JOSEPH A. MASSOOD PETER J. DE FRANK+

KIMBERLY A. KOPP KIM E. SPARANO TARA M. MCCLUSKEY

+NJ, NY and CT Bars -NY Bar

MASSOOD LAW GROUP, LLC

50 PACKANACK LAKE ROAD EAST Wayne, New Jersey 07470-6663

(973) 696-1900 Fax (973) 696-4211

Email: MAIL@MASSOODLAW.COM

OF COUNSEL THERESA A. KELLY-

GALESI OFFICE

30 Galesi Drive, Suite 304 Wayne, NJ 07470 973-837-8880 973-837-8550-f Email:pipfile@massoodlaw.com

NY NO-FAULT

150 Broadhollow Road, Suite 360 Melville, NY 11747 Email:nypipfile@massoodlaw.com

December 27, 2016

PIP ALERT

ATTN:

Medical Providers/Billing Companies

From:

Joseph A. Massood, Esq.

Re:

Proposed Uniform Appeal Forms

Attached please find the **PROPOSED** Uniform PIP Pre-Service Appeal Form and the Post Service Appeal Form together with the Department's explanation. The appeal forms have not been finalized. There may be changes. However, these forms will most likely be the forms that you will be required to submit effective April 2017.

Should you have any questions regarding the above, please do not hesitate to contact the undersigned directly.

NEW JERSEY PIP PRE-SERVIC	E APPEAL FORM		
TYPE OR PRINT LEGIBLY AND KEEP WITHIN THE LINES OF THE 1. DATE APPEAL SUBMITTED SPACE PROVIDED	2. RECEIPT DAT	E OF ADVERSE (DECISION
CLAIM INFORMATIO	CONTRACTOR		
A. CLAM		5. DATE OF LO	>>
PATIENT INFORMATI	8. MIODLE INITIAL	9. DATE OF BIF	(TH
10. ADDRESS (Na. Street)	11 C15 Y	12. STATE	13. Z.P
PROVIDER/FACILITY INFOR 14. LASY HAME 16. FIRST NAME	16. FACILITY-OFFICE NAME	17. SPECIALTY	
is. ADDRESS (No. Street)	19 СПҮ	20. STATE	21. ZIP
.2, TELEPHONE # (Include Area Code) 23. FAX # (Include Area Code)	24, EMAIL ADDRESS	25. TAX (0 #	26. NPI #
7 PROVIDER AVAILABILITY DAYS OF WEEK	28 PROVIDER AVAILABILITY TI	ME OF DAY:	
MONDAY TUESDAY WEDNESDAY THURSDAY FRICAY	FROM	**************************************	TO
REQUESTING PARTY INFORMATION (If Different T	han Provider/Facility Info	Above) B2. RELATION	TO PROVIDER
		35, STATE	36, ZIP
S ADDRESS (No Street)	34 CITY	35. STATE	30, 210
17. TELEPHONE # (Include Area Code) 38. FAX # (Include Area Code)	39 EMAIL ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
DOCUMENTS INCLUI 40 CH; CK THOSE APPLICABLE B OW (Include Proof of Receipt if Applicable)	(章)		
*AFTP DECISION/RESPONSE	E INCEPENDENT	MEDICAL EXAM F	REPORT
COTHER SUPPORTING DOCUMENTS (Describe): PRE-SERVICE APPEAL IS	SSUES		
41 DATE(S) OF REQUEST 42 OFT HOPES, 43, RESPONSE NO RECEIVED WITHIN	DISPUTE	E 45. MEDICAL NECESSITY DISPUTE	
MM DD YY MM DD YY YES NDICATE WITH	£	YES INC	HCATE WITH X
* Indicates minimum documents required that must be included with the submission of this form FRAUD PREVENTION-NEW JERSEY	WARNING		
FRAUD PREVENTION-NEW JERSEY ANY PERSON WHO KNOWINGLY IF LES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MI		ECT TO CRIMINA	, AND CIVIL
FRAUD PREVENTION-NEW JERSEY ANY PERSON WHO KNOWINGLY IF LES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MI PENALTIES PROVIDER STATEMENT	ISLEADING INFORMATION IS SUBJE		
FRAUD PREVENTION-NEW JERSEY ANY PERSON WHO KNOWINGLY IF LES A STATEMENT OF CLAIM CONTAINING ANY IFALSE OR MI PENALTIES	ISLEADING INFORMATION IS SUBJE		

NEW JERSEY PIP POST-SERVICE APPEAL FORM					
TYPE OR PRINT LEGIBLY AND KEEP WITHIN THE LINES SPACE PROVIDED	OF THE 1. DATE APPEAL SUBMITTED	2. RECEIPT DATE	OF ADVERSE DECISION		
. INSURANCE COMPANY	CLAIM INFORMATION	•	5. DATE OF LOSS		
6. LAST NAME	PATIENT INFORMATION	N MODLE INITIAL	9. DATE OF BIRTH		
10, AODRESS (No. Street)		M. CITY	12. STATE 13. ZIP		
14. LAST NAME	PROVIDER/FACILITY INFORM 15, FIRST NAME	ATION 16. FACILITY OFFICE NAME	17. SPECIALTY		
18, AQQPESS (No. Street)		19. CITY	29. STATE 21. ZIP		
22. TEUSPHONE # (Include Area Code)	23. FAX # (Include Area Code)	24. EMAIL ADDRESS	25, TAX ID # 26, NP! #		
C7. PROVIDER AVAILABILITY DAYS OF WEEK MONDAY TUESDAY WEDNESDAY	THURSDAY FR.DAY	28 PROVIDER AVAILABILITY TIME FROM	SE OF DAY:		
	INFORMATION (If Different Thats) 50. FIRST NAVE	n Provider/Facility Info	Above) R2 RELATION TO PROVIDER		
29. LAST NAME	30. FRSI NAVE				
(C), ADORESS (No. Street)		34 CITY	35. STATE 36. ZIP		
37. TELEPHONE # (Include Area Code)	138, FAX # (Include Area Code)	39. EMAIL ADDRESS			
D PEER REVIEW REPORT NETWORK TERMINATION DOCUMENT 41, EOB ID 42, TOTAL BILL REIMBURSEMENT	☐ INDEPENDENT MEDICAL EXAM R ☐ OTHER SUPPORTING DOCUMEN POST-SERVICE APPEAL IS (3), EXPECTED BILL REMEDURSES	TS (Describo)	AUDIT REPORT APPEAL CODE(5) 1-9		
EROM TO MAN LID LYY	48. GPT HCRUS. 47. LINE LEVEL NDC REIMBURSE AMOUNT	48. LINE LÉVEL EXPECTED REIMBURSE AMOUNT	49 "LINE LEVEL APPEAL CODE(S) A-O		
Indicates minimum documents required that must be in "Indicates sections that should be completed using the	letters/numbers that correspond to the key or FRAUD PREVENTION-NEW JERSEY W	ARNING			
ANY PERSON WHO KNOWINGLY FILES A STATEMENT (PENALTIES	DE CLAIM CONTAINING ANY FALSE OR MISL PROVIDER STATEMENT	EADING INFORMATION IS SUBJE	31 TO CRIMINAL AND CLYIC		
THAVE PERSONALLY COMPLETED OR REVIEWED THIS		RRECT TO THE BEST OF MY KNO	DWLEDGE AND BELIEF.		
50. SIGNATURE OF PROVIDER		ST DATE	enive Anneal From Version 1 1 (3/2016		

	NEW JERSEY PIP POST-SERVICE APPEAL					
CODE KEY						
(CONTROL (DATES)	SILL LEVEL APPEAL CODES		LINE LEVEL APPEAL CODES			
1	Improper Deductible Applied	A	improper Application of Fee Schedule Amount			
2	Improper Co-pay Applied	8	Improper use of Modifier			
3	Improper Interest Applied	C	Improper Application of Multiple Reduction Calculation			
4	Interest Due - Payment Not Made Timely	D	Improper Application of Daily Max Cap Calculation			
5	Bill Processed Under Wrong Patient	ε	Improper use of National Correct Coding (NCC.)			
ð.	No Response To Bill Submitted Post 60 Days	F	Improper Application of U&C Amount			
7	Improper Application of Coordination of Benefits	G	Improper PPO Amount			
3	Improper Use of PPO - Not Partic pating In Network	Н	Improper Application of Pre-cert Penalty Co-pay			
9	Improper Use of PPO - Terminated From Network		Improper Application of Voluntary Network Penalty Co-pay			
		- 3	Disagree with Pre-cert Denial			
, alde Waymen Liquid		К	Disagree with IME Denial			
	No. of the state o	L	Disagree with Peer Review Denial			
		M	Improper Application of Coordination of Benefits			
		N	Data Capture Error Caused Improper Reimbursement			
**************		0	No Response to Services Billed			
and the state of t		1	Reference (Belletin Anna york) (Self (Self-Market Market M			
******		1				
			and the state of t			
		<u> </u>				

SYNOPSIS AND EXPLANATION OF PIP INTERNAL APPEAL FORMS REQUIREMENTS FOR INSURER APPEALS PROCEDURES

The Department of Banking and Insurance ("Department") has adopted the new rule N.J.A.C. 11:3-4.7B, which standardizes insurers' internal appeal process for Personal Injury Protection ("PIP") claims. See 48 N.J.R. 2144(a). N.J.A.C. 11:3-4.7B(c) states that all appeals shall be initiated using the forms established by the Department by Order and posted on the Department's website in accordance with N.J.A.C. 11:3-4.7(d). The Department is providing interested parties the opportunity to review and comment on the appeal forms before they are finalized. The appeal forms are attached to this synopsis.

N.J.A.C. 11:3-4.7B(e) states that there are two types of internal appeals: pre-service and post-service. Recognizing that the two types of appeals involve different issues, the Department is establishing two appeal forms: the New Jersey PIP Pre-Service Appeal Form, and the New Jersey PIP Post-Service Appeal Form. Both forms are one page, but the Post-Service Appeal Form has two lists of Dispute Codes on the back of the form.

On both appeal forms, Boxes 1 through 39 are the same and provide the information necessary for the insurer to identify the claim, the patient, information about the provider, the facility, or both, and the person submitting the claim. Box 1, "Date Appeal Submitted," and Box 2, "Receipt Date of Adverse Decision," allow the insurer to calculate whether the appeal has been submitted in accordance with the deadlines in N.J.A.C. 11:3-4.7B(f) and (g). On both appeal forms, Boxes 29 through 39 are for information about a Requesting Party if they are different than the Provider or Facility.

On both appeal forms, Box 40 allows the person making the appeal to indicate the documents that will be submitted with the appeal form.

On the Pre-Service Appeal Form, Boxes 41 through 45 are for information related to the issues being appealed. Box 43, "Response not received within 3 business days," is intended for those occasions when a provider has re-sent the Attending Provider Treatment Form because the insurer did not respond to the first submission. Examples of "Administrative Disputes" that could be captured in Box 44 include where the insurer or vendor administratively denies the request for using the wrong form, incomplete/missing information, or improper use of a required field.

The Post-Service Appeal Form allows the person making the appeal to choose one of the "bill-level" appeal issues, numbered 1 to 9, by filling in box 44. These are issues that apply to the entire bill, such as an improper deductible or copay. If the issue being appealed applies to some, but not all, of the services billed, the person making the appeal can use the "line-level" dispute codes A through O with the corresponding date of service. Examples of line-level appeal issues include improper application of fee schedule or usual and customary amount.

Please provide any feedback you want the Department to consider on the contemplated attached PIP Internal Appeal forms described above via e-mail to legsregs@dobi.nj.gov or phone to Denise Illes, Chief of Legislation and Regulation, at 609-984-3602 ext. 50620, by November 14, 2016.

Inoregs/Internal appeal forms EO2 document