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## Workers' Compensation Policy

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### *Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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#### **Abstract Purpose:**

This reimbursement policy outlines Network Health's process, for all lines of business, regarding workers' compensation claims.

#### **Policy Detail:**

- I. All claims for services related to a work illness or for work related injuries are required to be submitted to the workers' compensation carrier.
- II. If the workers' compensation carrier denies liability, the provider must submit the claim(s) to Network Health within ninety days (90) of the date on the workers' compensation denial letter.
- III. The provider is responsible for submitting the claim according to the timely filing requirements outlined in their contract with Network Health, and Network Health's Claim Submission Policy.
- IV. Network Health requires the workers' compensation denial letter be submitted along with a paper claim.
- V. The provider must obtain all necessary authorizations prior to rendering the service.
- VI. Network Health cannot predict how the workers' compensation carrier will process the claim. Obtaining authorization prior to rendering the service will help ensure the member's services will be covered in the event the worker's compensation carrier denies liability.

#### **Definitions:**

**Worker's Compensation** – Is compensation payment of medical expenses and compensation for lost wages resulting from work-related injuries or disabilities.

#### **Related Policies:**

Claim Submission Policy  
Subrogation Policy

**Origination Date:** 4/2011

**Update Date:** 9/28/2022

**Next Review Date:** 9/28/2023