Large Claim Identification/Medical Case Management

Immediately Reportable to HM Insurance Group

Early Notification Requirements

Provide early notification of the following prior to submission:

- Notification at precertification level based on Trigger Diagnosis Listing
- Notification of 50% of the Specific deductible
- · Notification of all potential gene therapy and cell therapy claimants

Medical Conditions and Interventions

- Claims exceeding 50% of the Specific deductible
- Admissions greater than a 14-day duration including rehabilitation
- · High-risk neonatal infants and high-risk pregnancies
- Progressive muscular and neurological diseases including but not limited to ALS (Lou Gehrig's disease), myasthenia gravis, Guillain-Barre syndrome, multiple sclerosis, muscular dystrophy, etc.
- · Hemophilia and/or factor replacement
- Coronary conditions with long-term complications including but not limited to cardiomyopathy, congestive heart failure and severe coronary artery disease, etc.
- · Multiple fractures/amputations
- All cancer diagnoses (except for skin lesions)
- · All potential transplants including stem cell transplants
- Head injuries and tumors/spinal cord injuries/paralysis/severe strokes (cerebral infarction)
- Severe burns (second- and third-degree covering 10% or more of the body surface)
- · Chronic viral conditions including HIV or hepatitis C
- Respiratory conditions including severe chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, asthma and emphysema
- Previous gene therapy clinical trial or on FDA approval including Kymriah, Yescarta and Luxturna by covered life or biological parent prior to conception
- Clinical trials when adverse events are managed with medication/ therapies that exceed \$5,000 a month
- Infant/child in a disease management program
- Alternative funding in place or use of pharmacy vendors

Claim Characteristics

- Exceeds \$25,000 with higher potential
- · Multiple hospital admissions within a one-year period
- · Rehabilitation facility for more than a three-month duration
- Interim billing
- Questionable disability utilization or services for the diagnosis
- · Home health care requiring 24-hour service
- Multiple similar claims totaling an excess of \$5,000 each over a 30-day cycle

Ongoing Treatments

- Extensive intravenous therapies (i.e., chemotherapy, radiation, antibiotic therapy, IVIG, etc.)
- Any condition requiring constant monitoring or mechanical assistance to sustain life (i.e., apnea monitor, ventilators)
- Dialysis and continuous ambulatory peritoneal dialysis (CAPD)
- Total parenteral nutrition (TPN) and other nutritional support systems
- Growth hormone therapy

Discounting Opportunities

Discounts should be attempted on the following out-of-network claims prior to submission:

- · Inpatient hospital claims more than \$100,000
- Outpatient hospital claims more than \$50,000
- Physician claims more than \$20,000

All ongoing services regardless of the dollar amount (e.g., chemotherapy, dialysis):

- Cancer
- · Coagulation defects
- · Gene therapy and cell therapy

HM Insurance Group works with various discount vendors on the following services:

- Air ambulance
- Cancer resource services
- Congenital heart disease
- · Dialysis claims discounting
- Facility and professional repricing/negotiations
- Gene therapy and cell therapy
- High-dollar pharmacy charges
- Medical bill audit services
- MedicarePlus verification
- Neonatology
- Transplant network contracts
- Transplants including stem cell transplants



High-Cost Diagnosis Examples Based on ICD-10 Codes

| CD-10 Codes | Diagnosis Categories |
|--------------------------------------|---|
| A Codes — Sepsis | |
| A419 | Sepsis, Unspecified Organism |
| C Codes — Cancer | |
| C00 - C14 | Oral Cavity & Pharynx |
| C15 - C26 | Digestive Organs |
| C30 - C39 | Respiratory |
| C43 - C43.9 | Melanoma |
| C50 | Breast |
| C51 - C68 | Genitourinary |
| C69 - C72 | Nervous System |
| C81 - C96 | Leukemia, Lymphomas & Myelomas |
| D & E Codes — Hemato | ologic & Metabolic Disorders |
| D46.9 | Myelodysplastic Syndrome |
| D56 | Sickle Cell Anemia |
| D56.1 | Beta Thalassemia |
| D57, D57.00 - D57.2, D57.4, D57.8 | Sickle Cell Diseases |
| D59 | Paroxysmal Nocturnal Hemoglobinuria (PNH) |
| D59.3 | Atypical Hemolytic Uremic Syndrome (aHUS) |
| D61.01 | Aplastic Anemia |
| D61.09 | Fanconi Anemia |
| D66 - D68.9 | Hemophilia (Hereditary Factor Deficiencies) |
| D80 | Hyper-IgM Syndrome |
| D81.0 - D81.2 | Severe Combined Immune Deficiency (SCID) |
| D82.1 | DiGeorge Syndrome |
| D83.1 | Immune Deficiency T Cells (AIDS) |
| D84/D84.1 | Defects in the Complement System |
| D89.813 | Graft-Versus-Host Disease (Chronic Only) |
| E71.520-522, E71.529 | Cerebral Adrenoleukodystrophy |
| E72.4 | Urea Cycle Metabolism Disorder/Ornithine Metabolism Disorder |
| E74 | Pompe Disease |
| E75.21 | Fabry-Anderson |
| E75.22 | Gaucher Disease |
| E75.25 | Metachromatic Leukodystrophy |
| E76.1 | Hunter Syndrome |
| E76.2 | Hurler Syndrome |
| E83.3 | Hypophosphatasia |
| E83.31 | X-Linked Hypophosphatemia |
| E84.0 | Cystic Fibrosis |
| E88.01 | Alpha I-Antitrypsin |
| E88.1 | Lipodystrophy |

| CD-10 Codes | Diagnosis Categories | | |
|--|--|--|--|
| | es of the Nervous System | | |
| G12 | Spinal Muscular Atrophy & Related Syndromes | | |
| G12.0 | Infantile Spinal Muscular Atrophy Type 1 | | |
| G12.1 | Other Inherited Spinal Muscular Atrophy | | |
| G12.2 | Motor Neuron Disease | | |
| G12.20 | Motor Neuron Disease, Unspecified | | |
| G12.21 | Lou Gehrig's Disease (ALS) | | |
| G12.22 | Progressive Bulbar Palsy | | |
| G12.29 | Other Motor Neuron Disease | | |
| G12.8 | Other Spinal Muscular Atrophies Related Syndrome | | |
| G12.9 | Spinal Muscular Atrophy, Unspecified | | |
| G35 | Multiple Sclerosis | | |
| G36 | Neuromyelitis Optica Spectrum Disorders (NMOSD) | | |
| G61.0 | Guillain-Barre Syndrome | | |
| G70 | Myasthenia Gravis | | |
| G71/G71.1 | Muscular Dystrophy/Duchenne Muscular Dystrophy | | |
| G91.1 | Obstructive Hydrocephalus | | |
| H35.5 | Hereditary Retinal Dystrophy | | |
| I Codes — Cardiac, Pulmonary & Vascular | | | |
| 127 | Pulmonary Hypertension | | |
| 127.0 | Primary Pulmonary HTN | | |
| 127.20 | Pulmonary Hypertension, Unspecified | | |
| 142 - 142.9 | Cardiomyopathy | | |
| 146.9 | Cardiac Arrest | | |
| 160.9 | Subarachnoid Hemorrhage | | |
| J, K, N & Q Codes — Respiratory, Liver and Renal | | | |
| J86.0 | Pyothorax w/ Fistula | | |
| J96.00 - J96.92 | Respiratory Failure | | |
| K70.0 - K74.69 | Chronic Liver Disease/Liver Failure | | |
| N181 - N18.9 | Chronic Renal Failure | | |
| Q61.3 | Polycystic Kidney, Unspecified | | |
| O, P & Q Codes — Cond | O, P & Q Codes — Conditions of Pregnancy & Perinatal | | |
| O30.10 - O30.109 | Triplet Pregnancy | | |
| O30.20 - O30.209 | Quadruplet Pregnancy | | |
| O60.00 - O60.14 | Preterm Labor | | |
| P07.00 - P07.36 | Preterm Infant | | |
| P22.0 | Respiratory Distress Syndrome of Newborn | | |
| P27.1 | Bronchopulmonary Dysplasia | | |
| P285 | Respiratory Failure of Newborn | | |
| Q20 - Q28 | Congenital Heart Diseases | | |
| Q212 & Q213 | Newborn - Congenital Malformation(s) | | |



High-Cost Diagnosis Examples Based on ICD-10 Codes

| CD-10 Codes | Diagnosis Categories | | |
|--|---|--|--|
| O, P & Q Codes — Cond | O, P & Q Codes — Conditions of Pregnancy & Perinatal, continued | | |
| Q39.0 - Q39.4 | Tracheoesophageal Fistula | | |
| Q79.59 | Other Congenital Malformations of Abdominal Wall | | |
| Q81.2 | Dystrophic Epidermolysis Bullosa (DEB) | | |
| Q81.9 | Epidermolysis Bullosa | | |
| Q89.7 | Multiple Anomalies | | |
| S & T Codes — Injury, Poisoning & Trauma | | | |
| S06.0 - S06.9 | Brain Injuries | | |
| S12 - S14 | Spinal Cord Injuries | | |
| S88 | Amputations | | |
| T07 | Multiple Trauma Injuries | | |
| T20 - T32 | Burns | | |
| T79 | Early Complications of Trauma | | |
| T86.00 - T86.02 & T86.09 | Graft Versus Host Disease | | |
| T86.90-T86.92 & T86.99 | Complications of Transplant | | |
| U Codes — Codes for S | U Codes — Codes for Special Purposes | | |
| U07.1 | COVID-19 | | |
| Z Codes — Transplants | | | |
| Z94.0 | Kidney Transplant | | |
| Z94.1 | Heart Transplant | | |
| Z94.2 | Lung Transplant | | |
| Z94.3 | Heart and Lung Transplant | | |
| Z94.4 | Liver Transplant | | |
| Z94.5 - Z94.8 | Miscellaneous Transplant | | |
| Z94.81 | Bone Marrow Transplant | | |
| Z94.82 | Intestine Transplant | | |
| Z94.83 | Pancreas Transplant | | |
| Z94.84 | Stem Cell Transplant | | |
| Z94.89 - Z94.9 | Miscellaneous Transplant | | |

For more information, contact your HM sales representative or visit **hmig.com**.

