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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 POST-SERVICE APPEAL FORM

TYPE OR PRINT LEGIBLY AND KEEP WITHIN THE LINES OF THE SPACE PROVIDED

1. DATE APPEAL SUBMITTED

2. RECEIPT DATE OF ADVERSE DECISION

### CLAIM INFORMATION

3. INSURANCE COMPANY

4. CLAIM #

5. DATE OF LOSS

### PATIENT INFORMATION

6. LAST NAME

7. FIRST NAME

8. MIDDLE INITIAL

9. DATE OF BIRTH

10. ADDRESS (No. Street)

11. CITY

12. STATE

13. ZIP

### PROVIDER/FACILITY INFORMATION

14. LAST NAME

15. FIRST NAME

16. FACILITY-OFFICE NAME

17. SPECIALTY

18. ADDRESS (No. Street)

19. CITY

20. STATE

21. ZIP

22. TELEPHONE # (Include Area Code)

23. FAX # (Include Area Code)

24. EMAIL ADDRESS

25. TAX ID #

26. NPI #

27. PROVIDER AVAILABILITY DAYS OF WEEK

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

28. PROVIDER AVAILABILITY TIME OF DAY:

FROM

TO

### REQUESTING PARTY INFORMATION (If Different Than Provider/Facility Info Above)

29. LAST NAME

30. FIRST NAME

31. COMPANY-OFFICE NAME

32. RELATION TO PROVIDER

33. ADDRESS (No. Street)

34. CITY

35. STATE

36. ZIP

37. TELEPHONE # (Include Area Code)

38. FAX # (Include Area Code)

39. EMAIL ADDRESS

### DOCUMENTS INCLUDED

40. CHECK THOSE APPLICABLE BELOW (Include: Proof of Receipt if Applicable)

\*ORIGINAL BILL (HCFAUB)

\*EXPLANATION OF BENEFIT/PAYMENT

APTP DECISION RESPONSE

PEER REVIEW REPORT

INDEPENDENT MEDICAL EXAM REPORT

AUDIT REPORT

NETWORK TERMINATION DOCUMENT

OTHER SUPPORTING DOCUMENTS (Describe)

### POST-SERVICE APPEAL ISSUES

41. EOB ID

42. TOTAL BILL REIMBURSEMENT

43. EXPECTED BILL REIMBURSEMENT

44. \*\*BILL LEVEL APPEAL CODE(S) 1-9

45. DATE(S) OF SERVICE

FROM

TO

YY

MM

46. OPT HCPCS NOC

NO

47. LINE LEVEL REIMBURSE AMOUNT

48. LINE LEVEL EXPECTED REIMBURSE AMOUNT

49. \*\*LINE LEVEL APPEAL CODE(S) A-O

MM	DD	YY	MM	DD	YY				

\* Indicates minimum documents required that must be included with the submission of this form  
 \*\* Indicates sections that should be completed using the letters/numbers that correspond to the key on the back of this form

#### FRAUD PREVENTION-NEW JERSEY WARNING

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES

#### PROVIDER STATEMENT

I HAVE PERSONALLY COMPLETED OR REVIEWED THIS FORM. THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

50. SIGNATURE OF PROVIDER

51. DATE



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](mailto: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