

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