

IMPORTANT NOTICE TO POLICYHOLDERS DECISION POINT REVIEW/PRE-CERTIFICATION PLAN

This notice informs you of your rights and obligations under the decision point review, precertification and other related provisions of your automobile policy, if you experience a covered loss involving personal injury to you or your family member. We strongly recommend that you carefully read this notice. Procura Management, Inc. is the administrator of the Farm Family Casualty Insurance Company Decision Point Review/Precertification Plan.

DECISION POINT REVIEW:

Pursuant to N.J.A.C. 11:3-4, the New Jersey Department of Banking and Insurance has published standard courses of treatment, identified as Care Paths, for soft tissue injuries of neck and back, collectively referred to as Identified Injuries (See Exhibit A). N.J.A.C. 11:3-4 also establishes guidelines for the use of certain diagnostic tests. The Care Paths provide that treatment be evaluated at certain intervals called Decision Points. At decision points, you or your health care provider must provide Procura Management Inc. information about further treatment the provider intends to pursue. This is called Decision Point Review. Updated amendments effective October 27, 2004 are available for review at: <http://www.nj.gov/dobi/aicrapg.htm>. The Farm Family Casualty Insurance Company Decision Point Review /Pre Certification Plan is available in hard copy by calling Farm Family at 1-800-342-3036, and is also available at www.farmfamily.com/about/NJPrecert.pdf.

The following diagnostic tests are subject to Decision Point Review:

- Brain Mapping
- Brain Audio Evoked Potentials (BAEP)
- Brain Evoked Potentials (BEP)
- Computer Assisted Tomograms (CT, CAT Scan)
- Dynatron/cybex station/cybex studies
- Videofluoroscopy
- H-Reflex Studies
- Sonogram/Ultrasound
- Needle Electromyography
- Nerve Conduction Velocity (NCV)
- Somatosensory Evoked Potential (SSEP)
- Magnetic Resonance Imaging (MRI)
- Electroencephalogram (EEG)
- Visual Evoked Potential (VEP)
- Thermogram/Thermography
- Any other diagnostic test that is subject to the requirements of Decision Point Review by New Jersey law or regulation

For treatment of injuries other than an “Identified Injury” (soft tissue injury of the neck or back), you or your providers are required to obtain precertification for all of the services listed below. If you or your providers fail to precertify such services, or fail to provide clinically supported findings that support the treatment, diagnostic tests or DME requested, payment of bills will be subject to an additional co-payment of 50% even if the services are determined to be medically necessary. The following treatments, services, goods and non-medical expenses require precertification, unless they are part of a previously approved treatment plan.

- Non-Emergency Inpatient and Outpatient Hospital Care
- All Non-Emergency Psychological/Psychiatric Services
- Extended Care and Rehabilitation Facilities
- All Home Health Care
- Non-Emergency Dental Restoration
- Durable Medical Goods, including orthotics and prosthetics, with a cost or monthly rental in excess of \$300.00.
- Physical, Occupational, Speech, Cognitive, or other restorative therapy or Body part manipulation, including massage therapy, except that provided for Identified Injuries in accordance with Decision Point Review.
- All Pain Management services, except as provided for Identified Injuries in accordance with Decision Point Review.

VOLUNTARY PRECERTIFICATION:

You and your health care provider are strongly encouraged to participate in a Voluntary Precertification process by providing a comprehensive treatment plan for both identified and other injuries. An approved treatment plan means that as long as treatment is consistent with the approved plan, additional notification to Procura Management Inc. at Decision Points for Treatment, Diagnostic Testing or DME requiring precertification is not required.

EMERGENCY CARE AND CARE IMMEDIATELY AFTER A LOSS

Treatment obtained in an emergency situation and/or within ten days of the insured event, is not subject to decision point review / precertification requirements. This provision shall not be construed so as to require reimbursement of tests and treatment that are not medically necessary, N.J.A.C. 11:3-4.7 (b).

If your provider fails to request decision point review / precertification where required or fails to provide clinical findings that support the treatment, testing or durable medical equipment requested an additional copayment of 50% will apply even if the services are determined to be medically necessary. For benefits to be reimbursed in full, treatment, testing and durable medical equipment must be medically necessary.

HOW TO SUBMIT DECISION POINT/PRE-CERTIFICATION REQUESTS:

Decision Point/Precertification requests should be submitted to Procura Management Inc at the following address:

Procura Management Inc.
2435 Boulevard of the Generals, Suite 200, Norristown, PA, 19403
1-800-275-9485
Fax: 610-631-7011

Procura Management, Inc. shall provide 24 hour, 7-day/week-telephone service. Regular business hours are Monday through Friday 7:30 AM-5:00 PM. All requests for precertification on weekends and holidays will be handled on the next business day.

Your medical provider must submit all requests on the Attending Provider Treatment Plan form. A copy of the Attending Provider Treatment Plan form is available at <http://www.nj.gov/dobi/aicrapg.htm> or by contacting Procura Management, Inc. at 1-800-275-9485, or at www.procura-inc.com. Failure to submit the required documentation could result in a delay in receiving a final determination of your request.

Procura Management, Inc.'s review of decision point/precertification requests and/or extended treatment notifications will be completed within 3 business days of receipt of the necessary information.

Procura Management, Inc. shall respond to providers by phone as well as confirm in writing as to whether or not the medical documentation supplied by the treating provider is sufficient. If we fail to notify the claimant or provider within 3 business days, you may continue with the test or treatment until our final determination is communicated to you or your provider.

In addition, Procura Management, Inc. or Farm Family Casualty Insurance Company may request that you attend an Independent Medical Examination. If an Independent Medical Examination is requested, the appointment for the physical examination will be scheduled within 7 calendar days of receipt of the notice, unless the injured person agrees with Procura Management Inc and/or Farm Family Casualty Insurance Company to extend the time period.

The Independent Medical Examination will be conducted by a health care provider within the same specialty of your treating health care provider and will be conducted in a location reasonably convenient to you. Results of the Independent Medical Examination and the determination regarding your precertification request will be submitted to you in writing and to your health care provider in writing and by telephone within 3 business days after the examination. Please note that your medically necessary treatment may proceed while the Independent Medical Examination is being scheduled and until the results are available. 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 of the report upon request.

In accordance with the AICRA Regulations, you must provide all medical records and diagnostic studies/tests available before or at the time of the scheduled examination. Failure to provide the required medical records and/or diagnostic studies/tests will be considered an unexcused failure to attend the IME. If the injured person has 2 or more unexcused failures to attend the scheduled exam, notification will be immediately sent to the injured person or to his or her designee, and all providers treating the injured person for the diagnosis (and related diagnosis) contained in the Attending Provider Treatment Plan form. The notification will place the injured person on notice that all future treatment, diagnostic testing or durable medical equipment required for the diagnosis, (and related diagnosis) contained in the Attending Provider Treatment Plan form, will not be reimbursable as a consequence for failure to comply with the plan.

Unless otherwise indicated, all determinations regarding decision point review and pre-certifications from Procura Management, Inc. will be provided by phone and in writing within 3 business days of receipt of the request. If a determination is not rendered within 3 business days of receipt of the request, the treatment or testing may proceed until you and/or your provider have been notified that reimbursement for the treatment or testing is not authorized.

Any denial of treatment or testing based on medical necessity shall be made by a physician or dentist.

VOLUNTARY UTILIZATION NETWORK:

A Voluntary Network is offered for the provision of the following types of non-emergency benefits: (1) Magnetic Resonance Imagery; (2) Computer Assisted Tomography; (3) The electrodiagnostic tests listed in N.J.A.C. 11:3-4.5(b) 1 through 3 except for needle EMGs performed by treating physicians; and (4) Durable Medical Goods with a cost or monthly rental in excess of \$300.00. Farm Family Casualty Insurance Company will impose an additional co-payment not to exceed 30 percent of the eligible charge for failure to use the voluntary network pursuant to N.J.A.C. 11:3-4.8 for medically necessary diagnostic tests as specified in N.J.A.C. 11:3-4.8(b) and durable medical equipment.

Procura Management, Inc. has a provider network that is available to you. As outlined in N.J.A.C. 11:3-4.8, the Procura Network is an approved network as part of a workers' compensation managed care organization pursuant to N.J.A.C. 11:6. The benefits of the network include ease of access, credentialed and quality providers and the fact that the additional copayment is waived when accessing a network provider.

Information regarding our provider network is available to you at www.procura-inc.com or by calling Procura Management, Inc. at 1-800-275-9485. Procura's provider network includes Procura Management, Inc. providers as well as the Magnacare Network.

In addition Procura makes available a Preferred Provider Organization (PPO) that includes all specialties, hospitals, outpatient and urgent care facilities. The use of a provider from Procura's PPO is strictly voluntary and is provided as a service to you. An additional copayment will not be applied if you choose to select a provider outside this preferred

provider network. Procura's preferred providers have facilities located throughout the state. Information regarding Procura's PPO network is available to you at www.procura-inc.com or by calling Procura Management, Inc. at 1-800-275-9485. Procura's PPO Network includes Procura Management, Inc. providers as well as the Magnacare Network.

ADDITIONAL CO-PAYMENT

As outlined in N.J.A.C. 11:3-4.4 (d), failure to request decision point review or precertification as required in our Decision Point Review/Precertification plan will result in an additional co-payment of 50%. This additional co-payment will be in addition to any co-payment stated in the schedule of your policy. Failure to submit clinically supported findings that support your decision point review or precertification request will result in an additional co-payment of 50%. Co-payments and deductibles will first be applied to the eligible charges and then co-payments will be applied for failure to precertify.

ASSIGNMENT OF BENEFITS

- We may, at our option, pay any medical expense benefits or essential service benefits to you or your health care provider. These benefits shall not be assignable except to providers of service benefits. Any attempt to assign benefits to a party who is not a provider of service benefits shall be null and void and shall not be honored. If so assigned, all requirements, duties of cooperation following an accident or loss, shall remain in effect. If a valid assignment is made by you and accepted by your provider of the assigned service benefits, your provider shall indemnify and hold harmless you for any deduction or declination in benefits caused by your provider's failure to comply with the terms of this Plan.
- Farm Family Casualty Insurance Company will not honor any assignment of rights unless: the provider agrees to follow the requirements of the insurer's Decision Point Review Plan for making decision point review and precertification requests; (2) the provider shall hold the insured harmless for penalty co-payments imposed by the insurer based on the provider's failure to follow the requirements of the insurer's Decision Point Review Plan; and/or (3) the provider agrees to submit disputes to alternate dispute resolution pursuant to N.J.A.C. 11:3-5.

INTERNAL APPEAL PROCESS:

You or your provider can request an Internal Appeal on any or all issues and disputes regarding the treatment plan, pre-certification of treatment of services, testing or denied services or other matters related to treatment and care of an injured person.

You or your treating health care provider can simply call Procura Management, Inc. within 30 days from the date of an adverse determination of the decision point review and/or the pre-certification. When you or your provider call, the matter of dispute must be explained and have medical rationale to support you or your health care Provider's position. If necessary, Procura Management Inc. may request that appropriate medical documentation be submitted.

The treating provider may speak to the medical director in regards to the appeal. A determination of your appeal will be provided within 14 (fourteen)-business days. If further documentation is required, a determination will be provided within 14 (fourteen)-business days of receipt of documentation.

When an appeal determination does not resolve a difference of opinion, the attending or ordering provider may submit the case to the Personal Injury Protection Dispute Resolution Process.

Procura will inform the provider of their right to appeal and the procedure to follow when the review determination is made. The appeal may be made to a state certified Medical Review Organization through National Arbitration Association, at 732-271-6100. Forms, rules and procedures are available online at www.nj-info@arb-forum.com.

EXHIBIT A

Identified Injuries

The following **International Classification of Diseases, 9th** Revision Clinical Modification - fifth edition **ICD-9-CM** diagnostic codes are associated with Care Path 1 through Care Path 6 for treatment of Accidental Injury to the Spine and Back and are included on each appropriate Care Path. The ICD9 codes referenced do not include codes for multiple diagnoses or comorbidity.

Care Path 1

- 728.0 Disorders of muscle, ligament and fascia
- 728.85 Spasm of muscle
- 739.0 Non allopathic lesions - not elsewhere classified
- 739.1 Somatic dysfunction of cervical region
- 847.0 Sprains and strains of neck
- 847.9 Sprains and strains of back, unspecified site
- 922.3 Contusion of back
- 922.31 Contusion of back, excludes interscapular region
- 953.0 Injury to cervical root

Care Path 2

- 722.0 Displacement of cervical intervertebral disc without myelopathy
- 722.2 Displacement of intervertebral disc, site unspecified, without myelopathy
- 722.70 Intervertebral disc disorder with myelopathy, unspecified region
- 722.71 Intervertebral disc disorder with myelopathy, cervical region
- 728.0 Disorders of muscle, ligament and fascia
- 739.0 Non allopathic lesions - not elsewhere classified
- 953.0 Injury to cervical root

Care Path 3

- 728.0 Disorders of muscle, ligament and fascia

728.85 Spasm of muscle
739.0 Non allopathic lesions - not elsewhere classified
739.2 Somatic dysfunction of thoracic region
739.8 Somatic dysfunction of rib cage
847.1 Sprains and strains, thoracic
847.9 Sprains and strains of back, unspecified site
922.3 Contusion of back
922.33 Contusion of back, interscapular region

Care Path 4

722.0 Displacement of cervical intervertebral disc without myelopathy
722.1 Displacement of thoracic or lumbar intervertebral disc without myelopathy
722.11 Displacement of thoracic intervertebral disc without myelopathy
722.2 Displacement of intervertebral disc, site unspecified, without myelopathy
722.70 Intervertebral disc disorder with myelopathy, unspecified region
722.72 Intervertebral disc disorder with myelopathy, thoracic region
728.0 Disorders of muscle, ligament and fascia
739.0 Non allopathic lesions - not elsewhere classified

Care Path 5

728.0 Disorders of muscle, ligament and fascia
728.85 Spasm of muscle
739.0 Non allopathic lesions - not elsewhere classified
739.3 Somatic dysfunction of lumbar region
739.4 Somatic dysfunction of sacral region
846 Sprains and strains of sacroiliac region
846.0 Sprains and strains of lumbosacral (joint) (ligament)
846.1 Sprains and strains of sacroiliac ligament
846.2 Sprains and strains of sacrospinatus (ligament)
846.3 Sprains and strains of sacrotuberous (ligament)
846.8 Sprains and strains of other specified sites of sacroiliac region
846.9 Sprains and strains, unspecified site of sacroiliac region
847.2 Sprains and strains, lumbar
847-3 Sprains and strains, sacrum
847.4 Sprains and strains, coccyx
847.9 Sprains and strains, unspecified site of back
922.3 Contusion of back
922.31 Contusion of back, excludes interscapular region
953.2 Injury to lumbar root
953.3 Injury to sacral root

Care Path 6

722.1 Displacement of thoracic or lumbar intervertebral disc without myelopathy
722.10 Displacement of lumbar intervertebral disc without myelopathy

- 722.2 Displacement of intervertebral disc, site unspecified, without myelopathy
- 722.70 Intervertebral disc disorder with myelopathy, unspecified region
- 722.73 Intervertebral disc disorder with myelopathy, lumbar region
- 728.0 Disorders of muscle, ligament and fascia
- 739.0 Non allopathic lesions - not elsewhere classified
- 953.3 Injury to sacral root

The following **ICD-9-CM** supplemental classification of external causes of injury may be used in addition to the specific diagnostic codes noted above and on each Care Path:

- E 810 through E 819, selected E 820 series codes.

These codes may be used to indicate cause of injury as motor vehicle accident but should not be used without an associated diagnostic code.

ADDENDUM TO CARE PATHS

1. Medications

Muscle Relaxants

! Muscle relaxants are an option in the treatment of patients with acute neck, thoracic, and low back problems. While probably more effective than placebo, muscle relaxants have not been shown to be more effective than NSAIDs.

! No additional benefit is gained by using muscle relaxants in combination with NSAIDs over using NSAIDs alone.

! Muscle relaxants have potential side effects in 30 percent of patients. When considering the option of using relaxants, the clinician should balance the potential patient's intolerance of other agents.