

INITIAL INFORMATION LETTER TO INSURED/CLAIMANT/PROVIDERS
Sent on Concentra Integrated Services Letter Head

Dear Insured and/or Eligible Injured Person/Medical Provider:

Please read this letter carefully because it provides specific information concerning how a medical claim under Personal Injury Protection coverage will be handled, including specific requirements which you must follow in order to ensure payment for medically necessary treatment, tests, durable medical equipment and prescription drugs that a named insured or eligible injured person may incur as a result of an auto accident.

Decision Point Review

The New Jersey Department of Banking and Insurance has published standard courses of treatment, **Care Paths**, for soft tissue injuries of the neck and back, collectively referred to as **Identified Injuries**. The **Care Paths** provide that treatment be evaluated at certain intervals called **Decision Points**. At decision points, either you or the treating health care provider must provide us with information about further treatment that is intended to be provided (this is referred to as **Decision Point Review**). Such information includes reasonable prior notice and the appropriate clinically supported findings that are being relied upon to support that the anticipated treatment or test is medically necessary. The Decision Point Review requirements do not apply to treatment or diagnostic tests administered during emergency care or during the first ten (10) days after the accident causing the injury. The **Care Paths**, accompanying rules, and the Attending Provider Treatment Plan Form are available on the Internet on the Department's website at <http://www.nj.gov/dobi/aicrapg.htm> (scroll down to PIP Reforms), or by calling CONCENTRA INTEGRATED SERVICES, INC at 877-647-0012. The Initial Information Letter to Insured/Claimant/Providers and the Attending Provider Treatment Plan Form are posted on USAA's website, <http://www.usaa.com> (scroll down to [NJ Pre-cert Information & Request Form](#)).

In addition, the administration of certain diagnostic tests is subject to **Decision Point Review** and pre-certification review regardless of the diagnosis. The following tests are subject to decision point review:

- Needle electromyography (needle EMG)
- Somatosensory evoked potential (SSEP), visual evoked potential (VEP), brain audio evoked potential (BAEP), brain evoked potential (BEP), nerve conduction velocity (NCV), and H-reflex studies
- Electroencephalogram (EEG)
- Videofluoroscopy
- Magnetic resonance imaging (MRI)
- Computer assisted tomographic studies (CT, CAT scan)
- Dynatron/cyber station/cybox
- Sonograms/ultrasound
- Thermography/thermograms
- Brain Mapping
- Any other diagnostic test that is subject to the requirements of the Decision Point Review Plan by New Jersey law or regulation.

These diagnostic tests must be administered in accordance with New Jersey Department of Banking and Insurance (NJ DOBI) regulations which set forth the requirements for the use of diagnostic tests in evaluation of the injuries sustained in an auto accident.

We will notify you or your treating health care provider of our decision to authorize or deny reimbursement of the treatment or test as promptly as possible, but no later than three (3) business days after a request has been made. A request for treatment, testing, durable medical equipment or prescription drugs is to be submitted together with legible, conspicuously presented, clinically supported findings that the proposed treatment, testing, durable medical equipment or prescription drug is in accordance with the standards of medical necessity established under USAA's policy and New Jersey law. Any denial of reimbursement for further medical treatment or tests will be based on the determination of a physician or dentist. If we fail to take any action or fail to respond within three (3) business days after receiving the required notification and supporting medical documentation at a decision point, then the treating health care provider is permitted to continue the course of treatment until we provide the required notice. Please note that the decision point review requirements do not apply to treatment or diagnostic tests administered during emergency care.

If requests for decision point review are not submitted or clinically supported findings that support the request are not supplied, payment of your bills will be subject to a penalty co-payment of fifty percent (50%), even if the services are determined to be medically necessary. This co-payment is in addition to any deductible or co-payment required under the Personal Injury Protection coverage.

The following diagnostic tests are excluded from reimbursement:

- Spinal diagnostic ultrasound
- Iridology
- Reflexology
- Surrogate arm mentoring
- Brain mapping when not done in conjunction with appropriate neurodiagnostic testing.
- Surface EMG
- Mandibular tracking and stimulation
- Any other diagnostic tests that NJ DOBI determines yield no data of any significant value in the development, evaluation and implementation of an appropriate plan of treatment for injuries sustained in motor vehicle accidents.

The following diagnostic tests are excluded for the diagnosis or treatment of TMJ/D:

- Mandibular tracking
- Surface EMG
- Sonography
- Doppler ultrasound
- Needle EMG
- Electroencephalogram (EEG)
- Thermograms/thermographs
- Video fluoroscopy
- Reflexology

Mandatory Pre-certification

New Jersey regulation provides that insurers may require pre-certification of certain treatments or diagnostic tests for other types of injuries or tests not included in the Care Paths. Pre-certification means providing us with notification of intended medical procedures, treatments, diagnostic tests, prescription supplies, durable medical equipment or other potentially covered medical expenses. Pre-certification does not apply to treatment or diagnostic tests administered during emergency care or during the first ten (10) days after the accident causing the injury.

The following list includes the procedures, treatments, diagnostic tests, prescription supplies, durable medical equipment or other potentially covered medical expenses for which pre-certification is required:

- Non-emergency inpatient and outpatient hospital care
- Non-emergency surgical procedures
- Extended care and rehabilitation
- Outpatient care for soft-tissue/disc injuries of the person's neck, back and related structures not included within the diagnoses covered by the Care Paths
- All physical, occupational, speech, vision, cognitive or other restorative therapy or other therapeutic or body-part manipulation, including manipulation under anesthesia, except that provided for identified injuries in accordance with decision point review
- Outpatient psychological/psychiatric services and testing, including biofeedback
- All pain management services except those provided for identified injuries in accordance with decision point review
- Home health care
- Non-emergency dental restoration
- Infusion therapy
- Bone scans
- Vax-D
- Health club memberships
- Temporomandibular joint disorder (TMJ/D); any oral facial syndrome
- Transportation Services costing more than \$50.00
- Brain Mapping other than provided under Decision Point Review
- Durable Medical Equipment including orthotics and prosthetics costing more than \$50.00
- Prescriptions costing more than \$50.00

Our approval of requests for pre-certification will be based exclusively on medical necessity, as determined by using standards of good practice and standard professional treatment protocols, including, but not limited to, **Care Paths** recognized by the Commissioner of Banking and Insurance. Our final determination of the medical necessity of any disputed issues shall be made by a physician or dentist as appropriate for the injury and treatment contemplated.

If requests for pre-certification are not submitted or clinically supported findings that support the request are not supplied, payment of your bills will be subject to a penalty co-payment of fifty percent (50%) even if the services are determined to be medically necessary. This co-payment is in addition to any deductible or co-payment required under the Personal Injury Protection coverage.

The following diagnostic tests are excluded from reimbursement:

- Spinal diagnostic ultrasound
- Iridology
- Reflexology
- Surrogate arm mentoring
- Brain mapping when not done in conjunction with appropriate neurodiagnostic testing.
- Surface EMG
- Mandibular tracking and stimulation
- Any other diagnostic tests that NJ DOBI determines yield no data of any significant value in the development, evaluation and implementation of an appropriate plan of treatment for injuries sustained in motor vehicle accidents.

The following diagnostic tests are excluded for the diagnosis or treatment of TMJ/D:

- Mandibular tracking
- Surface EMG
- Sonography
- Doppler ultrasound
- Need EMG
- Electroencephalogram (EEG)
- Thermograms/thermographs
- Video fluoroscopy
- Reflexology

Voluntary Pre-certification

Health care providers are encouraged to participate in a voluntary pre-certification process by providing CONCENTRA INTEGRATED SERVICES, INC with a **comprehensive treatment plan** for both identified and other injuries.

CONCENTRA INTEGRATED SERVICES, INC will utilize nationally accepted criteria and the Care Paths to work with the health care provider to certify a mutually agreeable course of treatment to include itemized services and a defined treatment period.

In consideration for the health care provider's participation in the voluntary certification process, the bills that are submitted, when consistent with the pre-certified services, will be paid so long as they are in accordance with the PIP medical fee schedule set forth in N.J.A.C. 11:3-29.6. In addition, having an approved treatment plan means that as long as treatment is consistent with the plan, additional notification to CONCENTRA INTEGRATED SERVICES, INC at decision points is not required.

Voluntary Networks

USAA's vendor, CONCENTRA INTEGRATED SERVICES, INC, has established networks of pre-approved vendors which can be recommended designated providers for diagnostic tests: MRI, CT, CAT Scan, Somatosensory evoked potential (SSEP), visual evoked potential (VEP), brain audio evoked potential (BAEP), brain evoked potential (BEP), nerve conduction velocity (NCV), and H-reflex study, Electroencephalogram (EEG), needle electromyography (needle EMG), and durable medical equipment and prescriptions costing more than \$50.00. An exception from the network requirement

applies for any of the electro diagnostic tests performed in 11:3-4.5b1-3 when done in conjunction with a needle EMG performed by the treating provider. The designated providers are approved through a Workers' Compensation Managed Care Organization

You are encouraged, but not required, to obtain the noted service from one of the pre-approved vendors. If you use a pre-approved vendor from one of these networks for medically necessary goods or services, you will be fully reimbursed for those goods and services consistent with the terms of your auto insurance policy. If you choose to use a vendor that is not part of these pre-approved networks, we will provide reimbursement for medically necessary goods or services but only up to seventy percent (70%) of the lesser of the following: (1) the charge or fee provided for in N.J.A.C. 11:3-29, or (2) the vendor's usual, customary and reasonable charge or fee. The Networks can be accessed either through a referral from the Nurse Case Manager or by contacting:

- The Atlantic Imaging Group - Diagnostic testing 888-340-5850
- Progressive Medical – Durable Medical Equipment and Prescriptions 800-777-3574

CONCENTRA has PPO Networks available that include providers in all specialties, hospitals, outpatient facilities, and urgent care centers throughout the entire State. The Nurse Case Manager can provide a current PPO network list. The use of these networks is strictly voluntary and the choice of health care provider is always made by the injured party. The PPO networks are provided as a service to those persons who do not have a preferred health care provider by giving them recommendations of providers that they may select from. Networks include CHN Solutions and Focus NJ Chiropractic.

Internal Appeals Process

If a Decision Point Review request or a request to pre-certify any medical treatment, tests, durable medical equipment or prescriptions drugs is denied, you are entitled to seek an appeal of such decision. To access the Internal Appeals Process you must notify CONCENTRA within thirty (30) days of the denial. A peer to peer Standard Appeal third level review will be conducted within 5-7 business days. An Expedited Appeal can be conducted within 1-3 business days. The Nurse Case Manager determines the applicable appeal process based on medical need. Appeals should be submitted to CONCENTRA INTEGRATED SERVICES, INC, P.O. Box 5038, Woodbridge, NJ 07095 or faxed to 732-734-2587 or 877-395-7127. An appeal can also be communicated to the Nurse Case Manager via telephone. Either party can appeal to an Alternate Dispute Resolution Organization as provided for in N.J.A.C. 11:3-5 if the issue cannot be resolved through the Internal Appeals Process.

Assignment of Benefits

Assignment of benefits to a healthcare provider without USAA's written consent is prohibited under the USAA Personal Injury Protection (PIP) benefits coverage. USAA may at our option accept the ***Named Insured and/or Eligible Injured Person's*** assignment of payment of medical expenses to a health care provider, if it is provided in accordance with an assignment of payment form approved by us. A copy of USAA's form is included in the PIP package provided to the ***Named Insured and/or Eligible Injured Person***. Additionally, as a condition of this assignment, the health care provider must agree (1) to comply with all requirements of our decision point review plan for making decision point review and pre-certification requests, (2) to initiate all pre-

certification review and decision point review requests as required by our plan; (3) to submit disputes in accordance with the Internal Appeal procedures in the Plan and to exhaust all internal appeals prior to initiating a demand for dispute resolution; (4) to submit all other issues involving payment for services under an existing policy to dispute resolution pursuant to N.J.A.C. 11:3-5.1 et. seq.; and (5) to hold the **Named Insured and/or Eligible Injured Person** harmless for penalty co-payments imposed by USAA based on the healthcare provider's failure to follow the requirements of our decision point review or pre-certification plan.

If USAA has not given its written consent to an assignment of the rights and duties of the **Named Insured and/or Eligible Injured Person** under the USAA Personal Injury Protection benefits coverage, USAA will pay the PIP benefits to the **Named Insured and/or Eligible Injured Person** or to the person or organization furnishing the products or services for which such benefits are due. These benefits are not assignable except to providers of service.

Medical Examinations

At our request, we may require a medical examination (IME) to determine medical necessity of further treatment or testing. The scheduling of the appointment date will be done within seven (7) calendar days of receipt of the notice that an IME is required unless the injured person agrees to extend the time period. The IME will be completed by a provider in the same discipline as the treating provider and upon request the injured person must provide medical records and other pertinent information to the provider conducting the IME. The IME will be conducted at a location reasonably convenient to the insured and/or eligible injured party.

Within three (3) business days following the examination the injured party and provider will be notified as to whether they will be reimbursed for further treatment. The injured party or his designee may request a copy of any written report prepared in conjunction with any physical examination we request. If there are two or more unexcused failures to attend the scheduled exam, notification will be immediately sent to the Named Insured and/or Eligible Injured Person, attorney if noted, and all health care providers providing treatment for the diagnosis (and related diagnoses) contained in the attending physician's treatment plan form. The notification will place the parties on notice that all future treatment, diagnostic testing, durable medical equipment or prescription drugs required for the diagnosis (and related diagnosis) contained in the attending physician's treatment plan form will not be reimbursable as a consequence for failure to comply with the plan. Treatment may proceed while the IME is being scheduled and until the results become available.

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