

IMPORTANT NOTICE

Decision Point Review & Pre-Certification Requirements

Personal Injury Protection (PIP) is the portion of the auto policy that provides coverage for medical expenses. These medical expenses are subject to policy limits, deductibles, co-payments and any applicable medical fee schedules. Additionally, these medical expenses must be for services that are deemed medically necessary and causally related to the motor vehicle accident. With the adoption of the Automobile Cost Reduction Act of 1998, several important changes have been made in the way a claim is processed. Additional information regarding Decision Point Review/Pre-Certification is available on the Internet at the New Jersey Department of Banking and Insurance's website at nj.gov/dobi/filings.htm.

Premier Prizm Solutions, LLC has been selected by IDS Property Casualty Insurance Company to implement their plan as required by the Automobile Cost Reduction Act. Premier Prizm will review treatment plan requests for Decision Point Review/Pre-Certification, perform Medical Bill Repricing and Audits of provider bills, coordinate Independent Medical Exams and Peer Reviews, and provide Case Management Services.

If certain medically necessary services are performed without notifying IDS Property Casualty Insurance Company or Premier Prizm a penalty/co-payment may be applied. Medical care provided in the first 10 days following the covered loss or any care received during an emergency situation is not subject to Decision Point Review/Pre-Certification. This provision should not be construed to provide reimbursement of tests and treatment that are not medically necessary.

The Plan Administrator of this plan is:

Premier Prizm Solutions, LLC
10 East Stow Road
Suite 100
Marlton, NJ 08053
Phone Number: (856)-596-5600
Fax Number: (856)-596-6300
Email Address AICRA@PremierPrizm.com

Submission of Treatment Plan Requests for Decision Point Review/Pre-Certification

Please bring the attached "Attending Provider Treatment Plan" form to your treating provider for completion. This completed form along with any applicable medical documentation should be forwarded to Premier Prizm by fax (856)-596-6300, or mail to 10 East Stow Road Suite 100 Marlton, NJ 08053 or email to TreatmentRequests@PremierPrizm.com. This form is available on Premier Prizm's website at PremierPrizm.com. Any questions regarding your treatment request can be directed to Premier Prizm at (856)-596-5600 during regular business hours of Monday through Friday 8:00 a.m. to 5:00 p.m. Eastern Time, except for federally declared holidays.

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, known as Care Paths, for soft tissue injuries, collectively referred to as Identified Injuries. Additionally, guidelines for certain diagnostic tests have been established by the New Jersey Department of Banking and Insurance according to N.J.A.C. 11:3-4. Decision Points are intervals within the Care Paths where treatment is evaluated for a decision about the continuation or choice of further treatment the attending physician provides. At Decision Points, the eligible injured person or the health care provider must provide Premier Prizm with information regarding further treatment the health care provider intends to provide. The Care Paths and accompanying rules are available on the Internet at the Department's website at state.nj.us/dobi/pipinfo/aicragp.htm.

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. Brain audio evoked potential (BAEP);
2. Brain evoked potential (BEP);

3. Computer assisted tomographic studies (CT, CAT Scan);
4. Dynatron/Cybex Station/Cybex studies and any range of muscle motion testing;
5. Electroencephalogram (EEG);
6. H-reflex study;
7. Magnetic resonance imaging (MRI);
8. Needle electromyography (needle EMG);
9. Nerve conduction velocity (NCV);
10. Somatosensory evoked potential (SSEP);
11. Sonogram/ultrasound;
12. Visual evoked potential (VEP);
13. Brain Mapping;
14. Thermography/thermograms; or
15. Videofluoroscopy.

Pre-Certification

Pursuant to N.J.A.C. 11:3-4.7, IDS Property Casualty Insurance Company's Pre-Certification Plan requires pre-authorization of certain treatment/diagnostic tests or services. Failure to pre-certify these services may result in penalties/co-payments even if services are deemed medically necessary. If the eligible injured person does not have an Identified Injury, your treating provider is required to obtain Pre-Certification of treatment, diagnostic tests, services, prescriptions, durable medical equipment or other potentially covered expenses as noted below:

1. Non-emergency inpatient and outpatient hospital care;
2. Non-emergency surgical procedures;
3. Extended care rehabilitation facilities;
4. Outpatient care, including follow up evaluations, 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;
5. Physical, Occupational, Speech, Cognitive, Rehabilitation or other restorative therapy or therapeutic or body part manipulation, including follow up evaluations by the referring physician, except as provided for identified injuries in accordance with Decision Point Review;
6. Outpatient psychological/psychiatric treatment/testing or other services;
7. Home Health Care;
8. NonEmergency Dental Restorations;
9. Temporomandibular disorder; any oral facial syndrome;
10. Carpal tunnel syndrome;
11. Infusion therapy;
12. Durable Medical Equipment (including orthotics, prosthetics and associated supplies) with a cost or monthly rental in excess of \$100.
13. Non-medical products, devices, services and activities and associated supplies, not exclusively used for medical purposes or as durable medical goods, with an aggregate cost or monthly rental in excess of \$100 or rental in excess of 30 days, including but not limited to:
 - a. Vehicles;
 - b. Modifications to vehicles;
 - c. Durable goods;
 - d. Furnishings;
 - e. Improvements or modifications to real or personal property;
 - f. Fixtures;
 - g. Spa/gym memberships;
 - h. Recreational activities and trips;
 - i. Leisure activities and trips;
14. Non-emergency medical transportation with a round trip transportation expense in excess of \$100; and
15. All pain management services, except as provided for **identified injuries** in accordance with Decision Point Review including, but not limited to:
 - a. Acupuncture;

- b. Nerve blocks;
- c. Manipulation under anesthesia;
- d. Anesthesia when performed in conjunction with invasive techniques;
- e. Epidural steroid injections;
- f. Radio frequency/rhyzotomy;
- g. Narcotics, when prescribed for more than three months;
- h. Biofeedback;
- i. Implantation of spinal stimulators or spinal pumps; and
- j. Trigger point injections.

Decision Point Review/PreCertification Process

On behalf of IDS Property Casualty Insurance Company, Premier Prizm will review all treatment plan requests and medical documentation submitted. A decision will be made within three business days of receipt of a completed Attending Provider Treatment Plan form request with supporting medical documentation. If additional information is requested, the decision will be provided within three days of our receipt of the additional information. In the event that IDS Property Casualty Insurance Company or Premier Prizm does not receive sufficient medical information accompanying the request for treatment, diagnostic tests or services to make a decision, an administrative denial will apply, until the information is received. If a decision is not made within three business days of receipt of an Attending Provider Treatment Plan form, your treating health care provider, may provide medically necessary treatment until a decision is made.

Please note that the denial 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.

Voluntary Pre-Certification

We encourage you to participate in a voluntary pre-certification process by bringing a treatment plan request form to your provider or have them contact Premier Prizm for all services requested. Premier Prizm will utilize nationally accepted criteria to authorize a mutually agreeable course of treatment. In consideration for your participation in this voluntary pre-certification process, the bills your provider submits, when consistent with the agreed plan, will not be subject to review or audit as long as they are in accordance with the policy limits, deductibles, and any applicable PIP fee schedule. This process increases the communication between the patient, provider and Premier Prizm to develop a comprehensive treatment plan and avoid unnecessary interruptions in care.

Independent Medical Examinations

Premier Prizm or IDS Property Casualty Insurance Company may request an Independent Medical Examination. At times, this examination may be necessary to reach a decision in response to the treatment plan request by the treating provider. This examination will be scheduled with a provider in the same discipline and at a location reasonably convenient to the injured person. Premier Prizm will schedule the appointment for the examination within seven days of the day of the receipt of the request unless the insured/designee otherwise agrees to extend the timeframe. Medically necessary treatment may proceed while the examination is being scheduled and until the Independent Medical Examination results become available. Upon completion of the Independent Medical Examination, your provider will be notified of the results by fax or mail within three business days after the examination. A copy of the examiner's report is available to you or your treating provider upon request.

Premier Prizm will notify you or your designee and the treating provider of the scheduled physical examination and of the consequences for unexcused failure to appear at two or more appointments. If you, the injured party, have two or more unexcused failures to attend the scheduled exam, notification will be immediately sent to you or your designee, and all the providers treating you for the diagnosis (and related diagnosis) contained in the attending physicians treatment plan form.

This notification will alert you 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 reimbursed as a consequence for failing to comply with the plan.

Voluntary Network Services

Premier Prizm has established a network of approved vendors for diagnostic imaging studies for all MRIs and Cat Scans, durable medical equipment with a cost or monthly rental over \$100, prescription drugs and all electro-diagnostic testing, listed in N.J.A.C 11:3-4.5(b) 13, (unless performed in conjunction with a needle EMG by the treating provider). If you, the injured party, utilize one

of the pre-approved networks, the 30% co-payment will be waived. If any of the electro-diagnostic tests listed in N.J.A.C. 11:3-4.5(b) are performed by the treating provider in conjunction with the needle EMG, the 30% copayment will not apply. In cases of prescriptions, the \$10 co-pay of IDS Property Casualty Insurance Company will be waived if obtained from one of the pre-approved networks.

For diagnostic tests of MRIs and Cat Scans, the approved voluntary network that can be utilized is Atlantic Imaging. Once a diagnostic test that is subject to pre-approval through Decision Point Review/Pre-Certification is authorized, a representative of Premier Prizm will contact the vendor and forward the information to them for scheduling purposes. A representative from the diagnostic facility will contact you and schedule the test at a time and place convenient to you.

For Durable Medical Equipment with a cost or monthly rental over \$100.00, the approved network is Progressive Medical, Inc. or My Matrixx. Once a request for Durable Medical Equipment that is subject to pre-approval through Decision Point Review/Pre-Certification is authorized, a representative of Premier Prizm will contact Progressive Medical or My Matrixx and forward the information to them. The equipment will be shipped to you from Progressive Medical or My Matrixx, 24 hours after the request is received.

If you need prescription drugs, the approved network is MyMatrixx. A pharmacy card will be issued that can be presented at numerous participating pharmacies. A list of participating pharmacies will be mailed to you once the need for a prescription has been identified. Requests for narcotics which are prescribed for more than three months are subject to Decision Point Review/Pre-Certification.

For Electro-diagnostic Testing, the approved network is Atlantic Neurodiagnostic Group. Once an electro-diagnostic test that is subject to pre-approval through Decision Point Review/Pre-Certification is authorized, a representative of Premier Prizm will contact the vendor and forward the information to them for scheduling purposes. A representative from the diagnostic facility will contact you and schedule the test at a time and place convenient to you. When Electro-diagnostic tests are performed by your treating provider, in conjunction with a needle EMG, the 30% co-payment will not apply.

Penalty Notification

Failure to submit requests for Decision Point Review or Pre-Certification where required, or failure to submit clinically supported findings that support the treatment, diagnostic testing, or durable medical goods requested will result in a co-payment penalty of 50%. This co-payment is in addition to any co-payment stated in the insured's policy.

If your treating provider does not use a network provider/facility to obtain the services, tests or equipment listed in the voluntary network services, payment for those services will result in a co-payment of 30% (in addition to any deductible or co-payment that applies under the policy) for medically necessary treatment, tests and equipment. Treatment that is not medically necessary is not reimbursable under the terms of the policy.

Any reduction shall be applied prior to any other deductible or co-payment requirement.

Assignment of Benefits

If your treating provider accepts an assignment of benefits, they are required to hold harmless you, the injured party, insured and the insurance carrier for any reduction of benefits caused by the provider's failure to comply with the terms of the Decision Point Review/Pre-Certification plan. All assignments are subject to all requirements, duties and conditions of the insurer's Pre-Certification Plan and the patient's/insured's policy, including but not limited to Pre-Certification; Decision Point Reviews; Exclusions; Deductibles and co-payments. If your provider accepts an assignment of benefits, the provider must:

1. Agree to follow the requirements of our Decision Point Review Plan for making Decision Point Review and Pre-Certification requests;
2. Hold you, the injured party, insured and insurance carrier harmless for penalty co-payments imposed by us based on your provider's failure to follow the requirements of our Decision Point Review Plan;
3. Agree to follow the Internal Appeals Process for disputes arising out of request for Decision Point Review or Pre-Certification;
4. Agree to follow the Internal Appeals Process and Second Level Internal Appeal Process for disputes arising out of any issues other than a decision related to a treatment request; and
5. Agree to submit disputes to PIP Dispute Resolution pursuant to N.J.A.C. 11:3-5. However, prior to submitting to PIP Dispute Resolution, you must comply with the requirements of 3 and 4 above.

Failure on the part of your provider to comply with 1-5 above, will render any assignment of benefits null and void. Should the assignee choose to retain an attorney to handle the appeals process, it would be at their own expense.

Internal Appeal Process

1. If the treating provider, has a valid assignment of benefits, the Internal Appeal Process and Second Level Internal Appeal Process must be followed prior to the initiation of any arbitration or litigation.
2. If the treating provider, does not have a valid assignment of benefits they have no right to present any claim or bring any action directly against us for benefits under the policy, regardless of forum. Accordingly, they may not request or engage in Alternate Dispute Resolution as provided in NJSA 39:6A-5.1. This does not preclude them from participating in the Internal Appeal Process and/or the Second Level Internal Appeal Process.

Appeals Regarding a Decision Related to a Treatment Request

Your treating provider may request an internal appeal on any modified or denied services or other matter related to the treatment or care of the injured person. Disputes must be submitted to Premier Prizm for reconsideration. If a request for medical services is not approved, your treating provider can request a reconsideration by the Physician Advisor who made the decision (or a designated Physician Advisor in his or her absence) or by Premier Prizm's Medical Director. Appeals should be submitted as follows:

1. For appeals regarding a decision related to a treatment request, notification to Premier Prizm, the Plan administrator, needs to occur within 10 business days of the receipt of the decision in question. This appeal must be made in writing by fax, mail or by accessing the Internal Appeals form on the website at PremierPrizm.com, at which point further documentation can be discussed with a physician advisor.
2. The appeal must contain the treating provider's signature and the reason for the appeal. The written dispute shall include copies of all supporting documentation with the reason for reconsideration.
3. A review of the supporting documentation will be conducted and, if necessary, a telephone conference with the Physician Advisor or the Medical Director and you will be conducted within 10 business days of the receipt of the appeal.
4. Premier Prizm's response to the appeal will be communicated to you in writing by fax within 10 business days of the receipt of the appeal.
5. It may be determined that an Independent Medical Examination is necessary. If so, the appointment must be scheduled within seven calendar days of receipt of the appeal request unless you agree to extend the time period. The examination must be held in a location convenient to you with a health care provider of the same specialty as the treating provider. Premier Prizm's written response to the appeal will be communicated to your provider by fax or mail within three business days following the Independent Medical Exam.
6. If your provider does not agree with the response from Premier Prizm, the matter may be submitted through the Dispute Resolution Process as outlined below.

Appeals Regarding any issue other than a Decision Related to a Treatment Request

Your treating provider may request an internal appeal on issues not related to a request for Decision Point Review or Pre-Certification. These issues may include, but are not limited to, bill review or payment for services. Appeals should be submitted as follows:

1. This appeal must be signed by the treating provider and submitted in writing stating the issue being disputed along with supporting documentation. Premier Prizm's written response to this appeal will be communicated to the requesting provider by fax or mail within 10 business days of the receipt of the request.
2. If your treating provider has a valid assignment of benefits, this appeal must be submitted to Premier Prizm 30 business days prior to the initiation of any arbitration or litigation.
3. If your treating provider does not agree with the response from Premier Prizm, they must follow the Second Level Internal Appeal process as outlined below.

Should the provider choose to retain an attorney to handle the Appeals Process, they do so at their own expense. No counsel fees or any other costs incurred during the Appeal process will be compensated regardless of whether the dispute is resolved on appeal or litigated.

Second Level Internal Appeal Process

If your treating provider does not agree with the response from Premier Prizm, the Second Level Internal Appeal process must be

followed before submitting the matter through the Dispute Resolution Process.

1. Written notice of the unresolved dispute must be submitted to IDS Property Casualty Insurance Company via mail, electronic mail or by fax. The Second Level Internal Appeal Form can be found at PremierPrizm.com, or the treating provider may request a form by contacting:

IDS Property Casualty Insurance Company
PIP Claims Divisional Manager
PO Box 19018
Green Bay WI 54307-9018
Fax: (920)-330-4047
Email: PIP1@ampf.com (Please put "NJ Appeal" in the subject line)

2. The Second Level Internal Appeal decision will be provided to your provider within fifteen (15) business days from receipt of the written request and all supporting documents.
3. If good faith efforts of both parties fail to bring resolution to the dispute, your provider may proceed to submit the matter through the Dispute Resolution Process.

Should the provider choose to retain an attorney to handle the Second Level Internal Appeal Process, they do so at their own expense. No counsel fees or any other costs incurred during the Appeal process will be compensated regardless of whether the dispute is resolved on appeal or litigated.

Your provider must agree to hold harmless and indemnify IDS Property Casualty Insurance Company for any legal fees and/or costs awarded should they litigate any matter prior to fulfilling the Dispute Resolution requirements of the policy including utilization of the Internal Appeals Process and Second Level Internal Appeal Process.

Dispute Resolution Process

If there is any dispute that is not resolved at the Internal Appeal Process and/or Second Level Internal Appeal Process, it may be submitted through the Personal Injury Protection Dispute Process (N.J.A.C 11:3-5). This can be initiated by contacting the National Arbitration Forum at (732)-271-6100. Requests for dispute resolution may include a request for review by a Medical Review Organization. **Failure to utilize the Internal Appeal Process prior to filing arbitration or litigation will invalidate an assignment of benefits.**

The staff at Premier Prizm remains available to you and your patient in order to assist with the Decision Point Review/Pre-Certification Process.