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C&F ReClaim

Referral Guidelines

**Review
Rethink
ReClaim**



- Tailored Clinical & Financial Solutions
- Select Group of Top Vendors
- Complement to Existing Programs
- Pharmacy Benefit Management

Crum & Forster is reintroducing its seasoned catastrophic medical management service that focuses on medical events that could significantly impact stop loss claims.



C&F ReClaim Guidelines for Clinical Review and Cost Containment Referrals

Example Claims to refer:

- High-dollar inpatient stays with total billed amount >\$250K and/or <25% discount
- Out-of-Network Hospital claims >\$50k with no discount
- Facility RX/Drugs charges that represent more than 50% of total billed amount (rev code 250-259, 630-637)
- Implants (Rev 270-278) when paid amount is more than 50% of total billed amount
- Air ambulance if paid amount > \$40K
- All CTCA claims
- Questionable medical necessity
- Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
- Combined Immunodeficiency (SCID, CVID)
- Hereditary Angioedema
- CKD stage 5, ESRD
- Transplants
- Dialysis >\$25K paid per month or more than \$2K paid per day. Erythropoietin charges >\$1K per dose
- Mental, Nervous, Substance abuse diagnosis with ongoing high-dollar care and/or repetitive labs
- CAR-T Cell Therapy: Q2041 Yescarta, Q2042 Kymriah, Tecartus
- Cancer claims >\$25k per month

Example Diagnoses and Procedures to refer:

- Preemie <32 weeks gestation
- Newborn with congenital defects
- Factor deficiencies, acquired hemophilia

Rx to refer:

- Rx not approved for diagnosis
- Paid amount is >\$10K per fill

For more information on the types of claims that may require clinical review or cost containment, please contact Sandra Lidberg, RN, CCM, AVP, Clinical Risk Management, at 732.414.4382, or email a completed cost containment referral form to ReClaim@cfins.com.