

# CLAIMS MANUAL



## Table of Contents

50% and Catastrophic Claim Notification.....	3
➤ FORM: Catastrophic and 50% Notification .....	4
Trigger Diagnosis List .....	5
Trigger Treatment and Services .....	9
Large Case Management.....	10
Monthly Paid Claims .....	11
➤ FORM: Monthly Paid Claims Summary .....	12
Directions for Advanced Funding.....	13
Aggregated Specific Claims .....	14
Out-of-Network Claims.....	15
Hospital Bill Audits .....	15
Reimbursement of Discounting Fees.....	15
Initial Specific Claim Reimbursement Request.....	16
➤ FORM: Specific Stop-Loss Claims.....	17
Subsequent Specific Claim Reimbursement Request.....	18
Aggregate Claim Reimbursement Request .....	19
➤ FORM: Aggregate Claim Reimbursement Request.....	20
Monthly Accommodation Claims.....	21
➤ FORM: Monthly Accommodation Benefit.....	22

## Claims Department Information

Claims Email:	claims@iatmgu.com
Phone:	615-790-6908
Forms:	Download at <a href="http://www.iatmgu.com">www.iatmgu.com</a> or email <a href="mailto:claims@iatmgu.com">claims@iatmgu.com</a>
Beth Archie Vice President, Claims	beth@iatmgu.com
Scott Mitchell Senior Claims Auditor	scott@iatmgu.com
Jackie Berry Claims Auditor	jackie@iatmgu.com

## 50% and Catastrophic Claim Notification

Management of a claim begins with the TPA. We expect that the TPA will have procedures in place to identify potential large claims through the TPA's benefit verification unit, customer service unit, reports reflecting 50% penetration of the specific deductible, and the group's Utilization Review Company. All inpatient confinements greater than five (5) days must be reported.

Notification to IAT can be made by completing our form, the TPA's form, or by report that includes all required information. The notification can be submitted by mail, fax, or email. The notification should include the case name, claimant's name, employee's name, employee's social security number, the claimant's relationship, the claimant's date of birth, and diagnosis.

Additional information that would be helpful and perhaps save a phone call to your office is:

- Length of confinement
- Date of surgery
- Current and future treatment
- Case Manager's name and phone number
- Treating physician's name and phone number
- Prognosis
- Pending Charges

Email [claims@iatmgu.com](mailto:claims@iatmgu.com) for state-specific filing forms.

### CATASTROPHIC AND 50% NOTIFICATION

Case:	Policy Period:
EE Name:	EE SSN:
Claimant Name:	DOB:
Relationship:	Original Effective Date on the Plan:
Date Coverage Terminated or Last Date that EE Worked:	
Diagnosis/ICD9:	Prognosis:
Is Claimant in Case Management? <input type="checkbox"/> Yes <input type="checkbox"/> No     If YES, provide Case Manager information below.	
Case Manager's Name:	Case Manager's Phone:
Treating Physician's Name:	Treating Physician's Phone:
Length of Confinement:	Date of Surgery:
Current and Future Treatment:	
PAID TO DATE THIS POLICY YEAR:                      \$	
PENDING CHARGES THIS POLICY YEAR:                \$	

**In lieu of the above information, a Paid Claims Report reflecting diagnosis and provider names can be substituted.**

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

TPA Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

### TRIGGER DIAGNOSIS LIST

<b>ICD-10-CM Diagnosis Codes for Disclosure Notification</b>	
Please list all Plan Participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current Benefit Period:	
<b>A00 – B99</b>	<b>Certain Infectious and Parasitic Diseases</b>
A40	Streptococcal sepsis
A41	Other Sepsis
B15 – B19	Viral hepatitis
B20	Human immunodeficiency virus (HIV) disease
<b>C00 – D49</b>	<b>Neoplasms</b>
C00 – C96	Malignant neoplasms
D46	Myelodysplastic syndromes
<b>D50 – D89</b>	<b>Diseases of the Blood and Blood-Forming Organs and Disorders Involving the Immune Mechanism</b>
D57	Sickle-cell disorders
D59	Acquired hemolytic anemia
D60 – D64	Aplastic and other anemias
D65 – D69	Coagulation defects, purpura and other hemorrhagic conditions
D70 – D77	Other diseases of blood and blood-forming organs
D80 – D89	Certain disorders involving the immune mechanism
<b>E00 – E89</b>	<b>Endocrine, Nutritional, and Metabolic Diseases</b>
E10 – E13	Diabetes mellitus
E15 – E16	Other disorders of glucose regulation and pancreatic internal secretion
E65 – E68	Obesity and other hyper alimentation
E70 – E89	Metabolic disorders
<b>F01 – F99</b>	<b>Mental, Behavioral and Neurodevelopmental Disorders</b>
F10.1	Alcohol Abuse
F11.1	Opioid Abuse
F20	Schizophrenia
F31	Bipolar Disorder
F32.3	Major depressive disorder, single episode, severe with psychotic feature
F33.1 – F33.3	Major depressive disorder, recurrent
F84.0	Autistic Disorder
F84.2	Rett's Syndrome
F84.5	Asperger's Syndrome
<b>G00 – 99</b>	<b>Diseases of the Nervous System</b>
G00	Bacterial meningitis
G04	Encephalitis myelitis and encephalomyelitis
G06 – G07	Intracranial and intraspinal abscess and granuloma
G12.21	Amyotrophic Lateral Sclerosis
G35	Multiple sclerosis
G36	Other acute disseminated demyelination
G37	Other demyelinating disease of central nervous system
G82.5	Quadriplegia

G83.4	Cauda Equina Syndrome
G92	Toxic encephalopathy
G93.1	Anoxic brain injury
<b>I00 – I99</b>	<b>Diseases of the Circulatory System</b>
I20	Angina pectoris
I21.09 – I22	Acute myocardial infarction
I24	Acute and subacute ischemic heart disease
I25	Chronic ischemic heart disease
I26	Pulmonary embolism
I27	Other pulmonary heart disease
I28	Other diseases of pulmonary vessels
I33	Acute & subacute endocarditis
I34 – I38	Heart valve disorders
I42 – I43	Cardiomyopathy
I44 – I45	Conduction disorders
I46	Cardiac arrest
I47 – I49	Cardiac dysrhythmias
I50	Heart failure
I60 – I61	Subarachnoid hemorrhage/intercerebral hemorrhage
I63	Cerebral infarction
I65.8 – I66	Occlusion of precerebral/cerebral arteries
I67	Other cerebrovascular disease
I70	Atherosclerosis/aortic aneurysm
<b>J00 – J99</b>	<b>Diseases of the Respiratory System</b>
J40 – J44	Chronic Obstructive Pulmonary Disease (COPD)
J84.10 – J84.89	Postinflammatory Pulmonary Fibrosis
J98.11 – J98.4	Pulmonary collapse/respiratory failure
<b>K00 – K95</b>	<b>Diseases of the Digestive System</b>
K22	Esophageal obstruction
K25 – K28	Ulcers
K31	Other diseases of stomach & duodenum
K50	Crohn's disease
K51	Ulcerative colitis
K55 – K64	Diseases of intestine
K65 – K68	Diseases of peritoneum & retroperitoneum
K70 – K77	Diseases of liver
K83	Diseases of biliary tract
K85 – K86	Diseases of pancreatitis
K90 – K95	Other diseases of digestive system/complications of bariatric procedures
<b>M00 – M99</b>	<b>Diseases of the Musculoskeletal System &amp; Connective Tissue</b>
M15 – M19	Osteoarthritis
M32	Systemic lupus erythematosus
M34	Systemic sclerosis
M41	Scoliosis
M43	Spondylolysis

M50	Cervical disc disorders
M51	Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders
M72.6	Necrotizing fasciitis
M86	Osteomyelitis
<b>N00 – N99</b>	<b>Diseases of the Genitourinary System</b>
N00 – N01	Acute and rapidly progressive Nephritic Syndrome
N03	Chronic Nephritic Syndrome
N04	Nephrotic Syndrome
N05 – N07	Nephritis and nephropathy
N08	Glomerular disorders classified elsewhere
N17	Acute Kidney Failure
N18	Chronic Kidney Disease (CKD)
N19	Renal failure, unspecified
<b>O00 – O9A</b>	<b>Pregnancy, Childbirth, and the Puerperium</b>
O09	High Risk Pregnancy
O11	Pre-existing hypertension with pre-eclampsia
O14 – O15	Pre-eclampsia and eclampsia
O30	Multiple gestation
O31	Other complications specific to multiple gestations
<b>P00 – P96</b>	<b>Certain Conditions Originating in the Prenatal Period</b>
P07	Disorders of newborn related to short gestation and low birth weight
P10 – P15	Birth trauma
P19	Fetal distress
P23 – P28	Other respiratory conditions of newborn
P29	Cardiovascular disorders originating in the perinatal period
P36	Bacterial sepsis of newborn
P52 – P53	Intracranial hemorrhage of newborn
P77	Necrotizing enterocolitis of newborn
P91	Other disturbances of cerebral status newborn
<b>Q00 – Q99</b>	<b>Congenital Malformations, Deformations, and Chromosomal Abnormalities</b>
Q00 – Q07	Congenital malformations of the nervous system
Q20 – Q26	Congenital cardiac malformations
Q41 – Q45	Congenital anomalies of digestive system
Q85	Phakomatoses, not classified elsewhere
Q87	Congenital malformation syndromes affecting multiple systems
Q89	Other congenital malformations
<b>R00 – R99</b>	<b>Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, not elsewhere classified</b>
R07.1 – R07.9	Chest pain
R40 – R40.236	Coma
R57 – R58	Shock, hemorrhage
R65.2 – R65.21	Severe sepsis
<b>S00 – T88</b>	<b>Injury, Poisoning, and Certain Other Consequences of External Causes</b>
S02	Fracture of skull and facial bones
S06	Intracranial injury

S07	Crush injury to head
S08	Avulsion and traumatic amputation of part of head
S12 – S13	Fracture and injuries of cervical vertebra and other parts of neck S14.0 – S14.15
S22.0	Fracture of thoracic vertebra
S24	Injury of nerves and spinal cord at thorax level
S25	Injury of blood vessels of thorax
S26	Injury of heart
S02	Fracture of skull and facial bones
S32.0 – S32.2	Fracture of lumbar vertebra
S34	Injury of lumbar and sacral spinal cord and nerves
S35	Injury of blood vessels at abdomen, lower back and pelvis
S36 – S37	Injury of intra – abdominal organs
S48	Traumatic amputation of shoulder and upper arm
S58	Traumatic amputation of elbow and forearm
S68.4 – S68.7	Traumatic amputation of hand at wrist level
S78	Traumatic amputation of hip and thigh
S88	Traumatic amputation of lower leg
S98	Traumatic amputation of ankle and foot
T30 – T32	Burns and corrosions of multiple body regions
T81.11 – T81.12	Postprocedural cardiogenic and septic shock
T82	Complications of cardiac and vascular prosthetic devices, implants and grafts
T83 – T85	Complications of prosthetic devices, implants and grafts
T86	Complications of transplanted organs and tissue
T87	Complications to reattachment and amputation
<b>Z00 – Z99</b>	<b>Factors Influencing Health Status and Contact with Health Services</b>
Z37.5 – Z37.6	Multiple births
Z38.3 – Z38.8	Multiple births
Z48 – Z48.298	Encounter for aftercare following organ transplant
Z49	Encounter for care involving renal dialysis
Z94	Transplanted organ and tissue status
Z95	Presence of cardiac and vascular implants and grafts
Z98.85	Transplanted organ removal status
Z99.1	Dependence on respirator
Z99.2	Dependence on dialysis



**Trigger Treatment and Services**

99374-99380	Home Health Care
S9126	Hospice
V57.9	Inpatient Rehabilitation
G0128	Skilled Nursing Facility
43800-43999	Gastric Bypass
J9000-J9999	Chemotherapy
77427-77499	Radiation
81.9	Joint Replacement
S9001	Home Uterine Monitoring
S9364-S9368	Home TPN or IV Therapy
80400-80440	Expensive injections, such as Growth Hormones
V56/90945-90999	Dialysis
89	Transplant Evaluation

## **Large Case Management**

We expect that claims with the potential for savings through management be assessed for large case management. If a TPA is unable to or the case refuses, we will handle the assessment and monitor the claim. Please contact our office in this case.

If large case management is placed, please furnish case management reports to our office. Fees are reimbursable under the excess stop-loss coverage once the claim exceeds the specific deductible. However, we must have a report for the period being billed.

## **Monthly Paid Claims**

The paid claims for each group you have with IAT should be submitted by the 10th of each month for the month just completed. Reports, which are later, are requested via email from our claims staff.

Also, we request that you submit a report identifying any claimants who have claims paid in excess of 50% of the Group's specific deductible. This report should include diagnosis codes for all claimants listed.

### MONTHLY PAID CLAIMS SUMMARY

Case Name:
Effective Date:
Month Reporting: _____ / _____ / _____ to _____ / _____ / _____

**PLEASE MAKE SURE THAT ALL MONTHLY PAID CLAIMS ARE REPORTED  
BY INDIVIDUAL MONTHS**

**If reporting a 12/15 or 15/12 policy, please specify if run-in claims are included in this total.**

#### GROSS PAID CLAIMS

Medical: \$ \_\_\_\_\_  
Dental: \$ \_\_\_\_\_  
Weekly Indemnity: \$ \_\_\_\_\_  
Rx Drug Card: \$ \_\_\_\_\_  
**TOTAL GROSS PAID CLAIMS: \$ \_\_\_\_\_**

Less Claims Not Covered by Excess: \$ \_\_\_\_\_

**Net Paid Claims: \$ \_\_\_\_\_**

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Third-Party Administrator: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

## **Directions For Advanced Funding**

IAT provides Advanced Funding to all cases. The plan's check(s) must be issued and the check data provided along with the specific reimbursement request. The request for reimbursement will be processed as all others.

The availability of advanced funding in the final month of the contract is dependent on the definition of PAID in the stop-loss policy. Please refer to that definition for your specific request.

## **Aggregated Specific Claims**

Specific claims for cases with an Aggregated Specific amount should be submitted as usual. An audit will be performed and the TPA will be notified of any needed information. The amount reimbursable will be applied to the group's aggregated specific. This application will be noted on the EOB.

## **Out-of-Network Claims**

We request that out-of-network bills be emailed to our office for discounting through secondary PPO networks or direct negotiating.

## **Hospital Bill Audits**

We discourage the practice of auditing hospital bills due to the lack of savings experienced. However, there are certain situations where audits may be recommended or ordered by our office.

## **Reimbursement of Discounting Fees**

Fees charged by the primary PPO are considered administrative and not reimbursable. Fees for secondary PPOs are reimbursable but not in excess of 25% of the savings, with a \$50,000.00 plan year cap per claimant. Shared fees payable to the TPA are considered administrative and not reimbursable. Shared savings fees payable to an LCM/UR vendor are also considered administrative and not reimbursable.

## Initial Specific Claim Reimbursement Request

Initial reimbursement requests should include:

- Completed specific claim form.
- Enrollment card/applicable change card. If the enrollment card does not reflect the claimant's original effective date on the Plan or if the name of the employer is omitted, a statement will be required from the employer verifying this information.
- COBRA election form and payment documentation (if applicable).
- Copy of Medicare card (if applicable).
- Copies of all bills that are included in this claim request.
- Check data – date of issue, amount, payee, check number.
- EOBs or report reflecting deductible, coinsurance, ineligible amount and explanation, discounts, co-pays and net paid amount.
- Itemization of hospital bills is required if the PAID amount is \$350,000 or more.
- Pre-certs
- Copy of creditable coverage certificate (if applicable).
- Copy of signed subrogation agreement, police report, accident details, auto insurance information (if applicable).
- Large Case Management reports.
- Proof of deductible and coinsurance satisfied prior to this claim (if applicable).
- Completed Eligibility/Work Status form.

Omitted information on the Specific Claim Form or necessary documentation reflected above will delay reimbursement.





## **Subsequent Specific Claim Reimbursement Request**

- Subsequent specific reimbursement requests should include:
- Completed specific claim form.
- COBRA election form and payment documentation (if applicable).
- Copies of bills that are included in this claim request.
- Check data – date of issue, amount, payee, check number.
- EOBs or report reflecting deductible, coinsurance, ineligible amount and explanation, discounts, copays and net paid amount.
- Itemization of hospital bills is required if the PAID amount is \$350,000 or more.
- Pre-certs
- Large Case Management reports.

Omitted information on the Specific Claim Form or necessary documentation reflected above will delay reimbursement.

## Aggregate Claim Reimbursement Request

Submit the completed request form along with:

- A census which includes for each insured covered at any point during the policy period: name, date of hire, relationship to employee, date of birth, effective date of coverage, termination date of coverage. This information should also be provided for any covered dependents.
- A paid claims report, subtotaled by claimant, which displays for each EOB claim line the provider name, inclusive dates of service, ICD-9 code, CPT code, amount charged, PPO/negotiated discount, deductible/coinsurance/co-pay applied, and amount paid.
- If a run-in dollar limitation is indicated, a detailed report for the period.
- Detailed Rx billings, (if Rx plan covered under the aggregate).
- Detailed listing of all Rx rebates
- Copies of check registers from the beginning of the policy period through the last month for which the aggregate claim is being filed. These copies are not needed if check numbers and dates are reflected on the paid claims report.
- A copy of the checking account bank statement for the entire policy period as well as a copy of the statement for the following month.
- Documentation of any voids and/or overpayments received or outstanding.
- Claim specific details regarding any extra-contractual payments made.
- Subrogation details regarding closed as well as outstanding files.
- Individual Specific Analysis.

After the initial review of the claim, additional documentation may be requested or an on-site audit may be required.

### AGGREGATE CLAIM REIMBURSEMENT REQUEST

Case:	Policy Year:
Policy Number:	Policy Terms:

(A) Total Single Units	_____	X	Factor	=	_____
(B) Total Family Units	_____	X	Factor	=	_____
(C) Total EE + SP Units	_____	X	Factor	=	_____
(D) Total EE + CH Units	_____	X	Factor	=	_____
<b>Total (A) + (B) + (C) + (D) = (E)</b>				<b>=</b>	_____
<b>Minimum Attachment Point (F)</b>				<b>=</b>	_____

Total Paid Claims:	\$	_____
Less Ineligible Claims Paid:	\$	_____
Less Specific Claims:	\$	_____
Less the Greater of (E) or (F) above:	\$	_____
Less Previously Reimbursed:	\$	_____
Reimbursement Requested:	\$	_____

TPA/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Monthly Accommodation Claims

To request reimbursement of a monthly accommodation aggregate claim, please complete an IAT request form and submit it to our office by the 10<sup>th</sup> of the month along with the following:

- A detailed report of claims paid and incurred according to the terms of the policy.
- An explanation of the ineligible amounts
- An accounting of all administrative fees.
- If a run-in dollar limitation is indicated, a detailed report for that period.
- If there are lasered individuals in the group, please provide a total paid claim report for each lasered individual.
- Check Register for the policy period.
- Eligibility and actively-at-work status for all individuals in excess of 75% of the pooling point/specific deductible.
- Detail report of all Rx Rebates

### MONTHLY ACCOMMODATION BENEFIT

Case:	Policy Year:
Policy Number:	Policy Terms:

(A) Total Single Units	_____	X	Factor	_____	=	_____
(B) Total Family Units	_____	X	Factor	_____	=	_____
(C) Total EE + SP Units	_____	X	Factor	_____	=	_____
(D) Total EE + CH Units	_____	X	Factor	_____	=	_____
<b>Total (A) + (B) + (C) + (D) = (E)</b>					<b>=</b>	_____
<b>Minimum Attachment Point (F)</b>					<b>=</b>	_____

Total Paid Claims:	\$	_____
Less Ineligible Claims Paid:	\$	_____
Less Specific Claims:	\$	_____
Less the Greater of (E) or (F) above:	\$	_____
Less Previously Reimbursed:	\$	_____
Reimbursement Requested:	\$	_____

TPA/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_