

Albany Field Claim Office
31 British American Blvd
Latham, NY 12110
(800) 854-6011 ext 8944
Fax (866) 958-0318

MetLife[®] Auto & Home

Date:

Physician Name
Street Address
City, State, Zip

Claimant:
Claim Number:
Medlogix ID #:
Date of Accident:
Insured:

Dear Provider:

This letter is to advise you that Consolidated Services Group, Inc. (CSG) is handling decision point review/pre-certification, medical service review and medical fee schedule calculations of this claim for MetLife Auto & Home, your patient's no-fault insurance carrier. Pursuant to N.J.A.C. 11:3-4, you are required to notify us of those services you intend to perform on the patient, as hereinafter explained. MetLife Auto & Home has contracted with Consolidated Services Group, Inc. (the "PIP Vendor") for these purposes.

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 providers approved by the New Jersey Department of Banking and Insurance, is available through the Consolidated Services Group, Inc. website @ www.medlogix.com.

Please note, no decision point or pre-certification requirements shall apply within 10 days of the insured event or to treatment administered in emergency care. This provision shall not be construed so as to require reimbursement of tests and treatment that are not medically necessary. Please be advised that such care will be reviewed retrospectively and is reimbursable only if determined to be medically necessary as well as causally related to a covered automobile accident.

CARE PATHS/DECISION POINT REVIEW

As mentioned above, 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 the "Identified Injuries". N.J.A.C. 11:3-4 also establishes guidelines for the use of certain diagnostic tests. The Care Paths provide that treatment be evaluated at certain intervals called **Decision Points**. At Decision Points, you must provide us with medical documentation supporting any further treatment you intend to provide. This is called **Decision Point Review**. 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. If you fail to submit requests for Decision Point Reviews or fail to provide clinically supported findings that support the request, payment of your bills will result in a co-payment of 50% (in addition to any deductible or co-payment that applies under the policy) of the eligible charge for medically

necessary services. The **Care Paths** and accompanying rules are available on the Internet at the Department's website at www.nj.gov/dobi/aicrapg.htm or can be obtained by contacting CSG @ 1 (877) 258-CERT (2378).

MANDATORY PRE-CERTIFICATION

If your patient does not have an Identified Injury, you are required to obtain pre-certification of all the services listed below. If you fail to submit requests for the pre-certification of all the services listed below or fail to provide clinically supported findings that support the request, payment of your bills will result in a co-payment of 50% (in addition to any deductible or co-payment that applies under the policy) of the eligible charge for medically necessary services. You are encouraged to maintain communication with CSG on a regular basis as pre-certification requirements may change. Emergency care as defined by N.J.A.C. 11:3-4.2 will not be subject to Decision Point Review or Pre-certification. However, such care will be reviewed retrospectively and must be medically necessary and as a result of a covered automobile accident in order to be reimbursable. Pre-certification is mandatory as to any of the following medical services once 10 days have elapsed since the accident:

- (a) non-emergency inpatient and outpatient hospital care
- (b) non-emergency inpatient and outpatient surgical procedures
- (c) extended care rehabilitation facilities
- (d) 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
- (e) 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
- (f) outpatient psychological/psychiatric testing and/or services
- (g) all pain management services except as provided for identified injuries in accordance with decision point review including, but not limited to, the following:
 - acupuncture
 - nerve blocks
 - manipulation under anesthesia
 - anesthesia when performed in conjunction with invasive techniques
 - epidural steroid injections
 - radio frequency denervation/rhyzotomy
 - narcotics, when prescribed for more than three months
 - biofeedback
 - implantation of spinal stimulators or spinal pumps
 - trigger point injections]
- (h) home health care
- (i) non-emergency dental restoration
- (j) testing or treatment for temporomandibular disorders; any oral facial syndrome
- (k) infusion therapy
- (l) bone scans
- (m) Vax-D
- (n) full body muscle testing
- (o) surface neuro-stimulation
- (p) discogram
- (q) testing or treatment for Carpal Tunnel Syndrome

- (r) durable medical equipment (including orthotics and prosthetics) with a cost or monthly rental in excess of \$75.00
- (s) non-emergency medical transportation with a round trip transportation expense in excess of \$75.00
- (t) prescriptions costing more than \$50.00

HOW TO SUBMIT DECISION POINT REVIEW/PRE-CERTIFICATION REQUESTS

In order for CSG to complete the review, you are required to submit all requests on the “Attending Physicians Treatment Plan” form in accordance with order number A04-143. A copy of this form can be found on the DOBI web site www.nj.gov/dobi/aicrapg.htm, CSG’s web site www.medlogix.com or by contacting CSG @ (877) 258-CERT (2378). The treating provider may make requests for Decision Point Review/Pre-certification either by phone, mail or electronic transmission; to the extent such information has not already been obtained.

In order to consider a request for Decision Point Review/Pre-certification, the following information is required and must be submitted to CSG:

- Provider’s name, address, phone number, contact person and specialty
- History of the injury; prior injuries; previous medical history; current clinical findings
- ICD-9 diagnosis codes related to this accident
- Current patient evaluation including objective clinical findings
- Results of performed diagnostic testing
- Amount and type of treatment received to date with documented response
- Proposed diagnostic tests, for comparison to criteria contained in N.J.A.C. 11:3-4.5
- Proposed course of treatment consistent with subjective and objective findings
- Proposed CPT, HCPC’s and procedural codes related to the diagnoses, including frequency and duration
- Date of re-evaluation for discharge or anticipated discharge date (Decision Point Review)
- Legible notes (written requests)

Please return the completed “Attending Physicians Treatment Plan”, along with a copy of your most recent/appropriate progress notes and the results of any tests relative to the requested services to CSG via fax at (856) 910-2501 or mail to the following address: CSG, Inc., 3 Executive Campus, Suite 100, Cherry Hill, NJ 08002, ATTN.: Pre-certification Department. Its phone number is (877) 258-CERT (2378).

The review will be completed within three (3) business days of receipt of the necessary information and notice of the decision will be communicated to your office by telephone and/or confirmed in writing. During that time, CSG may authorize, deny or request additional information. If you are not notified within 3 business days, you may continue your test or course of treatment until such time as the final determination is communicated to you. Similarly, if an independent medical examination should be required, you may continue your tests or course of treatment until the results of the examination become available.

Failure to request decision point review or pre-certification where required or failure to provide clinically supported findings that support the treatment, diagnostic test or durable medical equipment requested shall result in an additional co-payment not to exceed 50 percent of the eligible charge for medically necessary diagnostic tests, treatments or durable medical goods that

were provided between the time notification to us was required and the time proper notification is made and we have the opportunity to respond in accordance with our approved decision point review plan.

Denials of decision point review and 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.

HOW TO SUBMIT A BILL

Please submit all bills for review by mail to CSG, Inc., 3 Executive Campus, Suite 100, Cherry Hill, NJ 08002, ATTN: Pre-certification Department or by fax at 856-910-9442 ATTN: Pre-certification Department.

INDEPENDENT MEDICAL EXAMS

If the need arises for CSG to utilize an independent medical exam during the decision point review/pre-certification process, the guidelines in accordance to N.J.A.C. 11:3-4.7(e) 1-7 will be followed. This includes but is not limited to: prior notification to the injured person or his or her designee, scheduling the exam within seven calendar days of the receipt of the attending physicians treatment plan form (unless the injured person agrees to extend the time period), having the exam conducted by a provider in the same discipline, scheduling the exam at a location that is reasonably convenient to the injured person, having the exam scheduled to occur within thirty-five (35) days and providing the injured person reasonable notice of the exam, and providing notification of the decision within three business days after attendance of the exam.

Failure, on the part of the injured person, to attend the physical/mental examination scheduled to occur within thirty-five (35) calendar days from CSG's receipt of the Decision Point Review/Pre-certification request will be **excused** if the injured person notifies MetLife Auto & Home or CSG at least three (3) business days before the examination date of their inability to attend the exam. Another exam will then be scheduled to occur within the thirty-five (35) calendar days.

Failure, on the part of the injured person, to attend a physical/mental examination scheduled to occur within thirty-five (35) calendar days from CSG's receipt of the Decision Point Review/Pre-certification request will be **unexcused** if the injured person does not notify MetLife Auto & Home or CSG at least three (3) business days before the examination of their inability to attend the exam.

Failure, on the part of the injured person, to attend a physical/mental examination rescheduled to occur more than thirty-five (35) calendar days from CSG's receipt of the Decision Point Review/Pre-certification request will be **unexcused**.

If the injured person has two or more unexcused failures to attend the scheduled exam, notification will be immediately sent to the injured person or his or her designee, and all providers treating the injured person for the diagnosis (and related diagnosis) contained in the attending physicians treatment plan form. The notification will place the injured person on notice that all future treatment, diagnostic testing or durable medical equipment required for the diagnosis (and related diagnosis) contained in the attending physicians treatment plan form will not be reimbursable as a consequence for failure to comply with the plan.

POSSIBLE OUTCOMES

The following are the possible outcomes of our review:

- (a) The requested service is certified.
- (b) If CSG receives information that, in their view, is insufficient to support the requested test or service, they will issue an administrative non-certification and will continue to non-certify the requested test or service until such time as they receive documentation sufficient to evaluate the request.
- (c) In the event CSG feels a change in the requested test or service is advisable (whether in frequency, duration, intensity or place of service or treatment), they will notify your office of the modified results.
- (d) In the event CSG is unable to certify your request, your office will be notified of the results and a CSG Medical Director will be available through an internal reconsideration process to discuss the case with you. CSG may also request that the patient undergo an Independent Medical Examination. Any such exam will be scheduled in accordance with N.J.A.C.11:3-4.7(e) 1-7 as stated In the Independent Medical Exams section above.

RECONSIDERATION PROCESS

If CSG fails to certify a request, the clinical rationale for this determination is available to you upon written request. If you would like to have the decision reconsidered, you are encouraged to participate in CSG's internal review process. If you have taken on an assignment of benefits you are **required** to participate in this process. To notify CSG of your intention to participate in the reconsideration process, you can contact them by phone @ (877) 258-CERT (2378), via fax @ (856) 910-2501, or in writing @ 3 Executive Campus, Suite 100, Cherry Hill, NJ 08002. In accordance with N.J.A.C. 11:3-4.7(c) 6 your reconsideration decision will be provided to you within fourteen (14) days of your request. This process will afford you the opportunity to discuss your appeal with a "similar discipline" Medical Director or request an independent examination scheduled by CSG.

OTHER DISPUTES

If any payment or non-payment is unacceptable to you, MetLife Auto & Home provides an internal appeals process which is available for review of the decision you find unacceptable. Upon receipt of the appeal, a panel of at least 3 employees of MetLife Auto & Home who have had no involvement with the handling of the claim will review the disputed claim decision. Within 10 business days after receipt of your appeal, the internal appeals panel will make its decision. The decision of the internal appeals panel will then be communicated to you within 3 additional business days. If you find it necessary to seek an internal appeal, please notify MetLife Auto & Home Internal Appeals Administrator in writing by mail, electronic mail, facsimile, delivery service, or via phone by contacting:

New Jersey Appeals Administrator

MetLife Auto & Home

Claim Department

31 British American Blvd

Latham, NY 12110

Phone: 1-800-854-6011 ext. 8944

Fax: 1-866-958-0318

E-mail: NJappeal@metlife.com (If via email please indicate "NJ Appeal" in the subject line)

ASSIGNMENT OF BENEFITS

Please also note that, if you accept an assignment of benefits from the patient, you:

- a) agree to follow the requirements of our Decision Point Review Plan for making decision point review and pre-certification requests;
- b) shall hold the insured harmless for penalty co-payments imposed by us based on the provider's failure to follow the requirements of our Decision Point Review Plan;
- c) agree to follow the Reconsideration Process for disputes arising out of a request for decision point review or pre-certification, or the Claims Internal Appeals Process for all other disputes; and
- d) agree to submit disputes to Alternate Dispute Resolution pursuant to N.J.A.C. 11:3-5. However, prior to submitting to alternate dispute resolution, you must comply with the requirements of (c) above.

Failure on your part to comply with (a), (b), (c), and (d) above, will render any assignment of benefits null and void. You must exhaust our reconsideration and internal appeal process as a condition precedent to the filing of PIP Dispute Resolution.

VOLUNTARY UTILIZATION PROGRAM

In accordance with N.J.A.C. 11:3-4.8(b) the plan includes a voluntary utilization program 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 when performed by the treating physician
4. Durable medical equipment (including orthotics and prosthetics) with a cost or monthly rental in excess of \$75.00.

When one of the above listed services, tests or equipment is requested through the decision point review/pre-certification process, a detailed care plan evaluation letter containing the outcome of the review is sent to the injured person or his or her designee, and the requesting provider. In addition the notice will include a list of available preferred provider networks to obtain the medically necessary services, tests or equipment requested. In accordance with N.J.A.C.11:3-4.4(f), failure to use an approved network will result in an additional co-payment not to exceed 30 percent of the eligible charge.

In addition to securing a list of preferred provider networks through the process outlined in the paragraph above, visit CSG's website @ www.medlogix.com, contact CSG by phone @ (877) 258-CERT (2378), via fax @ (856) 910-2501, or in writing @ 3 Executive Campus, Suite 100, Cherry Hill, NJ 08002.

Should you have any questions or require any further information not available through the websites, don't hesitate to contact CSG by phone @ (877) 258-CERT (2378), via fax @ (856) 910-2501, or in writing @ 3 Executive Campus, Suite 100, Cherry Hill, NJ 08002.

Sincerely,

MetLife Auto & Home
Claim Department
31 British American Blvd
Latham, NY 12110