

**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](mailto:ah-notification@skywardinsurance.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 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](mailto: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

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 Skyward 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 Skyward Accident & Health and investigated for cost containment:**

<b>PROCEDURE</b>	<b>ICD-9 PROCEDURE CODE</b>	<b>CPT CODE</b>
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
<b>Transplant Type</b>	<b>CPT CODE</b>	
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	