

Horizon Casualty Services, Inc.

Ancillary Provider Manual



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Introduction

Horizon Casualty Services, Inc. (HCS), a subsidiary of Horizon Blue Cross Blue Shield of New Jersey, publishes this manual for network ancillary providers and their administrative staff to help with their daily interactions with HCS and its clients. The manual includes information on:

- Claimant Identification
- Bill Submissions
- Inquiries and Complaints
- Information Privacy and Confidentiality

Information in this manual is current as of the date of issuance and replaces all other ancillary provider manuals previously published by HCS. The manual is available at [HorizonCasualty.com/resources](https://www.horizongroup.com/resources).

To make suggestions regarding the content, or for questions about participation in the HCS network, please call our Network Relations Department at **1-800-985-7777**, or write to us at:

Horizon Casualty Services, Inc.
Attn: Network Relations
PO Box 10175
Newark, NJ 07101-3175

This manual does not modify the terms of the Provider Agreement with HCS. In the event of any conflict between the Provider Agreement and the information contained in this manual, the terms of the Provider Agreement shall prevail.

Network ancillary providers are required to follow the policies and procedures contained in this manual. Failure to comply with any policies and procedures may constitute a breach of the Provider Agreement.

Company Overview

Horizon Casualty Services, Inc. (HCS) is a subsidiary of Horizon Blue Cross Blue Shield of New Jersey, and it is an approved New Jersey workers' compensation managed care organization.

Our mission is to provide managed medical care services that generate optimal medical and return-to-work outcomes, while containing workers' compensation and Personal Injury Protection (PIP) costs.

Services include:

- Publication and distribution of the network directory available at **HorizonCasualty.com**
- Referral of claimants to in-network facilities for their entire course of treatment of the injury
- Utilization Management (UM)
- Customer Service for questions concerning reimbursement and precertification related inquiries.
- Resolution of complaints and appeals
- Medical bill processing
- Issuance of payment checks on behalf of clients.

Workers' Compensation Program

When an employer or insurer offers a managed care workers' compensation program administered by HCS, employees are required to notify their supervisors of any work-related injury or illness. The employer refers the employee to a participating physician for diagnosis and treatment. The physician may refer the employee for radiology, therapeutic services, specialty care or hospital care, if needed.

In non-emergent situations, HCS or the claimant's insurer precertifies hospital admissions and notifies the hospital admissions or case management department of any impending admissions.

In an emergency, HCS or the claimant's insurer contacts the hospital to confirm that the employee is eligible for benefits as promptly as possible.

HCS or the claimant's insurer also provides utilization management services.

Under New Jersey workers' compensation law, covered services are not subject to deductibles or copayments. Employees are not responsible for any out-of-pocket costs for medical services authorized by HCS or the claimant's insurer. Balance billing by providers is prohibited.

PIP Program

Personal Injury Protection (PIP) is the medical benefit component of automobile insurance policies. HCS provides administrative services in connection with PIP-related medical care to automobile insurers that offer PIP coverage in New Jersey.

Automobile insurers that provide PIP coverage in New Jersey may use HCS to administer PIP automobile accident-related benefits using network services and precertification processes. The goal is to coordinate appropriate medical care services to achieve optimal medical outcomes, while containing automobile accident-related costs.

Under current New Jersey PIP regulations, providers may seek reimbursement from the claimant for any copayments, coinsurance or deductibles that were applied toward the payment.

Payment is issued either by the PIP carrier or by HCS. For payment questions, please call HCS at **1-800-985-7777**.

HCS Client Listing

For a copy of the most recent HCS client listing, visit **HorizonCasualty.com/resources** and select *HCS Client Listing*.

Claimant Identification

Claimant Identification Numbers

Identification (ID) cards for covered claimants may be issued by HCS or the claimant's insurer. The claim number on the ID card is the most important link between the provider, the claimant, HCS and the insurer. The provider must include the complete claim number (letters and numbers) when communicating with HCS or the claimant's insurer.

If the ID card does not list the claim number, call HCS or the claimant's insurer to obtain the number, and write it on the ID card in the space provided.

Identification Cards

A sample of the ID card that is issued under programs administered by HCS is shown below. ID cards are issued to claimants after HCS or the claimant's insurer is notified of a work-related illness. In some cases, ID cards may not be issued to covered claimants.

Please call HCS at **1-800-985-7777** with any questions about coverage or eligibility, or to confirm that benefits are being administered by HCS.

Emergency Situations

In an emergency, injured employees or persons injured in automobile accidents are advised to seek medical care immediately. In these situations, an ID card may not have been issued, or services will not have been authorized, prior to the delivery of medical services.

Injured employees are also directed to notify their employers within 24 hours of the incident or as soon as possible.

Individuals injured as a result of automobile accidents are required to notify their automobile insurer in a timely manner.



Horizon Blue Cross Blue Shield of New Jersey

Workers' Compensation ID Card

Claim Number: _____

Employee Name: _____

Employer: _____

Rx Group #: _____ Date of Injury: _____

RXBIN: _____ RXBPCN: _____

Visit HorizonCasualty.com to review your rights and responsibilities.

Important Information

1-800-985-7777

This card is for information only and is not a guarantee of benefits.
Mail all bills to:

Horizon Casualty Services
Attn: Claims Department
PO Box 10175
Newark, NJ 07101-3175

Please call **1-800-985-7777** with any questions.

Pharmacists, please call **1-877-686-6875** with any questions.

Horizon Blue Cross Blue Shield of New Jersey and Horizon Casualty Services, Inc. are independent licensees of the Blue Cross and Blue Shield Association.

Billing & Reimbursement

To ensure that providers are reimbursed correctly and in a timely manner, bills must be submitted to HCS or the claimant's insurer within the time frame specified in the Provider Agreement or by law.

To avoid reimbursement delays:

- Itemize services using Revenue Codes, HCPCS and CPT®-4 codes, where applicable.
- Submit charges on original red and white UB04 claim forms or CMS 1500 forms accordingly.
- Billed charges must reflect the provider's usual and customary charges.
- Attach copies of related medical records to the submission and mail to:

Horizon Casualty Services, Inc.
PO Box 10175
Newark, NJ 07101-3175

Coding and reporting of the provider's billed services must be in accordance with standard coding practices consistent with the Centers for Medicare & Medicaid Services' (CMS) National Correct Coding Initiatives (NCCI).

Coverage Verification

Providers may call HCS at **1-800-985-7777** for coverage verification. The provider should call the claimant's insurer to verify coverage for medical benefits not administered by HCS.

Issuance of an ID card is not a guarantee of coverage or availability of benefits.

Reimbursement Guidelines

For workers' compensation claims, HCS processes bills received from network providers in accordance with the terms and conditions in their Provider Agreements. Reimbursement for billed services is issued either by the workers' compensation carrier or by HCS. For PIP claims, HCS processes bills received from network providers in accordance with the terms and conditions in the Provider Agreement and in accordance with the State of New Jersey PIP regulations.

The PIP insurers' limit of liability for any medical expense benefit shall be the amounts identified in the New Jersey PIP Fee Schedule (N.J.A.C. 11:3-29).

Reimbursement for billed services is issued by the PIP insurer. Untimely reimbursement of PIP bills may be subject to interest payments.

To obtain additional information regarding the New Jersey PIP regulations or to access the New Jersey PIP Fee Schedule, read *PIP Information for Health Care Providers* at www.state.nj.us/dobi/pipinfo/aicrapg.htm.

Bill Reimbursement Status

Providers may call HCS at **1-800-985-7777** for reimbursement status of previously submitted bills.

Utilization Management

Utilization Management Philosophy

Our Utilization Management (UM) Program is designed to achieve medically appropriate and cost-effective delivery of health care services to claimants within the parameters of the covered benefits. UM activities are intended to identify the most appropriate treatment and, when possible, to educate physicians on the advantages of managing care in a medically appropriate and cost-effective manner.

To this end, HCS adheres to the following principles:

- UM decisions made by HCS are based solely on appropriateness of care and service within the scope of covered services.
 - HCS does not compensate those responsible for making UM decisions for denying coverage for medically necessary and appropriate covered services.
 - HCS does not offer its employees or delegates incentives to encourage denials of coverage of medically necessary and appropriate covered services, and does not provide financial incentives to providers to withhold covered health care services that are medically necessary and appropriate.
 - HCS emphasizes the provision of medically appropriate and cost-effective delivery of health care services to claimants, and encourages the reporting, investigation and elimination of underutilization.
 - HCS also expects that necessary services, tests, procedures or consultations will be performed in a timely manner.
- HCS generally defines Medical Necessity/ Appropriateness as those services that we determine to be:
 - A covered benefit under the policy
 - Appropriate for the symptoms and diagnosis or treatment of the condition, illness, disease or injury
 - Provided for the diagnosis, or direct care and treatment of the condition, illness, disease or injury
 - In accordance with accepted medical standards
 - Not solely for the convenience of the eligible person or others, and
 - The most appropriate level of medical care

Contacts

In some instances, HCS handles UM services for the claimant and in some cases the claimant's insurer handles the UM services. Please call **1-800-985-7777** for all utilization management inquiries.

Utilization Management

Precertification

To determine a claimant's eligibility for certain medical services, precertification is required.

Workers' Compensation

For workers' compensation claimants, the treating physician is responsible for obtaining precertification for:

- All pain management services
- Audiology
- Chiropractic care
- CT/CAT scan
- Durable medical equipment (DME), costing more than \$500
- Electroencephalogram (EEG)
- Extended care and rehabilitation facilities
- Home health care
- Infusion therapy
- MRI
- Needle electromyography (EMG)
- Nonemergency inpatient and outpatient hospital care
- Nonemergency surgical procedures
- Occupational therapy
- Out-of-network referrals
- Outpatient psychology and psychiatric services, including biofeedback
- Physical therapy
- Podiatry services
- Second opinions

PIP

For PIP claimants, the treating physician is responsible for obtaining certification for:

- Brain Audio Evoked Potential (BAEP)
- Brain Evoked Potential (BEP)
- Brain mapping
- Cognitive therapy
- CT/CAT scan
- DME, including orthotics and prosthetics, costing more than \$50 or rental longer than 30 days
- Dynatron/Cyber Station/Cybex
- EEG
- Extended care and rehabilitation facilities
- Home health care
- H-reflex study
- Infusion therapy
- MRI
- EMG
- Nerve Conduction Velocity (NCV)
- Nonemergency dental restoration
- Nonemergency inpatient and outpatient hospital care
- Nonemergency surgical procedures
- Occupational therapy
- Other restorative therapy
- Pain management services except those provided for identified injuries in accordance with Decision Point Review

Utilization Management

- Physical therapy
- Psychology and psychiatric services, including biofeedback, outpatient
- Somatosensory Evoked Potential (SSEP)
- Sonograms/Ultrasounds
- Speech therapy
- Therapeutic or body part manipulation, including manipulation under anesthesia
- Thermograph/Thermography
- Videofluoroscopy
- Visual Evoked Potential (VEP)

Please note that some services are subject to individual benefit limitations.

Referrals

HCS does not require physicians to complete a referral form for services as a condition for coverage.

Inquiries, Complaints & Appeals

We strive to provide prompt responses to your inquiries and resolve complaints quickly. Our service staff is often able to immediately resolve all inquiries at the point of contact.

To submit an inquiry or complaint, call the Customer Service Department at **1-800-985-7777**. An HCS representative will review the inquiry or complaint, and provide resolution. Customer Service telephone lines are staffed Monday through Friday, 8 a.m. to 5 p.m., Eastern Time. You may also submit complaints in writing to:

Horizon Casualty Services, Inc.
PO Box 10175
Newark, NJ 07101-3175

Provider Appeals

HCS offers providers a process for appealing a medical bill reimbursement determination or an administrative issue.

Bill Reimbursement Appeal Process – Workers’ Compensation and PIP

Bill reimbursement may be issued by a workers’ compensation and/or PIP insurer, or by HCS. If the provider disagrees with the reimbursement determination or amount paid, the provider may submit a bill reimbursement appeal to HCS for reconsideration.

Level 1 Appeal

A bill reimbursement appeal must be submitted in writing and include the following information:

- A copy of the bill in question
- A copy of the corresponding Explanation of Payment (EOP)
- A brief statement explaining the reason for the appeal

Appeals must be mailed to:

Horizon Casualty Services, Inc.
PO Box 10175
Newark, NJ 07101-3175

HCS responds to Level 1 appeals in writing within 15 business days of receipt.

Level 2 Appeal

If you disagree with the HCS Level 1 appeal determination, you may submit a Level 2 appeal. A Level 2 appeal must be submitted in writing and include new information that was not available at the time of the original appeal decision. HCS responds to Level 2 payment appeals in writing within 15 business days of receipt.

Appeals may be faxed to **1-973-622-7265** or mailed to:

Horizon Casualty Services, Inc.
PO Box 10175
Newark, NJ 07101-3175

Personal Injury Protection (PIP) Appeal

The Department of Banking and Insurance (DOBI) has implemented the following requirements for Internal Appeal Procedures of the Personal Injury Protection (PIP) Medical Protocols Rule which is published in the New Jersey Register at N.J.A.C. 11:3-4.7B.

The Internal Appeal Procedure applies to pre-service and post-service appeals that are submitted on or after April 17, 2017. The Appeal Rule requires all PIP appeals to be submitted using the forms established by DOBI.

The New Jersey PIP Pre-Service Appeal Form –

This form is used to appeal precertification denials or modifications for services that have not been performed. Pre-service appeals shall be submitted no later than 30 days after receipt of a written denial or modification of requested services.

Inquiries, Complaints & Appeals

The New Jersey PIP Post-Service Appeal Form –

This form is used to appeal treatment denials for services performed and/or to dispute the amount of reimbursement. A post-service appeal shall be submitted at least 45 days prior to initiating alternate dispute resolution pursuant to N.J.A.C. 11:3-5 or filing an action in Superior Court.

To obtain additional information and to get copies of the Uniform Internal Appeal Forms, please visit

<http://www.state.nj.us/dobi/pipinfo/aicrapg.htm>.

Arbitration

Arbitration is a written request for dispute resolution.

If a provider disagrees with a decision by HCS or the claimant's insurer regarding the noncertification of medical treatment or reimbursement in a PIP matter, arbitration can be requested.

In accordance with New Jersey PIP regulations, the provider is required to follow the appeals process prior to filing for arbitration. Accordingly, network providers must submit appeals to HCS for reconsideration prior to filing an arbitration.

Information Privacy & Confidentiality

HCS is not a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). However, we value our customers' privacy and take steps to ensure that the health information we receive is protected and kept confidential.

Hospitals, facilities, other health care professionals and providers are responsible for complying with all applicable state and federal laws and regulations, as well as all HCS policies and procedures regarding privacy of medical records and individually identifiable health information.

HCS fee schedules, listings of covered services or provider services, protocols, procedures and any other documents or materials identified by HCS shall be considered as confidential and proprietary to HCS. Providers shall in no manner appropriate or disclose such documents, materials or information except as necessary in connection with the performance of its obligations under this manual, to the extent required by applicable law or as otherwise specifically approved by HCS.

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HCS is an independent organization governed by its own Board of Directors and solely responsible for its own debts and other obligations. Neither the Blue Cross and Blue Shield Association nor any other organization issuing the Blue Cross® and Blue Shield® brand name acts as a guarantor of HCS' obligations.

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