

Dec 18 '08 10:09 P.02

**State of New Jersey**

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
PO BOX 381  
TRENTON, NEW JERSEY 08625-0381

JON S. CORZINE  
*Governor*

DAVID J. SOCOLOW  
*Commissioner*

December 17, 2008

Dr. James Aragona, MD  
Garden State Orthopedic Surgery  
100 Commerce Place  
Clark, NJ 07066

Dear Dr. Aragona:

This will confirm the steps that the Division has taken recently to improve and facilitate the resolution of disputes between medical service providers and insurance carriers or employers.

The Workers' Compensation Law provides that medical provider services are to be reimbursed at a reasonable rate based upon the rates paid for similar services in the region in which the services are performed. Until recently, all disputes regarding medical fees were added to any case between the employee and the employer already pending in Workers' Compensation Court. Several years ago, the Division reviewed the processing of medical disputes and created a new form specifically designed to facilitate the filing of claims by medical providers.

Earlier this year, we adopted a new procedure for handling these claims in order to streamline the litigation of the claims and ensure their proper disposition. Now every new Medical Provider application is filed in the name of the medical provider and assigned a unique case number. The case is placed separately on a Judge of Compensation's calendar so that it can be heard separately and tracked more easily. We created new conference and hearing procedures so all parties are aware when a Judge determines to conduct a proceeding related to the dispute over medical payments.

While we created this separately named and processed case, we continue to cross reference the case to any cases currently pending between the employee and the carrier or employer. This enables the Judge and parties to resolve disputes or reach settlements more readily should it be necessary for all three parties to agree to the resolution.

*New Jersey Is An Equal Opportunity Employer*



DIVISION OF WORKERS' COMPENSATION  
(609) 292-2515 - FAX (609) 984-2515

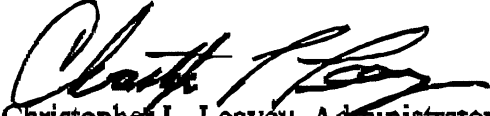
AD-18.14 (R 01-06)

Dec 18 '08 10:09 P.03

Several law firms have begun to utilize this new procedure on behalf of medical providers in New Jersey. We are enclosing for your information a listing of four firms that currently are representing medical providers in Workers' Compensation Court. I am also enclosing a copy of the current Medical Provider Application that can be found on our web site and a copy of a memorandum I sent to Workers' Compensation staff which outlines the procedures we follow to docket and assign these cases.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,



Christopher L. Leavey, Administrator  
Division of Workers' Compensation

enclosure

CLL/erb



**State of New Jersey**

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
PO BOX 381  
TRENTON, NEW JERSEY 08625-0381

JON S. CORZINE  
Governor

DAVID J. SOCOLOW  
Commissioner

**Memorandum**

**To:** All Staff  
**From:** Christopher L. Leavey, Administrator  
**Date:** August 21, 2008  
**Re:** Medical Claim Petition Procedure

We have received an increasing number of medical provider applications for payment of fees related to treatment. In order to ensure that these cases are appropriately docketed and tracked, we are changing the way we are handling these applications. All new Applications for Payment of Medical Fees filed by a medical provider will be listed as a separate Claim Petition, with its own Claim Petition number.

The Action will be listed in the medical provider's name, with the name of the injured employee immediately below. The injured employee's social security or identification number will be utilized to track the case and link it to any pending matter filed by the employee. We have created new proceeding and document codes to allow for recording and hearing these cases.

Following is the procedure that we will be utilizing to initiate each of these cases.

- a. The Medical Provider is entered in the Name of the Employee.
- b. The Employee's name is entered in the first address line.
- c. The Employee's social security number is used as Petitioner's Social Security number.
- d. The Medical Provider's attorney is listed as Petitioner's Attorney.
- e. A letter is prepared by Delores and sent to all parties.
- f. In the injury section, "Medical Claim" should be entered.
- g. A document is entered in the Documents section of Courts. The Document is "MCP" for Medical Claim Petition. The Document was filed by Petitioner.
- h. The case is then sent to the District Office for processing with a copy of the letter.

*New Jersey Is An Equal Opportunity Employer*

**LWD**

DIVISION OF WORKERS' COMPENSATION  
(609) 292-2515 • FAX (609) 984-2515

Dec 18 '08 10:10 P.05

*August 21, 2008*

Two new Court Proceeding Codes are now available for the Judges to use. They are "MPC" or "Medical Payment Conference" and "MPH" or Medical Payment Hearing.

Thank you.

c: All Judges

State of New Jersey Department of Labor and Workforce Development Division of Workers' Compensation PO Box 381 Trenton, NJ 08625-0381 WC-381 (7-08)	<b>MEDICAL PROVIDER                  APPLICATION FOR PAYMENT OR                  REIMBURSEMENT OF MEDICAL PAYMENT</b>	CASE NO'S.: _____ VICINAGE: _____ <p style="text-align: right; font-size: small;">For Office Use Only</p>
--	---	---

INJURED WORKER	SOCIAL SECURITY NUMBER:
	NAME:
	ADDRESS:

ATTORNEY FOR APPLICANT	FEDERAL EMPLOYER IDENTIFICATION NUMBER:
	NAME:
	ADDRESS:
	TELEPHONE NUMBER (AREA CODE):

vs

APPLICANT	FEDERAL EMPLOYER IDENTIFICATION NUMBER:
	NAME:
	ADDRESS:

INSURANCE CARRIER	NAME <input type="checkbox"/> SELF-INSURED <input type="checkbox"/> NOT COVERED
	ADDRESS:
	CLAIM NUMBER:

RESPONDENT	NAME:
	ADDRESS:

**Note: Corporations must be represented by counsel in Workers' Compensation Proceedings**

The employee  has  has not filed a Workers' Compensation Claim Petition related to this injury. Claim Petition Number: \_\_\_\_\_

**TO THE DIVISION OF WORKERS' COMPENSATION**

Applicant, alleging that the Employee sustained an injury by an accident arising out of and in the course of his / her employment with Respondent, compensable under R.S. 34:15-7 et seq., supplements and amendments, respectfully states:

Date of Accident (If Known):		Date of Last Treatment :	
<input type="checkbox"/> Occupational Exposure	Dates of Exposure:		
History of Accident or Illness:			
Occupation:	Date Stopped Work:	Date Returned to Work:	
Sex:	Date of Birth:	Date Injury Reported to Employer and to Whom:	
Diagnosis:			
Date(s) of Treatment	Date Billed	Amount Billed	Amount Paid

What other facts are there that you believe important?

The Applicant therefore requests that the Division of Workers' Compensation determine the amount of payment due from said Respondent, under Revised Statutes of New Jersey, Title 34, Chapter 15, and the acts supplemental thereto and amendatory thereof, and that your Applicant may be awarded costs in this proceeding, and such other or further relief as may be proper.

\_\_\_\_\_  
Applicant

STATE OF NEW JERSEY

COUNTY OF \_\_\_\_\_

Subscribed and sworn or affirmed to  
before me this \_\_\_\_\_ day of  
\_\_\_\_\_

This Application has been presented by the service provider to the Division of Workers' Compensation for hearing and determination. Unless an Answer is filed within 30 days of the date of service of the Applicant upon you, with the assignment clerk at the vicinage to which the claim is assigned as indicated on the reverse side, and a copy served upon the attorney, THE APPLICANT WILL PROCEED WITH PROOF OF CLAIM ACCORDING TO LAW AND MAY OBTAIN JUDGMENT AGAINST YOU.

The Privacy Act, 5 U.S.C. §552a, the Social Security Act, 42 U.S.C. §405, and N.J.S.A. 34:15-1 et seq. authorize the Division of Workers' Compensation to request that the Applicant supply the Division with the employee's Social Security number for record keeping purposes and cross-matches with the Social Security Administration, Workforce New Jersey, Temporary Disability Insurance and any other proper public purpose.

DIVISION OF WORKERS' COMPENSATION