

Clean Claims

In order to process your New Jersey Auto/No Fault claims efficiently, claims submissions must be as complete and thorough as possible. A clean claim is a claim that can be processed without obtaining additional information from the provider of service or from a third party. Please note only radiology and neurology diagnostic CPT codes will be considered for processing. Non-diagnostic CPT codes such as evaluation and management codes, including office visit codes, will not be considered and should be sent directly to the carrier for processing.

A clean claim includes the following information:

- Medical Report
- DOL (Date of Loss)
- DOS (Date of Service)
- Patient Demographics:
 - Full Name
 - Date of Birth
 - Address
 - Phone Number
 - Gender
- Carrier & Carrier Billing Address
- Carrier Case Number
- Service Location Information:
 - Name
 - Tax ID
 - Address
 - *Note: Service locations must be fully credentialed with Carisk Imaging prior to processing*
- Referring Provider:
 - Name
 - NPI
 - *Service providers must be fully credentialed with Carisk Imaging prior to processing*
- Valid Diagnostic Code(s)
- Valid CPT Code(s) including units and submitted charges
- Specific Injury Information, i.e. a. employment, b. auto accident, c. other
- Patient's account number (box 26)

Submitting Paper Bills and Medical Reports

After a patient's exam, please submit medical reports to Carisk Imaging within 48 hours via fax at (844) 676-6532. Please submit paper claims to the following address:

Carisk Imaging
25A Hanover Road, Suite 201
Florham Park, NJ 07932

Bills and medical reports should be sent to Carisk Imaging for all patients insured by Carisk's contracted carriers, regardless of scheduling. Billing the carrier directly will result in denials, payment delays, and/or additional administrative follow-up.

Additional Documents for Processing Claims, Appeals & Arbitration

For select Auto/No Fault claims which have been submitted through Carisk Imaging and subsequently denied by a carrier, Carisk will prepare and submit appeals and arbitrations on your behalf.

In order to ensure the highest probability of success during the appeal/arbitration process, please include the following information at the time of claim submission:

- Assignment of Benefits (AOB) signed by patient
- Prescription for exam
- Service Location intake form including:
 - Attorney name
 - Attorney phone number
 - Patient's health insurance carrier information
- Medical Records from the Referring Doctor
- Pre-certification documents including:
 - Authorization from PIP carrier
 - *If the event of a denial, Carisk will request a copy of the pre-service appeal, a copy of the Attending Provider Treatment Plan (APTP) and the fax confirmation for each*

For questions or further information, please reach out to your designated Carisk billing representative. If you have not yet been assigned a representative, please send a general email inquiry to ci_claims@cariskpartners.com.