Partial Disability Benefit

PPD Benefit Info

Percentage *	3	Applicable PPD Schedule Rule Number *	5223.0450 Subgp 2 C	Total Benefit Amount *	\$ 2364
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Rating Info

Medical Report Preliminary Rating

Rating Based On Medical Report: Official Surgical Report from Dr. D Octor
Medical Report Date: 6/1/2020
Received By Insurer Date: 6/4/2020

Payment Info

Payment Type *
Periodic Payments

Initial Periodic Payment Date * (mm/dd/yyyy) Last Periodic Payment Date * (mm/dd/yyyy) Periodic Payment Amount * \$ Periodic Payment Amount

Frequency of Periodic Payment

Contact Info of Person Making Determination

First Name	Last Name	Phone Number
First Name	Last Name	Phone Number

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
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Submit Form Cancel

Lump Sum Payment Reduced for the Following Reason

Contact Info of Person Making Determination

First Name	Last Name	Phone Number
First Name	Last Name	Phone Number

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
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Submit Form Cancel

DEPARTMENT OF LABOR AND INDUSTRY
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Contact: Phone: 651-284-5005, option 3; Toll-free: 800-342-5354, option 3
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Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
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Submit Form Cancel

PPD Benefit Info

Rating Info

Medical Report Preliminary Rating

Rating Based On Medical Report: Surgical report from Dr. D Octor
Medical Report Date: 6/1/2020
Received By Insurer Date: 6/4/2020

Payment Info

Payment Type *
Lump Sum

Lump Sum Payment Date: 6/4/2020

Lump Sum Payment

Upload Document

Drag and drop files or click here

Document is required

Document Type *
Description

Upload Cancel

Contact Info of Person Making Determination

First Name	Last Name	Phone Number
First Name	Last Name	Phone Number

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
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Submit Form Cancel

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but you can edit the information to be more specific. Then click **Upload**.

11. Click **Submit Form** to submit your PPD follow up webform.

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
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Submit Form Cancel

m DEPARTMENT OF LABOR AND INDUSTRY
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Helpful tips

- After the PPD follow up webform is successfully submitted, it will appear on the **My Forms History** tab of your Campus dashboard.
- A confirmation email message will be sent to the email address registered to your Campus profile.