

Injured Person's Name
Injured Person's Address

Date

Re: Insured:
Claimant:
Claim #:
Date of Accident:

2017 DECISION POINT REVIEW/PRE-CERTIFICATION PLAN REVISION ADVISORY NOTICE TO INJURED PERSONS

Dear

This is a summary of the major changes to **Decision Point Review/Pre-Certification Plan For Personal Injury Protection Benefits, MU 78 13**. No coverage is provided by this summary nor can it be construed to replace any provisions of your policy or endorsements. You should read your policy and review your Declarations page for complete information on the coverages you are provided. If there is any conflict between the Policy and this summary, **THE PROVISIONS OF THE POLICY SHALL PREVAIL**.

Below is a list of significant changes made in this version of Decision Point Review/Pre-Certification Plan for Personal Injury Protection Benefits:

1. Updated information concerning the **Utilization Review Organization** from Alta Services to **Consolidated Services Group, Inc. (CSG)** (pages 1-4).
Consolidated Services Group, Inc. 1-877-258-2378
Fax (856) 910-2501 Website: www.csg-inc.net
2. **Determination period** from CSG has been changed from two (2) regular working days to **three (3)** regular working days (page 2).
3. **Appealing a Decision Point Review/Pre-Certification Decision** – the two types of appeals allowed have been outlined along with further details about the process required under either (pages 2 and 3).
 - a. **Pre-Service Appeal** - an appeal of the denial or modification of a decision point review or precertification request prior to the performance or issuance of the requested medical procedure, treatment, diagnostic test, other service, and/or durable medical equipment on the grounds of medical necessity.
 - b. **Post-Service Appeal** - an appeal subsequent to the performance or issuance of the services and/or what should be reimbursed.
4. The following tests listed previously requiring Decision Point Review for identified injuries have been **added or modified** (page 3):
 - a. Any of the following “diagnostic tests” when not otherwise excluded:
 - i. Brain mapping
 - ii. Doppler ultrasound
 - iii. Electroencephalogram (EEG)
 - iv. Needle electromyography (needle EMG)
 - v. Sonography
 - vi. Thermography/thermograms
 - vii. Videofluoroscopy; or
 - viii. Any other “diagnostic test” that is subject to the requirements of our Decision Point Review Plan by New Jersey law or regulation
5. Clarification and addition of **services that require pre-certification** (page 3):

- a. **Durable medical equipment** cost or rental requirements has been altered to read “cost or monthly rental in excess of \$50.00” from “costing greater than \$50, or rental greater than 30 days.”
 - b. **Hospice care** has been removed from the list.
 - c. **Prosthetic devices** have been included under durable medical equipment.
 - d. **Items 11 through 15** have been newly added:
 - i. Outpatient care for soft tissue/disc injuries of the insured person’s neck, back and related structures not included within the diagnoses covered by the Care Paths.
 - ii. Temporomandibular disorders; any oral facial syndrome.
 - iii. Acupuncture.
 - iv. Compound drugs and compounded prescriptions.
 - v. Schedule II, III and IV Controlled Substances, as defined by the Drug Enforcement Administration (DEA), when prescribed in combination or succession for more than three (3) months.
6. The listing of services under the voluntary utilization program have been updated (page 4):
- a. **Durable medical equipment** cost or rental requirements has been altered to read “cost or monthly rental in excess of \$50.00” from “in excess of \$50 or subject to long term rental.”
 - b. **Services, equipment, or accommodations provided by ambulatory surgery facility** has been added.
7. A listing of the “**diagnostic tests**” not covered has also been provided (page 3):
- a. Brain mapping, when not done in conjunction with appropriate neurodiagnostic testing
 - b. Iridology
 - c. Mandibular tracking and simulation
 - d. Reflexology
 - e. Spinal Diagnostic Ultrasound
 - f. Surface electromyography (surface EMG)
 - g. Surrogate arm mentoring
 - h. Any other “diagnostic test” that is determined to be ineligible for coverage under Personal Injury Protection by New Jersey law or regulation.
8. The reference to a **\$10 co-payment for prescription drugs** has been removed and now the general **30% co-payment (in addition to any deductible or co-payment that applies under the policy)** applies when an unapproved network is utilized (pages 3 and 4).
9. A section detailing **other possible co-payments** has been added. These further co-payments may be applied if information is not received during the specified time periods (page 4).

Benefits administered up to April 17, 2017 are not affected by these changes. If you have any questions please contact your adjuster at the number listed on the header of this letter.

Sincerely,

Claim Adjuster