



EAST COAST UNDERWRITERS

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CLAIM NOTICES AND FILING PROCEDURES

Revised

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CLAIMS

ADVANCE NOTICE OF CATASTROPHIC CLAIMS

We consider notification of claims that are potential catastrophic to be an integral function of the TPA. These guidelines apply for EZ AGG™, EZ Funding and traditional Specific and Aggregate contracts. The following items **must** be forwarded to us as soon as they become available. Notices may be sent via e-mail to notices@ecumgu.com.

1. If an individual is in case management (case management notes **must** be sent)
2. When a specific claim reaches 50% of the Specific Retention (or \$10,000 for EZ AGG™)
3. When there are multiple inpatient stays, or an extended inpatient stay of more than 5 days
4. If the member is on or will be taking any Specialty or Biotech medications
5. For any claim with the following diagnosis, **regardless** of cost:

Multiple Trauma

Head Trauma:

Spinal cord injury:

ICD-9

800-803.99, 850-854.19

806-806.99, 952-952.99

ICD-10

S02.91XA- S06.9X0A

S12.000A, S14.109A,

S34.139A, G82.50-83.99

Amputation:

887.4-897.7

S48.911A-929A

Multiple fractures:

804.0-829.1

S02.91XA

Burns over 20%:

941.09, 948.2-948.99

T30.0-T31.20

Trauma Complications:

958-958.99

T79.0XXA-T79.8XXA,

Multiple Trauma

958.8

T07

Automobile accidents and all other serious injuries

Neuromuscular Disorders

Cerebral degenerations: 330-330.9

E75.23, E75.25, E75.29

Motor neuron diseases: 335-335.9

G12.0-9

Demyelinating diseases: 340-341.9

G35

Paralytic conditions: 342-344.9

G80.-9, G81.00- 81.94, G82

Oth conditions of the brain: 348-349.9

G93.0-9

Inflammatory & toxic neuropathies: 357-357.9

G61

Myoneural disorders: 358-358.9

G70.0-.89

Muscular dystrophies and myopathies: 359-359.9

G71.2-G72.9

ICD-9**ICD-10****Cancer**

Malignant Neoplasm:	140-199	C00.0-C80.2
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Malignant Neoplasm of Lymphatic & Hemopoietic Tissue

Leukemia:	206-208	C93.00-C95.92
Hodgkin's disease:	201	C81.70-C81.98
Lymphoid Leukemia:	204	C91.00-C91.92
Lymphosarcoma & Other:	200-202	C83.30-C96.Z
Multiple Myeloma:	203	C90.00-C90.32
Myeloid Leukemia:	205	C92.00-C92.92

Cardiac and Pulmonary Disease/Disorders

Aortic Aneurysm:	441	I71
Cardiac Arrest:	427.5	I46.9
Ischemic heart disease:	411-414.9	I50
Pulmonary heart disease:	416-416.9	I27.0
Cardiac valve disorders:	424-424.99	I34.0-I34.9
Cardiomyopathy:	425.0-425.9	I42.0-I42.9
Cardiac dysrhythmias:	427-427.9	I46.0-I46.9
Congestive heart failure:	428-428.9	E50.0-E50.9
Oth cardiovascular conditions:	430-432,434.1	I60.9, I61.9, I62, I66, I63.40
Cardiac Complications:	997.1	I97.10, I97.790, I97.88-.89
Cerebrovascular Disease (Acute):	436	I67.89
Intracranial injury/Cerebrovascular dis:	473.0-438.9	I67.0-I67.9
Cystic fibrosis:	277.0-277.09	E84.0-E84.9
Chronic Airway Obstruction:	430-432, 434.1	I60.9, I61.9, I62.0-I60.9, I66.0-I66.9, I63.40
COPD NOS:	496	J44.9
Pneumoconiosis:	500	J60
Asbestosis:	501	J61
Pulmonary fibrosis:	515	I21.0-I21.9, I24.1, I20.0
Respiratory arrest:	799.1, 518.81	R09.2, J96.0-J96.9
Primary Pulmonary Hypertension:	416	I27.0

Organ and Bone Marrow Transplants

Organ transplant status:	V42-V58.9	Z94.0-Z94.9, Z51.89
Comp Transplant Organs/Rej:	996.8-996.89	T86.89-T86.90
Liver Failure:	572.8	K72.10-K72.90

ICD-9

ICD-10

Chronic Psychiatric Disorders

Schizophrenia:	295-295.95	F20.89-F20.99
Mood disorders:	296-296.89	F30.10-F34.8
Anorexia nervosa:	307.1	F50.00
Bulimia:	307.5-307.51	F50.2
Alcohol Dependence	303-303.99	F10.229-F10.21
Drug Dependence	304-304.99	F11.20-F19.21

Complications of Pregnancy, Neonate, Pediatric

Antepartum hemorrhage:	640-641.93	O20, O44-O44.13
Hypertension/Hyperemesis:	642-643.93	O10-O10.93
Threatened premature labor:	644-644.21	O60-O60.23X9
Diabetes mellitus:	648.04	O24.03-O24.93
Multiple gestation preg:	651-651.93	O30.-O30.93
Fetal abnormalities:	655-655.93	O35.XX0-O355.9XX0
Premature rupt membrane:	658.13	O42.011-O42.913
Cardiac Complications:	668.1	O74.2-O89.1
High risk pregnancy:	V23-V23.9	O09.00-O9.93
Mult congenital anomalies:	740-759.9	Q00.0-Q89.99
Extreme immaturity:	765-765.29	P07.20-P07.37
Birth trauma:	767-767.9	P10.-P15.99, P52-P52.9
Newborn hypoxia/asphyxia:	768-768.9	P84
Newborn resp conditions:	769-770.9	P22.0
Resp Syncytial Virus (RSV):	079.6	B97.4

Infectious Diseases & AIDS

Tuberculosis:	010-018.96	A15.7-A19.9
Septicemia:	038-038.9	A40.0-A41.9
Bacterial diseases:	040-041.85	A48.0-A48.8, B96.89
HIV:	042	B20
CNS infections:	046-049.9	A81.0-A81.9
Hepatitis:	070-070.9	B15.0-B19.9
Cytomegalovirus disease:	078.5	B25.0-B25.9
Coccidioidomycosis:	114-114.9	B38.0
Toxoplasmosis:	130-130.9	B58.0-B58.9
Oth infect & parasitic dis:	136-136.9	B59, B64, B99.9
Kaposi's sarcoma:	176	C46.0-C46.9

Renal Disease

Renal failure:	584-586	N17.0-N19
Dialysis status:	V56-V56.8	Z49.0-Z49.32

Miscellaneous Conditions

Diabetes with complications:	250.1-250.93, 785.9	E10.65-E11.51, R09.89
Metabolism disorders:	270-271.9, 272.7	E72.0-E72.9, E74.0-E74.9, E75.21-E77.1
Amyloidosis:	277.3-277.39	E85.1-E85.99
Alpha-1-Antitrypsin Deficiency:	273.4	E88.01
Crohn's Disease:	555.0-555.9	K50.0-K50.919
Morbid Obesity:	V85.2-V85.4, 278	E66.0-E66.9, Z68.25-Z68.45
Immune deficiencies:	279-279.9	D80.1-D89.9
Chronic skin ulcers:	707-707.9	L89.00-L89.95, L98.491-L98.499
Systemic Lupus Erythematosus:	710.0	M32.10
Spinal disorders:	720-724.99	M43.8X9, M53.9
Bone infections:	730-730.99	M86.9
Procedure complications:	996-998.9	T87.0X-T87.9, T81XXA
Neurofibromatosis:	237.70-.72	Q85.00-Q85.02
Pancreatitis- Chronic:	577.1	K86.1
Joint Disorders:	719-719.99	M25.40-M25.99

Blood and Coagulation Disorders

Aplastic Anemia Unspec:	284-284.8	D60.0-D61.9
Aplastic Anemia Constitutional:	288	D70.0-D70.9
Coagulation defects:	286-286.9	D66.0-D68.99
Thalassemia:	282.4	D56
Sickle Cell:	282.6	D57

- **Other**

It is essential that all available information be reported. Please answer all questions on the notification form completely.

SPECIFIC CLAIMS

Specific claims will be reimbursed according to the stop loss contract, the plan document benefits and provisions, payment accuracy, investigative results and claimant eligibility. If an investigation was conducted we will require a copy of all correspondence and responses.

Claimant eligibility will be based on employment status, underwriting disclosure, COBRA participation and dependent eligibility provisions of the plan.

On claims involving a third party we will require accident details, police report, other insurance information, a signed subrogation agreement and the name and phone number of the claimant's attorney.

FILING A SPECIFIC CLAIM

Please complete our Specific Stop Loss Claim form in its entirety. Please be sure to note on the claim form if advance reimbursement is being requested. Mail the completed form, including a cumulative paid claims report for the policy period, to our office. You may use our Specific Claim Submission checklist to ensure that your submission is complete. Claims may also be sent via e-mail to claims@ecumgu.com.

Once the specific retention has been exceeded, the TPA should submit the claim to East Coast Underwriters for review of the claim. If the claim is in compliance with the certificate provisions and plan document, East Coast Underwriters will issue a reimbursement check payable to the employer for eligible amount exceeding the specific retention. All checks will be sent directly to the TPA.

In order for a check to be issued, the TPA must provide copies of their checks, drafts or other claim payment verification.

Additional eligible expenses should be processed by the TPA and submitted to East Coast Underwriters.

AGGREGATE/STOP LOSS CLAIMS INFORMATION AND PROCEDURES

Aggregate Stop Loss coverage provides protection for an employer if claims paid under Self-Funded Medical Plan for the combined employees exceed the Annual Aggregate Loss Fund. The Annual Aggregate Loss Fund is based upon the monthly factor times the total number of covered employees for each month during the contract period; or the minimum aggregate attachment point noted in the stop loss policy, whichever is greater. Please note that this applies only to traditional stop loss policies with aggregate coverage (not to EZ AGG™ policies).

All aggregate claims under the stop loss coverage should be mailed to East Coast Underwriters.

WHEN TO FILE A CLAIM AND WHAT TO SUBMIT

At the end of the contract period, if the Annual Aggregate Loss Fund is exceeded, an Aggregate Stop Loss claim should be submitted, again to East Coast Underwriters.

Expenses, which may be applied to the Annual Aggregate Loss Fund, are those incurred and paid according to contract terms.

Submission of the following materials is necessary to claim reimbursement on an aggregate claim:

- Complete loss history including the following:
- Name of the employee and the claimant
- Incurred dates
- Amount of claim paid
- Date claim paid
- Type of service
- Amount of charge
- Check number