

# State Farm Insurance Companies



RE: Claim Number:  
Date of Loss:  
Our Insured:  
Patient:

Dear Medical Provider:

Medical services rendered to <patient> for injuries sustained in the above captioned motor vehicle accident may be subject to Decision Point Review as required under the laws of New Jersey or Pre-certification as outlined in State Farm's Decision Point Review Plan (Plan) approved by the New Jersey Department of Banking and Insurance. For your review, we are enclosing information including a Decision Point Review Plan summary.

Failure to comply with the requirements of the Plan may result in the application of an additional co-payment penalty as outlined in the enclosed material.

Also included in the enclosed information is a "Conditional Assignment of Benefits" (CAOB) form for you and your patient to sign. Acceptance of assignment of benefits will be conditioned on State Farm's receipt of a properly executed form, your acceptance of, and compliance with, the conditions stipulated therein. **Please review the CAOB carefully as it has been updated with additional conditions.** These conditions apply to claims, such as this, with a date of loss and State Farm policy renewal date on or after March 15, 2005. **Providers who sign State Farm's Conditional Assignment of Benefits for this claim agree to submit disputes as defined in the Plan to an Internal Dispute Resolution process. Providers also agree to submit disputes not resolved by, and disputes not subject to, the Internal Dispute Resolution Process to the Personal Injury Protection Dispute Resolution process set forth in N.J.A.C. 11:3-5.**

**Providers who do not sign State Farm's Conditional Assignment of Benefits are not eligible to submit PIP disputes to the Personal Injury Protection Dispute Resolution process.**

A copy of the Conditional Assignment of Benefits is also available at State Farm's website, [www.statefarm.com/claims/njpip.htm](http://www.statefarm.com/claims/njpip.htm). If completed, please forward the Conditional Assignment of Benefits to the State Farm office indicated above.

With regard to the Plan requirements, State Farm recognizes a treatment plan can only be developed after an initial (new patient) office visit is completed. While you are not required to submit this initial (new patient) office visit for Decision Point Review/Pre-certification, this visit may be subject to retrospective review of its causal relationship to the loss. Please keep in mind; all follow up (established patient) office visits subject to the requirements of the Plan must be submitted to State Farm's vendor, Consolidated Services Group (CSG). Failure to pre-certify the (established patient) office visits subject to the State Farm Plan may result in the application of a 50% co-payment penalty.

In addition, per N.J.A.C. 11:3-29.4(m), certain CPT codes have been identified as subject to a maximum daily allowance of \$90. While these codes may be evaluated as medically necessary as part of your treatment plan, other providers may also be submitting treatment plans with the same range of CPT codes. Regardless of the number of providers, the \$90 maximum daily allowance will apply to reimbursement of these medically necessary services performed on the same day.

The Plan includes several forums for dispute resolution; Rapid Review Internal Appeal Process, Internal Dispute Resolution and Personal Injury Protection Dispute Resolution set forth in N.J.A.C. 11:3-5. These forums are also described in the enclosed summary.

**Providers who retain counsel to assist them in the Rapid Review Internal Appeals or Internal Dispute Resolution process do so strictly at their own expense. State Farm will not reimburse providers for their counsel fees or any other costs regardless of the outcome of the process.**

For complete information, you can request a copy of the Plan from State Farm or access a copy via the internet at [www.statefarm.com/claims/njpip.htm](http://www.statefarm.com/claims/njpip.htm).

Please carefully review the enclosed information. Feel free to contact us for additional information or clarification of our Decision Point Review Plan requirements.

Sincerely,

State Farm Indemnity Company

Enclosure: Decision Point Review Plan Summary  
Conditional Assignment of Benefits



Pursuant to State Farm's Decision Point Review Plan (Plan), approved by the New Jersey Department of Banking and Insurance, and State Farm's automobile insurance policy, certain requirements must be met in order for medical expense benefits to be eligible for payment without application of a penalty. The Plan requires the medical necessity of certain non-emergency diagnostic tests, medical treatments, procedures, services and goods be pre-certified or reviewed at established "decision points". Additionally, these tests, treatment, services, or procedures must be consistent with clinically supported findings in order to be eligible for payment. The Plan consists of a Medical Services Review, Decision Point Review and Pre-certification. The following is a summary of the Plan; a complete copy of the Plan is available at State Farm's website, [www.statefarm.com/claims/njpip.htm](http://www.statefarm.com/claims/njpip.htm).

## Decision Point Review Plan Summary

### Essential Procedures

**Medical Services Review:** A Medical Services Review (MSR) is required for all claims to collect essential claim information, the facts of the accident, the nature and cause of the injury, the diagnosis and the anticipated course of treatment. An MSR is conducted upon initial notification of the claim to State Farm. The insured must provide this information as promptly as possible. Failure to provide this information or providing it more than 30 days after the accident shall result in the application of a co-payment penalty.

**Decision Point Review:** Decision Point Review will be conducted in accordance with the Care Path Treatment Protocols and diagnostic tests as defined by New Jersey law. At each Decision Point, the medical provider is required to consult with State Farm's vendor for Decision Point Review. Decision Point Review applies to the following:

- a) All treatment of accidental injury to the spine and back for ICD-9 Codes specified in the Care Paths in the Appendix of N.J.A.C. 11:3-4.1, et seq,
- b) All diagnostic tests identified in N.J.A.C. 11:3-4.5 (b) for both identified and all other injuries.

A complete copy of the Care Path Treatment Protocols is available at the NJ Dept of Banking and Insurance website <http://www.nj.gov/dobi/aicrapg.htm>.

**Pre-certification:** For diagnostic tests, treatments, services, durable medical goods and activities identified below, the patient's medical provider is required to submit prior notification to State Farm's vendor. Pre-certification applies to the following:

- a) non-emergency inpatient and outpatient hospital care;
- b) non-emergency surgical procedures;
- c) 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;
- d) temporomandibular disorders; any oral facial syndrome
- e) carpal tunnel syndrome;
- f) outpatient psychological/psychiatric testing and/or services;
- g) home health care;
- h) durable medical goods with an aggregate cost or monthly rental in excess of \$75.00, including durable medical equipment and associated supplies, prosthetics and orthotics;
- i) 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 \$75.00, including but not limited to the following:
  - 1. vehicles,
  - 2. modifications to vehicles,
  - 3. durable goods,
  - 4. furnishings,

5. improvements or modifications to real or personal property,
  6. fixtures,
  7. spa/gym memberships,
  8. recreational activities and trips,
  9. leisure activities and trips,
- j) non-emergency medical transportation with a round trip transportation expense in excess of \$75.00;
  - k) non-emergency dental restoration;
  - l) physical, occupational, speech, cognitive or other restorative therapy, or body part manipulation, including follow up evaluations by the referring physician, except that provided for identified injuries in accordance with Decision Point Review; and
  - m) pain management treatment except that provided for identified injuries in accordance with Decision Point Review, including but not limited to the following:
    1. acupuncture,
    2. nerve blocks,
    3. manipulation under anesthesia,
    4. anesthesia when performed in conjunction with invasive techniques,
    5. epidural steroid injections,
    6. radio frequency/rhyzotomy,
    7. narcotics, when prescribed for more than three months,
    8. biofeedback,
    9. implantation of spinal stimulators or spinal pumps, and
    10. trigger point injections

Decision Point Review/Pre-certification requirements will not apply to diagnostic tests, treatments, or durable medical goods performed or obtained within 10 days of the accident or administered during emergency care. However, such care may be reviewed retrospectively and must be medically necessary and as a result of a covered automobile accident in order to be reimbursable.

**Vendor:** State Farm has selected Consolidated Services Group (CSG) to be its independent contractor for the medical evaluations concerning the Plan. CSG Medical Reviewers will be available from 7:00am to 7:00pm Monday-Friday to respond to provider inquiries or requests by phone at 1-877-258-2378. Voice mail and pager contact with CSG on-call personnel will be activated for messages received on Saturdays.

Written Decision Point Review/Pre-certification requests must be submitted on the Attending Provider Treatment Plan form, approved by the NJ Department of Banking and Insurance and sent with supporting documentation to:

CSG – Pre-certification Dept  
3 Executive Campus, Suite 100  
Cherry Hill, NJ 08002

Attending Provider Treatment Plan forms may also be faxed to CSG at: **(856) 910-2502**.

Copies of the Attending Provider Treatment Plan form can be requested from State Farm or can be accessed at [www.statefarm.com/claims/njpip.htm](http://www.statefarm.com/claims/njpip.htm), [www.medlogix.com](http://www.medlogix.com) or <http://www.nj.gov/dobi/aicrapg.htm>.

**The Process:**

**Decision Point Review/Pre-certification:** Requests for Decision Point Review/Pre-certification, telephonic or written, must be submitted directly to CSG with all clinically supported findings. The information will be reviewed by a Medical Reviewer and/or a Medical Director to evaluate the medical necessity of the request.

Attempts will be made to resolve telephonic requests at the time of a provider's contact with CSG. Regardless, all responses to requests for services will be communicated in writing. A Decision Point Review/Pre-certification Evaluation letter confirming CSG's evaluation will be sent to the patient and the treating provider within three (3) business days after receipt of the request. The Decision Point Review/Pre-certification letter will confirm whether or not the request was evaluated as medically necessary.

If State Farm or CSG fails to respond to a request for Decision Point Review/Pre-certification within three (3) business days, the treatment or test may proceed (without application of a co-payment penalty) until State Farm or CSG notifies the provider of the evaluation results.

If a Medical Director determines the supporting medical information is insufficient to render an opinion as to the medical necessity of the request, the scheduling of an independent medical examination may be requested (see ***Independent Medical Examinations***).

The Decision Point Review/Pre-certification evaluation is strictly a review of medical necessity by CSG on State Farm's behalf. Reimbursement for the expenses of medically necessary care is subject to the provisions of the auto insurance policy and New Jersey law including deductibles, co-payments, policy limits and the medical fee schedule. Reimbursement is also subject to a determination apart from medical necessity that the care is for injuries caused by a covered accident.

***Rapid Review Internal Appeal:*** This plan allows for a rapid review process to reconsider a Medical Director's evaluation of medical necessity. It is anticipated this process will be used primarily in a good faith effort to reach a consensus treatment plan. The Rapid Review Internal Appeal process is not mandatory: If a provider is dissatisfied with a Medical Director's evaluation of medical necessity, the provider may proceed directly to the Internal Dispute Resolution process.

If a Decision Point Review/Pre-certification evaluation is in dispute, the provider may contact CSG to discuss the evaluation directly with a Medical Director. This consultation encourages the provider to supply additional or clarifying information in order to reach a consensus treatment plan. A rapid review evaluation will be communicated to the provider no more than 14 days from the request for appeal.

Providers who retain counsel to assist them in the Rapid Review Internal Appeals process do so strictly at their own expense. State Farm will not reimburse providers for their counsel fees or any other costs regardless of the outcome of the Rapid Review Internal Appeal.

In the event the injured party is dissatisfied with the results of the internal appeal process, the matter may be further appealed pursuant to the Plan's Internal Dispute Resolution process. Under State Farm's Conditional Assignment of Benefits, providers shall be required to submit disputes not resolved by the Internal Appeal process to the Internal Dispute Resolution process before submitting the disputes to Personal Injury Protection Resolution under N.J.A.C. 11:3-5 et seq.

***Internal Dispute Resolution:*** Disputes subject to the Internal Dispute Resolution process are defined as follows:

1. Disputed Decision Point Review/Pre-certification evaluations
2. Disputed Rapid Review Internal Appeal evaluations
3. Disputed claim payment denials/reductions based on the medical necessity of treatment
4. Disputed claim payment denials/reductions based on the relationship of an injury to the covered loss.

Under State Farm's Conditional Assignment of Benefits, the provider shall be required to utilize the Internal Dispute Resolution process before submitting a dispute to Personal Injury Protection Dispute Resolution under N.J.A.C. 11:3-5, et seq. To file, the provider must complete an Internal Dispute Resolution request form and select a physician to review the dispute from a list maintained by CSG. If the provider does not select a reviewing physician, one will be selected on the provider's behalf. The request form and any supporting documentation must be submitted to State Farm. The reviewing physician's Internal Dispute Resolution decision will be communicated to the provider no more than 30 days after receipt of the request form and all pertinent medical information required to review the dispute. The decision by the reviewing physician is non-binding to all parties.

The Internal Dispute Resolution process is an attempt to resolve disputes directly between State Farm and medical provider. Providers who retain counsel to assist them in the Internal Dispute Resolution process do so strictly at their own expense. State Farm will not reimburse providers for their counsel fees or any other costs regardless of the outcome of the process.

The Internal Dispute Resolution request form is available at State Farm's website, [www.statefarm.com/claims/njpip.htm](http://www.statefarm.com/claims/njpip.htm) or upon request from State Farm or CSG. The list of physician reviewers is available at CSG's website, [www.medlogix.com](http://www.medlogix.com), or upon request from State Farm or CSG.

***Personal Injury Protection Dispute Resolution:*** A PIP dispute, as defined by N.J.A.C. 11:3-5, may be submitted to Personal Injury Protection (PIP) Dispute Resolution by an injured party, the insured or the company. PIP Dispute Resolution shall be conducted in accordance with the procedures set forth in N.J.A.C. 11:3-5, including any amendments. The final determination made by the

dispute resolution professional shall be binding upon the parties, but subject to vacation, modification or correction by the Superior Court in an action filed pursuant to N.J.S.A. 2A:23A-13 for review of the award.

Under State Farm's Conditional Assignment of Benefits, after exhausting the Internal Dispute Resolution process, a provider must submit any PIP dispute, as defined by N.J.A.C. 11:3-5, to PIP Dispute Resolution in accordance with this Plan.

***Independent Medical Examinations:*** An exam scheduled pursuant to this Plan is intended to provide a timely review of proposed medical care. If a physical/mental examination of the injured person is requested pursuant to this Plan, State Farm, or its designated vendor, will notify the injured person or his or her designee of the time, date, and place of examination. A notice will also be sent to all known providers treating the injured person advising of the examination and consequences for repeated unexcused failures to attend on the part of the patient. The appointment for the physical examination will be scheduled within seven (7) calendar days of receipt of the request for Decision Point Review/Pre-certification unless the injured person agrees to extend the time period. The medical examination will be conducted by a practitioner in the same discipline as the treating provider and at a location reasonably convenient to the injured person. Upon request of State Farm, or its designated vendor, the injured person will provide medical records and other pertinent information to the practitioner conducting the medical examination no later than at the time of the examination.

State Farm will schedule the physical/mental examination to occur during the first thirty-five (35) calendar days after CSG's receipt of the Decision Point Review/Pre-certification request.

Once the exam is attended, State Farm, or its designated vendor, will promptly notify the injured person or his or her designee and the treating provider whether the request was evaluated as medically necessary, but no later than three (3) business days after the examination. 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 and may request one from State Farm.

Failure to attend the physical/mental examination scheduled to occur within thirty-five (35) calendar days from CSG's receipt of the Decision Point Review/Pre-certification request will be **excused** if the injured person notifies State Farm or CSG at least three (3) business days before the examination date of his or her inability to attend the exam. Another exam will then be scheduled to occur within the thirty-five (35) calendar days.

Failure to attend a physical/mental examination scheduled to occur within thirty-five (35) calendar days from CSG's receipt of the Decision Point Review/Pre-certification request will be **unexcused** if the injured person does not notify State Farm or CSG at least three (3) business days before the examination date of his or her inability to attend the exam.

Failure to attend a physical/mental examination rescheduled to occur more than thirty-five (35) calendar days from CSG's receipt of the Decision Point Review/Pre-certification request will be **unexcused**.

If the injured person has two or more unexcused failures to attend a scheduled examination, State Farm will deny payment for treatment, diagnostic testing and durable medical goods provided on or after the date of the second unexcused failure to attend. State Farm's denial will apply to treatment, diagnostic testing and durable medical goods relating to the diagnosis code(s) and corresponding family of codes associated with the Decision Point Review/Pre-certification request that necessitated the scheduling of the physical/mental examination.

In such cases, notification will be sent to the injured person or his or her designee and all known providers treating the injured person. The notification will advise that all future treatment, diagnostic testing and durable medical equipment associated with the diagnosis code(s), and corresponding family of codes, contained in the request or Attending Provider Treatment Plan form will be ineligible for payment.

#### **Durable Medical Goods/MRI and CAT Scans**

For non-emergency benefits, the following goods and services may be secured through State Farm or its designated vendors:

- Durable Medical Goods with an aggregate cost or monthly rental in excess of \$75, including durable medical equipment and associated supplies, prosthetics and orthotics
- Magnetic Resonance Imagery (MRI)
- Computer Assisted Tomography (CAT)

The availability of vendors for durable medical goods, MRI's, and CAT Scans does not waive the requirement for Decision Point review and Pre-certification of these goods or services.

**A 30% penalty shall apply if the above noted goods or services are not procured through our designated vendor's network. This penalty is in addition to any other policy or statutory deductible, co-payment and penalty application under this Plan and State Farm Auto policy.**

**Durable Medical Goods:** State Farm's designated vendors for durable medical goods are: Home Care Services and Pro-Fit L.L.C. The system of medical goods acquisition will be a delivery system to the injured person's location.

When durable medical equipment products are prescribed and evaluated as medically necessary through the Decision Point Review/Pre-certification process, Home Care Services will contact the injured person. Once contact is made, a maximum of 24 hours delivery for all approved medical equipment directly to the injured person's home is anticipated. All services are provided 24 hours a day, 7 days a week.

When prosthetic or orthotic products are prescribed and evaluated as medically necessary through the Decision Point Review/Pre-certification process, Pro-Fit L.L.C. will contact the injured person to schedule an appointment to fit such equipment within three (3) business days of receipt of notice.

If durable medical goods are not prescribed or evaluated as medically necessary through the Decision Point Review/Pre-certification process, the injured party may contact State Farm directly.

**MRI/CAT Scan Imaging Vendors:** CSG will utilize Raytel Imaging Network, and Atlantic Imaging Group (AIG) and Tilton Dynamic Imaging to offer fully licensed facilities statewide, for MRI and CAT scan testing.

The patient and provider will receive a Decision Point Review/Pre-certification Evaluation letter advising if the request to review or pre-certify MRI's or CAT Scans was evaluated as medically necessary. The Evaluation letter will also advise the patient of options available to receive in-network services, and an explanation of the 30% co-payment penalty that shall apply for failure to obtain these services from an in-network facility. Using the patient's home address, CSG will provide a list of network facilities in the patient's county of residence as well as the immediate surrounding counties. In addition, the patient/provider can access a toll free number for centralized scheduling at any of the facilities listed, or they can contact CSG directly to assist in the scheduling of their testing needs. All appointments will be scheduled within three (3) business days. For information regarding available network facilities for MRI's or CAT Scans, the injured party or his or her designee and the treating medical provider may contact State Farm, access CSG's website at [www.medlogix.com](http://www.medlogix.com) or call CSG at 1-877-258-2378.

### **Penalties:**

- a) State Farm shall assess an additional co-payment penalty for not providing MSR information within 30 days of the loss. Penalties will be assessed as follows:
  1. For failure to provide information timely, penalties shall reduce the amount of reimbursement for medically necessary expenses incurred more than 30 days after the accident and until notification is received. The additional co-payment shall be:
    - i. 25% when received more than 30 days after the accident; or
    - ii. 50% until notification is received if 60 or more days after the accident;
- b) State Farm shall assess an additional co-payment penalty for medically necessary diagnostic tests, treatments, durable medical goods incurred without first complying with the provisions of the Plan. The treating provider's non-compliance with the provisions of the Plan shall trigger this additional co-payment penalty. No penalty under this provision shall be applied within the first 10 days after the accident or treatment administered during emergency care.

Non-compliance, which shall result in the imposition of a 50% co-payment penalty, includes any of the following:

1. Failure to follow the Pre-certification requirements of the Plan.
2. Failure to follow the Decision Point Review requirements of the Plan.
3. Failure to provide clinically supported findings that support the treatment, diagnostic tests, or durable medical equipment at the time of the request for Decision Point Review/Pre-certification.

Non-compliance, which shall result in the imposition of a 30% co-payment penalty, includes any of the following:

1. Failure to secure durable medical goods from State Farm or its designated vendor(s).
2. Failure to secure specified diagnostic imaging/testing from State Farm or its designated vendor(s).

**Assignments:** As a condition of the assignment of benefits, the treating medical provider or provider of service benefits agrees to the following:

- 1) **Comply with all the requirements of the Plan**
- 2) **Initiate all Pre-certification review and Decision Point Review requests as required by the Plan.**
- 3) **Submit disputes as defined in the Plan to the Internal Dispute Resolution process set forth in the Plan. After final determination, submit disputes not resolved by the Internal Dispute Resolution process to the Personal Injury Protection Dispute Resolution process set forth in N.J.A.C. 11:3-5.**
- 4) **Submit all disputes not subject to the Internal Dispute Resolution process to the Personal Injury Protection Dispute Resolution process set forth in N.J.A.C. 11:3-5.**
- 5) **Submit medical records with clinically supported findings to support the diagnosis, causal relationship to the accident, and care plan.**
- 6) **In the event the provider fails to comply with numbers 1 through 5 above, and such failure results in the imposition of a co-payment penalty, the provider will not seek payment from the patient for any unpaid portion of the medical services arising from such co-payment penalty.**

State Farm's Conditional Assignment of Benefits is the only valid assignment of benefits. The assignee agrees that State Farm has the right to reject, terminate or revoke the State Farm Conditional Assignment of Benefits. An assignment of benefits may require State Farm's written consent.

For a copy of the applicable Conditional Assignment of Benefits, it is available at State Farm's website, [www.statefarm.com/claims/njpip.htm](http://www.statefarm.com/claims/njpip.htm).

**STATE FARM INDEMNITY COMPANY  
PERSONAL INJURY PROTECTION BENEFITS**

**CONDITIONAL ASSIGNMENT OF BENEFITS**

**Policy Number:** \_\_\_\_\_ **Claim Number:** \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_

**Medical Provider's Name:** \_\_\_\_\_

I authorize and request State Farm Indemnity Company (State Farm) to pay directly to the above-named medical provider, the amount due to me under the terms of the above-referenced policy as a result of medical care rendered by that medical provider and all medical staff associated with the provider's office.

\_\_\_\_\_  
Patient's Signature or Parent/Legal Guardian

Date: \_\_\_\_\_

I have read the information contained in the State Farm Indemnity Company informational letter concerning the Decision Point Review Plan, including Medical Services Review, Decision Point Review and pre-certification requirements (collectively, "**Plan**") and, as a condition precedent to State Farm's acceptance of this assignment, I agree for myself, and on behalf of all medical staff associated with my office, to the following:

- 1) I (We) have complied and will comply with all the requirements of the **Plan**.
- 2) I (We) will initiate all pre-certification review and decision point review requests as required by the **Plan**.
- 3) I (We) will submit disputes as defined in the **Plan** to the Internal Dispute Resolution Process set forth therein. After final determination, I (we) will submit disputes not resolved by the Internal Dispute Resolution process to the personal injury protection dispute resolution process set forth in N.J.A.C. 11:3-5.
- 4) I (We) will submit all disputes not subject to the Internal Dispute Resolution process to the personal injury protection dispute resolution process set forth in N.J.A.C. 11:3-5.
- 5) I (We) will submit medical records with clinically supported findings to support the diagnosis, causal relationship to the accident, and care plan.
- 6) In the event that I (we) fail to comply with paragraphs one (1) through five (5) above, and such failure results in the imposition of a co-payment penalty, I (we) will hold the patient harmless for such co-payment penalty insofar as I (we) will not seek payment from the patient for any unpaid portion of the medical services arising from such co-payment penalty.

I (we) agree that this assignment is the only valid assignment of benefits. I (we) agree that this assignment of benefits may require State Farm's written consent. I (we) agree that State Farm has the right to reject, terminate or revoke this assignment of benefits.

\_\_\_\_\_  
Provider's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Provider's Name (Please Print)

TIN Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_