



EVIDENCE-BASED SPECIALTY BENEFIT MANAGEMENT

In accordance with New Jersey Administrative Code Title 11 Department of Banking and Insurance Chapter 24B. Organized Delivery Systems Subchapter 5. Provider Agreements,

CareCore's Provider Agreements include a provision that allows payment to be reduced up to, but not exceeding, 50 percent of what would otherwise have been paid had precertification or prior-authorization been obtained for a medically necessary service. To the extent that a CareCore participating provider holding a CareCore agreement can establish medical necessity for a service that did not receive a precertification or prior authorization, they should, within 120 days, submit claim(s) with supporting medical necessity documentation to CareCore National at the following address with a cover letter requesting a medical necessity review.

For claims submitted for services rendered to Aetna New Jersey members

CareCore National, LLC  
PO Box 798  
Lake Katrine, NY 12449

For claims submitted for services rendered to Health Net New Jersey members

CareCore National, LLC  
PO Box 759  
Lake Katrine, NY 12449

To view CareCore National's Policy and Procedure entitled *Claims Process for Review of Claim Submitted for Payment Based on Medical Necessity without Precertification in New Jersey* please visit [http://www.carecorenational.com/forms/pandp\\_med\\_necessity\\_review.pdf](http://www.carecorenational.com/forms/pandp_med_necessity_review.pdf)