

## Accidental Injuries

If a member is involved in an accident, bill in the usual manner, adding the place, exact date, time and cause of injury.

All injury claims are investigated for the cause of the injury. To save time and expedite claims processing, please indicate the cause of the injury and the date of the injury on the original submission of the claim.

If no injury is present, use an illness diagnosis code 001-799. If the member has a condition such as “back pain” with no specific date of injury, use an illness code instead of an injury code. Make sure to state on the claim that it is not an injury.

### ***Other Party Liability and Subrogation***

When a member receives care for injuries or medical conditions sustained during an accident, health plans need information about the injury in order to determine who is financially responsible, i.e., Labor & Industries (L & I), an automobile insurer, some other third party, etc. Some of this information may come from the provider and some of it must come from the member, based upon subrogation provisions within the member’s contract.

When a person is injured in an accident, the member’s health plan may not be financially responsible for covering the cost of the required care. This is called Other Party Liability (OPL), i.e., when financial responsibility for coverage shifts from a member's health plan to a third party. For example, if a person is injured in a car accident, the automobile insurance company may be financially responsible. If a person is injured at work, L & I may be financially responsible.

The provider of care can incorporate the member’s injury information on the claim form. The member must submit a signed incident/injury report containing his/her information. If the member completes and signs the incident/injury report in the provider’s office, the provider can submit it with the claim. Otherwise the member must submit it on their own. If the member does not submit their incident/injury report, the health plan may deny the providers claim. In this situation, the provider can bill the member directly to collect fees for services provided. The ‘Incident Report’ form is located in the ‘Forms’ section within this manual, or on our Web site at:

[www.asuris.com/provider/reference/form/index.html](http://www.asuris.com/provider/reference/form/index.html).

**Note:** *Please do not submit an incident report unless one is requested by Asuris Northwest Health.*

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(Other Party Liability and Subrogation, Cont.)

On all possible third-party accident claims, the member will be sent an 'Incident Report' form. When either of these forms is completed by the member and returned, claims will be processed in one of the following ways:

- If benefits are payable under the terms of any automobile medical, automobile no-fault, homeowners, premises liability, personal injury protection or similar contract of insurance *or*,
- If the subscriber/ member fails to provide complete information upon request, claims are denied accordingly.

When we are notified in writing that the above mentioned benefits do not exist, have expired, or have been exhausted, Asuris Northwest Health will then begin processing claims and resume the pursue process in attempt to recover payments made on behalf of the subscriber/member.

Subrogation is defined as the right to recover payments. There has to be Other Party Liability in order to recover payments.

### ***Worker's Compensation***

If the member has sustained an on-the-job injury or illness, bill L & I, the appropriate insurance company, or state.

If a member is involved in a non-occupational accident, bill Asuris Northwest Health in the usual manner, adding the additional injury information requested on the CMS -1500 claim form.

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## ***Other Party Liability Threshold***

When coverage responsibility is unclear, health plans may pay the claim if the total charge is below the threshold level. This is called the “Other Party Liability” (OPL) threshold. Asuris Northwest Health has a \$500 threshold for most injury claims. Once a claim that totals the OPL threshold amount is received the OPL investigation will begin. When an investigation is started, all related claims regardless of the dollar amount will be subject to the OPL investigation.

For more detail regarding this policy please see the ‘Administrative Simplification’ information that can be found on the Washington HealthCare Forum’s Web site, at [www.wahealthcareforum.org](http://www.wahealthcareforum.org).

The following table will list the diagnoses Asuris Northwest Health considers to be investigative for injuries and the dollar threshold associated:

<b>Diagnosis</b>	<b>OPL Threshold (if not less than \$500)</b>	<b>Diagnosis</b>	<b>OPL Threshold (if not less than \$500)</b>
008-008.8	\$1000	900 – 999.9	\$500
310.2	\$1000	E800 – 819.9	\$500
310.4	\$1000	E822 – 869.9	\$500
353 – 353.5	\$500	E880 – 888	\$500
353.6 – 353.9	\$500	E894 – 899	\$500
354 – 354.9	\$0	E901.1 - 902.1	\$500
550 – 550.93	\$0	E906 – 906.0	\$500
717 – 717.9	\$500	E910.3	\$500
718 – 718.99	\$500	E914 – 915	\$500
719 – 719.99	\$500	E918 – 919.9	\$500
721 – 721.91	\$1000	E921 – 921.9	\$500
722 – 722.93	\$1000	E923 – 923.9	\$500
723 – 723.9	\$1000	E929 – 929.9	\$500
724 – 724.9	\$1000	All other ‘E’ codes	\$500
800 – 898.82	\$500		

- If one of the following diagnoses is used and the visit is NOT accident related, please use the following abbreviations in the comment or remarks section of the claim:

‘ACC-NKI’ or ‘ACC- No Known Injury’

- If any ‘E’ code is used, accident description and information is still required.
- If the threshold equals ‘\$0’, ALL claims for the injury will be investigated.