

SKYWARD SPECIALTY INSURANCE

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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, Skyward Accident & Health must be given written notification within 30 days. Notifications can be sent to the claims department at ah-notification@skywardinsurance.com.

Section 1 Policy Holder Information					
Policyholder's Name:	Specific Deductible: \$				
Effective Date of Policy:			Contract Basis:		
TPA Name:	Contact Person:		Phone:		
Street Address		City	State	Zip Code	
		- 4		Zip Code	
Contact Email:	Fax:		Date:		
Section 2 Employee and Claimant Inf	ormation				
Employee Name:		DOB:	SS #:		
Coverage Effective Date:	(Coverage Term Date:			
Claimant Name:		DOB:	Relationship:		
Date of Onset: Da	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 atta	ach reports/findings		
Case Manager Name:		Case Manager Phone #	: <u> </u>		
Has a hospital audit been requested?		If yes, vendor nar			
Was MedMAP/other cost containment imple	mented? Yes	☐ No If other, ver	ndor name:		
Result of hospital audit or cost containment:					
Has a potential transplant vendor referral be			vendor name:		
Total Claim naid to date:	Ava monthly expens	2061	Estimate total of cla	im:	

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 Skyward Accident & Health's Claims Department. Updated submissions should then be submitted on a monthly basis.

Notifications and submissions can be sent to ah-notification@skywardinsurance.com.

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

ICD-9 Code

001-139	Infectious and Parasitic Diseases	520-579	Diseases of the Digestive System
038-038.9	Septicemia	555-555.9	Regional Enteritis (Crohn's Disease)
042	AIDS / HIV	560.0-560.9	Intestinal Obstruction
070-070.9	Hepatitis	562.1	Diverticulitis of Colon
	· F · · · · ·	567-567.9	Peritonitis
<u>140-239</u>	Neoplasms_	569.0-569.9	Other Disorders of Intestine
140-208.9	Cancers	570-571.9	Liver Diseases and Cirrhosis
235	Neoplasm Uncertain Behavior	572-5723	Liver abscess/Portal Hypertension
237.7	Neurofibromatosis	573-573.9	Other Liver Disorders
239.2	Neoplasm Unspecified Nature – Bone, Skin	577-577.9	Pancreas Diseases
	The state of the s		
240-279 En	docrine, Nutritional, Metabolic, Immunity	<u>580-629</u>	Diseases of the Genitourinary System
250-250.9	Diabetes	584-584.9	Acute Renal Failure
272.7	Gaucher's Disease	585	Chronic Renal Failure
273.4	Alpha-1-antitrypsin deficiency	586	Renal Failure, Unspecified
277.0	Cystic Fibrosis		
279-279.9	Immune Deficiencies	<i>630-677</i>	Complications of Pregnancy, Childbirth
		641.1	Placenta Previa
200 200 D:	CA DI LIN LE LO	642.5-642.7	Eclampsia, pre-eclampsia
	seases of the Blood and Blood-Forming Organs Sickle-Cell Anemia	644.0-644.2	Premature Labor
282.6		648.0	Gestational Diabetes
284.9	Aplastic Anemia NOS	651	Multiple Gestation
286-286.9	Coagulation Defects and/or Hemophilia	654.5	Cervical Incompetence
220 200 Dia	eases of the Nervous System and Sense Organs		
335.20	Amyotrophic Lateral Sclerosis	<u>710-739</u>	Diseases of the Musculoskeletal System and
340	Multiple Sclerosis		Connective Tissue
343-343.9	Cerebral Palsy	710.0	Systemic lupus erythematosus
343-343.9	Quadriplegia and Quadriparesis	715.0-715.9	Osteoartrhosis
344.0	Paraplegia	721.3	Lumbosacrel Spondylosis
348.0-348.9	Encephalopathy	722.0-722.9	Intervertebral Disc Disorders
357.0 358	Acute Infectious Polyneuritis	730-730.9	Osteomyelitis and/or Periostitis
357.0 338	Myasthenia Gravis	737.3	Kyphoscoliosis and scoliosis
338.0	Wyasulella Gravis		
<u>390-459</u>	Diseases of the Circulatory System	<u>740-759</u>	Congenital Anomalies
410-410.9	Acute Myocardial Infarction	747.2	Aortic Atresia / Stenosis
414-414.05	Coronary Atherosclerosis (ASHD)	751.6	Biliary Atresia
415-415.19	Acute Pulmonary Heart Disease	759-759.9	Other and Unspecified Congenital Anomalies
416-416.9	Chronic Pulmonary Heart Disease		
417.1	Aneurysm of Pulmonary Artery		nditions Originating in the Perinatal Period
421-421.9	Acute and Subacute Endocarditis	765-765.1	Prematurity
424-424.9	Valve Disorders	769	Respiratory Distress Syndrome
425-425.9	Cardiomyopathy	770.0-770.9	Other Respiratory Conditions of Newborn
426-426.9	Conduction Disorders		
427-427.9	Cardiac Dysrhythmias	800-999	Injury and Poisoning
428-428.9	Heart Failure	800-804.9	Fracture of Skull
430, 431	Subarachnoid / Intracerebral Hemorrhage	805-805.9	Fracture of Vertebral Column
434.9	Occlusion of Cerebral Arteries	806-806.9	Fracture of Vertebral Column with Spinal Cord Injury
436	Acute Cerebrovascular Accident (CVA)	828-828.1	Multiple Fractures
440-441.9	Atherosclerosis / Aortic Aneurysm	853-854.1	Intracranial Injury
TTU-771.7	Thirties of the Paris Pa	869-869.1	Internal Injury
460-519	Diseases of the Respiratory System	887-887.7	Traumatic Amputation of Arm and Hand
480-486	<u>Diseases of the Respiratory System</u> Pneumonia	897-897.7	Traumatic Amputation of Leg
490-496	Chronic Obstructive Pulmonary Disease (COPD), etc.	948-948.9	Burns over 20% of the body
	Postinflammatory Pulmonary Fibrosis	952-952.9	Spinal Cord Injury
515 518 518 80	Pulmonary Collapse and/or Respiratory Failure	995.91	Sepsis
518-518.89	runnonary Conapse and/or Respiratory Fanure		

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

All Transplants

Premature births

Initiation of Dialysis (home or outpatient)

Trauma/Multiple Injuries

Request for transfer to a rehabilitation facility

Home ventilator

Hospital Acquired Conditions

Spinal fusion or complex spinal surgery

Bleeding disorder

Mental/nervous or disorders requiring acute hospitalization

Interim billings

High Cost Pharmaceuticals

Hyperalimentation (TPN)/home IV antibiotics

Drug infusion therapy Initiation of chemotherapy

High Risk Pregnancy (Multiple Births) Length of stay request more than 7 days

Complex wound care

Initiation of Chemotherapy/Radiation

Implanted devices

Treatment at specialized (cancer, spine) facility Multiple hospitalizations of 3 or more per year

Home Health Care greater than 20 days

Substance Abuse or Dependence requiring acute care

The procedures listed below are Key Indicators of potential catastrophic claims and should be referred to Skyward 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