



## IMPORTANT NOTICE TO POLICYHOLDERS MEDICAL PROTOCOLS

### DECISION POINT REVIEW:

Pursuant to N.J.A.C. 11:3-4, the New Jersey Department of Banking and Insurance has published standard courses of treatment, identified as **Care Paths**, for soft tissue injuries of neck and back, collectively referred to as **Identified Injuries (See Exhibit A)**.

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 or your health care provider must provide Procura Management Inc information about further treatment the provider intends to pursue. This is called **Decision Point Review**. Updated amendments effective October 27, 2004 are available for review at: <http://www.nj.gov/dobi/aicrapg.htm>. The **Nova Casualty Insurance Company** Decision Point Review Plan is available in hard copy by calling Procura Management Inc. at 1-800-275-9485, and is also available at [www.procura-inc.com](http://www.procura-inc.com).

The following diagnostic tests are subject to Decision Point Review:

- Brain Mapping
- Brain Audio Evoked Potentials (BAEP)
- Brain Evoked Potentials (BEP)
- Dynatron/cybex station/cybex studies
- Videofluoroscopy
- H-Reflex Studies
- Sonogram/Ultrasound
- Needle Electromyography (Needle EMG)
- Nerve Conduction Velocity (NCV)
- Somatosensory Evoked Potential (SSEP)
- Magnetic Resonance Imaging (MRI)
- Electroencephalogram (EEG)
- Visual Evoked Potential (VEP)
- Thermogram/Thermography
- Any other diagnostic test that is subject to the requirements of Decision Point Review by New Jersey law or regulation

For treatment of injuries other than an "**Identified Injury**" (soft tissue injury of the neck or back), **insured persons or their health care providers** are required to obtain **precertification** for all of the services listed below. If you or your providers fail to **pre-certify** such services, or fail to provide clinically supported findings that support the treatment, diagnostic tests or durable medical equipment requested, payment of bills will be subject to a penalty co-payment of 50% even if the services are determined to be medically necessary. The following treatments, services, goods and non-medical expenses require **precertification**, unless they are part of a previously approved treatment plan.

- Non-Emergency Inpatient and Outpatient Hospital Care and the provider fees associated with these services.
- Non-emergency surgical procedures (performed in a hospital, freestanding surgery center office, etc.)
- All Non-Emergency inpatient and outpatient Psychological/Psychiatric Services

- 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 Path
- Extended Care and Rehabilitation Facilities
- All Home Health Care
- CT Myelogram
- Discogram
- Non-Emergency Dental Restoration
- Treatment, testing and/or durable medical goods of Temporomandibular disorders and/or any oral facial syndrome
- Physical, Occupational, Speech, Cognitive, or other restorative therapy or Body part manipulation, including massage therapy, except that provided for Identified Injuries in accordance with Decision Point Review.
- Durable Medical Goods, including orthotics and prosthetics that collectively exceed \$300.00 cost and/or monthly rental greater than 30 days.
- Non-medical products, devices, services and activities and associated supplies, not exclusively used for medical purposes or as durable medical goods, with a cost of \$50.00 and/or monthly rental greater than 30 days, including but not limited to:
  1. vehicles
  2. modification to vehicles
  3. durable goods
  4. furnishings
  5. improvements or modifications to real or personal property
  6. fixtures
  7. recreational activities and trips
  8. leisure activities and trips
  9. spa/gym memberships
- All Pain Management services, except as provided for Identified Injuries in accordance with Decision Point Review including but not limited to:
  1. acupuncture
  2. nerve blocks
  3. manipulation under anesthesia
  4. anesthesia when performed in conjunction with invasive techniques
  5. radio frequency/rhyzotomy
  6. narcotics, when prescribed for more than three (3) months
  7. biofeedback
  8. implantation of spinal stimulators or spinal pumps
  9. trigger point injections
  10. tens units (transcutaneous electrical nerve stimulation)

**VOLUNTARY PRECERTIFICATION:**

Insured persons and their health care provider are strongly encouraged to participate in a Voluntary **Precertification** process by providing a comprehensive treatment plan for both identified and other injuries. An approved treatment plan means that as long as treatment is consistent with the approved plan, additional notification to Procura Management Inc. at Decision Points for Treatment, Diagnostic Testing or DME requiring precertification is not required.

**NJPIP-1099:**

Treatment obtained in emergency care and / or within ten days of the insured event, is not subject to **decision point review** or **precertification** requirements. This provision shall not be construed so as to require reimbursement of tests and treatment that are not medically necessary, N.J.A.C. 11:3-4.7 (b).

If your provider fails to request **decision point review / precertification** where required or fails to provide clinical findings that support the treatment, testing or durable medical equipment requested a copayment penalty of 50% will apply even if the services are determined to be medically necessary. For benefits to be reimbursed in full, treatment, testing and durable medical equipment must be medically necessary.

#### **HOW TO SUBMIT DECISION POINT/PRE-CERTIFICATION REQUESTS:**

Decision Point / Precertification requests should be submitted to Procura Management Inc at the following address:  
Procura Management Inc.  
2435 Boulevard of the Generals, Suite 200, Norristown, PA, 19403  
1-800-275-9485  
Fax: 610-631-7011

Procura Management Inc shall provide 24 hour, 7-day / week-telephone service. Regular business hours are Monday through Friday 7:30 AM-5:00 PM. All requests for pre-authorization received before or after business hours, on weekends and holidays will be handled on the next business day.

#### **Properly Submitted requests**

Your medical treating provider must submit all requests on the "Attending Provider Treatment Plan form." A copy of the "Attending Provider Treatment Plan form" is available at <http://www.nj.gov/dobi/aicrapg.htm> or by contacting Procura Management Inc. at 1-800-275-9485, or at [www.procura-inc.com](http://www.procura-inc.com). Failure to submit the required documentation could result in a delay in receiving a final determination of your request. Properly submitted requests for decision point review and precertification must include the injured person's full name and birth date, the policy number, the claim number, and the date of the accident. Complete requests also must include dates of prior treatment, legible office notes, diagnoses and ICD-9 codes, diagnostic tests performed including the test findings, recommended tests, pre-existing conditions, CPT codes, and any additional information or documentation required to review the treatment/testing and/or DME request. When an improperly submitted request is received, Procura Management Inc. will inform your treating provider what additional medical documentation or information is required. An administrative denial for failure to provide required medical documentation or information will be issued and will remain in effect until all requested information needed to process a review to determine medical necessity regarding the requested treatment/testing and/or DME is received.

Procura Management Inc.'s review of decision point/precertification requests and/or extended treatment notifications will be completed within three (3) business days of receipt of the necessary information.

Procura Management Inc shall respond to providers by phone as well as confirm in writing as to whether or not the medical documentation supplied by the treating provider is sufficient. If we fail to notify the claimant or provider within three (3) business days, you may continue with the test or treatment until our final determination is communicated to you or your provider.

In addition, if Nova Casualty Insurance Company or Procura Management Inc. is unable to make an informed determination based solely on the medical documentation, Nova Casualty Insurance Company or Procura Management may request that the insured person, attend an Independent Medical Examination. If an Independent Medical Examination is requested, the appointment for the physical examination will be scheduled within seven (7) calendar days from the date that Procura or Nova Casualty Insurance Company notified all required parties that an Independent Medical Examination will be scheduled, unless the injured person agrees with Procura Management Inc. or Nova Casualty Insurance Company, to extend the time period.

The Independent Medical Examination will be conducted by a health care provider within the same specialty as the insured person's treating health care provider and will be conducted in a location reasonably convenient to the insured person. Results of the Independent Medical Examination and the determination regarding the precertification request will be submitted to the insured person in writing and to the health care provider in writing and by telephone within three (3) business days after the examination. Please note that the medically necessary treatment may proceed while the Independent Medical Examination is being scheduled and until the results are available. If the examining provider prepares a written report concerning the examination, the injured person, or his or her designee, shall be entitled to a copy of the report upon request.

You are required to present photo identification to the examining provider at the time of the exam. If you are non-English speaking, then an interpreter must accompany you to the examination. If you must reschedule your appointment, you must contact Procura or Nova Casualty Insurance Company within three (3) business days prior to the scheduled appointment.

In accordance with the AICRA Regulations, the insured person must provide all medical records and diagnostic studies/tests available before or at the time of the scheduled examination. Failure to provide the required medical records and/or diagnostic studies/tests will be considered an unexcused failure to attend the IME. If the injured person has two (2) or more unexcused failures to attend the scheduled exam or three failures in total to attend the scheduled exam, notification will be immediately sent to the injured person or to his or her designee, and all treating providers treating the injured person for the diagnosis (and related diagnosis) contained in the Attending Provider 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 Provider Treatment Plan form, will not be reimbursable as a consequence for failure to comply with the plan.

An example of the injured person's three (3) total failures to attend the exam may include three (3) occurrences of any one of the following or three (3) occurrences of any combination of the following:

- Failure to provide the medical records and diagnostic films before or on the day of examination.
- Rescheduling of the examination for any reason even within the required three (3) business days prior to the examination appointment.
- Failure to present valid photo identification for the exam.
- Failure to be accompanied by an interpreter if the injured party is non-English speaking.
- Failure to present for any of the scheduled examination appointments for any reason.

Once the exam is attended, Procura will notify the injured person and the treating provider whether the request(s) was determined to be medically necessary, but no later than three (3) business days after the examination. If a determination is not rendered within three (3) business days of the exam, the treatment or testing may proceed until the insured person and/or the provider has been notified that reimbursement for the treatment, testing or durable medical goods is not authorized.

Any denial of treatment or testing based on medical necessity shall be made by a physician or dentist. All claims are subject to regulatory eligibility and coverage investigations, benefit reductions, and/or coverage denials as required and /or permitted by the State of New Jersey

**VOLUNTARY UTILIZATION PROGRAM (Waiver of Policy Co-payment):**

As outlined in N.J.A.C. 11:3-4.8, there is a co-payment applicable to certain non-emergency care and services received from non-network providers. Currently, there is a 30% co-payment for diagnostic imaging (MRI and Cat Scan), electrodiagnostic testing listed in N.J.A.C. 11:3-4.5(b)1-3 (except when performed by the treating provider in conjunction with a needle EMG), durable medical goods greater than \$300.00 cost or monthly rental greater than over 30 days. Your copayment for prescription drugs is \$10.00

Procura Management Inc. has a provider network that is available to you. As outlined in N.J.A.C. 11:3-4.8, the Procura Network is an approved network as part of a workers' compensation managed care organization pursuant to N.J.A.C. 11:6. The benefits of the network include ease of access, credentialed and quality providers and the fact that your copayment is waived when accessing a network provider.

Information regarding our provider network is available to you at [www.procura-inc.com](http://www.procura-inc.com) or by calling Procura Management Inc. at 1-800-275-9485. Our provider network includes Procura Management Inc. providers as well as the Magnacare Network.

Separately and in addition Procura makes available a Preferred Provider Organization (PPO) that includes all specialties, hospitals, outpatient and urgent care facilities. The use of a provider from our PPO is strictly voluntary and is provided as a service to the insured person. A copayment penalty will not be applied if you choose to select a provider outside this preferred provider network. Procura's preferred providers have facilities located throughout the state. Information regarding our PPO network is available to you at [www.procura-inc.com](http://www.procura-inc.com) or by calling Procura Management Inc. at 1-800-275-9485. Our PPO Network includes Procura Management Inc. providers as well as the Magnacare Network.

## **PENALTY**

As outlined in N.J.A.C. 11:3-4.4(d), failure to request **decision point review** or **precertification** as required in our Decision Point Review/Precertification plan will result in a 50% copayment penalty. This co-payment penalty will be in addition to any co-payment stated in the schedule of your policy. Failure to submit clinically supported findings that support your decision point review or precertification request will result in a 50% copayment penalty. Copayments and deductibles will first be applied to the eligible charges and then penalties will be applied for failure to precertify.

## **ASSIGNMENT OF BENEFITS**

We, Nova Casualty Insurance Company may at our option, pay any medical expense benefits or essential service benefits to the insured or their health care provider.

Benefits are not assignable except to a health care provider for medical expenses representing covered services and/or supplies furnished by the health care provider to an insured person.

In order for any assignment of benefits to be valid, the health care provider must agree, in writing as part of the assignment, to comply fully with our Decision Point Review Plan and all precertification requirements. An assignment that does not explicitly contain such an agreement is invalid.

The health care provider must also agree, in writing as part of the assignment, to hold harmless the insured person, us, and our vendor for any reduction in benefits caused by the health care provider's failure to fully comply with the terms of our Decision Point Review Plan and all precertification requirements.

Any and all assignments of benefits by an insured person to a health care provider shall become void and unenforceable under the following conditions:

1. Coverage is not afforded under this policy and / or the injured party is not eligible for Nova Casualty Insurance Company benefits;
2. a health care provider of services and/or supplies does not submit to an Examination Under Oath when we request same;
3. a health care provider of services and/or supplies does not comply with all requests for medical records or test results;
4. a health care provider does not comply with all the requirements, duties and conditions of the our Decision Point Review Plan and Precertification processes;
5. a health care provider does not comply with the "Dispute Resolution" provisions in our approved Decision Point Review Plan, including utilization of the Internal Appeal process.

## INTERNAL APPEAL PROCESS:

If the insured person, or their health care provider, disagrees with our determination related to decision point review, precertification or payment of medical expenses, the insured person, or the health care provider, may submit an internal appeal for reconsideration of the decision. All Internal Appeals are to be directed to Procura Management Inc. Procura Management Inc. is responsible for processing all Internal Appeals.

You the insured or your treating health care provider can simply fax or send the Internal Appeal submission in writing, to Procura Management Inc, within thirty (30) days from the date of an adverse determination of the decision point review and / or the precertification.

If the insured person or the treating health care provider initiates the Internal Appeal process, the matter of dispute must be explained and include the medical rationale to support the matter in dispute. If the required explanation and medical rationale was not provided to Procura Management Inc, the appealing party will be notified that the appeal will not be processed until the required information is submitted. In addition, Procura Management Inc. may request that additional necessary medical documentation be submitted in order to properly process the Appeal. A Procura Medical Director will be available to consult with the health care provider during the reconsideration process.

A final determination or your appeal will be communicated to the insured person, and the health care provider, in writing within fourteen (14) business days of receipt of the request for reconsideration or receipt of any supporting documentation that we Nova Casualty Insurance Company or Procura Management Inc. may request. If further additional information and / or documentation are required, a determination will be provided within fourteen (14) business days from Procura Management Inc's receipt of the additional information and / or documentation.

The Appeal should be submitted in writing to Procura Management Inc. at:

Procura Management Inc.  
2435 Boulevard of the Generals, Suite 200  
Norristown, PA 19403\*

Or the request may be faxed to (610) 631-7011.

Pursuant to N.J.A.C. 11:3-5, any dispute that has not been resolved through the internal appeals process may be submitted to the Alternate Dispute Resolution.

Please note that health care providers who have accepted an assignment of benefits must submit an internal appeal for reconsideration of decisions related to decision point review, precertification or payment of medical expenses to Procura Management Inc. Any other disputes, or any disputes not resolved through reconsideration by Procura Management Inc, must be submitted to Nova Casualty Company as required by the policy. A determination of your appeal, properly submitted, to Nova Casualty Insurance Company will be rendered within 30 (thirty) calendar days. If further additional information and / or documentation are required, a determination will be provided within 30 (thirty) calendar days from Nova Casualty Insurance Company's receipt of the additional information and / or documentation. If, despite completion of the internal appeal process, the good faith efforts of both parties fail to bring resolution to the dispute, the assignee's only recourse will be to request Alternate Dispute Resolution in accordance with N.J.A.C. 11:3-5.

Procura will inform the health care provider and the insured person in writing of their right to appeal and the procedure to follow when the Appeal determination is rendered. The appeal may be made to a state certified Medical Review Organization through National Arbitration Association, at 732-271-6100. Forms, rules and procedures are available online at <http://www.arb.-forum.com> [www.nj-info@arb-forum.com](mailto:www.nj-info@arb-forum.com).

## **EXHIBIT A Identified Injuries**

The following **International Classification of Diseases, 9th** Revision Clinical Modification - fifth edition **ICD-9-CM** diagnostic codes are associated with Care Path 1 through Care Path 6 for treatment of Accidental Injury to the Spine and Back and are included on each appropriate Care Path. The ICD9 codes referenced do not include codes for multiple diagnoses or co-morbidity.

### **Care Path 1**

- 728.0 Disorders of muscle, ligament and fascia
- 728.85 Spasm of muscle
- 739.0 Non allopathic lesions - not elsewhere classified
- 739.1 Somatic dysfunction of cervical region
- 847.0 Sprains and strains of neck
- 847.9 Sprains and strains of back, unspecified site
- 922.3 Contusion of back
- 922.31 Contusion of back, excludes interscapular region
- 953.0 Injury to cervical root

### **Care Path 2**

- 722.0 Displacement of cervical intervertebral disc without myelopathy
- 722.2 Displacement of intervertebral disc, site unspecified, without myelopathy
- 722.70 Intervertebral disc disorder with myelopathy, unspecified region
- 722.71 Intervertebral disc disorder with myelopathy, cervical region
- 728.0 Disorders of muscle, ligament and fascia
- 739.0 Non allopathic lesions - not elsewhere classified
- 953.0 Injury to cervical root

### **Care Path 3**

- 728.0 Disorders of muscle, ligament and fascia
- 728.85 Spasm of muscle
- 739.0 Non allopathic lesions - not elsewhere classified
- 739.2 Somatic dysfunction of thoracic region
- 739.8 Somatic dysfunction of rib cage
- 847.1 Sprains and strains, thoracic
- 847.9 Sprains and strains of back, unspecified site
- 922.3 Contusion of back
- 922.33 Contusion of back, interscapular region

### **Care Path 4**

- 722.0 Displacement of cervical intervertebral disc without myelopathy
- 722.1 Displacement of thoracic or lumbar intervertebral disc without myelopathy
- 722.11 Displacement of thoracic intervertebral disc without myelopathy
- 722.2 Displacement of intervertebral disc, site unspecified, without myelopathy
- 722.70 Intervertebral disc disorder with myelopathy, unspecified region
- 722.72 Intervertebral disc disorder with myelopathy, thoracic region
- 728.0 Disorders of muscle, ligament and fascia
- 739.0 Non allopathic lesions - not elsewhere classified

### Care Path 5

- 728.0 Disorders of muscle, ligament and fascia
- 728.85 Spasm of muscle
- 739.0 Non allopathic lesions - not elsewhere classified
- 739.3 Somatic dysfunction of lumbar region
- 739.4 Somatic dysfunction of sacral region
- 846 Sprains and strains of sacroiliac region
- 846.0 Sprains and strains of lumbosacral (joint) (ligament)
- 846.1 Sprains and strains of sacroiliac ligament
- 846.2 Sprains and strains of sacrospinatus (ligament)
- 846.3 Sprains and strains of sacrotuberous (ligament)
- 846.8 Sprains and strains of other specified sites of sacroiliac region
- 846.9 Sprains and strains, unspecified site of sacroiliac region
- 847.2 Sprains and strains, lumbar
- 847.3 Sprains and strains, sacrum
- 847.4 Sprains and strains, coccyx
- 847.9 Sprains and strains, unspecified site of back
- 922.3 Contusion of back
- 922.31 Contusion of back, excludes interscapular region
- 953.2 Injury to lumbar root
- 953.3 Injury to sacral root

### Care Path 6

- 722.1 Displacement of thoracic or lumbar intervertebral disc without myelopathy
- 722.10 Displacement of lumbar intervertebral disc without myelopathy
- 722.2 Displacement of intervertebral disc, site unspecified, without myelopathy
- 722.70 Intervertebral disc disorder with myelopathy, unspecified region
- 722.73 Intervertebral disc disorder with myelopathy, lumbar region
- 728.0 Disorders of muscle, ligament and fascia
- 739.0 Non allopathic lesions - not elsewhere classified
- 953.3 Injury to sacral root

The following **ICD-9-CM** supplemental classification of external causes of injury may be used in addition to the specific diagnostic codes noted above and on each Care Path:

- E 810 through E 819, selected E 820 series codes.

These codes may be used to indicate cause of injury as motor vehicle accident but should not be used without an associated diagnostic code.

## ADDENDUM TO CARE PATHS

### 1. Medications

#### Muscle Relaxants

! Muscle relaxants are an option in the treatment of patients with acute neck, thoracic, and low back problems. While probably more effective than placebo, muscle relaxants have not been shown to be more effective than NSAIDs.

! No additional benefit is gained by using muscle relaxants in combination with NSAIDs over using NSAIDs alone.

! Muscle relaxants have potential side effects in 30 percent of patients. When considering the option of using relaxants, the clinician should balance the potential patient's intolerance of other agents.