

**Information Sheet: Overview of the Provisions of the
NJ Automobile Insurance Cost Reduction Act**

<insurance carrier> has requested that CorVel Corporation work with you and your physician to assure that you receive all medically necessary treatment as a result of your auto accident. These services are provided under the provisions of the NJ Auto Insurance Cost Reduction Act.

Decision Point Review/Pre-Certification and Medical Necessity.

If you are injured in an automobile accident, <insurance carrier> will pay, subject to your PIP benefits limits and all of the applicable <insurance carrier> policy terms and conditions, all medically necessary treatment in accordance with the standards of good practice and standard professional treatment practices.

The New Jersey Department of Banking and Insurance has published standard courses of treatment called "Care Paths", for soft tissue injuries of the neck and back, collectively referred to as "Identified Injuries". These Care paths provide your healthcare provider with general guidelines for treatments and diagnostic testing as to these injuries. In addition, the Care Paths require that treatment be evaluated at certain intervals called "Decision Points". At Decision Points, your healthcare provider must provide us information about any further treatment or test required. This is called "Decision Point Review". In addition, the administration of any test listed in NJAC 11:3-4.5(b) 1-10 also requires Decision Point Review, regardless of diagnosis. A list of the tests requiring Decision Point Review is shown below. Care Paths and accompanying rules are available at the N.J. Department of Banking and Insurance website (<http://www.nj.gov/dobi/aicrapg.htm>) or by calling CorVel at 1-800-491-8350. You may also access our website at www.corvel.com.

Pre-Certification is a medical review process for specific services, tests or equipment for other than "Identified Injuries". Your medical provider must provide us information about any further treatment or testing required. The list of those items requiring pre-certification is shown below.

Under the provisions of your policy and applicable New Jersey regulations, Decision Point Review and/or Pre-certification of specified medical treatment and testing is required in order for medically necessary expenses to be fully reimbursable under the terms of your policy. This means your medical provider is required to provide advance notice to us of proposed tests, treatments or services along with clinically supported findings to support the request, as provided under the Decision Point Review and/or pre-certification plan, for you to be eligible for maximum reimbursement under the policy. This information can be sent to CorVel by mail. We will respond to Decision Point Review/Pre-Certification requests within 3 business days following the receipt of the request. If CorVel fails to respond within 3 business days, medically necessary treatment may continue until a decision has been communicated to you or your treating provider. No co-payment penalty will be applied during that time. Any decision to deny a request based on medical necessity will be made by a physician or dentist. Our address is 51 Haddonfield Road, Suite 200, Cherry Hill, NJ 08002 or by fax at 1-856-661-9800.

Diagnostic Tests that are subject to Decision Point Review regardless of diagnosis.

1. Brain audio evoked potentials
2. Brain evoked potentials
3. Computer assisted tomograms (CT, CAT scans)
4. Dynatron/cybex station/cybex studies,
5. EEG
6. H-reflex studies
7. MRI
8. EMG
9. NCV
10. SSEP
11. Sonogram/ultrasound
12. Videofluoroscopy
13. Visual Evoked potential
14. Brain-mapping

15. Thermogram/Thermography

Services that require Pre-Certification

1. Non-emergency inpatient and outpatient hospital care
2. Non-emergency surgical procedures
3. Outpatient care for soft tissue/disc injuries of the insured person's neck, back and related structures not included within the diagnoses covered by care paths.
4. Temporomandibular, any oral facial disorders
5. Non-emergency dental restoration
6. Carpal tunnel syndrome
7. Outpatient psychological/psychiatric test and/or services.
8. Home health care
9. Skilled nursing care
10. Infusion therapy
11. Durable medical equipment, (including orthotics and prosthetics), leased or purchased for more than \$75. (or the rental of which exceeds 30 days).
12. Extended care and rehabilitation facilities
13. Physical, occupational, speech, cognitive or other restorative therapy or other body part manipulation except that provided for "Identified Injuries" in accordance with Decision Point Review.
14. All Pain Management services except as provided for in "Identified Injuries" and in accordance with Decision Point Review

Emergency Care and Care in the First 10 Days After An Accident.

Please note that treatment in the first ten (10) days after an accident and emergency care does not require Decision Point Review and/or Pre-certification. However, for benefits to be paid in full in accordance with the terms of your policy, the treatment must be medically necessary.

Right of Provider Choice.

You are entitled to seek medical treatment from any licensed provider you choose. If you should need assistance in locating a medical professional in your area, you may call 1-800-491-8350 and a Case Manager will be happy to provide names and contact information or access our provider lookup online at www.corvel.com. CorVel Corporation (CorVel) will perform the Decision Point Review and/or Pre-certification review of your medical care. Your doctor and any other treatment providers must contact CorVel at 1-800-491-8350 to discuss the treatment of your injuries related to this accident, in accordance with our decision point review/pre-certification plan. It is important that your provider assist in this process by providing all the medical information necessary for CorVel to make a timely decision about your care. Within three business days of receipt of the request and clinically supported documentation, we will either approve the request, modify the request, ask for additional documentation, seek an Independent Medical Examination (IME) or deny treatment. Our findings will be confirmed in writing to you and your provider.

Independent Medical Examinations (IME).

If the treatment or testing is not approved or we are unable to determine medical necessity, CorVel may request additional information from your physician or a physical examination may be required to determine the medical necessity of further treatment, diagnostic testing or durable medical equipment. CorVel may send you to another physician in the same specialty as your physician for an independent medical examination (IME). The appointment for the physical examination shall be scheduled within seven calendar days of receipt of the notice unless the injured person agrees to extend the time period. Medically necessary treatment may continue while the examination is being scheduled and results become available. You will receive a letter providing this information and the information as to where to go for the scheduled examination. This examination will be scheduled at a location convenient to the injured person. You would be required to bring a copy of your medical records and x-rays or MRI films to the appointment for the IME physician to review. Once the review of medical records and/or independent medical examination has been completed, you and your physician will be notified of the results within 3 business days after the

examination. A copy of the examining provider's report, if completed, is available upon request. (carrier may insert company specific language related to unexcused failure to attend IME)

Use of Voluntary Networks.

You should also be aware that your policy includes a voluntary utilization program for durable medical equipment over \$75, (or if rental of such equipment exceeds 30 days) and diagnostic imaging (Magnetic Resonance Imaging and Computer Assisted Tomography). If you elect to use a network provider for these services or tests, the additional 30% co-payment described in the policy will be waived. CorCare Select, our network service, offers timely appointments and preferred pricing. CorCare Select services include imaging services and durable medical equipment. Our imaging service offers a full range diagnostic imaging through a contracted network of independent diagnostic imaging facilities. Imaging services may be contacted at (800) 414-4MRI. Durable medical equipment can be obtained via use of the CorCare network by calling (866) caredme (227-3363) or email to corcare_dme@corvel.com.

Penalty Co-Payment.

Any of the medical treatment or services that require Decision Point Review or Pre-certification that is deemed medically necessary but for which we were not provided advance notice will be subject to up to a 50% co-payment. Failure to submit clinically supported findings that support the treatment or services will also result in a 50% co-payment. This penalty co-payment is in addition to any other deductible or co-payment applicable to your policy. Of course, any treatment deemed not medically necessary would not be reimbursed under this policy.

Right to Appeal.

If you or your physician disagrees with the decision made by CorVel or the <insurance carrier>, you have the right to file an appeal of the decision. Please call CorVel at 800-491-8350. Your appeal will be sent to our Medical Director and you will receive a response within 3 days after receiving the appeal. All attempts will be made to resolve your issue as quickly as possible. If you are not satisfied with the decision results of this process, you may file a dispute. New Jersey automobile insurance law was amended in 1998 to require that all automobile insurers provide any party with the option of submitting a dispute concerning personal injury protection benefits to binding arbitration. Such dispute resolution is governed by N.J.S.A. 39:6A-5.1 et. seq and N.J.A.C. 11:3-5.1 et seq.

Assignment of Benefits

If a provider accepts assignment of benefits from an insured, the provider is required to hold the insured harmless from any reduction in benefits caused by a failure on provider's part to follow the decision point review/pre-certification process. All assignments are subject to all requirements, duties and conditions of the patient's/insured's policy including but not limited to, pre-certification, decision point reviews, exclusions, deductibles and co-payments.

Voluntary Networks

Since 1996, CorVel Corporation has been a state approved workers' compensation managed care organization in all 21 counties of New Jersey pursuant to N.J.A.C. 11:6. This MCO certification includes our proprietary preferred provider organization, CorCare that encompasses CorCare Select and includes AnciCare for diagnostic imaging and CorCare DME for durable medical equipment.

CorCare Select Durable Medical Equipment can provide all types of durable medical equipment such as:

- Orthotics & Prosthetics
- Crutches

- Custom Wheelchairs
- Dressing Supplies
- TENS units
- Other types of DME (purchase & rental)

The network can be accessed via fax at (407) 277-6063, or by Email: kathryn_chafin@corvel.com or evelyn_romero@corvel.com

AnciCare is CorVel's nationwide medical imaging network with a full range of diagnostic imaging services through a contracted network of independent diagnostic imaging facilities. Our specialty medical imaging network for auto casualty provides the benefits of credentialed provider networks, convenient scheduling of medical imaging diagnostic studies (Magnetic Resonance Imaging and Computer Assisted Tomography) and reduced cost for these services.

AnciCare has established a nationwide network of credentialed medical imaging centers that offer our preferred rates for policyholders who access the Ancicare network.

There are three options to access the network, either online at <http://www.ancicare.com/referral>, via fax at 888-264-5520 or by phone at 800-414-4MRI (4674)

When an insurance carrier's auto policy includes a voluntary utilization program for durable medical equipment over \$75, (or if rental of such equipment exceeds 30 days) and diagnostic imaging, we can supply a network provider for these services or tests. This will allow the carrier to waive the additional 30% co-payment described in the policy.

New Jersey Auto – Appeals Process

Appeal - Medical Director / Specialty Physician -

Any denials that are appealed

- A. TCM will put together original request, medical documentation, original determination and all additional documentation submitted along with the appeal and forward to Medical Director/Specialty Physician.

The CorVel Medical Director will review the appeal of a denial as follows:

- If the treatment / testing is approved by the CorVel Medical Director, the treating provider will be notified by telephone and written confirmation sent within 3

business days of receipt of **the appeal**, providing the parameters of authorized treatment/ testing as indicated by the Medical Director's report.

- If additional medical records are needed, we will forward a letter to the treating provider notifying them that more documentation is needed within **three** business days. Upon receipt of the additional medical documentation, the Medical Director will review it. The results of the review will be sent in writing within **three** business days of receipt of the additional information. If the Medical Director recommends referring the case to a consulting specialist for a peer review, the results of this review will be sent in writing within 30 days, **however the patient may continue to treat until the review is completed.**
- If the treatment/testing is denied or amended by CorVel's Medical Director, the treating provider will be notified of the results by telephone and written confirmation sent within **three** business days of receipt of the request. If necessary, an independent medical evaluation (IME) may be requested by the insurance carrier, or advised by CorVel. **The results of the IME will be available to the treating provider within 3 business days following the exam. If prepared, a copy of the examining provider's report will be available upon request.**

If the appeal process does not resolve the complaint, the treating provider or person receiving treatment can appeal the decision by CorVel by filing an appeal to a state certified medical review organization through the National Arbitration Forum at 732-271-6100 or review the web site at: <http://www.arb-forum.com/nj/>