



Health Claims for Auto Insurance

Adjudication Reason Codes

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Adjudication Reason Codes

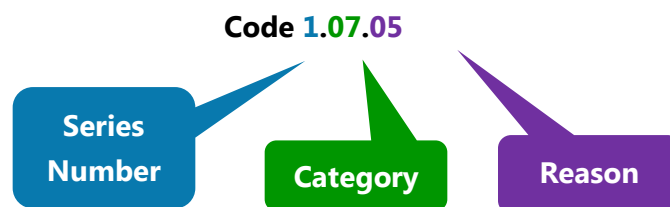
This chapter explains what Reason Codes are and lists applicable reason codes by OCF status.

What are Reason Codes?

When an Insurer adjudicates a form, the Insurer must provide a reason for that decision. All codes used in HCAI fall under three categories:

- Series 1 – Adjuster Decision
- Series 2 – Unable to authorize – administrative
- Series 3 – Other

Each code is made up of three groups of numbers, separated by a period. Each number group represents a different meaning:



Example:

Code 1.07.05 would mean the following:

- Series 1 – Adjuster Decision
- Category 07 – Claim settled
- Reason 05 – Expenses are not payable based on settlement agreement

Reason Codes

| Code | Series | Category | Definition |
|---------|-------------------|--|--|
| 1.02.05 | Adjuster Decision | Authorization, policy limits, coverage | Authorized amount exceeded |
| 1.02.00 | Adjuster Decision | Authorization, policy limits, coverage | Authorized quantity exceeded |
| 1.03.05 | Adjuster Decision | Authorization, policy limits, coverage | Authorized time period exceeded |
| 1.09.05 | Adjuster Decision | Authorization, policy limits, coverage | Fee exceeds maximum allowed |
| 1.11.25 | Adjuster Decision | Authorization, policy limits, coverage | Good or service is not covered |
| 1.04.45 | Adjuster Decision | Authorization, policy limits, coverage | Good or service is not covered within the Minor Injury Guideline |
| 1.04.50 | Adjuster Decision | Authorization, policy limits, coverage | Good or service is not separately reimbursable within the Minor Injury Guideline |
| 1.01.00 | Adjuster Decision | Authorization, policy limits, coverage | Good or service requires prior authorization |
| 1.11.15 | Adjuster Decision | Authorization, policy limits, coverage | Policy coverage limits have been exhausted |
| 1.05.05 | Adjuster Decision | Authorization, policy limits, coverage | Time limit for filing has expired |
| 1.11.10 | Adjuster Decision | Authorization, policy limits, coverage | Transportation deductible has not been exceeded |
| 1.07.05 | Adjuster Decision | Claim settled | Expenses are not payable based on settlement agreement |
| 2.00.20 | Adjuster Decision | Decision update | Decision updated based on agreement by all parties |
| 2.00.10 | Adjuster Decision | Decision update | Decision updated based on new information received |
| 2.00.15 | Adjuster Decision | Decision update | Decision updated because of conflict of interest |
| 2.00.05 | Adjuster Decision | Decision update | Decision updated in accordance with a binding arbitration or litigation ruling |
| 2.00.00 | Adjuster Decision | Decision update | Decision updated in accordance with a medical opinion |
| 1.09.00 | Adjuster Decision | Fees and taxes | Fee exceeds reasonable fee for good or service |
| 1.12.10 | Adjuster Decision | Fees and taxes | Interest is incorrect or not applicable |
| 1.12.15 | Adjuster Decision | Fees and taxes | Tax is incorrect or not applicable |
| 1.30.00 | Adjuster Decision | Guidelines | Claimant is not eligible for service - see explanation |
| 1.04.60 | Adjuster Decision | Guidelines | Diagnosis indicates that the Minor Injury Guideline is appropriate |

| Code | Series | Category | Definition |
|-------------|--------------------------------------|------------------------------|---|
| 1.30.05 | Adjuster Decision | Not reasonable and necessary | Diagnosis is inconsistent with cause of loss, procedure or provider - see explanation |
| 1.07.15 | Adjuster Decision | Not reasonable and necessary | Good or service is inconsistent with the cause of loss |
| 1.30.10 | Adjuster Decision | Not reasonable and necessary | Medical reason(s) - see explanation of benefits statement or correspondence with claimant |
| 1.30.15 | Adjuster Decision | Not reasonable and necessary | Non-medical reason(s) - see explanation of benefits statement or correspondence with claimant |
| 1.07.00 | Adjuster Decision | Not reasonable and necessary | Not reasonable and necessary |
| 3.01.15 | Adjuster Decision | Other insurance coverage | Claimant is receiving WSIB benefits |
| 1.13.00 | Adjuster Decision | Other insurance coverage | Collateral insurance information is missing or incorrect |
| 3.01.10 | Adjuster Decision | Other insurance coverage | Patient has other coverage (e.g. priority with other insurer) |
| 4.10.00 | Adjuster Decision | Withdrawn | Withdrawn on behalf of the claimant, provider or insurer - see explanation for who withdrew |
| 1.05.10 | Unable to authorize - administrative | Administrative | Billing date precedes date of service |
| 1.05.00 | Unable to authorize - administrative | Administrative | Date of service precedes date of loss |
| 1.08.05 | Unable to authorize - administrative | Administrative | Duplicate form, good or service from same provider |
| 1.08.00 | Unable to authorize - administrative | Administrative | Duplicate good or service from other provider |
| 1.35.00 | Unable to authorize - administrative | Administrative | Invoice applies to more than one plan |
| 1.11.20 | Unable to authorize - administrative | Administrative | Patient must claim reimbursement |
| 1.09.10 | Unable to authorize - administrative | Administrative | Service or procedure time adjustment |
| 1.04.15 | Unable to authorize - administrative | Administrative | Transferred to another provider |

| Code | Series | Category | Definition |
|-------------|--------------------------------------|--|--|
| 3.00.00 | Unable to authorize - administrative | Documentation, policy, claim or claimant information | Application for benefits missing or incomplete |
| 1.11.00 | Unable to authorize - administrative | Documentation, policy, claim or claimant information | Does not match claimant information |
| 1.40.00 | Unable to authorize - administrative | Documentation, policy, claim or claimant information | Guideline documentation required - see explanation |
| 1.00.10 | Unable to authorize - administrative | Documentation, policy, claim or claimant information | No record of authorization |
| 1.40.05 | Unable to authorize - administrative | Documentation, policy, claim or claimant information | Patient failed to comply with authorized procedures (e.g. examination under oath or insurer examination) |
| 1.11.05 | Unable to authorize - administrative | Documentation, policy, claim or claimant information | Policy or coverage identity error |
| 3.00.05 | Unable to authorize - administrative | Documentation, policy, claim or claimant information | Statement under oath not yet complete |
| 3.00.25 | Unable to authorize - administrative | Documentation, policy, claim or claimant information | Statutory declaration not received |
| 1.10.00 | Unable to authorize - administrative | Documentation, policy, claim or claimant information | Supporting information insufficient, incomplete or incorrect |
| 3.03.15 | Unable to authorize - administrative | Waiting for opinion, ruling or agreement | Waiting for agreement by all parties |
| 3.03.05 | Unable to authorize - administrative | Waiting for opinion, ruling or agreement | Waiting for arbitration or litigation ruling |
| 3.03.00 | Unable to authorize - administrative | Waiting for opinion, ruling or agreement | Waiting for binding medical opinion |
| 3.03.10 | Unable to authorize - administrative | Waiting for opinion, ruling or agreement | Waiting for resolution of conflict of interest |
| 1.15.05 | Other | Other | Other - see explanation |
| 6.00.00 | Not Essential | Not Essential | Do not agree goods and/or services are essential |