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PIP ALERT

ATTN: Medical Providers/Billing Companies
From: Joseph A. Massood, Esq.
Re: Pre-Service Appeals/Performance of Medical Procedure/Provider Rebuttal Service

Even though there is nothing contained in the regulations, DOBI has permitted the insurance carriers to void an Assignment of Benefits if the medical provider performs the procedure prior to receiving the insurance carrier's response to the medical provider's pre-service appeal. Presumably, if the insurance carrier does not respond within 14 days to the medical provider's pre-service appeal, the medical provider would be permitted to perform the procedure. Farmer's DPRP contains the following language:

Except for emergency care as defined in N.J.A.C. 11:3-4.2, any treatment that is the subject of the appeal that is performed prior to the receipt by the provider of the appeal decision shall invalidate the assignment of benefits.

Not all of the insurance carriers have this draconian provision. We are in the process of preparing a comprehensive appeals pamphlet. However, it is probably prudent to wait at least 14 days from the date you submit your pre-service appeal to the insurance carrier before performing the medical procedure unless you are certain the insurance carrier's DPRP does not contain this provision. In short, the procedure would work as follows:

- 1) The medical provider submits a pre-certification request.
- 2) The insurance carrier denies the pre-certification request.
- 3) The medical provider submits a pre-service appeal which shall include a rebuttal report that specifically addresses the peer review, MDR or IME denial. Remember, if the peer review report is one paragraph, which denies the medical treatment simply because the treatment is outside of the Care Paths or there wasn't sufficient conservative treatment, a one to two paragraph rebuttal report would be a sufficient response. Example: the patient was continuing to improve with treatment, range of motion studies improved, patient's pain threshold was diminished, continued care was necessary. If the insurance carrier provides an extensive peer review or IME report, you need to respond to same.

Disclaimer: The statements listed above are for informational purposes only and are not to be used as legal advice. Should you have further questions, please contact the undersigned directly.

Massood Law Group has made arrangements with a company that will prepare rebuttal reports within (7) days. The cost is \$25.00 - \$45.00 if you are interested, please contact the undersigned.

4) The insurance carrier has 14 days to respond to your pre-service appeal. The medical procedure cannot be performed until you receive the insurance company's response to your pre-service appeal. If the insurance carrier does not respond within 14 days, presumably you would be permitted to perform the medical procedure even though you have not received a response because the insurance carrier is now in violation of the Administrative Regulation and their own DPRP.

We are in the process of compiling a comprehensive updated appeals pamphlet which outlines whether the insurance carrier's DPRP contains the language set forth above. Kindly send our firm revised DPRPs when you receive them.