



WHITE PAPER:

Billing Statement

Managing Cost of Care
After Motor Vehicle
Accidents: **A Primary
Care Perspective**



Complete CareSM

A Primary Care Framework for Managing Post-Accident Recovery, Utilization Risk, and Patient Continuity

Motor vehicle accident (MVA) recovery often extends beyond the initial emergency department, urgent care, or primary care encounter. National data show that most emergency department visits result in discharge rather than hospital admission, placing much of the recovery period in the outpatient setting.¹

For primary care practices, post-accident recovery can create three connected challenges:

- **Financial exposure** as accident-related care extends beyond available PIP coverage and may later involve major medical coverage or patient responsibility
- **Operational burden** involving PIP requirements, claims-related documentation, rehabilitation coordination, imaging and specialty referrals, and communication across multiple providers
- **Risk of suboptimal recovery** when fragmented care contributes to delayed treatment, duplicated services, persistent symptoms, and prolonged utilization

Clinical guidance for common post-accident conditions supports active recovery, regular reassessment, and exercise-based rehabilitation.²⁻⁵ A structured outpatient recovery pathway can serve as an appropriate entry point for non-emergent accident-related injuries, supporting timely evaluation and rehabilitation, reducing fragmentation, limiting avoidable downstream utilization and cost exposure, and preserving continuity with the primary care provider.



The Primary Care Challenge After a Motor Vehicle Accident

Motor vehicle accident injuries often begin with a discrete care encounter, but recovery may continue through an extended outpatient period involving rehabilitation, imaging, referrals, documentation, and multiple care settings.

For primary care practices, these episodes can create downstream cost exposure as care extends beyond PIP coverage, operational burden related to coordination and documentation, and a greater risk of persistent symptoms or chronic utilization.

Post-Accident Recovery and Practice Burden

Many patients seek emergency care following a motor vehicle accident and are discharged to continue recovery in the outpatient setting.¹ The initial encounter may be costly, particularly when diagnostic imaging is involved. As PIP benefits are exhausted, subsequent accident-related care may be submitted to major medical coverage or become the patient's responsibility. When that care is covered through major medical, the resulting utilization may affect per-member-per-month (PMPM) costs, imaging and specialist utilization, major medical claims, shared savings performance, and risk pool exposure.⁸

From there, recovery may involve rehabilitation, reassessment, specialty referrals, claims-related documentation, and coordination across multiple providers. For primary care practices, these accident-specific demands can consume staff time, complicate routine workflows, and create added coordination responsibilities beyond the practice's usual scope of care. When no single party is accountable for the recovery episode, documentation, communication, and follow-up may remain fragmented or fall back on the PCP practice.

When Acute Injury Becomes Chronic Utilization

Even when no emergent injury is identified at the time of an accident, delayed or fragmented follow-up may allow musculoskeletal symptoms to persist and functional limitations to develop. Clinical guidance emphasizes active recovery and regular reassessment to support functional improvement and reduce prolonged symptoms following whiplash-associated and related musculoskeletal injuries.²⁻⁵

Patients with unresolved symptoms may continue seeking care through primary care, specialty care, pain management, imaging, urgent care, or emergency departments. Over time, an acute injury episode may become a chronic pain and utilization issue within the PCP's attributed population.

Chronic pain patients are often more costly because they may require recurring visits, repeat imaging, specialist care, pain management, medication management, and ongoing functional support.

The Financial Impact of Chronic Pain

Population	PMPY Cost Estimate
General Adult	\$5,000–\$7,000
Chronic Pain Patient	\$12,000–\$20,000
Chronic Opioid-dependent Patient	\$20,000–\$30,000+



Cost of Care Exposure

The financial impact of a motor vehicle accident may extend beyond available PIP coverage. Across a practice, repeated shifts of accident-related costs into major medical coverage may create material cumulative exposure.⁸

FIGURE 1.

Financial Impact of a Motor Vehicle Accident Case

Cost Component	Amount*
Total cost of injury treatment	\$20,973
PIP coverage	(\$10,000)
Remaining potential balance	\$10,973
Additional chronic pain management	\$1,500+
Estimated total risk pool exposure	\$12,000+

Figure Note: *Based on an anonymized actual patient billing example and representative treatment patterns observed in motor vehicle accident recovery.⁸

At the practice level, the exposure becomes more material when similar cases occur across multiple providers or recur over time.

FIGURE 2.

Practice-Level Exposure

Practice size	Monthly exposure	Annual exposure
2 providers	\$24,000	\$288,000
5 providers	\$60,000	\$720,000
8 providers	\$96,000	\$1,152,000
10 providers	\$120,000	\$1,440,000

Figure Note: Assumes one motor vehicle accident injury case per provider per month and estimated exposure of \$12,000 per case beyond PIP coverage.

Even at lower case volumes, cumulative exposure may remain material.⁸

Why a Structured Recovery Pathway Matters

Motor vehicle accident recovery often requires coordination across evaluation, rehabilitation, documentation, and follow-up. A structured recovery pathway can help organize the accident-specific episode while maintaining continuity with the patient’s established PCP and reducing unnecessary burden on routine practice workflows.

An effective pathway includes:

- Timely access to care following discharge
- Comprehensive evaluation and structured treatment planning
- Coordinated, multidisciplinary care delivery
- Clear accountability for patient progression

By organizing the recovery episode, a structured pathway may help reduce avoidable utilization, limit fragmentation across multiple care settings, support earlier rehabilitation, and manage accident-related documentation and coordination needs while preserving the PCP-patient relationship.





The Complete Care Recovery Model for Motor Vehicle Accident Patients

Complete Care applies this structured recovery model through an outpatient pathway for patients with non-emergent motor vehicle accident injuries.⁷

Coordinated Recovery and Cost-of-Care Support

Complete Care supports non-emergent motor vehicle accident patients after an initial ED, urgent care, or primary care encounter, or as an outpatient starting point for accident-related symptoms. The model helps organize recovery within a coordinated pathway, reducing fragmentation and avoidable downstream utilization while preserving communication with the patient's established PCP.

Core services include:

- **Physical rehabilitation and functional recovery**
Physiotherapy, chiropractic care, mobility restoration, and targeted treatment plans
- **Neurologic and concussion-focused rehabilitation**
Evaluation, monitoring, and treatment for traumatic brain injury (TBI) and related symptoms
- **Diagnostic and specialty escalation when clinically indicated**
Including imaging, pain management, spine, orthopedic, or surgical consultation
- **Administrative coordination and provider communication**
Support with PIP requirements, scheduling coordination, and progress updates, including electronic record sharing with referring or existing physicians



Complete Care at a Glance

► More than 1 million patient visits

1 MILLION

48
HOURS

► Average time to first appointment of approximately two days

► Conservative outpatient recovery model, with only ~2% of patients requiring surgical intervention.⁷

2%

750+

► Relationships with more than 750 referring providers

Complete Care Functional Recovery Outcomes

Because post-accident recovery often involves functional limitations, range-of-motion and strength measures can help demonstrate patient progression over the course of care.

In a sample of 100 completed motor vehicle accident recovery cases at Complete Care, functional outcomes were compared between the initial examination and final evaluation at maximum medical improvement.⁶

106 Average days of episode duration

73% of cervical range-of-motion measurements reached within-normal-limits status

84% of thoracic range-of-motion measurements reached within-normal-limits status

69% of lumbar range-of-motion measurements reached within-normal-limits status

90% of patients with documented strength deficits improved





Conclusion: A Coordinated Approach to Post-Accident Recovery

For primary care practices, motor vehicle accident recovery can create cost-of-care exposure when patients move across disconnected settings after the initial encounter and accident-related care extends beyond available PIP coverage.

A structured outpatient recovery pathway can help direct non-emergent accident patients into coordinated recovery management earlier, reducing fragmentation and supporting timely conservative care, functional progress monitoring, and escalation when clinically indicated.

Complete Care supports this approach by helping manage the accident-specific recovery episode, reduce administrative burden, and maintain communication with the patient's established PCP. The model is designed to support patient recovery while helping limit avoidable downstream utilization and cost-of-care impact.⁷



Why PCPs Refer Motor Vehicle Accident Patients to Complete Care

- ▶ Support for managing post-accident cost-of-care risk
- ▶ Reduced major medical exposure after PIP benefits are exhausted
- ▶ Lower risk of chronic pain-related utilization through timely recovery management
- ▶ Coordinated outpatient pathway for non-emergent accident-related injuries and post-ED recovery follow-up
- ▶ Claims coordination and electronic record sharing to reduce administrative burden
- ▶ Functional progress monitoring and recovery reporting
- ▶ Preservation of the PCP-patient relationship

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