

PPO Injury Categorisation

The PPO Working Party has devised a categorisation of PPO injuries with the intention of this becoming UK standard practice, used by all (re)insurers. 70% of PPOs relate to brain injuries and 20% to spinal and with PPO liabilities now remaining on balance sheets for decades, the impact of mortality on these liabilities is significant. We know that the severity of injury has a large impact on the mortality outcome but to date we have not had a standard way of capturing this, particularly for brain injuries.

The additional care regime information has been added under advice from claims professionals the working party consulted; for example, someone who is brain injured may need round the clock care due to their inhibitions having gone, but they may be classified as the lowest form of brain injury 'No mobility issues'.

A spreadsheet is also available that provides an example of how these categorisations could be applied in practice.

The aim

- Categorisations to be recorded for all brain, spinal or amputation large claims (not just PPOs) – where large is defined as >£1 million in 2011 terms, based on 7% annual inflation and assuming the claim is reserved based on Ogden 2.5% assumption
- The latest date at which these codes have been updated/entered to be recorded (hopefully a history of files saved at different times would then be available to the actuaries to analyse changes in definitions over time).
- These categorisations to be retrospective back to claims reported since 2008.
- Where injuries can fall under more than one category, record under the most serious injury.

Injury type	Code	Category	Description
Brain	B1	PVS	Permanent Vegetative State – No purposeful motor or cognitive function. Requires a feeding tube.
	B2	Cannot walk - Fed by others	Does not feed self, must be fed completely (either orally or by a feeding tube)
	B3	Cannot walk - Self feeds	Can feed self with fingers or utensils, with assistance and/or spillage
	B4	Some walking ability	Walks with support, or unsteadily alone at least 10 feet but does not balance well
	B5	Walks well alone	for at least 20 feet, and balances well
	B6	No mobility issues	
Spinal	S1	Tetraplegia Ventilator Dependent	C1-C3
	S2	High level Tetraplegia	C4-C5
	S3	Low level tetraplegia	C6-C7
	S4	High level Paraplegia	Thoracic T1-T12
	S5	Low level paraplegia	Lumbar
Spinal 2	Complete/ incomplete flag	Complete or incomplete selected	

Injury type	Code	Category	Description
Amputation	A1	Double upper limb	Double upper limb amputation (or loss of use), including bilateral brachial plexus injuries etc
	A2	Leg - above knee	
	A3	Leg - below knee	
	A4	Other Amputation	
Other	O1		
Care regime			
	C1	24/7 2 or more care ratio	24 hour care needing two or more carers for all that time
	C2	24/7 1-2 care ratio	24 hour care needing one to two carers for all that time
	C3	24/7 but night sleeper	24 hour care with at least one carer but carers can sleep at night
	C4	9 or more hours duty care a day	
	C5	5 to 8 hours duty care a day	
	C6	0 to 4 hours duty care a day	
	C7	Domestic help only, no personal care	
	C8	No regular care	