

GLOSSARY OF TERMS

November 2023

14-6	<i>Concurrent Employment statute</i> : applies when an employee is engaged in more than one job at the time a work injury occurs. For accidents prior to 7/1/07 money paid in excess of primary employer is reimbursed by Special Funds. For accidents after 7/1/07 the money is not reimbursed and the primary employer is responsible for the full amount.
15-8	<i>Second Injury Fund</i> : when 15-8 is found to apply to a claim. For date of accident after 8/1/94, NCA can apply to the fund for reimbursement of all medical and wage expenses after 5 years of paying the full cost of the claim. This fund was closed to claims incurred after 7/1/2007.
25-A	<i>Reopened Case Fund</i> : when 25-A is found to apply, the WCB will take over the claim from NCA and pay all future benefits. This applies when a claim has been closed for 7 years and there is no lost time within the last 3 years. The case is reopened when a claimant begins treating again. This fund was closed to new claims as of 1/1/14.
81% LWEC	An 81% Loss of Wage Earning Capacity determination by the Workers' Compensation Board equates to a <i>Total Industrial Disability</i> , which means that there is no cap to the years of compensation benefits that a claimant may receive.
A/P	<i>Attending Physician</i>
Accept without Prejudice	A claim or a medical bill may be accepted without prejudice when the examiner does not have enough information to determine whether the claim is legitimate. If the examiner accepts without prejudice, they are reserving their right to accept or deny the claim at a later date.
Activity Check	Performed by a private investigator. An activity check is performed in order to understand the regular activities performed by a claimant to ensure they are being truthful about their level of disability and to determine interest in settlement.
Actuarial	Actuarial estimates are used to reserve a claim for the most likely duration of treatment or life expectancy of a claimant. This estimate takes into account the time value of money and are discounted at 5% percent per WCB guidelines (Special Bulletin 222C)
AG, AGI	AG Investigators is the name of an investigative firm that NCA utilizes on your claims.
Alive & Well Checks (Direct Activity Check)	Performed to ensure benefits are being utilized by the claimant themselves (and not a family member after the claimant deceased), completed by a private investigator or field claim adjuster.
ANCR	<i>Accident, Notice & Causal Relationship</i> : lists the body part(s) accepted in a workers' comp claim
Apportionment	A proportionate division of all or part of the liability in a case between two or more sources of disability or claims.
Attachment (to the labor market)	A claimant must demonstrate that they are making an effort to remain attached to the labor market by attempting to find employment within their physical restrictions.

GLOSSARY OF TERMS

November 2023

AWW	<i>Average Weekly Wage</i> : the wage used to calculate total disability benefit rates for most claimants. For a total disability, a claimant is eligible for 2/3 their average weekly wage in benefits, up to a weekly cap (\$803 as of 7/1/13).
Bilateral	Both sides; i.e. “bilateral carpal tunnel” is carpal tunnel in both wrists.
C/R	<i>Causal Relationship</i> : in order to be eligible for medical coverage and to factor into a claimant’s disability ranking, a medical condition must be causally related to the workplace injury and documented by a doctor. A condition must be determined to be <i>causally related</i> .
C2F	<i>Employer’s Report of Injury</i> : must be filed by the employer and submitted to NCA and WCB within 10 days of the workplace accident, or within 10 days of notice to the employer. May be filed electronically on the NCA online system.
C11	<i>Employer’s Report of Injured Employee’s Change in Status or Return to Work</i> : must be filed with NCA as soon as possible when a claimant goes out of or back to work.
C240	<i>Employer’s Statement of Wages and Earnings</i> : to assist the WCB in determining the proper rate of indemnity benefits to be paid to the injured worker based on their <i>Average Weekly Wage</i> . May be filed electronically on the NCA online system.
C4-Auth	Attending doctor’s request for authorization and the carrier’s response. This form was introduced with the 2010 Medical Treatment Guidelines, and must be returned with approval or denial (an IME must be obtained for a denial) within 30 days.
C669	<i>Notice That Case is Accepted as Compensable</i> : Filed by NCAComp to inform all parties that a case is accepted. A case may be accepted without prejudice if all information has not been gathered
C8.1	<i>Notice of Disputed Medical Bill</i> : NCA completes this form to deny or dispute a medical bill after a provider has medically treated an injured worker excessively or for a condition unrelated to the at-work injury.
C8.6	<i>Notice That Payment of Compensation Has Been Stopped or Modified</i> : this form is sent by NCA to all parties to the claim when the examiner has started, stopped or changed weekly payments to explain the reasoning.
Capped Case	The indemnity benefits on a claim may be capped in duration if the claim occurred on or after 3/13/07. The cap (number of weeks) is determined based on the severity of <i>Loss of Wage Earning Capacity (LWEC)</i> . If the LWEC is over 81%, the injury is considered Total Industrial, and caps do not apply.
Causal Relationship	A medical condition must have a causal relationship to the work-related injury in order to be eligible for benefits.
Claim #	This is the claim number given by NCA on our internal claim system. This may also be referred to as the <i>Carrier Case Number</i>

GLOSSARY OF TERMS

November 2023

Claim Established	A claim is established when NCA, the employer and/or the WCB considers the claim to be work-related and compensable for medical and indemnity benefits.
Classified	When a claimant is deemed to have a permanent disability they are considered classified. The injured workers will be classified with a percentage which determines the degree of disability and corresponds with a rate at which the claimant is reimbursed for lost wages (indemnity benefits), and this will impact the amount of weeks of indemnity benefits paid if the case is post-3/13/07.
CLMT/CLMTS	<i>Claimant's</i>
CMS	<i>Center of Medicare/Medicaid Services</i> : US federal agency which administers Medicare, Medicaid, and the State Children's Health Insurance Program. CMS is considered a "secondary payor" which means that if a person is seeking benefits from both CMS and workers' compensation, the workers' compensation coverage must be primary. Before any Section 32 Settlement, NCA must get CMS approval for any claimant who is collecting Medicare/Medicaid benefits, to ensure the settlement covers all expected future medical cost related to their injury.
COMP	<i>Compensation</i> , or indemnity benefits that reimburse an injured worker for wages lost as a result of their work-related injury.
Concurrent Employment	See 14-6
CTS	<i>Carpal Tunnel Syndrome</i>
Current Rate	Current rate of indemnity or wage replacement benefits. The current rate is determined by taking a percent determined by the doctor from 2/3 of the average weekly wage of the worker prior to their injury. This is subject to a cap of \$803 as of 7/1/13.
DB	<i>Disability</i> which is determined by a physician.
DDB	<i>Degree of Disability</i> , or the % of disability the claimant is experiencing as a result of their work-related injury. The degree is determined by the treating physician and an independent physician.
DEPOS	<i>Depositions</i> , from treating physicians or other professionals related to the claim.
Diary	Refers to the diary function of NCA's claims system whereby an examiner can set a note date in the future to remind them to complete a certain task on that file on a certain date.
Direct Comp	Refers to direct compensation, when the employer is paying the injured worker their wages directly, instead of at a reduced rate through NCA and the workers' compensation system.
DOI	<i>Date Of Injury</i> , The date the claimant was injured; also known as the accident date
Earning Capacity	The percentage of (pre-injury) salary that an injured worker is capable of earning post-injury.
EXP	<i>Expense</i> : the classification of a payment on a file that is not medical treatment or compensation benefit. Expenses may include legal bills, private investigator charges, bill review charges, etc.

GLOSSARY OF TERMS

November 2023

F- 15-8	F is a status marker of claims within the NCA claims system. F indicates the claim is subject to full or partial 15-8 reimbursement. For more information, please refer to 15-8.
FCE	Functional Capacity Evaluation – a medical evaluation to see physical capabilities
FROI	First Report of Injury: by which NCA notifies the WCB of a claim. This is a new term since Electronic Data Interchange became effective, and this report replaces the C-2. The data is pulled from the electronic C-2F that the client files with NCA
Full and Final Settlement	Refers to a <i>Section 32 Settlement</i> in which a claimant settles for a lump sum of money in exchange for giving up their claim to medical and indemnity benefits related to the work-related injury.
HX	<i>History</i>
I-Indemnity	I is a status marker of claims within the NCA claims system. This indicates that a claim is marked as an indemnity claim on your loss runs. This claim has been subject to medical treatment that is complex and/or lost time from work for which the claimant is receiving indemnity, or lost wage, benefits.
IME	<i>Independent Medical Examination:</i> NCA may arrange for an independent medical exam for a claim where we may not agree with the treating physician’s opinion on treatment or percentage of disability. This exam is performed by an independent medical provider that has been retained by an IME vendor company to perform this service.
Indem Only Sec 32	<i>Indemnity Only Section 32:</i> This refers to a type of claim settlement where the claimant accepts a lump sum to agree to give up their claim to indemnity (wage replacement) benefits. The medical benefits remain open in this type of settlement.
Involuntary Removal from the Labor Market	Claimant is removed from the labor market due to their work-related injury.
Involuntary Retirement	This phrase refers to when a claimant is forced to retire from employment earlier than planned as a result of their work-related injury. Payments continue at the established rate for life or the capped weeks (depending on date of accident) and NCA may not ask the claimant to look for work.
IVE	<i>Independent Vocational Evaluation</i> an internal report that gives an idea of what an LWEC opinion would be if we moved forward to classify a claim with a percentage. The IVE is an internal report and does not need to be shared with all parties. We may use this IVE report as a zero-risk tool to decide if we want to push to have the durational caps apply to indemnity benefits, or if the percentage of disability estimate is too high we may want to wait for additional medical improvement first. <i>UPDATE: This term is no longer in use and is replaced with preliminary file review – PFR.</i>
Lost Time	This refers to time lost from work as a result of a work-related injury. We may also refer to an indemnity claim as a lost time claim.

GLOSSARY OF TERMS

November 2023

Lt Duty	<i>Light Duty</i> : sometimes the employer finds it beneficial to bring back the injured worker to a light duty position that they may perform within their medical restrictions. The injured worker is required to accept a light duty position if one is provided within their restrictions, or risk losing benefit entitlements. The insured has to be sure they are obeying within the restrictions set by the treating physician.
LWEC	<i>Loss of Wage Earning Capacity</i> : This is the calculation that determines how disabled an injured worker is by making a determination of how much the claimant's ability to earn wages has been impacted by both the work-related injury as well as vocational factors (education level, English language ability, etc.). The LWEC determination also affects how many weeks the injured worker is allowed to continue receiving indemnity benefits. A lower LWEC determination means fewer weeks of benefits are allowed (minimum of 225 weeks).
LWEC Eval	An LWEC Evaluation is an opinion that is made by a vocational expert, taking into consideration all medical and vocational factors affecting the claimant's ability to earn wages. This report must be sent to all parties involved in a claim.
Marked DB	75% Disability – This percent is based on an opinion of a physician and correlates with how much a claimant is paid for wage replacement.
Max Rate	Maximum allowable rate of weekly compensation (indemnity benefits), based on claimant's average weekly wage and the max allowable rate (\$803 as of 7/1/13).
MCN	<i>Managed Care Network</i> : NCA's vocational vendor that perform vocational evaluations, IVEs, LWEC assessments, and can assist in vocational training or finding a job for injured workers' within their restrictions.
MCP	<i>See Medical Cost Projection</i>
MED	<i>Medical</i> : this is a classification of charges within the NCA claims system that includes all medical costs of a claim, including doctor visits, pharmaceuticals, or hospital charges.
Medical Cost Projection (MCP)	An <i>MCP, or Medical Cost Projection</i> is an estimate of future medical costs of a claim. This is utilized on claims with complex medical issues, or when deciding whether the cost of a <i>MSA</i> would be too high to settle a claim that requires the cooperation of <i>CMS</i> . This report is utilized (only internally) on some clients for all claims where the medical reserve is estimated to be higher than \$100,000 to assist in accurate reserve setting.
MG-2	Form on which a treating physician requests permission for a <i>Variance</i> from the Medical Treatment Guidelines (MTGs). This form was created in 2010 when the first MTGs were released.
Mild DB	25% Disability- This percent is based on an opinion of a physician and correlates with how much a claimant is paid for wage replacement.

GLOSSARY OF TERMS

November 2023

M-Medical Only	M is a status marker of claims within the NCA claims system. This indicates a medical only claim which has not had any lost time as a result of the work related injury and is a relatively low cost claim, involving only medical treatment.
MMI	<i>Maximum Medical Improvement</i> : a milestone in the claim where the injured worker has reached maximum medical improvement from the work-related injury. This point must be determined by a medical professional (either treating physician or IME physician) and cannot be sooner than two years post-injury. For claims incurred on or after 3/13/07, this is the point when the durational benefit caps begin to apply.
MMI/PERM	<i>Maximum Medical Improvement/Permanency</i> (see MMI)
Moderate DB	50% Disability- This percent is based on an opinion of a physician and correlates with how much a claimant is paid for wage replacement.
MSA	<i>Medicare Set Aside</i> : This report is required by CMS when moving a claim towards a <i>Section 32 Settlement</i> . When a claimant is also receiving benefits from Medicare/Medicaid, NCA is required by CMS to ensure the settlement amount is enough to cover all the future medical cost of the injury. The MSA report details the cost of the anticipated future medical on a claim. It is submitted and must be approved by CMS before claim settlement.
MTG	<i>Medical Treatment Guidelines</i> : Established in the 2007 workers' compensation reform, the first MTGs were released in 2010. They detail all appropriate medical treatment for any injury to a particular body site (i.e. knee, shoulder, neck, back, etc.). A doctor providing treatment within the guidelines does not need to request permission before treating. Before treating outside the guidelines, the provider must request a <i>variance</i> in order to ensure payment of the medical bill.
NCLT	<i>No Compensable Lost Time</i> – The claimant has not lost any time related to the injury.
NCM	<i>Nurse Case Manager</i>
NFA	<i>No Further Action</i> – Term used by the Workers' Compensation Board to determine all issues have been addressed.
No Wage Loss	Medical-Only claim: claim with no lost wages.
Notice of Case Assembly	Acknowledgement by the board that they received a C2 but do not anticipate any lost time.
Notice of Indexing	Generated when a C-2, C-3 and medical report are received by the Workers' Comp Board. This means that the WCB considers the case significant and is assigning a <i>WCB number</i> . This is most often for <i>Indemnity</i> or complex <i>Medical-Only</i> files.
OOW	<i>Out Of Work</i>
OV	<i>Office Visit</i>
P Pension	P is a status marker of claims within the NCA claims system. A Pension, or <i>PPD claim</i> is a claim where indemnity (wage

GLOSSARY OF TERMS

November 2023

	replacement) benefits are expected for life or the balance of the cap.
P/C	<i>Phone Call</i>
P/I Days	<i>Personal Illness Days</i>
PCG Form	<i>Physical Capability Guidelines Form</i>
PCP	<i>Primary Care Provider</i>
PHP	<i>Protracted Healing Period</i> : when a claimant is out of work longer than expected for an injury to the particular body site. When there is PHP, a claimant may be eligible for additional benefit over the SLU amount.
Perm DB	<i>Permanent Disability</i> : This is the percentage of disability the injured worker is deemed to have that is permanent.
Permanency	A permanent disability finding, this decision is made after the injured worker reaches maximum medical improvement. When a claimant is deemed to have a permanent disability they are considered classified. The injured workers will be classified with a percentage which determines the degree of disability and corresponds with a rate at which the claimant is reimbursed for lost wages (indemnity benefits), and this will impact the amount of weeks of indemnity benefits paid if the case is post-3/13/07.
Permanency & LWEC	LWEC cannot be established until the injured worker has reached <i>permanency</i> . The current system of capped benefits starts the date of the permanency determination rather than the LWEC determination.
Permanent Partial Disability PPD	When the injured worker reaches <i>MMI</i> , a determination is made by the WCB about the amount of disability sustained, and whether it is permanent. If a PPD determination is made, the claimant must look for work within their physical work restrictions.
PFR	<i>Preliminary File Review</i> an internal report that gives an idea of what an LWEC opinion would be if we moved forward to classify a claim with a percentage. The PFR is an internal report and does not need to be shared with all parties. We may use this PFR report as a zero-risk tool to decide if we want to push to have the durational caps apply to indemnity benefits, or if the percentage of disability estimate is too high we may want to wait for additional medical improvement first
Possible Litigation	Indication that parties may try to resolve the claim through hearings.
Pre Capped Case	Claims prior to March 13, 2007 that are not affected by a cap on the duration of wage replacement (indemnity) benefits.
Prima Facie Medical	Medical evidence; the first medical report giving causal relationship.
Proposed Decision	This decision is made by a Conciliator. The decision may be objected to in order to be heard before a judge at a formal hearing.
RE	<i>Reduced Earnings</i> – If a claimant returns to work earning less than before the injury they are entitled to the balance at 2/3.
Reserved Decision	Similar to a NOD this is considered a decision made after the hearing in result of an ongoing litigation.

GLOSSARY OF TERMS

November 2023

RFA	<i>Request for Further Action</i> – This is a form filed by NCA or the claimant to request a hearing.
RTW	<i>Return to Work</i>
S – Salary Continuance	S is a status marker of claims within the NCA claims system. Salary Continuation is when the employer is paying the injured worker their full salary.
SCS	<i>Spinal Cord Simulator</i> – This an in-depth medical procedure in which a stimulator is implanted in the back.
Section 32	The section of the law that allows settlement of workers’ compensation claims with a bulk cash payment. The claimant agrees to give up their option to re-open the claim or seek further benefits.
SF	<i>Special Funds</i>
SIR Amount	<i>Self-Insured Retention</i> is the amount of money the insured must spend on a claim prior to receiving reimbursement from the excess carrier.
SROI	<i>Subsequent Report of Injury</i> : NCA uses these types of reporting in order to transmit data to the WCB electronically when benefits are paid or changed, or when other facts of the claim are being submitted.
SLU	<i>Schedule Loss of Use</i> : a bulk payment of an award for the percentage loss of use of an appendage (i.e. arm, leg, finger, etc.). The percentage loss of use corresponds to a number of weeks indemnity benefit. If the injured worker has been paid indemnity benefits previously, that amount will be subtracted from the bulk SLU award.
Special Bulletin	The guideline released by the WCB that dictates the annual percentage used to discount claim reserves in order to account for the inflation of money over time.
Special Funds	Department of the WCB that handles the administration of benefits under the specific funds set up under workers’ compensation law, i.e. the Second Injury Fund (15-8) or the Reopened Case Fund (14-6).
SURV	<i>Surveillance</i>
SX	Medical abbreviation for <i>Surgery</i> .
Tens Unit	<i>Transcutaneous electrical nerve stimulation</i> : the use of electric current produced by a device to stimulate the nerves for therapeutic purposes.
Total Disability or “Give Total”	Claimant’s doctor opines that the claimant has a (permanent or temporary) 100%, or <i>total</i> disability.
TX	Medical abbreviation for <i>Treatment</i>
Variance	When a treating physician would like to treat a claimant outside of what is indicated as appropriate by the Medical Treatment Guidelines (MTGs), they must request permission from the carrier to ensure the ensuing medical bill is paid. This is done on an <i>MG-2</i> Form.
VDF1	<i>Vocational Data Form</i> : Important to fill in as early in the life of a claim as possible, this form provides work and education history

GLOSSARY OF TERMS

November 2023

	used to determine the LWEC. This form is completed by the claimant.
Voluntary Removal from the Labor Market (VRLM)	Claimant chooses to remove themselves from the labor market when they refuse to search for a job within their physical capabilities, or when they refuse offer of employment within their physical capabilities. If <i>VRLM</i> is proven, wage replacement benefits are suspended.
WAMO	The <i>Waiver Agreement Management Office</i> was organized when the 15-8 Second Injury Fund was closed to new cases (2007). This is a division of Special Funds and has been tasked with the responsibility of settling as many 15-8 cases as possible in order to run off claims already accepted by and being reimbursed by Special Funds. <i>WAMO</i> must approve any settlement offer that NCA makes to 15-8 claimants.
WCB #	An identification number given by the Workers' Compensation Board, this is a state identification in addition to the carrier claim number.
WCLJ	<i>Workers Compensation Law Judge</i>
WISK Hearing	<i>Walk-In Stipulated Calendar Hearing</i> : a type of hearing held when all parties agree to the issues at hand, and the judge usually just rubber-stamps the agreement.
X - Excess	X is a status marker of claims within the NCA claims system to distinguish claims that are in the excess layer, or above the client's <i>SIR (self-insured retention)</i> .