

# Understanding your **CLAIM COST SUMMARY**

**The WCB is making it easy for you to manage your workers' claims.**

Your Claim Cost Summary is a monthly snapshot of the costs and services provided for your workers' claims.

The Summary allows you to monitor what is occurring on your workers' claims to manage them more effectively. The injury information will also help you identify possible health and safety issues.

At a glance, you can find the:

- amount WCB has paid for a claimant for the month,
- amount WCB has paid to date for the claim,
- monthly total for all claims, and
- monthly total for all claims by your industry classification.

The information is presented by industry, accident year, and claimant. It is organized in an easy to understand format.

This brochure lists all payment codes. Please keep this brochure for your reference.

Your Claim Cost Summary provides you with a monthly report of costs and services provided for your workers' claims. You may also request claims information for specific years.

The WCB continues to look for ways of improving our services to you. We welcome your comments on this Summary or any other service. Please call:

**WCB mailing address**

PO Box 2415  
Edmonton AB T5J 2S5

**In Edmonton**      **Fax:**      **780-498-7999**  
                                 **Phone:**      780-498-3999

**Toll Free phone in Alberta**      1-866-922-9221

**In Calgary**      **Fax:**      **403-517-6201**  
                                 **Phone:**      403-517-6000

**Outside of Alberta**      1-800-661-9608

Online: [www.wcb.ab.ca](http://www.wcb.ab.ca)

## Adjustments

AEL/01 earning loss  
ANL nel adjustments  
ANL/01 nel diversions  
ASP/01 section 65  
ASP/02 special supp  
ATD/01 temp total disability  
ATD/02 temp part disability  
ATD/03 partial compensation  
ATD/06 WAP-per diem  
ATD/73 rehab SRG allow  
ATD/74 hospital delay  
ATI/01 Worker Report NTL  
ATI/02 Employer Report NTL  
ATI/03 Worker Report TL  
ATI/04 Employer Report TL  
ATL tel adjustments  
ATL/01 tel adjustments/retro  
ATL/02 tel diversions  
ATP/01 temp part act  
ATP/02 temp part est  
AVR/01 INT PGM allowance  
AVR/02 retraining allowance  
AVR/03 job club attendance  
AVR/04 re-employment assistance

## Earning loss

ELA elp adjustments  
EL/01 earning loss supplement  
ELA/01 elp adjustments/retro  
ELA/02 elp diversions  
ELC/01 economic loss commutation  
ELP/01 economic loss

## Claim expenses

COL/01 OVP collections  
EF/01 interpretation & translation FFS  
EF/02 accommodtn FFS  
EF/03 general non-health care FFS  
EX/01 board allowance  
EX/02 mileage  
EX/03 bus fares  
EX/04 taxi  
EX/05 air travel  
EX/06 escort fee  
EX/07 clothing – date of accident  
EX/08 funeral expense  
EX/09 preburial expense  
EX/10 assistance to dependent  
EX/11 indepen allownc  
EX/12 clothing – amputee  
EX/13 worker assistance program - other  
EX/14 special service (comp)  
EX/15 commuting allowance  
EX/16 call-in allowance  
EX/17 advance  
EX/18 child care expenses  
EX/20 approved invoice board allowance  
EX/21 transportation other  
EX/22 escort fee – other  
EX/23 call-in allowance - other  
EX/24 wkr and wkr rep  
EX/25 emp and emp rep  
EX/26 parking  
EX/27 wage loss replacement  
EX/28 special needs assistance  
EX/29 Legal Services EMP  
EX/30 Legal Services IND

## Hospitals

HS/01 physiotherapy  
HS/02 occupational therapy  
HS/03 outpatient  
HS/04 inpatient  
HS/19 emergency

## Medical services and supplies

MS/01 rehab ctr treat  
MS/02 approved special appliances  
MS/03 non-contracted MRI/CT scan  
MS/04 rehab ctr xray  
MS/05 dressing  
MS/06 special nurse  
MS/07 special services  
MS/08 surgical suite  
MS/09 wheelchair  
MS/10 ambulance fee

MS/11 personal care  
MS/12 unapproved special appliances  
MS/13 prescription drugs  
MS/14 personal care  
MS/20 OR2  
MS/21 OR3  
MS/22 VRT  
MS/23 GAIT  
MS/24 TENS  
MS/25 Millard CARD - treatment program  
MS/26 early rehab  
MS/27 return to work  
MS/28 special consultant  
MS/29 ergonomy  
MS/30 work site services  
MS/31 Millard brain injury - treatment program  
MS/32 MC WAC ADM INC.  
MS/33 MC OR12 ADM INC.  
MS/34 Millard RTW provider & worksite sustainability invoice  
MS/35 Millard RTW complex sustainability invoice  
MS/36 assessments  
MS/37 medical coord  
MS/38 MC MED ADM INC.  
MS/39 MC OR3 ADM INC.  
MS/40 physiotherapy sundry item  
MS/41 orthotic/prosthesis  
MS/42 MC WAC DIS INC.  
MS/43 MC OR12 DIS INC.  
MS/44 MC MED DIS INC.  
MS/45 MC OR3 DIS INC.  
MS/48 P and O OOP/WKR  
MS/49 MCPSYCH CONSLT  
MS/50 MC PT CONSLT  
MS/51 MRI/CT FFS  
MS/52 facility fee FFS  
MS/53 Millard back exam facility fee  
MS/54 Millard Health OIS  
MS/55 Millard CARD-assessment  
MS/56 Millard CARD-sustainability incentive  
MS/57 Millard brain injury-assessment  
MS/58 Millard voc serv-wage quality & sustainability incentive  
MS/59 Millard psychology services  
MS/73 rehab surgery

## Permanent non economic loss

NEL/01 non economic loss - regular  
NEL/02 non economic loss - enhanced

## Survivor Benefits

PAD01 advance  
PC0/01 survivor benefit  
PC1/01 survivor benefit  
PFA/01 survivorbenefit  
PFD/01 survivor benefit  
PFN/01 survivor benefit  
PFN/02 survivor benefit  
PFP/01 survivor benefit  
PFR/01 survivor benefit  
PFS/01 survivor benefit  
PFU/01 survivor benefit  
PFV/01 survivor benefit  
PF5/01 survivor benefit

## Medical Professional fee

FC/01 professional financial counselling  
PR/01 physiotherapy fee  
PR/02 optometric fee  
PR/03 dental fee  
PR/04 g.p. first report  
PR/05 g.p. progress report  
PR/06 special consultation report  
PR/07 first/progress report  
PR/08 consultation report  
PR/09 acupuncture fee  
PR/10 occupational therapy  
PR/11 doctor fee  
PR/12 chiropractic fee  
PR/13 medical advisory fee  
PR/14 dentist fee  
PR/15 OOP TRTMT CNTR  
PR/16 audiology FFS  
PR/17 psychology fee  
PR/18 podiatrist fee  
PR/19 denied claim fee for service

PR/20 physio fee for service  
PR/21 chiropractic fee for service  
PR/22 medical fee for service  
PR/23 physician expedited & RFP  
PR/24 occup. injury svces - early intervention  
PR/26 occup. injury svces - status report  
PR/27 occup. injury svces - program inj  
PR/28 med exam FFS  
PR/29 chiropractor first report  
PR/30 chiropractor progress report  
PR/31 occup. injury svces – fee for service  
PR/32 acupuncture report  
PR/33 no time loss  
PR/34 physio report  
PR/35 emergency room contact report  
PR/36 psychology OOP  
PR/37 naturopath fee  
PR/38 dental first report  
PR/39 dental special first  
PR/40 dental progress report  
PR/41 GP supplemental report  
PR/42 spec supplemental report  
PR/43 MC FILE REV FFS  
PR/45 podiatrist progress report  
PR/46 podiatrist orthotics  
PR/47 hybrid program  
PR/48 RTW/CARD FFS  
PR/49 RTW provdr site  
PR/50 RTW worksite  
PR/51 RTW complex  
PR/52 RTW asmnt (WAC)  
PR/53 audiology assessment  
PR/54 hearing OOP/WKR  
PR/55 medical coordination  
PR/56 brain injury FFS  
PR/57 dental FFS  
PR/58 general health care FFS

## Supplements/Payments

PIP/01 permanent injury payment  
PSA/01 supplement  
PSC/01 supplement  
PSR/01 supplement  
PWA/01 permanent disability  
PWC/01 permanent disability  
PWN/01 permanent disability  
PWR/01 permanent disability  
RS/01 remarriage payment  
SP/01 section 65 supplement  
SP/02 special supplement

## Self sufficiency

SSF/01 workplace modification  
SSF/02 special needs expense  
SSF/03 home modifications  
SSF/04 vehicle modifications  
SSF/05 vehicle maintenance  
SSF/06 vehicle maintenance equip  
SSF/07 vehicle purchase  
SSF/08 vehicle insurance  
SSF/09 home maintenance – L1  
SSF/10 home maintenance – L2  
SSF/11 home equipment

## Temporary disability – wage loss

TD/01 temporary total disability  
TD/02 temporary partial disability  
TD/03 partial compensation  
TD/05 temporary total for date of accident  
TD/06 worker assistance program - per diem  
TD/73 rehab SRG allow  
TD/74 hospital delay

## Temporary Economic Loss

TEL/01 temp econ loss

## Temporary partial disability

TPD/01 temporary partial – actual earnings  
TPD/02 temporary partial – estimated earnings

## Voc. rehab – professional fees

VPR/01 voc. assessment service  
VPR/02 psychology services

VPR/03 non-psychology services  
VPR/04 job finding club  
VPR/05 job placement service  
VPR/06 job search preparation  
VPR/07 job search skills development  
VPR/08 supported job search  
VPR/09 academic assessment  
VPR/10 labour market analysis  
VPR/11 RTW plan

## Vocational rehab – wage loss

VR/01 interim program allowance  
VR/02 retiring allowance  
VR/03 job club attend  
VR/04 re-employment assistance  
VR/05 retiring allow. – short term

## Vocational rehab – academics

VRA/01 subsistence allow. academic  
VRA/02 tuition  
VRA/03 academic supplies/fees  
VRA/04 academic transportation  
VRA/05 subsistence allow.-short term  
VRA/06 tuition – short term  
VRA/07 supplies/fees – short term  
VRA/08 academic transportation-short term

## Vocational rehab – expenses

VRE/01 re-employment grant  
VRE/02 training on the job  
VRE/03 alternate re-employment grant  
VRE/04 alternate academic allowance  
VRE/05 special rehab grant  
VRE/06 re-employment transport  
VRE/07 re-employment board allowance

# How can you use this information?

## Claim Cost Summary



ABC COMPANY LTD.  
PO BOX 1234  
EDMONTON AB  
T0X 0X0

Account: 123456/7  
Month: JUNE 2008  
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A description of the claimant's injury helps you identify possible health and safety issues.

| Claim Number, Claimant and Accident Information | Payee | Comp. Days | Date of Service from | to       | Payment Type   | Cost Type | Claim Cost | Claim Cost Impacting Experience |
|---|-------|------------|----------------------|----------|----------------|-----------|------------|---------------------------------|
| INDUSTRY 40400 CONSTRUCTION, INDUSTRIAL         |       |            |                      |          |                |           |            |                                 |
| CLAIMS FOR ACCIDENT YEAR 1998                   |       |            |                      |          |                |           |            |                                 |
| 359-6086 PEARL, D                               | IWK   | 22         | 98/03/28             | 98/04/24 | TD/01          | 1         | 2,000.00   | 2,000.00                        |
| BODY PART: LUMBER SPINE                         | IWK   | 5          | 98/04/25             | 98/05/01 | TD/01          | 1         | 1,000.00 * | 0.00                            |
| INJURY TYPE: SPRAINS/STRAINS                    | PRC   |            | 98/04/01             |          | PR/01          | 2         | 50.00      | 50.00                           |
|   | PRC   |            | 98/03/30             |          | PR/07          | 2         | 10.00      | 10.00                           |
|   |       |            | SUBTOTAL             |          | 1 SHORT TERM:  |           | 3,000.00   | 2,000.00                        |
|   |       |            |                      |          | 2 HEALTH CARE: |           | 60.00      | 60.00                           |
|   |       |            |                      |          | MONTHLY TOTAL: |           | 3,060.00   | 2,060.00                        |
| COST ADJUSTMENTS                                | IWK   | -2         |                      |          | TD/01          | 1         | -1,500.00  | -1,500.00                       |
|   |       |            |                      |          | TOTAL TO DATE: |           | 10,191.25  | 5,191.25                        |
| CLAIMS FOR ACCIDENT YEAR 1997                   |       |            |                      |          |                |           |            |                                 |
| 343-6291 HENRY, J                               | IWK   | 15         | 98/04/01             | 98/04/22 | TD/01          | 1         | 400.00 *   | 0.00                            |
| BODY PART: LUMBER SPINE                         | PRC   |            | 98/04/01             | 98/04/20 | PR/01          | 2         | 52.00 *    | 0.00                            |
| INJURY TYPE: SPRAINS/STRAINS                    |       |            |                      |          |                |           |            |                                 |
|   |       |            | SUBTOTAL:            |          | 1 SHORT TERM:  |           | 400.00     | 0.00                            |
|   |       |            |                      |          | 2 HEALTH CARE: |           | 52.00      | 0.00                            |
|   |       |            |                      |          | MONTHLY TOTAL: |           | 452.00     | 0.00                            |
|   |       |            |                      |          | TOTAL TO DATE: |           | 14,219.53  | 4,704.00                        |
|   |       |            | NET TOTALS:          |          | 1 SHORT TERM:  |           | 1,900.00   |                                 |
|   |       |            |                      |          | 2 HEALTH CARE: |           | 112.00     |                                 |
| TOTALS FOR INDUSTRY 40400                       |       | 40         |                      |          |                |           | 2,012.00   | 560.00                          |

The payment details help you monitor the amount WCB is paying for benefits or services for your injured workers. This information tells you who is being paid, the number of compensation days paid, and the type of benefit or service provided.

You can compare the actual amount WCB has paid with the portion that is included in your claims experience record, which may affect your premium.

\* Cost relief applied (no impact on your account)

(See reverse for payment and cost descriptions)