

## **Procedure 1231- Workers' Compensation Submission**

### **Lines of Business: All**

**Purpose:** This guideline is to provide Network Health's process regarding the submission of worker's compensation claims.

**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 Network Health within 90 days of the date on the worker's compensation denial letter. Network Health requests that the worker's compensation denial letter be submitted along with a paper claim.

For information related to subrogation claims please refer to Network Health's Procedure 1226-Subrogation.

**Note:** Please make sure to obtain all necessary prior authorizations before rendering the service and submitting the claims. Because Network Health 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.

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**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/NHAS. NHP/NHIC/NHAS reserves the right to periodically review and update all claim guideline.**

HMO plans underwritten by Network Health Plan. POS Plans underwritten by Network Health Insurance Corporation, or Network Health Insurance Corporation and Network Health Plan. Self-funded HMO and POS plans administered by Network Health Administrative Services, LLC.

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