

Policy 1231

NHP/NHIC ~ Worker's Compensation Submission Policy

Purpose: This policy is to provide Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) guidelines regarding the submission of worker's compensation claims.

Policy and Procedure: All claims for services related to work illness or work related injuries are required to be submitted to the worker's compensation carrier. If the worker's compensation carrier denies liability then the provider must submit claims to NHP/NHIC within 90 days of the date on the worker's compensation denial letter. NHP/NHIC request that the worker's compensation denial letter be submitted, along with a paper claim indicating in Box 10 of the CMS-1500 claim form that the condition is related to employment, auto accident or other accident.

For information related to subrogation claims please refer to the "NHP/NHIC Subrogation Policy".

Note: In the event the claim is denied by the worker's compensation carrier please make sure to obtain all necessary prior authorizations before rendering the service and submitting the claims.

Because NHP/NHIC cannot predict how the worker's compensation carrier will process the claim, obtaining prior authorization before rendering the service will help ensure that the member's services will be covered in the event the worker's compensation carrier denies liability.

This policy is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC. NHP/NHIC reserves the right to periodically review and update all claims policies and procedures.

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