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## **IMPORTANT INFORMATION ABOUT YOUR NO-FAULT MEDICAL COVERAGE AND REIMBURSEMENT**

**Please read this information carefully and share it with your treating health care providers.**

In 1998 New Jersey enacted the Automobile Insurance Cost Reduction Act and as a result there are established obligations which you must satisfy for coverage of medically necessary treatment, diagnostic testing and durable medical equipment arising from injuries sustained in an automobile accident. During the course of your claim, you may be contacted by our PIP vendor, Medlogix, as it relates to obligations you have while receiving medical treatment for your injuries and any subsequent bills. This communication from Medlogix may include, but is not limited to, information pertaining to your obligation to attend an independent medical examination (hereinafter referred to as "**IME**"). Please be on notice that the failure to abide by the following obligations defined herein and as defined in your Policy of Insurance, may affect the authorization for medical treatment, diagnostic testing and durable medical equipment.

This document serves as RiverStone International Insurance, Inc. Decision Point Review and Pre-Certification Plan in accordance with N.J.A.C. 11:3-4.7 and N.J.A.C. 11:3-4.8.

Medlogix is a PIP vendor as defined in N.J.A.C. 11:3-4.2. Medlogix's contact information is as follows:

**Phone:** 877.258.2378

**Fax:** 856.910.2501

**Website:** [www.Medlogix.com](http://www.Medlogix.com)

**Address:** Medlogix, Inc. | 300 American Metro Blvd., Suite 220 |  
Hamilton, NJ 08619 Attn: Pre-Certification Department

### **DISTRIBUTION OF INFORMATION TO POLICY HOLDERS, INJURED PERSONS AND PROVIDERS.**

Informational materials will be issued to policyholders and injured parties by RiverStone International and/or Medlogix at policy issuance, renewal and upon notification of a claim. Providers will be issued a copy upon notification of treatment.

Additionally, in accordance with N.J.A.C. 11:3-4.7 (c)3, a copy of the informational materials for policy holders, injured persons, and treating providers approved by the New Jersey Department of Banking and Insurance, is available at Medlogix's website, [www.Medlogix.com](http://www.Medlogix.com).

The information provided herein as well as in the copies available at Medlogix's website, [www.Medlogix.com](http://www.Medlogix.com), includes, but is not limited to:

- How to contact RiverStone International through Medlogix to submit Decision Point Review/Pre-certification requests including telephone, fax numbers, and addresses.
- An explanation of the Decision Point Review process/Pre-certification Process including a list of the identified injuries and the diagnostic tests (N.J.A.C. 11:3-4.5). The materials shall also include copies of the Care Paths or indicate how copies can be obtained. Additionally, the web site will include the list of voluntary networks with their telephone, fax and email addresses.
- A list of the medical services that require pre-certification.
- An explanation of when treatment, diagnostic testing, and durable medical equipment may be classified as "medically necessary"
- An explanation of "Business hours" and "Calendar days" as well as "Business days" as it relates to this Decision Point Review Plan
- An explanation of how RiverStone International or Medlogix will respond to Decision Point Review/Pre-certification requests, including time frames. The materials will indicate that telephonic responses will be followed with a written authorization, denial or request for more information within three business days.
- An explanation of the penalty co-payments imposed for the failure to submit Decision Point Review/Pre-certification requests where required or failure to provide clinically supported findings that support the treatment, diagnostic tests or durable medical goods in accordance with N.J.A.C. 11:3-4.4.

- An explanation of the Medlogix's voluntary network for certain types of testing and durable medical equipment by N.J.A.C. 11:3-4.4.
- An explanation of the alternatives available to the provider if reimbursement for a proposed treatment or test is denied or modified, including the internal appeals process and how to use it.
- An explanation of the RiverStone International's restriction on assignment of benefits.

### **MEDICALLY NECESSARY TREATMENT AND TESTING**

RiverStone International's personal injury protection coverage shall provide reimbursement for all medically necessary expenses for the diagnosis and treatment of injuries sustained from a covered automobile accident, up to the limits set forth in the policy and in accordance with New Jersey personal injury regulations. "*Medically necessary*" or "*medical necessity*" means:

- That the medical treatment or diagnostic test is consistent with the clinically supported symptoms, diagnosis or indications of the injured person, and;
- The treatment is the most appropriate level of service that is in accordance with the standards of good practice and standard professional treatment protocols consisting of evidence-based clinical guidelines/practice/treatment published in peer-reviewed journals;
- The medical treatment or diagnostic testing is consistent with the Care Paths in the Appendix, as applicable;
- The treatment of the injury is not primarily for the convenience of the injured person or provider; and
- Does not include unnecessary testing or treatment.

### **BUSINESS HOURS**

As it relates to this Decision Point Review Plan, "Business hours" are defined as Monday through Friday, between the hours of 7:00 a.m. and 7:00 p.m. EST, except for federally and/or state declared holidays and New Jersey declared state of emergencies where travel is prohibited.

### **CALENDAR AND BUSINESS DAYS**

As it relates to this Decision Point Review Plan, the following applies when "days" are referenced:

- "Days" means calendar days unless specifically designated as business days.
- A calendar and business day both end at the time of the close of business hours (7:00 p.m. EST Monday through Friday, except for federally and/or state declared holidays and New Jersey declared state of emergencies where travel is prohibited).
- In computing any period of time designated as either "calendar" or "business days", the day from which the designated period of time begins to run shall not be included.
- The last day of a period of time designated as "calendar days" or "business day" is to be included unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day which is neither a Saturday, Sunday or legal holiday.

*Example:* Response to a properly submitted Decision Point Review and Precertification request must be communicated to the requesting provider no later than three (3) "Business days" from the date Medlogix receives the submission. Medlogix receives an Attending Provider Treatment Plan Form by facsimile transmission dated 1:00 p.m. EST on Wednesday February 3, 2016. Day one of the 3-business day period is Thursday February 4, 2016. Since the 3<sup>rd</sup> day would be Saturday, February 6, 2016, Medlogix's decision is due no later than close of business Monday, February 8, 2016.

*Example:* Decisions on treatment appeals shall be communicated to the provider no later than fourteen (14) "Business days" from the date the insurer or Medlogix receives the appeal. The insurer or Medlogix receives the appeal by facsimile, transmission stamped 3:00 p.m. on Tuesday, January 8. Day one of the 14 business day period is Wednesday, January 9 and the 14th business day would be Monday, January 28. However, there is a state of emergency declared in New Jersey on Monday January 28 due to inclement weather. The insurer's decision would be due no later than Tuesday, January 29, providing the State of Emergency has been lifted.

### **FIRST TEN DAYS AFTER LOSS**

No decision point or precertification requirements shall apply within ten days of the motor vehicle accident necessitating the treatment in question, or to treatment administered in emergency care as stated in N.J.A.C. 11:3-4.7. Such treatment

shall be subject to retrospective review as the above provision shall not be construed as to require reimbursement of tests and treatment that are not medically necessary.

**CARE PATHS, DECISION POINTS & PRE-CERTIFICATION** Pursuant to N.J.A.C. 11:3-4, the New Jersey Department of Banking and Insurance (the "Department) has published standard courses of treatment, Care Paths, for soft tissue injuries of the neck and back, collectively referred to as "Identified Injuries". These Care Paths provide health care providers with general guidelines for treatment 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, the health care provider must provide RiverStone International and/or Medlogix information about any further treatment or tests required. This is called Decision Point Review. During the Decision Point Review process, all services requested are evaluated by medical professionals to insure the level of care is medically necessary for the injuries. This does not mean that an insured and/or injured party is required to obtain approval from RiverStone International before consulting a medical provider for injuries. However, it does mean that the medical provider is required to follow the Decision Point Review requirements in order to receive maximum reimbursement under the policy.

In addition, the administration of any test listed in N.J.A.C. 11:3-4.5(b) 1-10 also requires Decision Point Review, regardless of the diagnosis. The Care Paths and accompanying rules are available on the Internet at the Department's website at <http://www.state.nj.us/dobi/pipinfo/aicrapg.htm> or can be obtained by contacting Medlogix at 877.258.2378.

The Decision Point Review process requires any and all health care providers supplying treatment, diagnostic testing, and/or durable medical equipment to submit all requests for treatment on the "Attending Providers Treatment Plan" form. A copy of this form can be found on the DOBI website <http://www.state.nj.us/dobi/pipinfo/aicrapg.htm>, Medlogix's website [www.Medlogix.com](http://www.Medlogix.com) or by contacting Medlogix @ 877.258.2378.

In addition with the completed Attending Providers Treatment Plan form, health care providers must submit a copy of their most recent/appropriate progress notes and the results of any tests relative to the requested services to Medlogix via fax at 856.910.2501 or mail to the following address: Medlogix, 300 American Metro Blvd., Suite 220, Hamilton, NJ 08619, Attn: Pre-Certification Department.

You or your health care provider must obtain pre-certification for specific services and/or conditions for treatment, diagnostic testing or durable medical equipment not included in the Care Paths or subject to Decision Point Review. Pre-certification is a medical review process for specific services, tests, or equipment during which medical professionals evaluate whether the level of services, tests, or equipment you are receiving is medically necessary and reasonable for your injuries.

#### **OBLIGATIONS OF INJURED PARTY AND PROVIDERS DURING THE DECISION POINT REVIEW AND PRE-CERTIFICATION PROCESS**

- An insured or injured party is obliged to notify RiverStone International at the time of injury resulting from a motor vehicle accident. RiverStone International can be reached at 800.227.2757. Once RiverStone International is notified of injuries, the claims handler will contact the injured party to explain the Decision Point Review/Pre-certification process and obtain necessary facts surrounding the injury. The claims handler forwards via mail, a notification packet to the injured party or designee and any named medical providers. The insured or injured party must notify RiverStone International and/or Medlogix of any and all health care providers supplying treatment, diagnostic tests, or durable medical equipment.
- Any and all medical providers who supply treatment, diagnostic tests, or durable medical equipment to the insured or injured party must notify RiverStone International or its designated vendor, Medlogix that treatment has begun within twenty-one (21) days of the commencement of treatment pursuant to N.J.A.C. 11:3-25.5. **The provider shall contact Medlogix at via telephone at 877.258.2378 or by fax at 856.910.2501.** When submitting treatment plans and supporting medical documentation for Decision Point Review/Pre-certification, providers must complete the "Attending Provider Treatment Plan" form and forward with any applicable medical documentation to Medlogix by fax (856.910.2501), or mail (300 American Metro Blvd., Suite 220, Hamilton, NJ 08619 Attn: Pre-Certification Department) This form can be accessed on Medlogix's web site at [www.Medlogix.com](http://www.Medlogix.com)

Any questions regarding treatment requests can be directed to Medlogix at 877.258.2378 during regular business hours of Monday through Friday 7:00 a.m. to 7:00 p.m., EST except for federally and/or state declared holidays and/or New Jersey declared states of emergencies related to inclement weather where travel is prohibited.

- Failure to submit a completed Decision Point Review and Pre-certification treatment request, including but not limited to a completed "Attending Provider Treatment Plan" and legible, clinically supported records, will result in

the submitting provider being notified of an administrative denial. This notification will take place within three business days after receipt of the incomplete request for Decision Point Review and Pre-certification request. A copy of the "Attending Provider Treatment Plan" can be found on the New Jersey Department of Business and Insurance web site <http://www.state.nj.us/dobi/pipinfo/aicrapg.htm> or at Medlogix's web site [www.Medlogix.com](http://www.Medlogix.com).

- Failure to request Decision Point Review or Pre-certification where required, or failure to provide clinically supported findings that support the treatment, test or durable medical equipment requested, shall result in an additional copayment of 50% of the eligible charge for medically necessary: (1) diagnostic tests; (2) treatments; or (3) durable medical goods that were rendered/provided between the time notification to RiverStone International or Medlogix was required, and when Medlogix communicates the decision three business days after the receipt of the treatment request. Such treatment shall be subject to retrospective review as the above provision shall not be construed as to require reimbursement of tests and treatment that are not medically necessary.
- Providers who submit Decision Point Review/Pre-certification requests are those providers who, in part, physically and personally perform evaluations of the injured person's condition, and must provide the specific treatment requested and set treatment goals. RiverStone International and/or Medlogix will not accept Decision Point Review/Pre-certification requests from the following providers:
  - Hospitals
  - Radiologic Facilities
  - Durable Medical Equipment Companies
  - Ambulatory Surgery Centers
  - Registered bio-analytical laboratories
  - Licensed health maintenance organizations
  - Transportation Companies
  - Suppliers of prescription drugs/pharmacies
- If any of the above restricted providers submits a Decision Point Review/Pre-certification request, Medlogix will respond to that submitting provider no later than three business days after the receipt of the request, informing that they are a restricted provider and will instruct that the submission must be made by the referring/treating provider. These providers will be informed that the request will not be reviewed until and unless same is made by the referring/treating provider.
- A decision in response to the provider's complete request for treatment/test/durable medical equipment will be communicated within three business days of receipt of the treatment by the RiverStone International or Medlogix. This decision is communicated to the requesting provider by mail or fax during business hours. Denials of Decision Point Review/Pre-certification requests on the basis of medical necessity shall be the determination of a physician. In the case of treatment prescribed by a dentist, the denial shall be by a dentist.
- If Medlogix on behalf of RiverStone International fails to respond to a request for Decision Point Review/Pre-certification within three business days after the time the complete request is received by RiverStone International or Medlogix, the treatment, testing or durable medical equipment may proceed until RiverStone International or Medlogix notifies the requesting provider that reimbursement for the treatment or testing is not authorized. Payment of such treatment though is not guaranteed and will be made only upon a determination that the treatment is medically necessary, reasonable, and arising from the motor vehicle accident.

#### **MEDLOGIX or RIVERSTONE INTERNATIONAL INSURANCE, INC. DECISIONS IN RESPONSE TO COMPLETE REQUESTS FOR DECISION POINT REVIEW/PRE-CERTIFICATION**

Medlogix or RiverStone International will respond to complete requests for Decision Point Review/Pre-certification with responses which include but are not limited to the following:

**Approved**– A request for treatment/testing/durable medical equipment is approved by either the Nurse or a Medical Director (if forwarded to a Medical Director Reviewer) or as a result of an Independent Medical Examination.

**Denied**– A request for treatment/testing/durable medical equipment is denied either by a Medical Director Review or an Independent Medical Examiner.

**Modified** – A request for treatment/testing/durable medical equipment is modified either by a Medical Director Review or an Independent Medical Examiner.

**Administrative Denial** – Failure to submit a completed Attending Provider Treatment Plan or Decision Point Review/Pre-certification treatment request, including but not limited to a restricted provider as outlined above, the failure to submit legible, clinically supported records, will result in the submitting provider being notified within three business days after

transmittal of the incomplete submission, of what is needed to complete the Pre-certification submission. Upon receipt of the required additional information, the completed request will be reviewed and a decision will be rendered within three business days.

**Retrospective Date of Service** – If the request for treatment/testing/durable medical equipment is for a date of service which has already occurred, a retrospective decision on necessity will be rendered with regard to that/those date(s) of service.

**Pended to IME** – If, based upon the Medical Director's opinion, a physical or mental examination is needed to render a decision, an appointment for an IME (of the same discipline and the most appropriate specialty related to the treating diagnoses) at a location reasonably convenient location to the examinee, is scheduled within seven (7) calendar days of the date of the request. It is noted that medically necessary treatment can continue while the IME is being scheduled. Such treatment shall be subject to retrospective review as the above provision shall not be construed as to require reimbursement of tests and treatment that are not medically necessary.

### **DECISION POINT REVIEW/PRECERTIFICATION REQUESTS**

In accordance with N.J.A.C. 11:3-4.5, the administration of any of the following **diagnostic tests** is subject to Decision Point Review, regardless of diagnosis:

1. Needle Electromyography (EMG)
2. Somatosensory Evoked Potential (SSEP)
3. Visual Evoked Potential (VEP)
4. Brain Audio Evoked Potential (BAEP)
5. Brain Evoked Potentials (BEP)
6. Nerve Conduction Velocity (NCV)
7. H-Reflex Studies
8. Electroencephalogram (EEG)
9. Videofluoroscopy
10. Magnetic Resonance Imaging (MRI)
11. Computer Assisted Tomograms (CT, CAT Scan)
12. Dynatron/Cybex Station/Cybex Studies
13. Sonogram/Ultrasound
14. Brain Mapping
15. Thermography/Thermograms

The following list identifies **treatment, tests and medical services** that are subject to Pre-Certification according to the Plan:

1. Non-emergency inpatient and outpatient hospital care
2. Non-emergency surgical procedures
3. Infusion Therapy
4. Extended Care Rehabilitation Facilities
5. All Outpatient care for soft-tissue/disc injuries of the person's neck, back and related structures not included within the diagnoses covered by the Care Paths
6. All Physical, Occupational, Speech, Cognitive, Rehabilitation or other restorative therapy or therapeutic or body part manipulation except that provided for identified injuries in accordance with decision point review
7. All Outpatient psychological/psychiatric treatment/testing and/or services
8. All pain management/pain medicine services except as provided for identified injuries in accordance with decision point review
9. Home Health Care
10. Acupuncture
11. Durable Medical Equipment (including orthotics and prosthetics), with a cost or monthly rental, in excess of \$75.00
12. Non-Emergency Dental Restorations
13. Temporo-mandibular disorders; any oral facial syndrome
14. Current Perception Testing
15. Nutritional Supplements
16. All treatment and testing related to balance disorders
17. Bone Scans

18. Podiatry
19. Any and all procedures that use an unspecified CPT/CDT, DSM IV, and/or HCPC code

Treating providers are encouraged to submit their requests in an effort to establish an agreed upon voluntary comprehensive treatment plan for all of a covered person's injuries, to minimize the need for piecemeal review. Reimbursement for treatment, testing or durable medical equipment consistent with the consensual treatment plan will be made without review or audit.

RiverStone International shall not retrospectively deny payment for treatment, diagnostic testing or durable medical equipment on the basis of medical necessity, where a decision point review or precertification request for that treatment or testing was properly submitted to the insurer, unless the request involved fraud or misrepresentation by the provider or the person receiving the treatment, diagnostic testing or durable medical equipment.

New Jersey Personal Injury Protection Law prohibits coverage for the following tests:

1. Spinal diagnostic ultrasound;
2. Iridology;
3. Reflexology;
4. Surrogate arm mentoring;
5. Surface electromyography (surface EMG);
6. Mandibular tracking and stimulation
7. Any other diagnostic tests that is determined by New Jersey Law or regulation to be ineligible for Personal Injury Protection Coverage

New Jersey Personal Injury Protection Law prohibits reimbursement for the following treatment:

1. Kinesio Tape;
2. X-ray Digitization; and
3. Any other treatment/test that is determined by New Jersey law or regulation to be ineligible for Personal Injury Protection reimbursement

Pursuant to N.J.A.C. 13:30-8.22(b), personal injury protection medical expense coverage shall not provide reimbursement for the following diagnostic tests which have been identified by the New Jersey State Board of Dentistry as failing to yield data of sufficient volume to alter or influence the diagnosis or treatment plan employed to treat TMJ/D:

1. Mandibular tracking;
2. Surface EMG;
3. Sonography;
4. Doppler ultrasound;
5. Needle EMG;
6. Electroencephalogram (EEG);
7. Thermograms/thermographs;
8. Video fluoroscopy;
9. Reflexology; and
10. Any other treatment/test that is determined by New Jersey law or regulation to be ineligible for Personal Injury Protection reimbursement shall be deemed to be included in this list.

#### **REQUEST FOR PHYSICAL OR MENTAL EXAMINATION**

Medlogix shall notify the injured person or designee if a physical or mental examination is required to determine the medical necessity of further treatment, test, or durable medical equipment.

- If a physical or mental examination is required, the appointment will be scheduled within seven (7) calendar days of the date of the request for the treatment, test or durable medical equipment unless the injured person/designee agrees to extend the time period.
- If based upon the reviewing physician's opinion, a physical or mental examination is needed to render a decision, an appointment for an IME (of the same discipline and within a location reasonably convenient to the patient) will

be scheduled within seven (7) calendar days of the date of the request. It is noted that medically necessary treatment can continue while the IME is being scheduled.

- Medlogix on behalf of RiverStone International shall notify the injured person or their designee by mail or fax, and shall notify the requesting provider by fax, whether reimbursement for further treatment or testing is authorized as promptly as possible but, not later than three (3) business days after the examination.
- The IME shall be scheduled with a provider of the same discipline and the most appropriate specialty related to the treating diagnoses as the treating provider and within a location reasonably convenient to the patient pursuant to N.J.A.C. 11:3-4.7(e). The injured person, upon the request of RiverStone International and/or Medlogix, shall provide medical records and other pertinent information to the provider conducting the medical examination. The requested records shall be provided at the time of the examination or before.
- If the injured party being examined does not speak English, they must contact RiverStone International and/or Medlogix who may be able to arrange an appropriate interpreter be provided for the purpose of translating at the IME appointment. The injured party can also provide their own interpreter at their own cost.
- Treatment may continue with the treating provider until the results of the IME are available, however only medically necessary care will be reimbursed. Such treatment shall be subject to retrospective review as the above provision shall not be construed as to require reimbursement of tests and treatment that are not medically necessary.
- Medlogix shall notify the treating provider whether reimbursement for further treatment or testing is authorized as promptly as possible, but no later than three (3) business days after the examination.
- The injured party or their designee, and the treating provider, shall be entitled to a copy of the IME report upon request.
- The notification may also require the injured party to bring medical records and/or CT/MRI or x-ray films to the examination appointment.

#### **UNEXCUSED FAILURE TO ATTEND A SCHEDULED PHYSICAL AND/OR MENTAL EXAM**

**IT IS IMPORTANT THAT THE INSURED ATTEND ALL SCHEDULED IMES. YOU SHOULD BE AWARE THAT THE UNEXCUSED FAILURE OF AN INSURED AND/OR INJURED PARTY TO ATTEND TWO OR MORE SCHEDULED EXAMINATIONS MAY RESULT IN NOTIFICATION TO THE INSURED AND/OR INJURED PARTY OR DESIGNEE AND THE PROVIDER THAT NO REIMBURSEMENT WILL BE MADE FOR ANY AND ALL FURTHER TREATMENT, DIAGNOSTIC TESTING OR DURABLE MEDICAL EQUIPMENT RELATING TO THE DIAGNOSIS CODE(S), AND CORRESPONDING FAMILY OF CODES, CONTAINED IN THE REQUEST OR ATTENDING PROVIDER TREATMENT PLAN FORM THAT NECESSITATED THE SCHEDULING OF THE EXAMINATION, REGARDLESS OF MEDICAL NECESSITY.**

**The following will constitute an unexcused failure to attend a requested examination:**

- Failure of the injured party to attend a scheduled IME without proper notice to Medlogix;
- Failure of the injured party to notify Medlogix at least two days prior to the IME date of the need to reschedule;
- Any rescheduling of an unattended IME that exceeds thirty-five (35) calendar days from the date of the original IME, without permission from RiverStone International;
- Failure to provide requested medical records, including radiology films, at the time of the IME;
- Failure to provide adequate proof of identification at the time of the IME;
- If the injured party being examined does not speak English and they fail to request or provide an appropriate interpreter for the exam.

RiverStone International will notify the treating provider by fax or mail if the injured party has a second unexcused failure to attend the IME. This notification will state no further reimbursement will be made.

## **APPEALS AND RECONSIDERATION**

In accordance with N.J.A.C. 11:3-4.7, RiverStone International and Medlogix's mandatory Appeal Process is as follows:

- If a request for medical services is denied or modified by a Medical Director Review or an IME, the treating provider may request a reconsideration of the physician recommendation. This request must be made in writing and forwarded to Medlogix via facsimile at 856.910.2501 within ten (10) business days of receipt of the recommendation to deny the Decision Point Review/ Pre-Certification request. The request must include the appealing physician's signature and reasons for reconsideration along with additional supporting documentation. **This request for reconsideration is mandatory if the treating provider wishes to file arbitration while acting on an assignment of benefits or a power of attorney.** See the section below pertaining to Dispute Resolution and the requirement to file all disputes for PIP benefits in arbitration in lieu of Superior Court.
- It may be determined that an Independent Medical Examination (IME) is necessary to address the appeal. If this is the case, the appointment shall be scheduled within seven (7) calendar days of receipt of the appeal request unless the injured person agrees to extend the time period. The examination shall be scheduled with a provider of the same discipline and the most appropriate specialty related to the treating diagnoses as the treating provider and within a location reasonably convenient to the patient.
- Medlogix's written response to the appeal will be communicated to the requesting provider by fax or mail, within fourteen (14) calendar days after receipt of request.
- If the appeal is for **any issue not related to a request for a Decision Point Review/Pre-certification request**, any treating provider and any non-treating provider (including, but not limited to, an ambulatory surgical center, imaging facility, etc.) shall request reconsideration through Medlogix in writing via facsimile at 856.910.2501 not later than twenty-one (21) calendar days prior to initiating arbitration or litigation. Issues not related to a request for Decision Point Review/Pre-certification can include, but are not limited to, bill review or payment for services. This appeal must be signed by the appealing physician and submitted in writing stating the issue(s) being disputed along with supporting documentation. Any requests for appeal that are not forwarded via facsimile to Medlogix at 856.910.2501 will not be considered and no response will be forthcoming. **This request for reconsideration is mandatory if the treating provider wishes to file the required arbitration while acting on an assignment of benefits or a power of attorney.**
- If the treating provider is not satisfied with the results of Medlogix's Internal Appeals process, the treating provider may file for and request dispute resolution/arbitration governed by regulations promulgated by the New Jersey Department of Banking and Insurance (N.J.A.C. 11:3-5), and can be initiated by contacting the current vendor approved by the New Jersey Department of Banking and Insurance to administer dispute resolution/arbitration. RiverStone International retains the right to file a motion to remove any Superior Court action to arbitration pursuant to NJSA. 39:6A-5.1. Unless emergent relief is sought, failure to utilize the Appeals process prior to filing arbitration or litigation will invalidate any assignment of benefits.
- Non-treating providers must agree to submit appeals related to non-medical decision, including but not limited to payment issues through the internal appeals process and exhaust such appeals process prior to submitting any unresolved disputes through the dispute resolution/arbitration process.
- The appeals must be submitted to Medlogix no later than twenty-one (21) calendar days prior to the initiation of any arbitration. See the section below pertaining to Dispute Resolution and the requirement to file all disputes for PIP benefits in arbitration in lieu of Superior Court. Should the assignee choose to retain an attorney to handle the appeals process, they do so at their own expense. Medlogix's written response to this appeal will be communicated to the requesting provider by fax or mail within fourteen (14) calendar days of receipt of the request.
- Please note that any provider that has accepted an assignment of benefits or who is acting on the authority granted by a power of attorney, must comply with the appeals process set forth in this document as noted above prior to initiating any arbitration or litigation.

## **ASSIGNMENT OF BENEFITS**

Assignment of Benefits – If the insured/injured party would like RiverStone International to pay a provider of service benefits directly, the insured/injured party must sign an Assignment of Benefits agreement. As a condition of assignment, the treating provider must follow the requirements of the Decision Point Review Plan and shall hold harmless the insured/injured party for penalty co-payments imposed based on the provider's failure to follow the requirements of RiverStone's Decision Point Review Plan. **Failure to comply with RiverStone International's Plan Requirements, the duties under the automobile insurance policy or the requirement to comply with the Appeals Process and submit a valid appeal no more than ten (10) business days after receipt of a Decision Point Review/Pre-certification request and/or not later than twenty-one (21) calendar days prior to initiating arbitration or litigation for any issue not related to a request for Decision Point Review/Pre-certification, will render any prior Assignment of Benefits under the policy null and void.**

## **VOLUNTARY NETWORK SERVICES**

Medlogix has established a network of approved vendors for diagnostic imaging studies for all MRI and CT scans, durable medical equipment with a cost or monthly rental over \$75.00, prescription drugs and all electro diagnostic testing, listed in N.J.A.C 11:3-4.5(b) 1-3 except for needle EMGs, H-reflex and nerve conduction velocity (NVC) tests performed together by the treating physician and services, equipment or accommodations provided by an ambulatory surgery facility. **Failure to use an approved vendor will result in an additional copayment not to exceed 30% of the eligible charge**

A list of preferred provider networks is available at Medlogix's website at [www.Medlogix.com](http://www.Medlogix.com). An insured and/or injured person or designee, and the requesting provider can also obtain a list of preferred provider networks by contacting Medlogix by phone at 877.258.2378, by facsimile at 856.910.2501, or in writing at 300 American Metro Blvd., Suite 220, Hamilton, NJ 08619.

The voluntary utilization program is available in accordance with N.J.A.C. 11:3-4.8(b), for:

1. Magnetic Resonance Imagery
2. Computer Assisted Tomography
3. The electro diagnostic tests listed in N.J.A.C. 11:3-4.5(b) 1 through 3 except for needle EMG's, H-reflex and nerve conduction velocity (NCV) tests performed together by the same treating physician
4. Durable medical equipment (including orthotics and prosthetics) with a cost or monthly rental in excess of \$75.00
5. Prescription Drugs
6. Services, equipment or accommodations provided by an ambulatory surgery facility

When one of the above listed services, tests or equipment is requested through the Decision Point Review plan/Pre-certification process, a detailed care plan evaluation letter containing the outcome of the review is sent to the insured and/or injured person or designee and the requesting health care provider as described in this document. This notice will include how to acquire a list of available preferred provider networks, with phone numbers and addresses, to obtain the medically necessary services, tests or equipment requested. In addition, that notice will include the following language **"FAILURE TO USE THE VOLUNTARY NETWORK WILL RESULT IN A COPAYMENT OF 30% (IN ADDITION TO ANY DEDUCTIBLE OR CO-PAYMENT THAT APPLIES UNDER THE POLICY) OF THE ELIGIBLE CHARGE"**

When you are in the need of *prescription* drugs, a pharmacy card will be issued that can be presented at numerous participating pharmacies. Instructions on how to find a list of participating pharmacies will be included with the pharmacy card.

**Those individuals who choose not to utilize the networks discussed above, will be assessed an additional copayment not to exceed 30% of the eligible charge in accordance with N.J.A.C. 11:3-4.4(g). That co-payment will be the responsibility of the insured/patient.**

## **PAYMENTS/REIMBURSEMENT**

RiverStone International will reimburse all eligible medically necessary services in accordance with the most current and applicable New Jersey PIP Regulations and Fee Schedule pertaining to the date of service.

When provider fees are not included in the applicable fee schedule, and there are likewise no similar services included in the applicable fee schedule, RiverStone International will use the most current version of Medlogix's re-pricing software (Medlogix) to adjudicate against submitted requests, and produce a detailed explanation of benefits outline of suggested reimbursement.

RiverStone International is not obligated to reimburse for specific CPT/HCPC codes even if approved or pre-certified in a decision point review/precertification request. If the National Correct Coding Initiative Edits (hereinafter referred to as "NCCI Edits") prohibit reimbursement for any combination of codes that were billed, such codes will not be reimbursed. The New Jersey Department of Banking and Insurance has adopted the NCCI Edits to prevent duplication of services and unbundling of codes. The current NCCI Edits can be viewed at the following web site: [www.cms.gov/NationalCorrectCodInitEd/](http://www.cms.gov/NationalCorrectCodInitEd/).

When a provider bills CPT code(s) for medically necessary services that are not included in the applicable New Jersey Fee Schedule, RiverStone International reserves the right to reimburse the appropriate fee schedule amount for similar services or equipment in the region where the service or equipment was provided, or RiverStone International will determine the reasonableness of the provider's fee by comparison of its experience with that provider and with other providers in the region. National databases of fees, such as those published by FAIR Health ([www.fairhealthus.org](http://www.fairhealthus.org)) or Wasserman (<http://www.medfees.com/>), for example, are evidence of the reasonableness of fees for the provider's geographic region or ZIP code. The use of national databases of fees is not limited to the above examples. RiverStone International reserves the right to reimburse whichever amount is less.

### **DISPUTE RESOLUTION PROCESS**

Any dispute not resolved in the Appeal and Reconsideration process may be submitted through the Personal Injury Protection Dispute Resolution process which is governed by the New Jersey Department of Banking and Insurance (N.J.A.C. 11:3-5) and can be initiated by contacting the current vendor approved by the New Jersey Department of Banking and Insurance to administer Dispute Resolution/arbitration. RiverStone International Insurance, Inc. reserves the right to require disputes to be submitted through this Personal Injury Protection Dispute Resolution process in lieu of litigation in the Superior Court, as permitted by NJSA 39:6A-5.1(a).

Unless emergent relief is sought, failure to utilize the Appeal and Reconsideration process prior to filing arbitration or litigation will invalidate any prior Assignments of Benefits.