

New Jersey Personal Injury Protection Claims FAQs

Effective November 7, 2011, the Liberty Mutual Agency Corporation Regional Companies (“LMAC”) will be processing New Jersey Personal Injury Protection Medical Expense Benefit Claims, pursuant to a Decision Point Review / Pre-certification Plan. This Plan will be administered on behalf of the Liberty Mutual Agency Corporation Regional Companies by Auto Injury Solutions, Inc. (“AIS”).

Q. What is Decision Point Review?

A. 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”. These Care Paths provide your health care provider with general guidelines for treatment and diagnostic testing as to these injuries. In addition, Care Paths require that treatment be evaluated at certain intervals called Decision Points. At Decision Points, a healthcare provider must provide information about any further treatment or test required. This is called Decision Point Review. During the Decision Point Review process, all services requested are evaluated by medical professionals to ensure the level of care being received is medically necessary for the injuries sustained in the motor vehicle accident. This does not mean that an injured party is required to obtain LMAC’s approval before consulting with a medical provider for their injuries. However, it does mean that a medical provider is required to follow the Decision Point Review requirements in order for the injured party 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 www.nj.gov/dobi/aicrapg.htm .

Q. What is Pre-certification?

A. Pre-certification is a medical review process for specific services, tests or equipment. During this process all services, tests or equipment requested are evaluated by medical professions to ensure the level of services, tests or equipment being received by the injured party are medically necessary for the injuries sustained in the motor vehicle accident for which Personal Injury Protection benefits are being provided. This does not mean that an injured party is required to obtain LMAC’s approval before consulting with a medical provider for their injuries. However, it does mean that a medical provider is required to follow the Pre-certification requirements in order for the injured party to receive maximum reimbursement under the policy.

Q. What claims are affected by this change?

A. Claims where New Jersey Personal Injury Protection Medical Expense Benefit coverage is being afforded.

Q. Is this only for new claims with a date of loss after November 7, 2011?

A. This affects all claims which are currently open as of October 15, 2011.

Q. How will injured parties, their attorneys and treating medical providers be notified that the claim is being handled under the Decision Point Review / Pre-certification Plan?

A. A letter is being sent on claims that are open as of October 15, 2011 notifying of this change.

Q. What does an injured party need to do to comply with the Decision Point Review / Pre-certification requirements under the policy?

A. Provide LMAC with the name(s) of the medical providers with which treatment is being sought. Contact will then be made by LMAC's Utilization Review vendor – Auto Injury Solutions, Inc. to explain the process. Injured parties should notify their treating providers that a Decision Point Review / Pre-certification Plan is applicable for the Medical Expense Benefit claim.

Q. How does the Decision Point Review / Pre-certification process work?

A. In order for Auto Injury Solutions, Inc. to complete the review, the health care provider is required to submit all requests on the "Attending Provider Treatment Plan" form – see Exhibit 3 – in accordance with order number A04-143. A copy of this form can be found on the Department's website www.nj.gov/dobi/aicrapg.htm.

The health care provider should submit the completed form, along with a copy of their most recent/appropriate clinical notes and the results of any tests relative to the requested services to Auto Injury Solutions, Inc. via fax at 855-450-2676. The form is required to be completed in its entirety and legible / complete medical notes are required.

The review will be completed within three (3) business days of receipt of the necessary information. Notification of the decision will be communicated to the health care provider by fax and/or confirmed in writing. If the health care provider is not notified within three (3) business days, they may continue with treatment/testing until such time as the final determination is communicated to them. Denials of Decision Point Review and Pre-certification requests are made on the basis of medical necessity and are determined by a physician.

Q. Can my health care provider appeal the Decision Point Review / Pre-certification decision?

A. Yes, if Auto Injury Solutions, Inc. fails to certify a request, your health care provider has an option to appeal this decision. To access the Internal Appeals Process AIS must be notified within fourteen (14) calendar days of the denial. An appeal must be communicated to Auto Injury Solutions, Inc. in writing with supporting documentation and reasons for the appeal. Submission of information identical to the initial documentation submitted in support of the initial request shall not be accepted as an appeal request. The appeal can be sent via facsimile to 855-450-2676. An appeal will be conducted within fourteen (14) calendar days. If your provider has accepted an Assignment of Benefits, they are required to participate in this process.

Q. How do I reach Auto Injury Solutions, Inc. and what hours of operation are they available?

A. They can be reached via telephone at 800-818-7610, please have your claim number available for reference so the claim file can be identified and accessed for review and discussion. Business hours are 9 AM to 5:30 PM ET each business day with the exception of federal holidays.