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

Example
Diagnoses and Procedures to refer:

- 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
- CART Cell Therapy: Q2041 Yescata, Q2042 Kymriah, Tecartus
- Cancer claims >$25k per month

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 Debra Fatovic, C&F A&H Director, Cost Containment, at 732-676-4827 or email ReClaim@cfins.com.

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