

PROSPECTIVE CLAIM NOTIFICATION

This form should be completed for any claim reaching 50% or more of the specific deductible for any one covered person, has the potential to exceed 50% of the specific deductible or when it has been determined the individual has been diagnosed with a catastrophic indicator.

Once any of the above mentioned criteria have been met, HIIG Accident & Health must be given written notification within 30 days. Notifications can be sent to the claims department at ah-claims@hiig.com.

Section 1 Policy Holder Information

Policyholder's Name: _____ Specific Deductible: \$ _____
 Effective Date of Policy: _____ Contract Year: _____ Contract Basis: _____
 TPA Name: _____ Contact Person: _____ Phone: _____

 Street Address _____ City _____ State _____ Zip Code _____
 Contact Email: _____ Fax: _____ Date: _____

Section 2 Employee and Claimant Information

Employee Name: _____ DOB: _____ SS #: _____
 Coverage Effective Date: _____ Coverage Term Date: _____
 Claimant Name: _____ DOB: _____ Relationship: _____
 Date of Onset: _____ Date of Last Treatment: _____ Dates of Confinement: _____
 Diagnosis: _____
 Prognosis: _____
 Current Treatment Plan: _____

Section 3 Claim Information

Is claimant still hospitalized? Yes No Name of facility: _____
 Was Case Management Implemented? Yes No If yes, please attach reports/findings
 Case Manager Name: _____ Case Manager Phone #: _____
 Has a hospital audit been requested? Yes No If yes, vendor name: _____
 Was MedMAP/other cost containment implemented? Yes No If other, vendor name: _____
 Result of hospital audit or cost containment: _____
 Has a potential transplant vendor referral been completed? Yes No If yes, vendor name: _____

Total Claim paid to date: _____ **Avg. monthly expenses:** _____ **Estimate total of claim:** _____

PROSPECTIVE CLAIM NOTIFICATION INSTRUCTIONS

The Prospective Claim Notification should be completed when any claim reaches 50% or more of the specific deductible for any one covered person, has the potential to exceed 50% of the specific deductible or when it has been determined the individual has been diagnosed with a catastrophic indicator. The form should be completed in its entirety and forward to HIIG Accident & Health's Claims Department. Updated submissions should then be submitted on a monthly basis. **Notifications and submissions can be sent to ah-claims@hiig.com.**

In addition to the above, the Prospective Claim Notification must be completed and then forwarded to HIIG A&H's Claims Department for all cases meeting any of the following diagnoses:

ICD-9 Code

001-139 Infectious and Parasitic Diseases

038-038.9 Septicemia
042 AIDS / HIV
070-070.9 Hepatitis

140-239 Neoplasms

140-208.9 Cancers
235 Neoplasm Uncertain Behavior
237.7 Neurofibromatosis
239.2 Neoplasm Unspecified Nature – Bone, Skin

240-279 Endocrine, Nutritional, Metabolic, Immunity

250-250.9 Diabetes
272.7 Gaucher's Disease
273.4 Alpha-1-antitrypsin deficiency
277.0 Cystic Fibrosis
279-279.9 Immune Deficiencies

280-289 Diseases of the Blood and Blood-Forming Organs

282.6 Sickle-Cell Anemia
284.9 Aplastic Anemia NOS
286-286.9 Coagulation Defects and/or Hemophilia

320-389 Diseases of the Nervous System and Sense Organs

335.20 Amyotrophic Lateral Sclerosis
340 Multiple Sclerosis
343-343.9 Cerebral Palsy
344.0 Quadriplegia and Quadriparesis
344.1 Paraplegia
348.0-348.9 Encephalopathy
357.0 358 Acute Infectious Polyneuritis
358.0 Myasthenia Gravis

390-459 Diseases of the Circulatory System

410-410.9 Acute Myocardial Infarction
414-414.05 Coronary Atherosclerosis (ASHD)
415-415.19 Acute Pulmonary Heart Disease
416-416.9 Chronic Pulmonary Heart Disease
417.1 Aneurysm of Pulmonary Artery
421-421.9 Acute and Subacute Endocarditis
424-424.9 Valve Disorders
425-425.9 Cardiomyopathy
426-426.9 Conduction Disorders
427-427.9 Cardiac Dysrhythmias
428-428.9 Heart Failure
430, 431 Subarachnoid / Intracerebral Hemorrhage
434.9 Occlusion of Cerebral Arteries
436 Acute Cerebrovascular Accident (CVA)
440-441.9 Atherosclerosis / Aortic Aneurysm

460-519 Diseases of the Respiratory System

480-486 Pneumonia
490-496 Chronic Obstructive Pulmonary Disease (COPD), etc.
515 Postinflammatory Pulmonary Fibrosis
518-518.89 Pulmonary Collapse and/or Respiratory Failure

520-579 Diseases of the Digestive System

555-555.9 Regional Enteritis (Crohn's Disease)
560.0-560.9 Intestinal Obstruction
562.1 Diverticulitis of Colon
567-567.9 Peritonitis
569.0-569.9 Other Disorders of Intestine
570-571.9 Liver Diseases and Cirrhosis
572-572.3 Liver abscess/Portal Hypertension
573-573.9 Other Liver Disorders
577-577.9 Pancreas Diseases

580-629 Diseases of the Genitourinary System

584-584.9 Acute Renal Failure
585 Chronic Renal Failure
586 Renal Failure, Unspecified

630-677 Complications of Pregnancy, Childbirth

641.1 Placenta Previa
642.5-642.7 Eclampsia, pre-eclampsia
644.0-644.2 Premature Labor
648.0 Gestational Diabetes
651 Multiple Gestation
654.5 Cervical Incompetence

710-739 Diseases of the Musculoskeletal System and Connective Tissue

710.0 Systemic lupus erythematosus
715.0-715.9 Osteoarthritis
721.3 Lumbosacral Spondylosis
722.0-722.9 Intervertebral Disc Disorders
730-730.9 Osteomyelitis and/or Periostitis
737.3 Kyphoscoliosis and scoliosis

740-759 Congenital Anomalies

747.2 Aortic Atresia / Stenosis
751.6 Biliary Atresia
759-759.9 Other and Unspecified Congenital Anomalies

760-779 Conditions Originating in the Perinatal Period

765-765.1 Prematurity
769 Respiratory Distress Syndrome
770.0-770.9 Other Respiratory Conditions of Newborn

800-999 Injury and Poisoning

800-804.9 Fracture of Skull
805-805.9 Fracture of Vertebral Column
806-806.9 Fracture of Vertebral Column with Spinal Cord Injury
828-828.1 Multiple Fractures
853-854.1 Intracranial Injury
869-869.1 Internal Injury
887-887.7 Traumatic Amputation of Arm and Hand
897-897.7 Traumatic Amputation of Leg
948-948.9 Burns over 20% of the body
952-952.9 Spinal Cord Injury
995.91 Sepsis

The following instances should be referred to HIIG Accident & Health and investigated for case management and cost containment:

All Transplants	Hyperalimentation (TPN)/home IV antibiotics
Premature births	Drug infusion therapy
Initiation of Dialysis (home or outpatient)	Initiation of chemotherapy
Trauma/Multiple Injuries	High Risk Pregnancy (Multiple Births)
Request for transfer to a rehabilitation facility	Length of stay request more than 7 days
Home ventilator	Complex wound care
Hospital Acquired Conditions	Initiation of Chemotherapy/Radiation
Spinal fusion or complex spinal surgery	Implanted devices
Bleeding disorder	Treatment at specialized (cancer, spine) facility
Mental/nervous or disorders requiring acute hospitalization	Multiple hospitalizations of 3 or more per year
Interim billings	Home Health Care greater than 20 days
High Cost Pharmaceuticals	Substance Abuse or Dependence requiring acute care

The procedures listed below are Key Indicators of potential catastrophic claims and should be referred to HIIG Accident & Health and investigated for cost containment:

PROCEDURE	ICD-9 PROCEDURE CODE	CPT CODE
Craniotomy	01.24	61304 - 61305
Hyperbaric Oxygenation	93.59	99183
Plasmapheresis (Apheresis)	99.71	36520 - 36521
Laryngectomy/Radical Neck Dissection	30.4	31360 - 31382
Tracheostomy	31.2	31600 - 31605
Implant Cardiac Assist Device	37.6	33975
Dialysis	39.95, V56.8	90935, 90937, 90945- 90947
Pancreatectomy	52 - 52.99	48140 - 48146,48150-48154
Ventilator patient greater than 4 days	96.72	94656 - 94657
Insertion shunt/fistula	39.93	36821
TPN (Total Parenteral Nutrition)	99.15	N/A
Transplants	V42 codes	See Below
Transplant Type	CPT CODE	
Bone Marrow Transplant	38240 - 38241	
Heart	33945	
Heart-Lung	33935	
Small Bowel	44135 - 44136	
Liver	47136	
Lung (single)	32851 - 32852	
Lung (double)	32853 - 32854	
Pancreas	48160, 48550-48556	
Kidney	50360	