Workers' Compensation
Research & Evaluation Group



2020 - 2025

Health Care Cost and Utilization in the Texas Workers' Compensation System

Published November 2026

Per Chapter 405 of the Texas Labor Code, the Workers' Compensation Research and Evaluation Group (REG) at the Texas Department of Insurance, Division of Workers' Compensation (DWC) is responsible for conducting professional studies and research on various system issues, including:

- Delivery of benefits.
- Litigation and controversy related to workers' compensation.
- Insurance rates and rate-making procedures.
- Rehabilitation and reemployment of injured employees.
- Quality and cost of medical benefits.
- Employer participation in the workers' compensation system.
- Workplace health and safety issues.
- Other matters related to the cost, quality, and operational effectiveness of the workers' compensation system.

This report is online at www.tdi.texas.gov/wc/reg/index.html.

For more information, email WCResearch@tdi.texas.gov.

Acknowledgements

Vivian Meng managed the project, conducted the analyses, and converted statistical results into tabular output. Dr. Jamie Hinojosa provided technical writing assistance and created the visualizations. Vivien Meng and Dr. Jamie Hinojosa co-authored the report. Director Botao Shi, Conrado Garza, and Dr. Hari Luintel contributed valuable editorial comments.

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Executive summary

Purpose

This report discusses the costs and utilization for health care services in the Texas workers' compensation system. The purpose is to understand what services are being used and for how long, the total costs, and any increases or decreases in costs and uses throughout the studied period. This report also discusses various categories of services and shows comparative data for lost-time claims for both service and injury years. This analysis of various characteristics within the Texas workers' compensation system shows the trends and changes in overall costs, average costs, and the number of health care services utilized by injured employees.

Background

When an employee is injured on the job, they should have access to prompt, appropriate, and cost-effective health care within the Texas workers' compensation system. Understanding the services used and the costs associated with those services provides a clearer picture of how the health care system in Texas is serving injured employees. This report discusses data between 2020 and 2025. The increases from 2020 to 2025 may be affected by COVID-19, especially for years 2020 and 2021, as some claims and health care services were withheld or interrupted. The number of claims and services following COVID-19 naturally increased as medical services were more readily accessible. The number of claims and cost amounts in 2024 and 2025 are similar to pre-COVID data and trends, as shown in the previous report published in 2024[1].

Data highlights

Most claims and costs associated with health care in Texas increased for both service and injury years.

Service years, 2020 to 2025:

- Number of claims in service years increased 5%, from 241,000 to 253,000.
- The total cost of claims increased 4%, from $830 million to $864 million.
- The average cost per claim remained stable at $3,400.

Injury years, data includes services up to 12-months post-injury, 2020 to 2024:

- Number of claims increased 22%, from more than 175,000 to 214,000.
- The total cost of claims increased 29%, from $599 million to $775 million.
- The average cost per claim increased 6%, from $3,400 to $3,620.

[1] Previous report: https://www.tdi.texas.gov/reports/wcreg/documents/hccu2024.pdf

Key findings



5%

Increase in number of claims, service years

22%

Increase in number of claims, injury years



4%

Increase in total cost, service years

29%

Increase in total cost, injury years



$3,400

Stable average cost per claim, service years

$3,620

Average cost per claim, injury years, 6% increase

Introduction

This report shows comparative data for the cost and utilization of health care services within the Texas workers' compensation system for service years from 2020-2025 and injury years from 2020-2024. The report is organized by service years and then injury years. Both service and injury years provide overall health care costs and then break down this data into specifics. Health care costs are calculated from the payment amounts received and utilization amounts are from the number of services billed, regardless of whether these were paid or not. There is also a brief overview of network and non-network claims. This report discusses various specific health care costs and utilization for different services:

- **Professional:** any services of a medical professional, durable medical equipment provider, independent laboratory (not part of a hospital), ambulance provider, and ambulatory surgical center. The professional category also includes examinations ordered by DWC.
- **Hospital/institutional**: all services billed by an outpatient or inpatient hospital.
- **Pharmacy**: services of dispensing pharmacies.
- **Dental**: professional dental services.

These categories of health care include analysis of:

- Service and injury years.
- Total overall cost and utilization.
- Lost-time claims.
- Breakdown of various types of services (bill type), facilities, doctor types, and other specifics, such as kinds of drugs prescribed for pharmacy services.

Within this report, the costs shown do not include adjustments for inflation. The inflation adjusted cost comes from the most recently published Medicare Economic Index (MEI) and applies only to certain professional services. The MEI percentage in 2025 was 3.5%, and the cumulative increase of interest, from 2020 to 2025, was approximately 16%.

Important terms and concepts included in this report:

There are many terms and concepts discussed throughout this report which are important to know to better understand the data:

- **Claim characteristics:**
  - **Lost-time claims**: claims with more than seven days of lost time away from work and receive medical benefits as well as income benefits.
  - **Maturity of claim**: the amount of time after the injury occurs that an injured employee is still receiving medical treatment.
  - **Medical combined**: the total cost of claims where more than one medical service (such as professional services and hospital/institutional services) was paid.

- **Data reported, in years:**
  - **Injury year**: the calendar year in which the employee was injured. When data is presented by injury year, each claim is only counted once for the year the injury occurred, and up to twelve months after unless otherwise specified, even if services are received in more than one year.
  - **Service year**: the calendar year in which the injured employee received services. When data is presented by service year, each claim is counted for every year services were received.
- **Health care provider types**:
  - **MD/DO**: Medical Doctor/Doctor of Osteopathy.
  - **PT/OT**: Physical therapist or occupational therapist.
  - **PA**: Physician assistant.
  - **APRN**: Advanced practice registered nurse.
  - **DC**: Doctor of Chiropractic.
  - **DME**: Durable medical equipment, a wheelchair or medically necessary equipment such as life-support machines.
  - **Other**: Other types of health care providers not included in the list above.

Overview: health care claims and costs, service and injury years

Overall, since 2020, the number of claims and total costs for health care has increased. This increase has impacted both service and injury years. The increases from 2020 to 2025 may be affected by COVID-19, especially for years 2020 and 2021, as some claims and health care services were withheld or interrupted. The number of claims and services following COVID-19 would naturally increase as medical services were more readily accessible. The amounts for 2024 and 2025 are similar to pre-COVID trends and data.

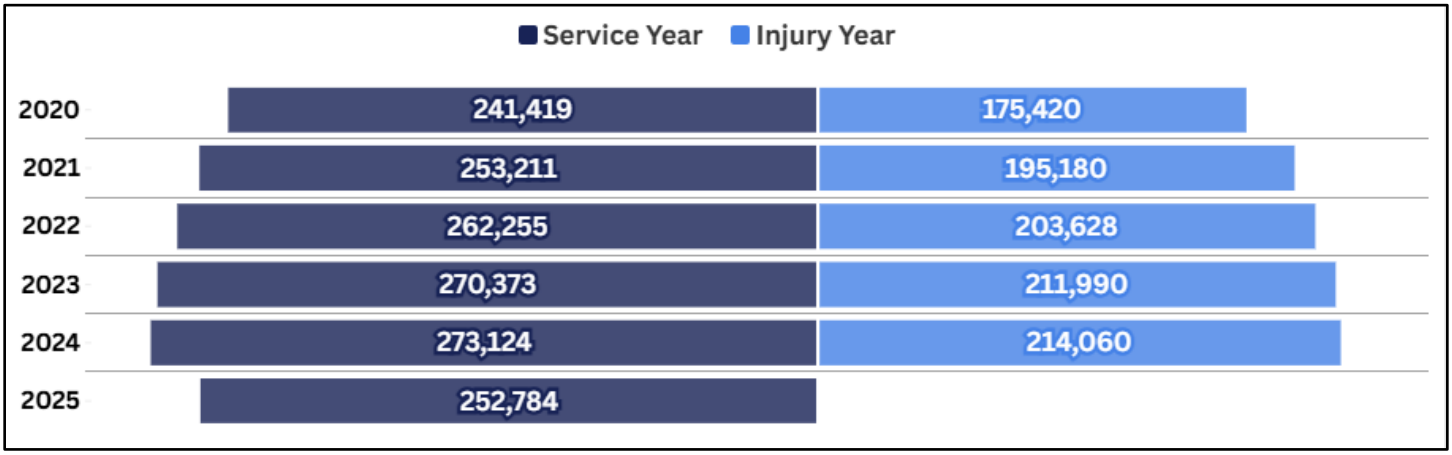
Service years include any health care claims and services provided to injured employees regardless of the year they were injured. Injured employees may receive health care services for multiple years. Therefore, the number of claims and costs for service years are expected to be higher. The data for injury years only includes services performed in the first 12 months after the employee is injured. Injury years do not have complete data for 2025; therefore, only data from 2020 to 2024 is included.

The data used in this report was collected as of January 2026. Some of the data for 2024 and 2025 is incomplete because of deadlines set by Texas Labor Code Section 408.027 where a health care provider must submit a claim for payment to the insurance carrier within 95 days of providing the medical service. Insurance carriers then have 45 days to pay, reduce, deny, or determine to audit those claims. Insurance carriers must report every action taken on a workers' compensation medical bill to DWC through electronic data interchange (EDI) within 30 days of the action date[2]. Outliers within the data are excluded from this report to ensure the accuracy and reliability of the analysis. From a research perspective, extreme values can distort statistical estimates, obscure underlying patterns, and reduce the validity of comparisons across groups. Removing these irregular and inconsistent points allows the results to more accurately represent typical behaviors and trends within the dataset.

Overall, for service years, the number of claims increased 5%, from around 241,000 in 2020 to almost 253,000 in 2025. For injury years, the number of claims increased 22% from around 175,000 in 2020 to 214,000 in 2024 (Figure 1).

[2] 28 Texas Administrative Code Section 134.804

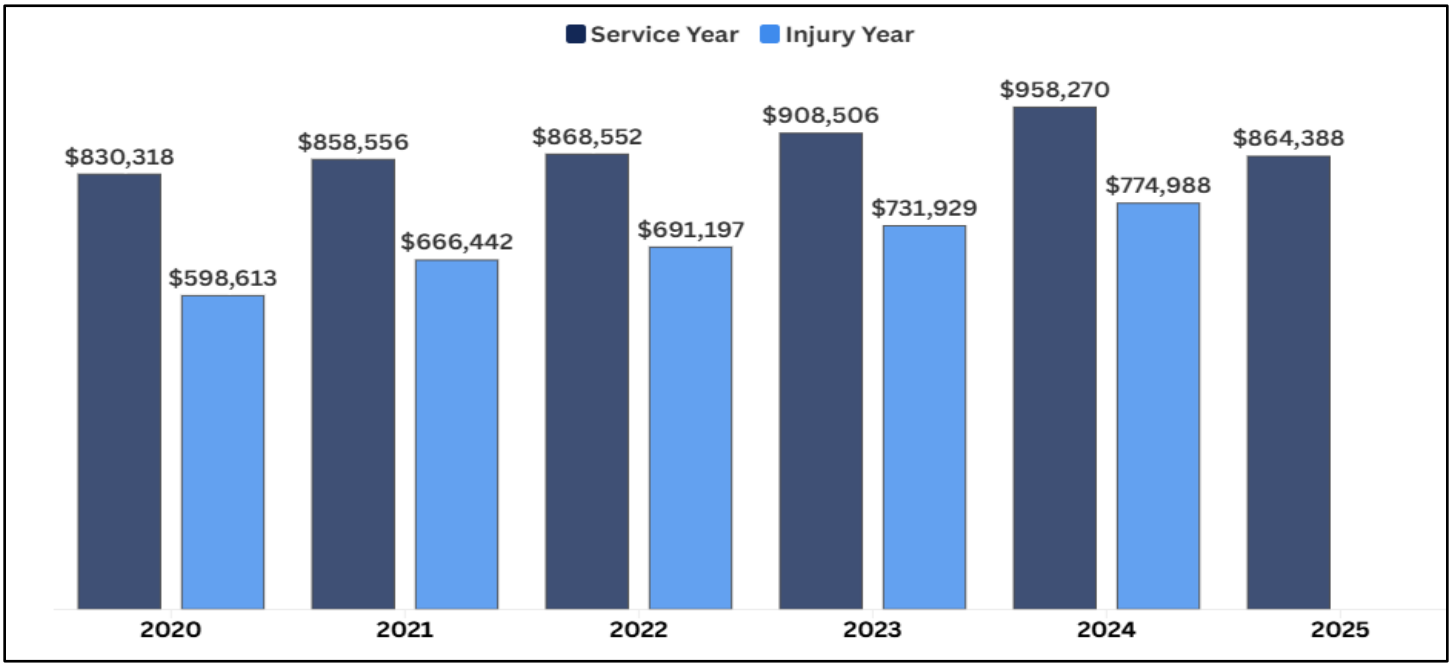
Figure 1: Number of total claims, service and injury years



Source: Workers' Compensation Research and Evaluation Group, 2026.

For service years, the total cost increased 4%, from $830 million in 2020 to $864 million in 2025. However, in 2024, the total costs were more than $958 million. The total costs decreased the following year by $94 million. In injury years, total health care costs increased 29%, from about $599 million to $775 million (Figure 2).

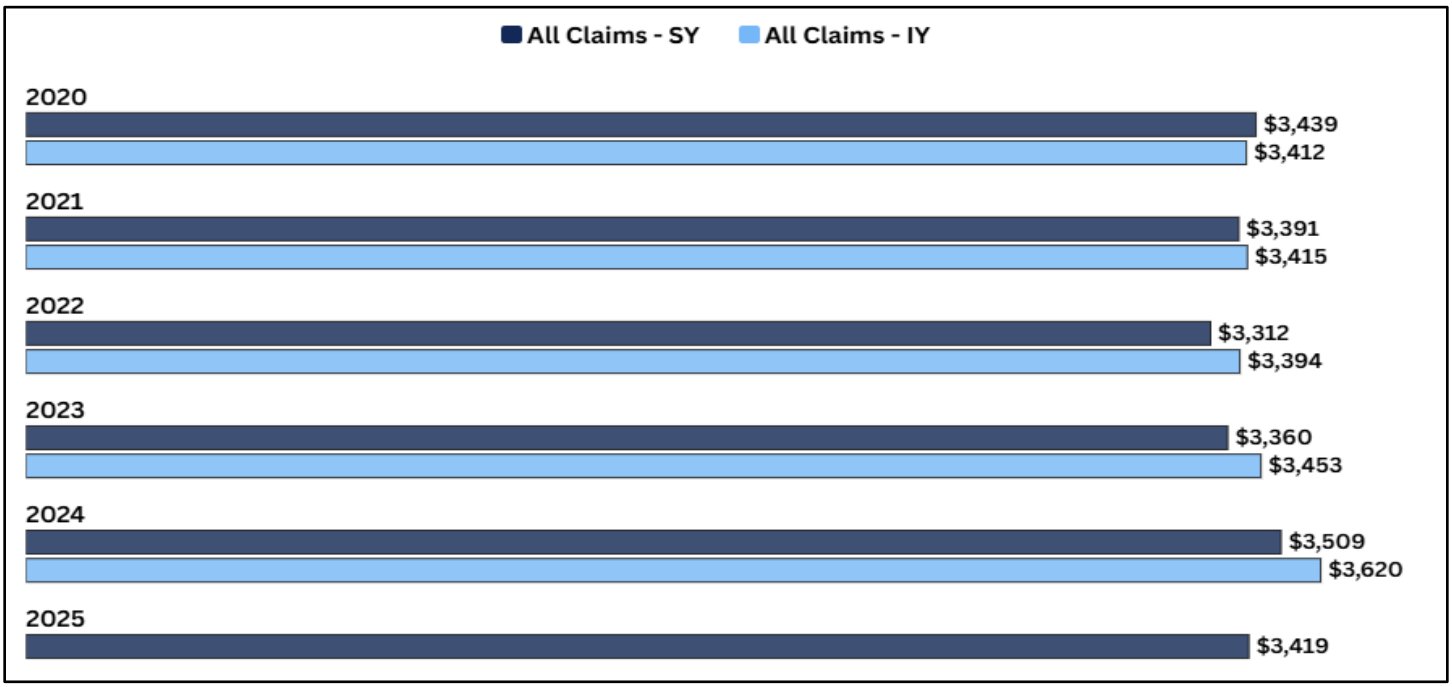
Figure 2: Total health care costs for all claims, service and injury years



Source: Workers' Compensation Research and Evaluation Group, 2026.

In service years, the average cost per claim was about $3,400 in 2020 and remained relatively consistent through 2025. In injury years, the average cost per claim increased 6%, from about $3,400 in 2020 to $3,600 in 2024 (Figure 3).

Figure 3: Average cost of all claims, service and injury years



Source: Workers' Compensation Research and Evaluation Group, 2026.

Service years, 2020 – 2025

Costs by bill type

Number of all claims receiving services

In service years, the number of claims for:

- Professional services increased 5%, from about 229,000 in 2020 to 240,000 in 2025.
- Hospital/institutional services decreased 14%, from about 64,000 to 56,000.
- Pharmacy services decreased 17%, from 77,000 to 63,000.
- Dental services remained stable.

Overall, around 95% of claims received at least one professional service. The percentage of claims receiving hospital/institutional services was 27% in 2020 and decreased to 22% in 2025. The percentage of claims receiving pharmacy services decreased from 32% in 2020 to 25% in 2025. Claims receiving dental services remained stable (Table 1).

Table 1: Number and percentage of all claims receiving services by bill type, service years

	2020	2021	2022	2023	2024	2025
Professional	229,231 (95%)	240,100 (95%)	249,472 (95%)	257,465 (95%)	260,319 (95%)	240,434 (95%)
Hospital/institutional	64,470 (27%)	64,338 (25%)	64,716 (25%)	65,535 (24%)	64,995 (24%)	55,713 (22%)
Pharmacy	76,925 (32%)	72,331 (29%)	70,980 (27%)	70,671 (26%)	69,592 (25%)	63,468 (25%)
Dental	1,175 (0%)	1,046 (0%)	1,217 (0%)	1,260 (0%)	1,297 (0%)	1,096 (0%)
Medical Combined	241,419	253,211	262,255	270,373	273,124	252,784

Source: Workers' Compensation Research and Evaluation Group, 2026.

Cost of services received

From 2020 to 2025, the total cost for:

- Medical combined increased about $34 million.
- Professional costs increased $84 million (about 18%).
- Hospital/institutional costs decreased $43 million (about 14%).
- Pharmacy costs decreased $7 million (about 15%).
- Dental costs increased $700,000 (about 15%).

The average cost per claim for professional services increased from $2,000 to $2,300. Hospital/institutional services average cost per claim was almost $4,800 in 2020. This decreased to $4,600 in 2023 before increasing back to $4,800 in 2025. Pharmacy services average cost per claim was

almost $620 in 2020. This average cost per claim decreased to $530 in 2022 before increasing to almost $640 in 2025. The average cost per claim for dental services increased from more than $3,900 to almost $4,900. The average cost per claim of medical combined throughout the years was $3,400 (Table 2).

Table 2: Total and average cost by bill type, service years

	2020	2021	2022	2023	2024	2025
Professional						
Total cost (in thousands)	$469,165	$499,450	$514,758	$564,685	$596,012	$552,964
Average cost per claim	$2,047	$2,080	$2,063	$2,193	$2,290	$2,300
Hospital/Institutional						
Total cost (in thousands)	$308,907	$313,259	$311,302	$300,742	$315,337	$265,632
Average cost per claim	$4,791	$4,869	$4,810	$4,589	$4,852	$4,768
Pharmacy						
Total cost (in thousands)	$47,637	$41,307	$37,393	$37,916	$40,353	$40,471
Average cost per claim	$619	$571	$527	$537	$580	$638
Dental						
Total cost (in thousands)	$4,609	$4,540	$5,099	$5,163	$6,567	$5,321
Average cost per claim	$3,923	$4,340	$4,190	$4,098	$5,063	$4,855
Medical Combined						
Total cost (in thousands)	$830,318	$858,556	$868,552	$908,506	$958,270	$864,388
Average cost per claim	$3,439	$3,391	$3,312	$3,360	$3,509	$3,419

Source: Workers' Compensation Research and Evaluation Group, 2026.

Overview of lost-time claims

In service years, lost-time claims decreased 6% from 2020 to 2025. There were about 94,000 claims in 2020. This amount increased in 2024 to more than 97,000 and then decreased to 88,000 in 2025. The total cost of lost-time claims decreased 4%, from $647 million in 2020 to almost $621 million in 2025. For service years, the average cost per lost-time claim increased 2%, from more than $6,800 in 2020 to $7,000 in 2025 (Table 3).

Table 3: Number and percentage of claims, total and average cost, lost-time claims, service years

	2020	2021	2022	2023	2024	2025
Total cost (in thousands)	$647,279	$662,114	$659,082	$680,259	$709,146	$620,614
Number of claims	94,408 (39%)	98,892 (39%)	98,840 (38%)	98,628 (36%)	97,278 (36%)	88,353 (35%)
Average cost per claim	$6,856	$6,695	$6,668	$6,897	$7,290	$7,024

Source: Workers' Compensation Research and Evaluation Group, 2026.

Network and non-network claims and costs

In service years[3], the number of network claims increased 24%, from around 109,000 in 2020 to 135,000 in 2024. The total cost of network claims also increased 25%, from about $348 million to $435 million. The average cost per claim remained stable around $3,200.

The number of non-network claims increased 4%, from about 132,000 in 2020 to 138,000 in 2024. The total cost of non-network claims increased 9%, from nearly $482 million to $523 million. The average cost per claim increased by 4%, from about $3,600 to almost $3,800 (Table 4).

Table 4: Number and cost of all network and non-network claims, service years

		2020	2021	2022	2023	2024
Network	Total cost (in thousands)	$348,358	$375,947	$393,289	$412,122	$435,009
	Number of claims	109,020	119,607	128,272	131,615	135,264
	Average cost per claim	$3,195	$3,143	$3,066	$3,131	$3,216
Non-Network	Total cost (in thousands)	$481,961	$482,609	$475,262	$496,384	$523,262
	Number of claims	132,399	133,604	133,983	138,758	137,860
	Average cost per claim	$3,640	$3,612	$3,547	$3,577	$3,796

Source: Workers' Compensation Research and Evaluation Group, 2026.

In service years, the number of network lost-time claims increased 7%, from around 45,000 to 48,000. The total cost of lost-time claims increased 17%, from $276 million to $323 million. As a result of these increases, the average cost of lost-time claims increased 9%, from almost $6,200 to almost $6,800. The number of non-network lost-time claims decreased slightly from almost 50,000 to almost 49,600. The total cost increased from $371 million to $386 million. As a result of the increase in total cost, the average cost of non-network lost-time claims increased 5%, from about $7,400 to almost $7,800. Costs for non-network claims were higher than network claims every year for lost-time claims (Table 5).

[3] Network data for service year 2025 is not completely available and therefore is not included in the analysis.

Table 5: Number and cost of network and non-network lost-time claims, service years

		2020	2021	2022	2023	2024
Network	Total cost (in thousands)	$275,941	$293,145	$300,401	$310,088	$322,889
	Number of claims	44,521	48,684	50,138	48,675	47,685
	Average cost per claim	$6,198	$6,021	$5,991	$6,371	$6,771
Non-Network	Total cost (in thousands)	$371,337	$368,969	$358,681	$370,171	$386,257
	Number of claims	49,887	50,208	48,702	49,953	49,593
	Average cost per claim	$7,444	$7,349	$7,365	$7,410	$7,789

Source: Workers' Compensation Research and Evaluation Group, 2026.

In service years, the number of network claims increased for professional services by 23%, from around 106,000 claims in 2020 to 131,000 in 2024. The total cost of network claims increased for professional services by 36%, from about $205 million in 2020 to $278 million in 2024. The average cost per network claim for professional services increased 10%, from $1,900 to $2,100.

Hospital/institutional services claims increased 5%, from 28,000 to 30,000. Hospital/institutional services total cost increased by 9%, from $128 million to $140 million. Hospital/institutional services average cost increased 5%, from $4,500 to $4,700.

Pharmacy services claims decreased 2%, from 35,000 to 34,000. Pharmacy services total cost increased from $13.6 million to more than $14 million. Pharmacy services average cost increased 6%, from $385 to more than $400.

Dental services claims increased from almost 540 to 653. Dental services total cost increased from more than $2 million to more than $3 million. Dental services average cost increased 20%, from almost $4,200 to more than $5,000 (Table 6).

Table 6: Network number of claims and costs by bill type, service years

		2020	2021	2022	2023	2024
Professional	Total cost (in thousands)	$204,960	$226,642	$240,495	$261,997	$278,048
	Number of claims	106,105	115,480	124,187	127,401	130,884
	Average cost per claim	$1,932	$1,963	$1,937	$2,056	$2,124
Hospital/Institutional	Total cost (in thousands)	$127,549	$134,853	$138,599	$135,495	$139,658
	Number of claims	28,281	28,989	29,765	29,895	29,584
	Average cost per claim	$4,510	$4,652	$4,656	$4,532	$4,721
Pharmacy	Total cost (in thousands)	$13,601	$12,308	$11,691	$12,211	$14,026
	Number of claims	35,337	34,533	34,481	34,296	34,455
	Average cost per claim	$385	$356	$339	$356	$407
Dental	Total cost (in thousands)	$2,249	$2,144	$2,504	$2,419	$3,275
	Number of claims	538	479	564	592	653
	Average cost per claim	$4,179	$4,475	$4,440	$4,085	$5,016

Source: Workers' Compensation Research and Evaluation Group, 2026.

In service years, the number of non-network claims for professional services increased 5%, from about 123,000 claims in 2020 to 129,000 in 2024. The total cost of non-network claims for professional services increased 20%, from around $264 million in 2020 to $318 million in 2024. The average cost of professional services increased 14% from $2,100 in 2020 to almost $2,500 in 2024.

Hospital/institutional services claims decreased 2%, from 36,000 to 35,000. The total cost of hospital/institutional services decreased 3%, from about $181 million to $176 million. The average cost per claim of hospital/institutional services decreased from about $5,000 in 2020 to about $4,600 in 2023 before increasing back to almost $5,000 in 2024.

Pharmacy services claims decreased 16%, from 42,000 to 35,000. The total cost of pharmacy services decreased 23%, from $34 million to $26 million. The average cost per claim of pharmacy services decreased 8%, from $800 to $750.

The number of dental services claims slightly increased from 637 to 644. The total cost of dental services increased from almost $2.4 million to almost $3.3 million. The average cost per claim of dental services increased from about $3,700 to more than $5,100 (Table 7).

Table 7: Non-network number of claims and costs by bill type, service years

		2020	2021	2022	2023	2024
Professional	Total cost (in thousands)	$264,205	$272,808	$274,262	$302,687	$317,964
	Number of claims	123,126	124,620	125,285	130,064	129,435
	Average cost per claim	$2,146	$2,189	$2,189	$2,327	$2,457
Hospital/Institutional	Total cost (in thousands)	$181,359	$178,406	$172,703	$165,248	$175,679
	Number of claims	36,189	35,349	34,951	35,640	35,411
	Average cost per claim	$5,011	$5,047	$4,941	$4,637	$4,961
Pharmacy	Total cost (in thousands)	$34,036	$28,999	$25,702	$25,705	$26,327
	Number of claims	41,588	37,798	36,499	36,375	35,137
	Average cost per claim	$818	$767	$704	$707	$749
Dental	Total cost (in thousands)	$2,361	$2,396	$2,595	$2,744	$3,292
	Number of claims	637	567	653	668	644
	Average cost per claim	$3,706	$4,226	$3,973	$4,109	$5,112

Source: Workers' Compensation Research and Evaluation Group, 2026.

Professional services

All claims by health care provider type

About 86% of professional service claims received care from a MD/DO in 2020. This percentage decreased to 77% in 2025. PT/OT services stayed stable around 27%. PA professional services increased from 21% in 2020 to 27% in 2025. APRN services increased from 21% to 31% in the same period (Table 8).

Table 8: Percentage of claims by health care provider type, service years

	2020	2021	2022	2023	2024	2025
MD/DO	86%	84%	82%	79%	77%	77%
DC	10%	9%	9%	10%	11%	10%
PT/OT	26%	27%	27%	27%	27%	27%
DME	5%	4%	4%	4%	4%	3%
PA	21%	23%	25%	27%	27%	27%
APRN	21%	23%	24%	28%	32%	31%
Other	14%	13%	14%	16%	18%	20%

Source: Workers' Compensation Research and Evaluation Group, 2026.

The total costs increased for almost all types of services. APRN service costs almost doubled, from $20 million in 2020 to $40 million in 2025. PA service costs increased 84%, from $18 million in 2020 to $33 million in 2025. DC service costs increased 18%, from almost $30 million to more than $35 million. PT/OT service costs increased 17%, from $81 million to $95 million. MD/DO service costs increased 7%, from $243 million to almost $260 million. The only service cost to decrease was DME from $17 million to almost $15 million.

From 2020 to 2025, some health care provider types had decreases in percentage of claims, such as MD/DO, changes may be due to an increase in treating doctors supervising certain health care practitioners to provide professional services in the Texas workers' compensation system, but the total cost increased. APRN and PA had increases in percentage of claims along with increased costs. (Table 9).

Table 9: Total professional service cost (in thousands) by provider type, service years

	2020	2021	2022	2023	2024	2025
MD/DO	$243,198	$257,713	$262,471	$273,765	$280,636	$259,865
DC	$29,898	$29,545	$31,091	$32,838	$38,361	$35,267
PT/OT	$81,206	$85,032	$87,128	$97,475	$100,132	$95,100
DME	$17,018	$16,354	$17,526	$17,957	$17,891	$14,781
PA	$17,841	$23,963	$27,937	$32,566	$33,960	$32,743
APRN	$20,301	$25,027	$26,883	$34,634	$42,125	$40,122
Other	$59,703	$61,816	$61,721	$75,450	$82,907	$75,087

Source: Workers' Compensation Research and Evaluation Group, 2026.

The average cost per claim increased for most health care provider types. The average cost per claim increased from 2020 to 2025 for:

- MD/DO by 14%.
- DC by 6%.
- PT/OT by 5%.
- PA by 37%.
- APRN by 29%.
- DME by 13% (Table 10).

Table 10: Average cost per claim by health care provider type, service years

	2020	2021	2022	2023	2024	2025
MD/DO	$1,233	$1,285	$1,289	$1,339	$1,397	$1,406
DC	$1,370	$1,354	$1,368	$1,315	$1,393	$1,455
PT/OT	$1,379	$1,336	$1,316	$1,387	$1,403	$1,443
PA	$369	$434	$446	$464	$477	$504
APRN	$413	$456	$448	$474	$509	$531
DME	$1,560	$1,570	$1,741	$1,729	$1,785	$1,764
Other	$1,917	$1,940	$1,793	$1,870	$1,775	$1,586

Source: Workers' Compensation Research and Evaluation Group, 2026.

Cost and utilization by service type

For service years, many claims used various professional services from 2020 to 2025. The total cost of evaluation and management services increased, from $125 million in 2020 to almost $173 million in 2025. Total cost of pathology and lab services decreased, from $3.9 million in 2020 to $2.5 million. Spinal surgery decreased, from $9.8 million in 2020 to $7.5 million in 2025. Specific services increased, from almost $39 million in 2020 to $56 million in 2025. Specific services include workers' compensation services such as maximum medical improvement, impairment rating, extent of injury, return to work, disability and functional capacity examinations, work hardening or work condition, chronic pain management, case management, and DWC Form-073 (Table 11).

Table 11: Total costs (in thousands) for all professional claims by service type, service years

	2020	2021	2022	2023	2024	2025
Evaluation & Management	$125,488	149,144	$155,504	$170,842	$180,943	$172,603
Pathology & Lab	$3,860	$3,344	$2,823	$2,629	$2,635	$2,486
Physical Medicine	$115,875	$118,130	$120,825	$132,229	$134,152	$123,641
Radiology	$25,039	$27,513	$29,041	$32,262	$34,184	$31,495
Spinal Surgery	$9,764	$10,166	$8,196	$8,392	$8,828	$7,452
Other Surgery	$73,319	$74,225	$76,869	$87,315	$92,915	$82,053
Specific Services	$39,016	$41,360	$43,015	$44,514	$54,098	$56,015
All Others	$76,803	$75,567	$78,486	$86,502	$88,259	$77,218

Source: Workers' Compensation Research and Evaluation Group, 2026.

The number of claims receiving evaluation and management services increased from 213,000 in 2020 to 221,000 in 2025. Pathology and lab service claims decreased from 28,000 to 20,000. Physical medicine service claims increased from 66,000 to 71,000. Radiology service claims increased from 116,000 to 125,000. Spinal surgery service claims decreased from 2,600 to 1,800. Other surgery service claims decreased from 47,000 to 43,000. Specific services service claims increased from 154,000 to 181,000. All other service claims increased from 109,000 to 113,000 (Table 12).

Table 12: Number of claims receiving services by service type, service years

	2020	2021	2022	2023	2024	2025
Evaluation & Management	212,529	222,491	231,330	238,711	241,369	221,274
Pathology & Lab	28,219	25,199	24,358	24,007	23,267	20,497
Physical Medicine	66,253	70,527	72,529	76,309	77,000	70,637
Radiology	116,158	125,031	130,200	138,049	139,758	125,275
Spinal Surgery	2,626	2,548	2,244	2,123	2,162	1,849
Other Surgery	47,466	47,731	48,168	48,364	48,020	42,804
Specific Services	154,019	165,324	172,368	181,830	192,734	181,292
All Others	109,326	114,945	116,459	119,115	123,288	112,748

Source: Workers' Compensation Research and Evaluation Group, 2026.

The average cost per claim for most types of services increased since 2020, except pathology and lab and all others services which decreased:

- Evaluation and management services increased 32%.
- Pathology and lab decreased 11%.
- Physical medicine remained stable.
- Radiology services increased 17%.
- Spinal surgeries increased 8%.
- Other surgeries increased 24%.
- Specific services increased 22%.
- All others decreased 3% (Table 13).

Table 13: Average cost per claim by service type for all claims, service years

	2020	2021	2022	2023	2024	2025
Evaluation & Management	$590	$670	$672	$716	$750	$780
Pathology & Lab	$137	$133	$116	$110	$113	$121
Physical Medicine	$1,749	$1,675	$1,666	$1,733	$1,742	$1,750
Radiology	$216	$220	$223	$234	$245	$251
Spinal Surgery	$3,718	$3,990	$3,652	$3,953	$4,083	$4,031
Other Surgery	$1,545	$1,555	$1,596	$1,805	$1,935	$1,917
Specific Services	$253	$250	$250	$245	$281	$309
All Others	$703	$657	$674	$726	$716	$685

Source: Workers' Compensation Research and Evaluation Group, 2026.

Table 14 only shows the average number of professional services per claim among only those claims that billed for each service type in a given year. These service types include evaluation and management, pathology and lab, various surgeries, and others. The average number of physical medicine services per claim decreased, from 38 in 2020 to 34 in 2025. In 2020, those claims which received radiology services had an average of three services. This average decreased to two services in 2025. All other average services per claim remained stable throughout the years (Table 14).

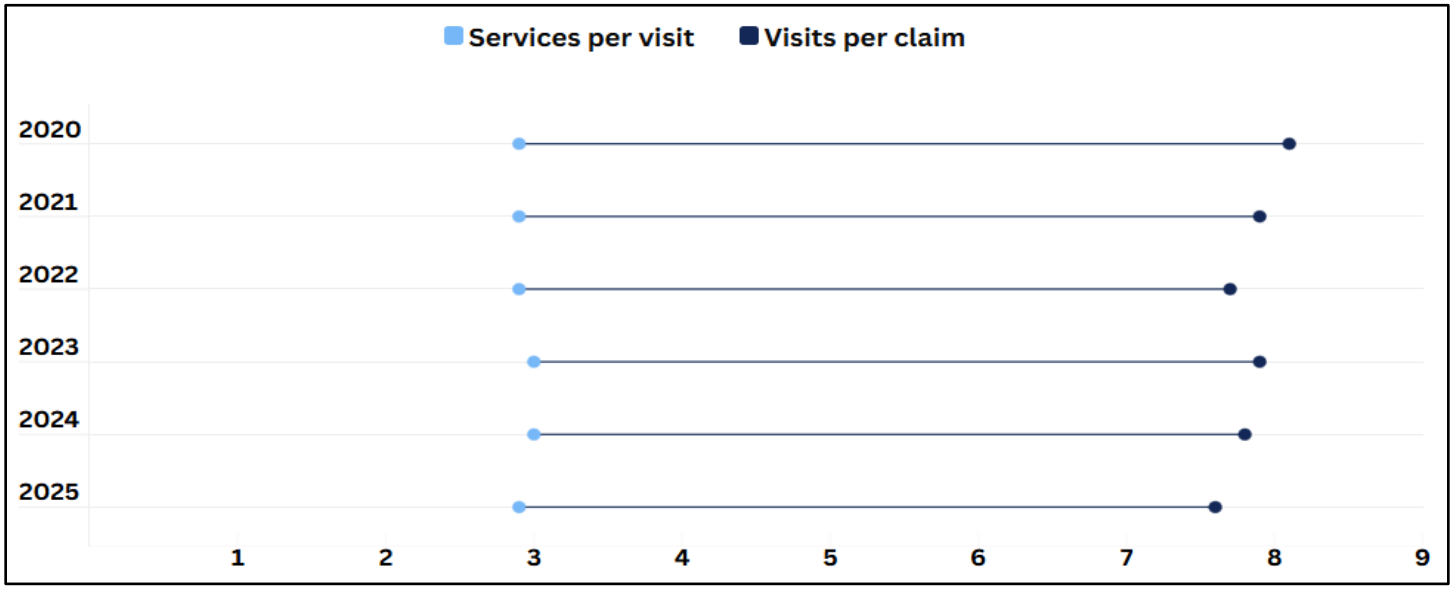
Table 14: Number of services per claim by service type for professional claims, service years

	2020	2021	2022	2023	2024	2025
Evaluation & Management	5	4	4	4	4	4
Pathology & Lab	6	5	5	5	5	5
Physical Medicine	38	35	35	36	36	34
Radiology	3	3	3	3	3	2
Spinal Surgery	5	5	5	5	4	4
Other Surgery	3	3	3	4	4	3
Specific Surgery	4	4	4	4	4	4
Others	5	5	5	5	5	5

Source: Workers' Compensation Research and Evaluation Group, 2026.

Throughout the years all professional service claims, on average, had seven to eight visits to a health care provider per claim. There is an average of three services per visit for each claim (Figure 4).

Figure 4: Number of professional services per visit and visits per claim, service years



Source: Workers' Compensation Research and Evaluation Group, 2026.

Overview of cost and utilization by professional services, lost-time claims

Overall, more than 70% of professional services costs were from lost-time claims. The number of professional services lost-time claims decreased 6%, from around 92,000 in 2020 to 86,000 in 2025. However, the total cost of lost-time claims increased by 8%, from about $345 million to $375 million.

The total average cost for lost-time claims increased 16%, from almost $3,800 in 2020 to almost $4,400 in 2025 (Table 15).

Table 15: Number of professional service claims and costs, lost-time claims, service years

	2020	2021	2022	2023	2024	2025
Number of claims	91,858	95,928	96,169	96,249	94,964	85,979
Total cost (in thousands)	$345,487	$361,385	$368,362	$400,247	$417,177	$374,549
Average cost per claim	$3,761	$3,767	$3,830	$4,158	$4,393	$4,356

Source: Workers' Compensation Research and Evaluation Group, 2026.

Hospital/institutional services

Hospital inpatient and outpatient services for all claims

Different facilities are utilized as part of hospital/institutional claims and costs: hospital outpatient, hospital inpatient, and other. Hospital inpatient services had more than 3,400 claims in 2020. This number decreased to almost 2,500 in 2025. The total cost of hospital inpatient services decreased, from about $128 million to $100 million. The average cost per claim increased, from almost $38,000 to $41,000. Hospital inpatient claims are a small percentage of hospital services each year: only about 4-5%.

Hospital outpatient services had a decrease in the number of claims, from 61,000 in 2020 to 53,000 in 2025. The total cost of hospital outpatient services decreased from $161 million to $153 million. The average cost per claim increased, from $2,600 to almost $2,900.

Other hospital/institutional services include services in skilled nursing facilities, home health care, and other services provided at special facilities had a decrease in claims, from about 2,900 in 2020 to 2,200 in 2025. The total cost for other decreased, from $20 million in 2020 to $12 million. The average cost per claim decreased, from almost $7,000 to more than $5,000 (Table 16).

Table 16: Number of claims and costs for hospital inpatient and outpatient services, service years

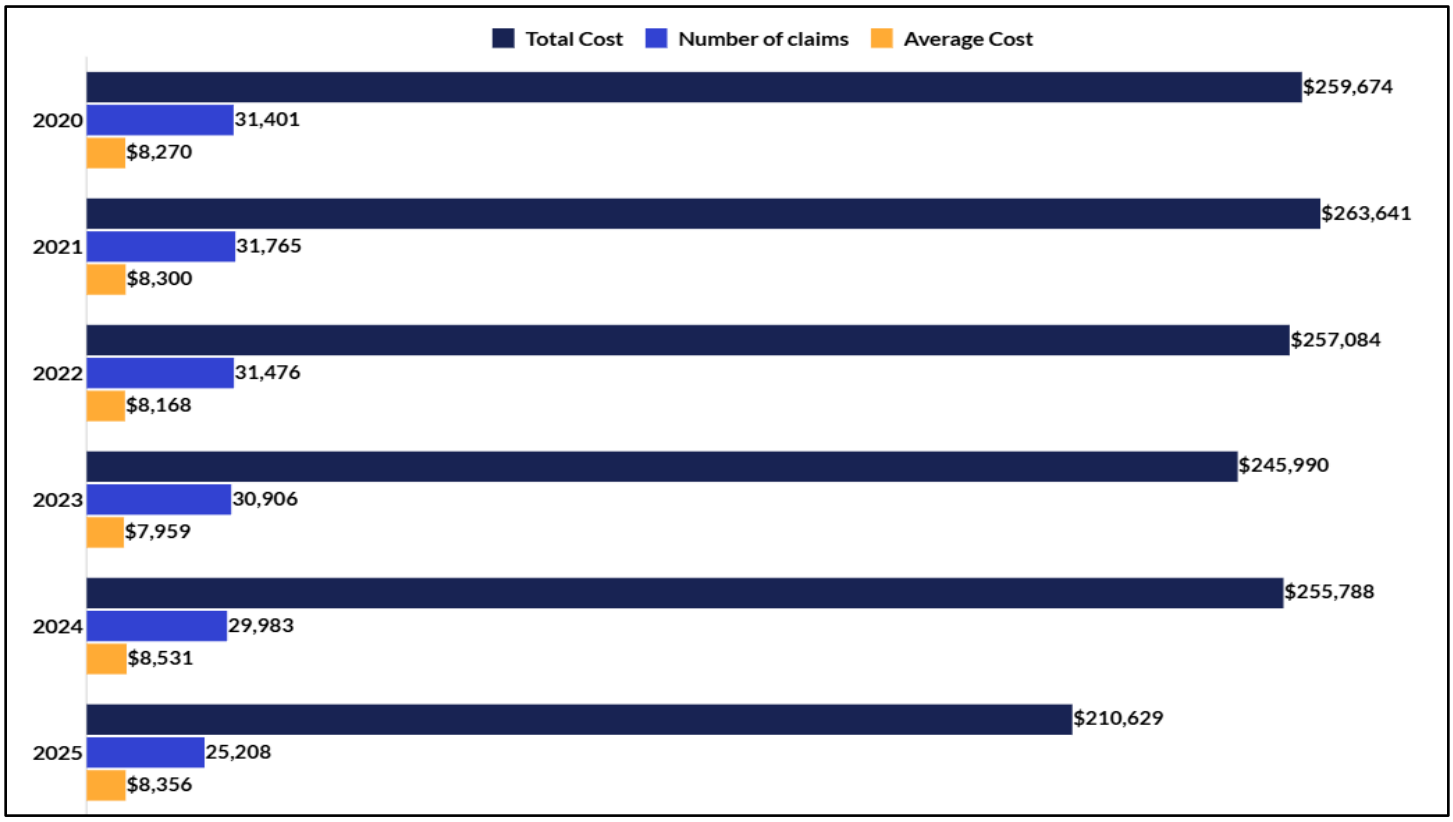
	2020	2021	2022	2023	2024	2025
Hospital inpatient						
Total cost (in thousands)	$128,439	$130,432	$128,958	$115,846	$126,377	$100,392
Number of claims	3,409	3,342	3,191	3,073	3,231	2,475
Average cost per claim	$37,676	$39,028	$40,413	$37,698	$39,114	$40,563
Hospital outpatient						
Total cost (in thousands)	$160,534	$166,700	$170,212	$172,197	$175,814	$153,363
Number of claims	61,449	61,051	61,670	62,931	62,060	53,247
Average cost per claim	$2,612	$2,731	$2,760	$2,736	$2,833	$2,880
Other						
Total cost (in thousands)	$19,935	$16,127	$12,132	$12,699	$13,147	$11,877
Number of claims	2,893	3,047	2,753	2,233	2,526	2,235
Average cost per claim	$6,891	$5,293	$4,407	$5,687	$5,205	$5,314

Source: Workers' Compensation Research and Evaluation Group, 2026.

Overview of hospital/institutional cost and utilization, lost-time claims

The number of hospital/institutional lost-time claims decreased 20%, from about 31,000 in 2020 to 25,000 in 2025. The total hospital/institutional cost for lost-time claims decreased 19%, from $260 million in 2020 to $211 million in 2025. The average cost of lost-time claims per hospital/institutional increased 1%, from almost $8,300 to almost $8,400 (Figure 5).

Figure 5: Number of hospital/institutional lost-time claims, total cost (in thousands) and average cost, service years



Source: Workers' Compensation Research and Evaluation Group, 2026.

Pharmacy services

Total cost and utilization of all claims

The number of prescriptions decreased since 2020, from 497,000 to 363,000. The number of pharmacy services claims also decreased, from 79,000 to 65,000. The average prescription per claim decreased from 6.3 in 2020 to 5.6 in 2025 (Table 17).

Table 17: Number of claims, prescriptions, and average prescription per claim, service years

	2020	2021	2022	2023	2024	2025
Number of prescriptions	497,134	447,872	418,637	410,386	408,226	362,623
Number of claims	78,568	74,267	72,885	72,597	71,426	65,036
Average prescription per claim	6.3	6	5.7	5.7	5.7	5.6

Source: Workers' Compensation Research and Evaluation Group, 2026.

Cost and utilization by drug group

From 2020 to 2025, there was a decrease in the total number of claims that prescribed analgesics-anti-inflammatories, analgesics-opioids, central nervous system drugs, musculoskeletal therapy agents, and topical products. The total costs for analgesics-anti-inflammatory, analgesics-opioids, central nervous system drugs, and musculoskeletal therapy agents decreased throughout the years. Topical products and others increased in total cost:

- Analgesics-anti-inflammatory decreased, from almost $7.6 million to more than $4.2 million.
- Analgesics-opioids decreased, from more than $6 million to $2.4 million.
- Central nervous system drugs decreased, from more than $9.5 million to about $3.8 million.
- Musculoskeletal therapy agents decreased, from $4.9 million to $1.4 million.
- Topical products increased, from more than $3.1 million to $4.2 million.
- Others prescriptions increased, from more than $16.5 million to $24.4 million (Table 18).

Table 18: Number of claims and costs by drug group, service years

		2020	2021	2022	2023	2024	2025
Analgesics-Anti-Inflammatory	Total cost (in thousands)	$7,550	$6,621	$5,509	$5,061	$4,385	$4,181
	Number of claims	44,427	41,400	39,704	39,184	36,656	33,341
	Average cost per claim	$170	$160	$139	$129	$120	$125
Analgesics-Opioid	Total cost (in thousands)	$6,094	$4,734	$3,774	$3,187	$3,030	$2,412
	Number of claims	26,850	20,825	18,052	15,548	13,524	11,386
	Average cost per claim	$227	$227	$209	$205	$224	$212
Central Nervous System Drugs	Total cost (in thousands)	$9,474	$8,082	$6,502	$5,596	$5,030	$3,832
	Number of claims	12,326	11,020	9,865	8,754	7,755	6,980
	Average cost per claim	$769	$733	$659	$639	$649	$549
Musculoskeletal Therapy Agents	Total cost (in thousands)	$4,934	$3,693	$2,345	$1,971	$1,907	$1,388
	Number of claims	28,333	25,967	21,315	18,192	15,843	13,115
	Average cost per claim	$174	$142	$110	$108	$120	$106
Topical Products	Total cost (in thousands)	$3,118	$2,487	$2,461	$3,665	$3,278	$4,222
	Number of claims	9,322	7,644	6,792	7,417	7,211	6,554
	Average cost per claim	$334	$325	$362	$494	$455	$644
Others	Total cost (in thousands)	$16,466	$15,690	$16,802	$18,436	$22,723	$24,436
	Number of claims	30,516	32,157	37,584	41,626	45,151	43,280
	Average cost per claim	$540	$488	$447	$443	$503	$565

Source: Workers' Compensation Research and Evaluation Group, 2026.

Out of all pharmacy claims, more than 53% received analgesics-anti-inflammatory medicine. From 2020 to 2025, analgesics-opioid claim prescriptions decreased, from 35% in 2020 to 18% in 2025. Central nervous system drugs decreased from 16% to 11%. Musculoskeletal therapy agents claim prescriptions

decreased, from 37% to 21%. Topical products claim prescriptions decreased from 12% to 10%. Others claim prescriptions increased, from 40% in 2020 to 68% in 2025 (Table 19).

Table 19: Percentage of claims receiving certain drug groups, service years

	2020	2021	2022	2023	2024	2025
Analgesics - Anti-Inflammatory	58%	57%	56%	55%	53%	53%
Analgesics - Opioid	35%	29%	25%	22%	19%	18%
Central Nervous System Drugs	16%	15%	14%	12%	11%	11%
Musculoskeletal Therapy Agents	37%	36%	30%	26%	23%	21%
Topical Products	12%	11%	10%	10%	10%	10%
Others	40%	44%	53%	59%	65%	68%

Source: Workers' Compensation Research and Evaluation Group, 2026.

The average prescription per claim remained stable for most of the drug groups from 2020 to 2025:

- Analgesics-anti-inflammatory remained at two.
- Analgesics-opioid remained at four.
- Central nervous system decreased from six to five.
- Musculoskeletal therapy agents decreased from three to two.
- Topical products remained stable throughout the years at two.
- Others increased from three to four (Table 20).

Table 20: Average number of prescriptions per claim, service years

	2020	2021	2022	2023	2024	2025
Analgesics-Anti-Inflammatory	2	2	2	2	2	2
Analgesics-Opioid	4	4	4	4	4	4
Central Nervous System Drugs	6	6	6	5	5	5
Musculoskeletal Therapy Agents	3	3	2	2	2	2
Topical Products	2	2	2	2	2	2
Others	3	3	3	3	4	4

Source: Workers' Compensation Research and Evaluation Group, 2026.

Cost and utilization of N status drugs

Overall, service year claims with at least one N status drug prescription decreased, from 3,300 in 2020 to 2,900 in 2025. The number of N status drug prescriptions decreased 26%, from around 9,500 in 2020 to about 7,000 in 2025. The average number of prescriptions per claim decreased, from 2.9 in 2020 to 2.4 in 2025.

In service years, the number of claims for Other drug decreased, from more than 78,000 in 2020 to almost 65,000 in 2025. The number of prescriptions decreased, from almost 488,000 to almost 356,000. The average prescription per claim decreased, from 6.2 to 5.5 (Table 21).

Table 21: Number of N status drug claims and prescriptions, service years

		2020	2021	2022	2023	2024	2025
N Status Drug	Number of claims	3,302	3,237	2,986	3,432	3,076	2,915
	Number of prescriptions	9,541	8,803	8,076	8,610	8,004	7,029
	Average prescription per claim	2.9	2.7	2.7	2.5	2.6	2.4
Other Drug	Number of claims	78,086	73,736	72,463	72,008	70,912	64,546
	Number of prescriptions	487,593	439,069	410,561	401,776	400,222	355,594
	Average prescription per claim	6.2	6.0	5.7	5.6	5.6	5.5

Source: Workers' Compensation Research and Evaluation Group, 2026.

In service years, the number of paid claims for N drugs decreased from 3,100 in 2020 to 2,800 in 2025 but remained at 4% of total claims. The total cost of N status drugs decreased 42%, from $1.2 million in 2020 to about $0.7 million in 2025. The average cost of N status drug decreased 35%, from $381 per claim in 2020 to $248 in 2025 (Table 22).

Table 22: Number of N status drug claims and costs, service years

	2020	2021	2022	2023	2024	2025
Number of claims	3,128	3,014	2,767	3,279	2,937	2,802
Percent of total claims	4%	4%	4%	5%	4%	4%
Total cost (in thousands)	$1,191	$1,015	$829	$831	$796	$696
Average cost per claim	$381	$337	$300	$254	$271	$248

Source: Workers' Compensation Research and Evaluation Group, 2026.

Cost and utilization of Schedule II drugs

The number of service year claims with at least one Schedule II drug decreased 31%, from around 12,000 in 2020 to more than 8,000 in 2025. In 2020, 16% of claims had at least one Schedule II drug. This

number decreased to 13% in 2025. The total cost of Schedule II drugs decreased 54%, from $4 million to $1.9 million. The average cost of Schedule II drugs per claim decreased, from about $330 in 2020 to about $220 in 2025 (Table 23).

Table 23: Number of Schedule II drug claims and costs, service years

	2020	2021	2022	2023	2024	2025
Number of claims	12,185	10,350	9,450	10,032	9,444	8,448
Percent of total claims	16%	14%	13%	14%	14%	13%
Total cost (in thousands)	$4,031	$3,101	$2,446	$2,337	$2,294	$1,868
Average cost per claim	$331	$300	$259	$233	$243	$221

Source: Workers' Compensation Research and Evaluation Group, 2026.

Cost and utilization of compound drugs and brand/generic status

The number of paid compound drug service year prescriptions quadrupled from 2020 to 2025. There were 112 prescribed compound drugs in 2020. This amount increased to 489 in 2023 and remained at 490 in 2025. The total cost increased significantly, from $42,000 in 2020 to $356,000 in 2025. The average cost per compound drug almost doubled, from $375 in 2020 to $727 in 2025 (Table 24).

Table 24: Number and cost of compound drugs, service years

	2020	2021	2022	2023	2024	2025
Number of compound drugs	112	81	151	489	485	490
Total cost	$42,006	$50,337	$89,053	$438,026	$394,512	$356,092
Average cost per drug	$375	$621	$590	$896	$813	$727

Source: Workers' Compensation Research and Evaluation Group, 2026.

The number of claims that received brand drugs decreased 21%, from almost 6,000 in 2020 to almost 4,700 in 2025. The total cost of brand name drugs decreased 19%, from $8.6 million to $7 million. The average cost per claim for brand drugs increased, from $1,451 to $1,490. Generic drug claims decreased 17%, from almost 76,000 in 2020 to almost 63,000 in 2025. The total cost of generic drugs decreased 14%, from almost $39 million to $33 million. The average cost per generic drug claim increased, from $512 in 2020 to $531 in 2025. Unclassified drug [4]s[OBJ] decreased 25%, from 1,200 in 2020 to 900 in 2025.

[4] Unclassified drugs refer to drugs that are not coded as either generic or brand name drugs.

The total cost increased 19%, from $192,000 to $227,000. The average cost per claim increased from $160 in 2020 to $252 in 2025 (Table 25).

Table 25: Number of claims and costs for brand name and generic drugs, service years

		2020	2021	2022	2023	2024	2025
Brand name drug	Number of claims	5,922	5,294	4,372	4,792	4,916	4,665
	Total cost (in thousands)	$8,591	$7,428	$6,412	$7,039	$6,720	$6,952
	Average cost per claim	$1,451	$1,403	$1,467	$1,469	$1,367	$1,490
Generic name drug	Number of claims	75,822	71,505	70,213	69,819	68,754	62,644
	Total cost (in thousands)	$38,854	$33,732	$30,850	$30,720	$33,350	$33,293
	Average cost per claim	$512	$472	$439	$440	$485	$531
Unclassified drug	Number of claims	1,194	767	770	819	774	901
	Total cost (in thousands)	$192	$147	$131	$157	$284	$227
	Average cost per claim	$160	$192	$170	$192	$366	$252

Source: Workers' Compensation Research and Evaluation Group, 2026.

Overview of cost and utilization, lost-time claims

The number of pharmacy service lost-time claims decreased 24%, from about 44,000 in 2020 to 33,000 in 2025. The total cost of pharmacy service lost-time claims decreased 17%, from $40 million to $33 million. The average cost for lost-time claims increased, from $920 in 2020 to almost $1000 in 2025 (Table 26).

Table 26: Number of claims and costs for pharmacy services, lost-time claims, service years

	2020	2021	2022	2023	2024	2025
Total cost (in thousands)	$40,238	$34,982	$31,399	$31,662	$33,237	$33,247
Number of claims	43,733	41,059	39,142	38,354	36,900	33,303
Average cost per claim	$920	$852	$802	$826	$901	$998

Source: Workers' Compensation Research and Evaluation Group, 2026.

The total amount of lost-time claim prescriptions decreased 31.5%, from almost 403,000 in 2020 to almost 277,000 in 2025. Overall, injured employees received 9.1 prescriptions per claim in 2020. This number decreased to 8.2 prescriptions per claim in 2025 (Table 27).

Table 27: Number of claims and prescriptions, lost-time claims, service years

	2020	2021	2022	2023	2024	2025
Number of prescriptions	403,133	358,022	329,903	318,732	314,081	276,064
Number of claims	44,336	41,726	39,801	39,015	37,591	33,872
Average prescription per claim	9.1	8.6	8.3	8.2	8.4	8.2

Source: Workers' Compensation Research and Evaluation Group, 2026.

Out of all lost-time pharmacy claims, more than 50% received analgesics-anti-inflammatory throughout the years. From 2020 to 2025, Analgesics-opioid lost-time claim prescriptions decreased, from 50% in 2020 to 29% in 2025. Musculoskeletal therapy agents lost-time claim prescriptions decreased, from 40% to 25%. Topical products lost-time claim prescriptions decreased, from 12% to 10%. Others lost-time claims increased from 41% to 71% (Table 28).

Table 28: Percentage of claims receiving certain drug groups, lost-time claims, service years

	2020	2021	2022	2023	2024	2025
Analgesics - Anti-Inflammatory	57%	56%	55%	54%	51%	52%
Analgesics - Opioid	50%	43%	39%	35%	32%	29%
Central Nervous System Drugs	25%	24%	22%	20%	18%	18%
Musculoskeletal Therapy Agents	40%	38%	33%	30%	27%	25%
Topical Products	12%	10%	9%	10%	10%	10%
Others	41%	46%	55%	61%	68%	71%

Source: Workers' Compensation Research and Evaluation Group, 2026.

The average prescription per lost-time claim decreased for the five specific drug groups from 2020 to 2025. The average prescription for analgesics-anti-inflammatory decreased from 3.1 in 2020 to 2.5 in 2025. Analgesics-opioid prescriptions decreased, from 4.6 per claim in 2020 to 4.1 in 2025. The average central nervous system drug prescription per claim was 6.4 in 2020 and decreased to 4.8 in 2025. Musculoskeletal therapy agents decreased from 3.5 to 2.7. Topical products decreased from 3.0 to 2.9. Others increased from 4.1 to 5.3 (Table 29).

Table 30: Average number of prescriptions per claim, lost-time claims, service years

	2020	2021	2022	2023	2024	2025
Analgesics-Anti-Inflammatory	3.1	2.9	2.8	2.7	2.6	2.5
Analgesics-Opioid	4.6	4.6	4.4	4.3	4.4	4.1
Central Nervous System Drugs	6.4	6.3	6	5.6	5.6	4.8
Musculoskeletal Therapy Agents	3.5	3.2	3	2.9	2.8	2.7
Topical Products	3.0	2.9	2.7	2.9	3.1	2.9
Others	4.1	4.1	4.4	4.6	5.2	5.3

Source: Workers' Compensation Research and Evaluation Group, 2026.

Injury years, 2020 – 2024

Overview of all claims

Injury year is the calendar year in which the employee was injured. When data is presented by injury year, each injury is only counted once even if services are received multiple years. During injury years, most injured employees received at least one service within the first six months after their injury. About 12% to 13% of claims continued to receive services six months after their injury. Only 1% of claims continued to receive services after four years or more. The total costs for six-month maturity increased from almost $509 million in 2020 to more than $658 million in 2024 before decreasing to $508 million in 2025 (Table 31).

Table 31: Number of claims and cost, 6 months to 4+ years maturity, injury years

		2020	2021	2022	2023	2024	2025
6 month maturity	Number of claims	174,669	194,350	202,814	211,220	213,295	192,589
	Total cost (in thousands)	$508,811	$569,373	$584,395	$622,363	$658,416	$508,442
6 month - 1 year maturity	Number of claims	23,395	25,423	26,385	27,155	26,597	
	Total cost (in thousands)	$89,801	$97,069	$106,803	$109,566	$116,571	
2nd year maturity	Number of claims	11,899	12,488	13,179	12,908		
	Total cost (in thousands)	$67,320	$69,834	$79,557	$83,704		
3rd year maturity	Number of claims	4,066	4,249	4,568			
	Total cost (in thousands)	$21,341	$22,748	$27,053			
4+ years maturity	Number of claims	2,105	2,046				
	Total cost (in thousands)	$14,280	$11,870				

Source: Workers' Compensation Research and Evaluation Group, 2026.

Cost by bill type

Number of claims receiving services

In injury years, the total number of claims also increased, from about 175,000 claims in 2020[5] to 214,000 in 2024. In injury years, the number of claims for:

- Professional services increased 22%, from almost 167,000 to almost 204,000.
- Hospital/institutional services increased 5%, from almost 54,000 to more than 56,000.
- Pharmacy services increased 1%, from almost 51,800 to 52,400.

[5] The data for 2020 may have been affected by COVID-19.

- Dental services remained stable throughout the years studied (Table 32).

Table 32: Number and percentage of claims receiving services by bill type, injury years

	2020	2021	2022	2023	2024
Professional	166,641 (95%)	185,203 (95%)	193,873 (95%)	202,017 (95%)	203,990 (95%)
Hospital/institutional	53,731 (31%)	55,329 (28%)	55,892 (27%)	56,597 (27%)	56,299 (26%)
Pharmacy	51,795 (30%)	51,609 (26%)	52,531 (26%)	53,066 (25%)	52,398 (24%)
Dental	685 (0%)	717 (0%)	866 (0%)	864 (0%)	905 (0%)
Medical Combined	175,420	195,180	203,628	211,990	214,060

Source: Workers' Compensation Research and Evaluation Group, 2026.

Overview of lost-time claims

In injury years, the number of lost-time claims increased 17%, from about 46,000 in 2020 to 54,000 in 2024. Lost-time claims total costs increased by 23%, from $437 million in 2020 to $539 million in 2024. For injury years, the average cost per lost-time claims increased 5%, from more than $9,400 in 2020 to more than $9,900 in 2024 (Table 33).

Table 33: Number of claims and costs, lost-time claims, injury years

	2020	2021	2022	2023	2024
Total cost (in thousands)	$437,113	$484,580	$494,546	$515,412	$539,247
Number of claims	46,230 (26%)	54,472 (28%)	54,878 (27%)	55,092 (26%)	54,281 (25%)
Average cost per claim	$9,455	$8,896	$9,012	$9,355	$9,934

Source: Workers' Compensation Research and Evaluation Group, 2026.

Network and non-network claims and costs

The number of network claims in injury years increased 32%, from almost 83,000 in 2020 to 110,000 in 2024. The total cost of network claims also increased 34%, from $278 million to almost $374 million. Overall, the average cost of network claims in injury years increased slightly from about $3,350 in 2020 to about $3,400 in 2024.

The number of non-network claims increased 13%, from around 93,000 in 2020 to more than 104,000 in 2024. The total cost of non-network claims also increased 25%, from $321 million to $401 million. The average cost of non-network claims increased 11%, from $3,500 to $3,800 (Table 34).

Table 34: Number and cost of all network and non-network claims, injury years

		2020	2021	2022	2023	2024
Network	Total cost (in thousands)	$277,788	$318,157	$338,372	$350,578	$373,514
	Number of claims	82,850	96,239	103,430	106,282	109,561
	Average cost per claim	$3,353	$3,306	$3,272	$3,299	$3,409
Non-Network	Total cost (in thousands)	$320,824	$348,285	$352,825	$381,351	$401,473
	Number of claims	92,570	98,941	100,198	105,708	104,499
	Average cost per claim	$3,466	$3,520	$3,521	$3,608	$3,842

Source: Workers' Compensation Research and Evaluation Group, 2026.

In injury years, the number of network claims for professional services increased 32%, from about 80,000 claims in 2020 to 106,000 in 2024. The total cost of network claims for professional services increased 47%, from $163 million in 2020 to $239 million in 2024. The average cost per claim increased 11%, from $2,000 to almost $2,300.

The number of network hospital/institutional service claims also increased 8%, from nearly 24,000 to 26,000. The total cost of hospital/institutional services increased by 16%, from about $108 million to $125 million. The average cost per claim increased 7%, from $4,500 to $4,800.

Pharmacy service claims increased 5%, from around 27,000 to 28,000. Pharmacy service total costs increased by 30%, from $5 million to almost $7 million. The average cost per claim increased 24%, from $200 to $240 (Table 35).

Table 35: Network number of claims and costs by bill type, injury years

		2020	2021	2022	2023	2024
Professional	Total cost (in thousands)	$163,052	$192,197	$209,551	$224,251	$238,883
	Number of claims	80,447	93,118	100,429	103,068	106,161
	Average cost per claim	$2,027	$2,064	$2,087	$2,176	$2,250
Hospital/Institutional	Total cost (in thousands)	$108,021	$119,237	$121,359	$118,442	$125,183
	Number of claims	23,960	25,239	25,911	26,138	25,961
	Average cost per claim	$4,508	$4,724	$4,684	$4,531	$4,822
Pharmacy	Total cost (in thousands)	$5,207	$5,278	$5,595	$5,659	$6,774
	Number of claims	26,559	27,012	27,728	27,673	27,912
	Average cost per claim	$196	$195	$202	$205	$243
Dental	Total cost (in thousands)	$1,508	$1,446	$1,866	$2,225	$2,674
	Number of claims	308	340	407	433	462
	Average cost per claim	$4,897	$4,252	$4,585	$5,139	$5,789

Source: Workers' Compensation Research and Evaluation Group, 2026.

In injury years, the number of non-network claims increased for professional services by 13%, from 86,000 claims in 2020 to almost 98,000 in 2024. The total cost of non-network claims increased for professional services by 37%, from $178 million in 2020 to $245 million in 2024. The average cost per claim increased 21%, from $2,000 to $2,500.

Hospital/institutional service claims increased by 2%, from almost 29,800 to more than 30,300. The total cost for hospital/institutional services increased by 8%, from $135 million to $146 million. Hospital/Institutional average cost per claim increased 6%, from $4,500 to $4,800.

Pharmacy service claims decreased 3%, from more than 25,200 to almost 24,500. The total cost for pharmacy services increased by 31%, from $6 million to $8 million. Pharmacy services average cost per claim increased 35%, from $250 to $340.

Dental service claims increased from almost 380 to more than 440. The total cost of dental services increased from almost $1.4 million to almost $2.3 million. Dental services average cost per claim increased from more than $3,600 to more than $5,100 (Table 36).

Table 36: Non-network number of claims and costs by bill type, injury years

		2020	2021	2022	2023	2024
Professional	Total cost (in thousands)	$178,389	$199,330	$208,136	$233,247	$244,726
	Number of claims	86,194	92,085	93,444	98,949	97,829
	Average cost per claim	$2,070	$2,165	$2,227	$2,357	$2,502
Hospital/Institutional	Total cost (in thousands)	$134,697	$140,588	$136,185	$139,036	$146,134
	Number of claims	29,771	30,090	29,981	30,459	30,338
	Average cost per claim	$4,524	$4,672	$4,542	$4,565	$4,817
Pharmacy	Total cost (in thousands)	$6,364	$6,402	$6,798	$7,292	$8,345
	Number of claims	25,236	24,597	24,803	25,393	24,486
	Average cost per claim	$252	$260	$274	$287	$341
Dental	Total cost (in thousands)	$1,374	$1,965	$1,706	$1,775	$2,268
	Number of claims	377	377	459	431	443
	Average cost per claim	$3,646	$5,212	$3,716	$4,119	$5,120

Source: Workers' Compensation Research and Evaluation Group, 2026.

Network and non-network claims and costs, lost-time claims

The number of network lost-time claims increased 15%, from more than 25,000 in 2020 to 29,000 in 2024. The total cost of network lost-time claims increased 26%, from $211 million to $265 million. The average cost of network lost-time claims increased 9%, from $8,350 to more than $9,100 in 2024.

The number of non-network lost-time claims increased from almost 21,000 in 2020 to more than 25,000 in 2024. The total cost of non-network lost-time claims increased from $226 million to $274 million. The average cost of lost-time claims remained at almost $11,000 from 2020 to 2024 (Table 37).

Table 37: Number and cost of network and non-network, lost-time claims, injury years

		2020	2021	2022	2023	2024
Network	Total cost (in thousands)	$210,886	$238,050	$247,697	$251,951	$264,993
	Number of claims	25,257	30,391	31,293	29,778	29,037
	Average cost per claim	$8,350	$7,833	$7,915	$8,461	$9,126
Non-Network	Total cost (in thousands)	$226,227	$246,530	$246,849	$263,461	$274,254
	Number of claims	20,973	24,081	23,585	25,314	25,244
	Average cost per claim	$10,787	$10,238	$10,466	$10,408	$10,864

Source: Workers' Compensation Research and Evaluation Group, 2026.

Professional services

Overview of cost and utilization for all claims

The total cost for claims 12 months after injury increased, from $341 million in 2020 to $484 million in 2024. The number of claims with 12 months maturity increased from almost 167,000 in 2020 to 204,000 in 2024. The average cost per claim increased, from $2,000 to $2,400 (Table 38).

Table 38: Number of claims and costs, 12 months maturity, injury years

	2020	2021	2022	2023	2024
12 months maturity					
Total cost (in thousands)	$341,440	$391,527	$417,687	$457,499	$483,609
Number of claims	166,641	185,203	193,873	202,017	203,990
Average cost per claim	$2,049	$2,114	$2,154	$2,265	$2,371

Source: Workers' Compensation Research and Evaluation Group, 2026.

The number of claims that received different professional services at 12 months maturity increased with the exception of Pathology and Lab and Spinal Surgery which decreased:

- Evaluation and management had almost 160,000 claims in 2020 and 195,000 in 2024.
- Pathology and lab decreased from 19,000 to more than 17,000.
- Physical medicine increased from 50,000 to 62,000
- Radiology increased from 96,000 to 122,000.
- Spinal surgery decreased from 800 to 730.
- Other surgery increased from 37,000 to almost 40,000.
- Specific services increased from 118,000 to more than 158,000.
- All others increased from more than 84,000 to more than 102,000 (Table 39).

Table 39: Number of claims receiving professional services, injury years

	2020	2021	2022	2023	2024
Evaluation & Management	159,550	176,803	185,503	192,991	194,810
Pathology & Lab	19,141	17,685	17,920	17,844	17,472
Physical Medicine	49,953	57,123	59,148	62,147	62,214
Radiology	95,953	107,796	113,065	120,625	121,979
Spinal Surgery	797	777	743	767	726
Other Surgery	37,035	39,035	40,395	40,259	39,825
Specific Services	117,954	134,568	140,948	150,357	158,493
All Others	84,502	93,401	96,278	98,990	102,474

Source: Workers' Compensation Research and Evaluation Group, 2026.

In injury years, there were increases in the total and average costs for claims receiving professional services for almost all services. Evaluation and management had the highest total cost and increased from $103 million in 2020 to more than $157 million in 2024. The average cost increased from more than $600 in 2020 to $800 in 2024. Physical medicine total cost increased from $87 million to almost $115 million. Pathology and lab and spinal surgery decreased in total cost from 2020 to 2024 (Table 40).

Table 40: Total and average cost of claims receiving services, injury years

		2020	2021	2022	2023	2024
Evaluation & Management	Total cost (in thousands)	$102,944	$125,847	$134,596	$147,572	$156,592
	Average cost per claim	$645	$712	$726	$765	$804
Pathology & Lab	Total cost (in thousands)	$1,673	$1,559	$1,422	$1,405	$1,462
	Average cost per claim	$87	$88	$79	$79	$84
Physical Medicine	Total cost (in thousands)	$86,807	$97,956	$103,601	$111,979	$114,703
	Average cost per claim	$1,738	$1,715	$1,752	$1,802	$1,844
Radiology	Total cost (in thousands)	$21,698	$25,075	$26,978	$29,879	$31,423
	Average cost per claim	$226	$233	$239	$248	$258
Spinal Surgery	Total cost (in thousands)	$2,427	$2,314	$2,029	$2,367	$2,222
	Average cost per claim	$3,045	$2,978	$2,731	$3,086	$3,060
Other Surgery	Total cost (in thousands)	$58,683	$63,333	$68,640	$76,748	$78,758
	Average cost per claim	$1,585	$1,622	$1,699	$1,906	$1,978
Specific Services	Total cost (in thousands)	$23,943	$29,759	$31,212	$33,648	$42,245
	Average cost per claim	$203	$221	$221	$224	$267
All Others	Total cost (in thousands)	$43,265	$45,684	$49,209	$53,900	$56,204
	Average cost per claim	$512	$489	$511	$545	$548

Source: Workers' Compensation Research and Evaluation Group, 2026.

Physical medicine is the most utilized type of professional service 12 months after injury. Not all claims received physical medicine professional services but out of those claims that did, the number of services per claim decreased from 40 in 2020 to 38 in 2024. Other services remained relatively stable throughout the studied period (Table 41).

Table 41: Number of services per claim, injury years

	2020	2021	2022	2023	2024
Evaluation & Management	5	5	5	5	5
Pathology & Lab	5	5	5	5	5
Physical Medicine	40	38	38	39	38
Radiology	3	3	3	3	3
Spinal Surgery	4	4	3	4	3
Other Surgery	3	3	3	4	4
Specific Services	4	4	5	5	5
All Others	5	5	5	5	5

Source: Workers' Compensation Research and Evaluation Group, 2026.

Claim maturity and costs, lost-time claims

The number of lost-time claims with 12 months maturity increased from more than 45,000 in 2020 to more than 53,000 in 2024. The total costs also increased, from $231 million to $314 million. The average cost per claim increased, from $5,000 to almost $5,900 (Table 42).

Table 42: Number of claims and costs by 12 months maturity, lost-time claims, injury years

	2020	2021	2022	2023	2024
12 months maturity					
Total cost (in thousands)	$230,959	$261,687	$278,191	$299,637	$313,553
Number of claims	45,475	53,353	53,975	54,281	53,475
Average cost per claim	$5,079	$4,905	$5,154	$5,520	$5,864

Source: Workers' Compensation Research and Evaluation Group, 2026.

Since 2020, lost-time claims receiving services increased for all services except for pathology and lab and spinal surgery which decreased. Evaluation and management was the most used service for lost-time claims and increased from 44,000 in 2020 to 52,000 in 2024. Specific services increased from 37,000 claims in 2020 to 46,000 claims (Table 43).

Table 43: Number of claims receiving professional services, lost-time claims, injury years

	2020	2021	2022	2023	2024
Evaluation & Management	44,369	51,871	52,516	52,795	52,070
Pathology & Lab	7,472	7,010	6,894	6,515	5,953
Physical Medicine	25,033	28,675	29,111	30,455	30,155
Radiology	35,526	40,690	41,166	42,835	42,293
Spinal Surgery	710	676	653	657	631
Other Surgery	18,421	19,657	20,139	19,763	19,364
Specific Services	36,929	43,207	43,961	45,354	46,350
All Others	31,329	35,605	35,629	36,363	36,463

Source: Workers' Compensation Research and Evaluation Group, 2026.

Hospital/institutional services

Cost and utilization, including the maturity of claim

In injury years, the total cost for 12 months maturity increased. The total cost increased from $243 million in 2020 to more than $271 million in 2024. The number of claims increased from almost 54,000 to 56,000. The average cost per claim increased from $4,500 to $4,800 (Table 44).

Table 44: Number of hospital/institutional claims and total and average costs, 12 months maturity, injury years

	2020	2021	2022	2023	2024
12 months maturity					
Total cost (in thousands)	$242,719	$259,824	$257,545	$257,479	$271,317
Number of claims	53,731	55,329	55,892	56,597	56,299
Average cost per claim	$4,517	$4,696	$4,608	$4,549	$4,819

Source: Workers' Compensation Research and Evaluation Group, 2026.

Hospital inpatient and outpatient services for all claims

Hospital inpatient services had almost 3,000 claims in 2020. This number decreased to almost 2,900 in 2024. The total cost of hospital inpatient services increased, from about $113 million to almost $118 million. The average cost per claim increased, from almost $39,000 to $41,000. Hospital inpatient claims are a small percentage of hospital services.

Hospital outpatient services had an increase in the number of claims, from 52,000 in 2020 to 54,000 in 2024. The total cost of hospital outpatient services increased, from $145 million to almost $155 million. The average cost per claim increased, from $2,800 in 2020 to $3,000 in 2022 before decreasing to $2,850 in 2024.

Other hospital/institutional services had 2,300 claims in 2020. This decreased to 1,900 in 2023 before increasing to almost 2,100 in 2024. The total cost for other decreased, from $11 million in 2020 to $8 million in 2024. The average cost per claim decreased, from almost $5,000 to $3,900 (Table 45).

Table 45: Number of claims and costs for hospital inpatient and outpatient services, injury years

	2020	2021	2022	2023	2024
Hospital inpatient					
Total cost (in thousands)	$113,135	$121,760	$112,856	$111,127	$117,576
Number of claims	2,935	2,914	2,835	2,787	2,875
Average cost per claim	$38,547	$41,785	$39,808	$39,873	$40,896
Hospital outpatient					
Total cost (in thousands)	$144,517	$153,148	$161,904	$159,853	$154,679
Number of claims	52,023	53,453	54,251	55,117	54,276
Average cost per claim	$2,778	$2,865	$2,984	$2,900	$2,850
Other					
Total cost (in thousands)	$11,004	$9,378	$8,229	$9,061	$8,149
Number of claims	2,327	2,468	2,267	1,867	2,083
Average cost per claim	$4,729	$3,800	$3,630	$4,853	$3,912

Source: Workers' Compensation Research and Evaluation Group, 2026.

Overview of cost and utilization, including maturity of claim, lost-time claims

The number of lost-time claims with 12 months maturity increased 4%, from 22,000 in 2020 to almost 24,000 in 2021 before decreasing to 22,500 in 2024. The total cost increased from $198 million to $214 million. The average cost per lost-time claim increased, from almost $8,900 to $9,500 (Table 46).

Table 46: Number of hospital/institutional claims and total and average costs, 12 months maturity, lost-time claims, injury years

	2020	2021	2022	2023	2024
12 months maturity					
Total cost (in thousands)	$197,988	$213,998	$206,863	$205,777	$213,787
Number of claims	22,295	23,936	23,796	23,191	22,508
Average cost per claim	$8,880	$8,940	$8,693	$8,873	$9,498

Source: Workers' Compensation Research and Evaluation Group, 2026.

Pharmacy services

Overview of cost and utilization

In injury years, the number of prescription claims increased from almost 53,000 in 2020 to 53,600 in 2024. The number of prescriptions increased from 195,000 to more than 198,000. The average prescription per claim remained stable throughout the years studied (Table 47).

Table 47: Number of claims and prescriptions and prescriptions per claim, injury years

	2020	2021	2022	2023	2024
Number of claims	52,874	53,084	53,965	54,519	53,645
Number of prescriptions	195,479	193,690	198,183	203,069	198,497
Average prescription per claim	3.7	3.6	3.7	3.7	3.7

Source: Workers' Compensation Research and Evaluation Group, 2026.

The pharmacy services cost in the first year after injury represented about 60% of the total pharmacy costs. The average cost of first year maturity increased from $223 in 2020 to $289 in 2024. About 7% of claims used pharmacy services after the first year of injury. Around 1% of claims with four or more years of maturity continued using pharmacy services (Table 48).

Table 48: Number and percentage of pharmacy claims and costs by maturity group, injury years

		2020	2021	2022	2023	2024
1st year maturity	Number of claims	51,795 (98%)	51,609 (97%)	52,531 (97%)	53,066 (97%)	52,398 (98%)
	Total cost (in thousands)	$11,571	$11,680	$12,393	$12,951	$15,119
	Average cost	$223	$226	$236	$244	$289
2nd year maturity	Number of claims	3,898 (7%)	3,682 (7%)	3,813 (7%)	3,694 (7%)	
	Total cost (in thousands)	$3,545	$3,877	$4,847	$5,506	
	Average cost	$909	$1,053	$1,271	$1,491	
3rd year maturity	Number of claims	1,448 (3%)	1,447 (3%)	1,568 (3%)		
	Total cost (in thousands)	$2,144	$2,369	$2,704		
	Average cost	$1,480	$1,637	$1,724		
4+ years maturity	Number of claims	787 (1%)	787 (1%)			
	Total cost (in thousands)	$2,565	$2,139			
	Average cost	$3,259	$2,718			

Source: Workers' Compensation Research and Evaluation Group, 2026.

Cost and utilization by drug group

In 2024, the total cost was more than $15 million for all pharmacy claims. Out of this $15 million, almost $2.7 million was for analgesics-anti-inflammatory drugs. This is 18% of the total cost for 2024. The average cost per claim of analgesics-anti-inflammatory decreased from $104 in 2020 to $88 in 2024 at 12 months maturity. The total cost for analgesics-opioids was $301,000 in 2024, only 2% of the total cost. The total cost for topical products was almost $1.8 million in 2024, 12% of the total pharmacy cost (Table 49). Within the table, the percentage for claims within each drug group represents the percentage out of all pharmacy claims for each of the drug groups. The total cost represents the percentage of cost for the entire year.

Table 49: Number of claims and costs by drug and maturity group, injury years

Analgesics - Anti-inflammatory		2020	2021	2022	2023	2024
1st year maturity	Number of claims	32,596 (63%)	32,175 (62%)	32,092 (61%)	32,021 (60%)	30,305 (58%)
	Total cost (in thousands)	$3,385 (29%)	$3,329 (29%)	$3,188 (26%)	$2,855 (22%)	$2,681 (18%)
	Average cost	$104	$103	$99	$89	$88
2nd year maturity	Number of claims	2,075 (4%)	1,888 (4%)	1,898 (4%)	1,757 (3%)	
	Total cost (in thousands)	$613 (17%)	$535 (14%)	$587 (12%)	$505 (9%)	
	Average cost	$295	$283	$309	$287	
3rd year maturity	Number of claims	662 (1%)	619 (1%)	636 (1%)		
	Total cost (in thousands)	$245 (11%)	$215 (9%)	$209 (8%)		
	Average cost	$370	$348	$329		
4+ years maturity	Number of claims	335 (1%)	312 (1%)			
	Total cost (in thousands)	$168 (7%)	$131 (6%)			
	Average cost	$501	$420			

Analgesics - Opioid		2020	2021	2022	2023	2024
1st year maturity	Number of claims	13,591 (26%)	10,664 (21%)	9,746 (19%)	8,268 (16%)	7,191 (14%)
	Total cost (in thousands)	$638 (6%)	$501 (4%)	$430 (3%)	$355 (3%)	$301 (2%)
	Average cost	$47	$47	$44	$43	$42
2nd year maturity	Number of claims	1,629 (3%)	1,359 (3%)	1,243 (2%)	1,120 (2%)	
	Total cost (in thousands)	$220 (6%)	$171 (4%)	$164 (3%)	$146 (3%)	
	Average cost	$135	$126	$132	$131	
3rd year maturity	Number of claims	571 (1%)	493 (1%)	487 (1%)		
	Total cost (in thousands)	$140 (7%)	$117 (5%)	$98 (4%)		
	Average cost	$245	$237	$202		
4+ years maturity	Number of claims	272 (1%)	242 (0%)			
	Total cost (in thousands)	$135 (5%)	$105 (5%)			
	Average cost	$495	$436			

Central Nervous System Drugs		2020	2021	2022	2023	2024
1st year maturity	Number of claims	3,741 (7%)	3,580 (7%)	3,597 (7%)	3,179 (6%)	2,849 (5%)
	Total cost (in thousands)	$851 (7%)	$801 (7%)	$765 (6%)	$656 (5%)	$604 (4%)
	Average cost	$227	$224	$213	$206	$212
2nd year maturity	Number of claims	1,285 (2%)	1,163 (2%)	1,084 (2%)	1,021 (2%)	
	Total cost (in thousands)	$698 (20%)	$604 (16%)	$632 (13%)	$599 (11%)	
	Average cost	$543	$519	$583	$587	
3rd year maturity	Number of claims	557 (1%)	497 (1%)	493 (1%)		
	Total cost (in thousands)	$420 (20%)	$354 (15%)	$324 (12%)		
	Average cost	$754	$713	$657		
4+ years maturity	Number of claims	301 (1%)	270 (1%)			
	Total cost (in thousands)	$428 (17%)	$280 (13%)			
	Average cost	$1,423	$1,036			

Musculoskeletal Therapy Agents		2020	2021	2022	2023	2024
1st year maturity	Number of claims	19,182 (37%)	18,410 (36%)	15,848 (30%)	13,328 (25%)	11,541 (22%)
	Total cost (in thousands)	$1,515 (13%)	$1,097 (9%)	$868 (7%)	$752 (6%)	$730 (5%)
	Average cost	$79	$60	$55	$56	$63
2nd year maturity	Number of claims	1,294 (2%)	1,065 (2%)	1,003 (2%)	890 (2%)	
	Total cost (in thousands)	$256 (7%)	$218 (6%)	$221 (5%)	$212 (4%)	
	Average cost	$198	$205	$221	$238	
3rd year maturity	Number of claims	452 (1%)	369 (1%)	374 (1%)		
	Total cost (in thousands)	$101 (5%)	$88 (4%)	$96 (4%)		
	Average cost	$224	$240	$258		
4+ years maturity	Number of claims	234 (0%)	232 (0%)			
	Total cost (in thousands)	$97 (4%)	$97 (5%)			
	Average cost	$416	$417			

Topical Products		2020	2021	2022	2023	2024
1st year maturity	Number of claims	6,076 (12%)	5,415 (10%)	5,145 (10%)	5,618 (11%)	5,377 (10%)
	Total cost (in thousands)	$837 (7%)	$1,032 (9%)	$1,377 (11%)	$1,377 (11%)	$1,767 (12%)
	Average cost	$138	$191	$268	$245	$329
2nd year maturity	Number of claims	471 (1%)	354 (1%)	513 (1%)	486 (1%)	
	Total cost (in thousands)	$295 (8%)	$432 (11%)	$742 (15%)	$742 (13%)	
	Average cost	$627	$1,221	$1,447	$1,526	
3rd year maturity	Number of claims	184 (0%)	212 (0%)	222 (0%)		
	Total cost (in thousands)	$260 (12%)	$293 (12%)	$296 (11%)		
	Average cost	$1,413	$1,384	$1,333		
4+ years maturity	Number of claims	132 (0%)	142 (0%)			
	Total cost (in thousands)	$279 (11%)	$247 (12%)			
	Average cost	$2,116	$1,737			

Source: Workers' Compensation Research and Evaluation Group, 2026.

The average number of prescriptions per claim decreased since 2020. For central nervous system drugs, the average prescription per claim at one year maturity decreased 17%, from 3.2 in 2020 to 2.7 in 2024. Analgesics-opioid prescriptions decreased, from 2.2 per claim in 2020 to 1.9 in 2024. The average prescription of analgesics-opioid per claim with four or more years of treatment was 8.4 in 2020. This decreased to 7.6 in 2021. The average prescription per claim for topical products with four or more years of treatment was 5.7 in 2020. This decreased to 4.5 in 2021 (Table 50).

Table 50: Number of claims and prescriptions by drug and maturity group, injury years

Analgesics-Anti-Inflammatory		2020	2021	2022	2023	2024
1st year maturity	Number of claims	33,253	33,142	33,025	32,937	31,004
	Number of prescriptions	63,566	64,309	63,947	62,480	57,637
	Average prescriptions per claim	1.9	1.9	1.9	1.9	1.9
2nd year maturity	Number of claims	2,140	1,944	1,965	1,837	
	Number of prescriptions	7,377	6,654	6,634	6,018	
	Average prescriptions per claim	3.5	3.4	3.4	3.3	
3rd year maturity	Number of claims	689	655	670		
	Number of prescriptions	2,687	2,412	2,387		
	Average prescriptions per claim	3.9	3.7	3.6		
4+ year maturity	Number of claims	367	321			
	Number of prescriptions	1,989	1,424			
	Average prescriptions per claim	5.4	4.4			

Analgesics-Opioid		2020	2021	2022	2023	2024
1st year maturity	Number of claims	13,826	10,875	10,000	8,490	7,317
	Number of prescriptions	29,663	23,077	20,722	16,864	13,685
	Average prescriptions per claim	2.2	2.1	2.1	2	1.9
2nd year maturity	Number of claims	1,656	1,392	1,275	1,153	
	Number of prescriptions	6,005	4,834	4,504	3,610	
	Average prescriptions per claim	3.6	3.5	3.5	3.1	
3rd year maturity	Number of claims	588	506	500		
	Number of prescriptions	2,651	2,400	2,093		
	Average prescriptions per claim	4.5	4.7	4.2		
4+ year maturity	Number of claims	289	246			
	Number of prescriptions	2,420	1,865			
	Average prescriptions per claim	8.4	7.6			

Central Nervous System Drugs		2020	2021	2022	2023	2024
1st year maturity	Number of claims	3,861	3,693	3,715	3,285	2,983
	Number of prescriptions	12,407	11,674	11,137	9,638	7,949
	Average prescriptions per claim	3.2	3.2	3	2.9	2.7
2nd year maturity	Number of claims	1,329	1,204	1,126	1,058	
	Number of prescriptions	7,091	5,978	5,944	5,384	
	Average prescriptions per claim	5.3	5	5.3	5.1	
3rd year maturity	Number of claims	574	513	511		
	Number of prescriptions	3,610	3,028	2,950		
	Average prescriptions per claim	6.3	5.9	5.8		
4+ year maturity	Number of claims	320	283			
	Number of prescriptions	3,334	2,111			
	Average prescriptions per claim	10.4	7.5			

Musculoskeletal Therapy Agents		2020	2021	2022	2023	2024
1st year maturity	Number of claims	19,647	19,112	16,349	13,776	11,884
	Number of prescriptions	37,531	35,758	29,945	25,609	20,906
	Average prescriptions per claim	1.9	1.9	1.8	1.9	1.8
2nd year maturity	Number of claims	1,344	1,098	1,068	966	
	Number of prescriptions	4,390	3,519	3,382	3,227	
	Average prescriptions per claim	3.3	3.2	3.2	3.3	
3rd year maturity	Number of claims	466	393	409		
	Number of prescriptions	1,712	1,435	1,399		
	Average prescriptions per claim	3.7	3.7	3.4		
4+ years maturity	Number of claims	254	248			
	Number of prescriptions	1,509	1,188			
	Average prescriptions per claim	5.9	4.8			

Topical Products		2020	2021	2022	2023	2024
1st year maturity	Number of claims	6,351	5,742	5,410	5,895	5,667
	Number of prescriptions	10,283	9,393	8,965	10,063	9,928
	Average prescriptions per claim	1.6	1.6	1.7	1.7	1.8
2nd year maturity	Number of claims	519	406	586	559	
	Number of prescriptions	1,540	1,396	2,029	2,171	
	Average prescriptions per claim	3	3.4	3.5	3.9	
3rd year maturity	Number of claims	205	236	257		
	Number of prescriptions	741	885	993		
	Average prescriptions per claim	3.6	3.8	3.9		
4+ year maturity	Number of claims	145	151			
	Number of prescriptions	826	684			
	Average prescriptions per claim	5.7	4.5			

Source: Workers' Compensation Research and Evaluation Group, 2026.

Cost and utilization of N status drugs

Injury year claims with at least one N status drug prescription increased 12%, from almost 1,800 in 2020 to about 2,000 in 2024. The number of N status drug prescriptions increased 10%, from about 2,900 to more than 3,800 in 2023 and then decreased to 3,200 in 2024. The average prescription per claim was 1.6 in 2020, increased to 1.8 in 2021, and then decreased back to 1.6 in 2024.

In injury years, the number of claims for other drugs slightly increased from more than 52,500 to more than 53,000. The number of prescriptions increased, from almost 193,000 to more than 195,000. The average prescription per claim remained stable at about 3.7 throughout the years (Table 51).

Table 51: Number of N status drug prescriptions, injury years

		2020	2021	2022	2023	2024
N Status Drug	Number of claims	1,791	1,989	2,010	2,279	2,003
	Number of prescriptions	2,914	3,492	3,461	3,841	3,192
	Average prescription per claim	1.6	1.8	1.7	1.7	1.6
Other Drug	Number of claims	52,552	52,691	53,658	54,067	53,291
	Number of prescriptions	192,565	190,198	194,722	199,228	195,305
	Average prescription per claim	3.7	3.6	3.6	3.7	3.7

Source: Workers' Compensation Research and Evaluation Group, 2026.

In injury years, the total cost of paid N status drugs increased from $132,000 in 2020 to $135,000 in 2024. The average cost of N status drug was $79 in 2020, increased to $91 in 2021, and then decreased to $71 in 2024 (Table 52).

Table 52: Number of N status drug costs, injury years

	2020	2021	2022	2023	2024
Number of claims	1,683	1,820	1,843	2,165	1,910
Percent of total claims	3%	4%	4%	4%	4%
Total cost (in thousands)	$132	$166	$160	$180	$135
Average cost per claim	$79	$91	$87	$83	$71

Source: Workers' Compensation Research and Evaluation Group, 2026.

Cost and utilization of Schedule II drugs

The number of injury year claims with at least one Schedule II prescription decreased 3%, from more than 4,800 in 2020 to more than 4,700 in 2024. About 9% of claims had at least one Schedule II prescription between 2020 and 2024. The total cost of Schedule II drugs decreased, from $239,000 in 2020 to $180,000 in 2024. The average cost of Schedule II prescriptions per claim decreased from $49 to $38 (Table 53).

Table 53: Number and percentage of Schedule II drugs and costs, injury years

	2020	2021	2022	2023	2024
Number of claims	4,845	4,449	4,692	5,003	4,720
Percent of total claims	9%	9%	9%	9%	9%
Total cost (in thousands)	$239	$223	$208	$198	$180
Average cost per claim	$49	$50	$44	$40	$38

Source: Workers' Compensation Research and Evaluation Group, 2026.

Cost and utilization of compound drugs

The number of compound drug injury year prescriptions was 29 in 2020, increased to 156 in 2022, and increased to 210 in 2024. The total cost of compound drugs increased from $9,000 in 2020 to $151,000 in 2024. The average cost more than doubled, from about $300 to $700 (Table 54).

Table 54: Number and cost of compound drugs, injury years

	2020	2021	2022	2023	2024
Number of compound drugs	29	36	156	208	210
Total cost	$9,136	$20,858	$116,545	$196,124	$150,717
Average cost per drug	$315	$579	$747	$943	$718

Source: Workers' Compensation Research and Evaluation Group, 2026.

Cost and utilization pharmacy services, lost-time claims

The number of lost-time claims has stayed stable at around 22,000 since 2020. The total cost of lost-time pharmacy services increased from $7 million in 2020 to $10 million in 2024. The total cost of lost-time claims was 63% of all pharmacy costs in 2020 and this increased to 66% in 2024. The average cost per lost-time claim increased from $326 in 2020 to $454 in 2024 (Table 55).

Table 55: Costs for pharmacy services, lost-time claims, injury years

	2020	2021	2022	2023	2024
Number of claims	22,224	22,819	22,971	22,839	22,088
Total cost (in thousands)	$7,246	$7,429	$8,205	$8,428	$10,018
Average cost per claim	$326	$326	$357	$369	$454

Source: Workers' Compensation Research and Evaluation Group, 2026.

The number of lost-time prescription claims remained around 22,500 throughout the years. The number of lost-time prescriptions decreased, from more than 125,000 in 2020 to almost 122,000 in 2024. The average prescription per lost-time claim was 5.6 in 2020 and decreased to 5.4 in 2024 (Table 56).

Table 56: Number of lost-time prescriptions, injury years

	2020	2021	2022	2023	2024
Number of claims	22,478	23,192	23,325	23,198	22,426
Number of prescriptions	125,559	121,736	124,847	125,383	121,507
Average prescription per claim	5.6	5.2	5.4	5.4	5.4

Source: Workers' Compensation Research and Evaluation Group, 2026.

Conclusion and final remarks

This report presents information about the costs and utilization of health care services in the Texas workers' compensation system from 2020 to 2025 including professional, hospital/institutional, pharmacy, and dental services. The data in this report shows an increase in the number of claims and overall health care total costs for both service and injury years.

The total cost in service years increased from $830 million in 2020 to $958 million in 2024 before decreasing to $864 million in 2025. The number of claims in service years increased from 241,000 to almost 253,000 in 2025. The total cost in injury years increased from $599 million in 2020 to $775 million in 2024. The number of claims in injury years increased from 175,000 in 2020 to 214,000 in 2024.

The total cost of lost-time claims in service years increased from $647 million in 2020 to $709 million in 2024 and then decreased to $621 million in 2025. The number of lost-time claims in service years increased from 94,000 in 2020 to 97,000 in 2024 and then decreased to 88,000 in 2025. The total cost of lost-time claims increased in injury years from $437 million in 2020 to $539 million in 2024. The number of lost-time claims in injury years increased from 46,000 in 2020 to 54,000 in 2024.