NEW JERSEY PIP POST-SERVICE APPEAL FORM

1. DATE APPEAL SUBMITTED

2. RECEIPT DATE OF ADVERSE DECISION

3. INSURANCE COMPANY

4. CLAIM #

5. DATE OF LOSS

6. LAST NAME

7. FIRST NAME

8. MIDDLE INITIAL

9. DATE OF BIRTH

10. ADDRESS (No. Street)

11. CITY

12. STATE

13. ZIP

14. LAST NAME

15. FIRST NAME

16. FACILITY-OFFICE NAME

17. SPECIALTY

18. TAX ID #

19. NPI #

20. ADDRESS (No. Street)

21. CITY

22. STATE

23. ZIP

24. TELEPHONE # (Include Area Code)

25. FAX # (Include Area Code)

26. EMAIL ADDRESS

27. PROVIDER AVAILABILITY DAYS OF WEEK:

   MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY

28. PROVIDER AVAILABILITY TIME OF DAY:

   FROM  TO

29. CHECK THOSE APPLICABLE BELOW (Include Proof of Receipt if Applicable)

   ☐ *ORIGINAL BILL (HCFA/UB)
   ☐ APPT DECISION/RESPONSE
   ☐ AUDIT REPORT
   ☐ OTHER SUPPORTING DOCUMENTS (Describe):

30. EOB ID

31. TOTAL BILL REIMBURSEMENT

32. EXPECTED BILL REIMBURSEMENT

33. **BILL LEVEL APPEAL CODE(S) 1-10

34. DATE(S) OF SERVICE

   FROM  TO

   MM  DD  YY  MM  DD  YY

35. CPT, HCPCS, NDC

36. LINE LEVEL REIMBURSE AMOUNT

37. LINE LEVEL EXPECTED REIMBURSE AMOUNT

38. **LINE LEVEL APPEAL CODE(S) A-S

* Indicates minimum documents required that must be included with the submission of this form with ADDITIONAL/NEW supporting records only

** Indicates sections that should be completed using the letter(s)/number(s) that correspond to the reason codes on the back of this form

FRAUD PREVENTION-NEW JERSEY WARNING

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

PROVIDER STATEMENT

I HAVE PERSONALLY COMPLETED OR REVIEWED THIS FORM. THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

39. SIGNATURE OF PROVIDER

40. DATE

PIP Post-Service Appeal Form Version 1.2 (2/2017)
### NEW JERSEY PIP POST-SERVICE APPEAL

#### REASON CODES

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<tr>
<th>BILL LEVEL APPEAL CODES</th>
<th>LINE LEVEL APPEAL CODES</th>
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<tbody>
<tr>
<td>1 Improper Deductible Applied</td>
<td>A Improper Application of Fee Schedule Amount</td>
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<tr>
<td>2 Improper Co-pay Applied</td>
<td>B Improper Application of Modifier Reduction</td>
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<tr>
<td>3 Improper Interest Applied</td>
<td>C Improper Application of Multiple Reduction Calculation</td>
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<tr>
<td>4 Interest Due - Payment Not Made Timely</td>
<td>D Improper Application of Daily Max Cap Calculation</td>
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<tr>
<td>5 Bill Processed Under Wrong Patient</td>
<td>E Improper use of National Correct Coding (NCCI)</td>
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<td>6 No Response To Bill Submitted Post 60 Days</td>
<td>F Improper Application of U&amp;C Amount</td>
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<td>7 Improper Application of Coordination of Benefits</td>
<td>G Improper Application of PPO Amount</td>
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<tr>
<td>8 Improper Use of PPO - Not Participating In Network</td>
<td>H Improper Application of Pre-cert Penalty Co-pay</td>
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<td>9 Improper Use of PPO - Terminated From Network</td>
<td>I Improper Application of Voluntary Network Penalty Co-pay</td>
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<td>10 Improper Denial Based on Coverage Investigation</td>
<td>J Improper Application of Prospective Medical Necessity Denial</td>
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<td>K Improper Application of Retrospective Medical Necessity Denial</td>
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<td>Q Improper Application of Coordination of Benefits</td>
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<td>R Data Capture Error Caused Improper Reimbursement</td>
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<tr>
<td></td>
<td>S No Response to Services Billed</td>
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