

# Instructions for Completing the Maine Tick Borne Disease Claim Form Required by 24-A M.R.S.A. § 4302(5)

## **Due Date:**

February 1<sup>st</sup> of each year

## **General Instructions:**

For all covered individuals in the State of Maine, report all claims made for the **diagnosis and treatment** of Lyme Disease and other Tick Borne Illnesses. Treatment may include the use of antibiotics such as doxycycline, amoxicillin, cefuroxime axetil, ceftriaxone or penicillin as well as others. Treatment may also include, but is not limited to, such things as physical therapy, acupuncture, behavioral health, and osteopathic manipulation.

Lyme Disease and other Tick Borne illnesses are identified by the following ICD-9 codes (or ICD-10 codes in parenthesis):

- Lyme Disease (Borreliosis) ICD-9 code 088.81 (A69.2)
- Babesiosis ICD-9 code 088.82 (B60.0)
- Ehrlichiosis (Anaplasmosis) ICD-9 code 0.82.4 plus all subcategories: 082.40, 082.41, 082.49 (A79.8, A79.9)
- Rocky Mountain Spotted Fever ICD-9 code 082.0 (A77.0)
- Powassan Virus (tick-borne viral encephalitis) ICD-9 code 063.8 (A84.8)

## **How to access your online form:**

- Go to the following website: <https://www.pfr.maine.gov/Insurance/Filing.aspx>.
- Enter your license number and access code. These will be provided to you in an e-mail notification several weeks before the report is due.
- Then click on the Submit button. This brings you to the Forms Available screen which shows you the forms that you need to complete.
- Under Forms and Descriptions, click on the Tick Borne Disease Claim Form. This brings you to the Form Status and Periods Available screen. You will see different categories including: Submitted Forms (Those already completed and submitted to our database), Forms Currently in Process (Forms that you have worked on and saved but have not submitted to our database. These are not complete until you submit them), and Forms Available for Completion (Forms

that you have not yet worked on. These are not complete until you enter the information and submit them). Remember, you are not finished until information has been entered and the form has been submitted. Therefore, if there is a blue hyperlink listed under Forms Currently in Process or Forms Available for Completion, then you must click on the link, so you can complete the form and submit it. The Tick Borne Disease Claim Form is comprised of various parts described below.

### **Part A: Company and Contact Information**

The top portion of the form contains your company name and the calendar year the report covers, license number, and mailing address. This information comes from our licensing system and cannot be changed by you. If this information is incorrect, contact Barbra Garboski at (207)-624-8489 or electronically at [Barbra.L.Garboski@maine.gov](mailto:Barbra.L.Garboski@maine.gov).

Beneath that are contact instructions. You must select a contact person by clicking on the drop down arrow beside Select a Contact.

- If the name of the person completing this year's report appears in the drop down list, highlight that name and click on the Attach Contact button. Information such as Title, Address, Phone, Fax and E-Mail appears. If the contact information for that person is not correct, click on the Add/Update Contacts button and follow the instructions for updating a person's contact information
- If the name of the person completing this year's report does not appear in the drop down list, click on the Add/Update Contacts button and follow the instructions for adding a contact person.

### **Part B: Tick Borne Illness Claim Information**

#### **Section I: Number of Claims for **Diagnosis and Treatment** of All Tick Borne Diseases**

Enter the number of claims submitted for diagnosis and treatment of Tick Borne Disease, along with the number of those claims that were denied, those that were paid, and the total dollar amount of those claims. The data reported should be the number of claims, not the number of enrollees. An individual could have many claims for diagnosis and treatment of Tick Borne Disease over the course of their illness.

#### **Section II: Reasons for Denial of Claims for **Diagnosis and Treatment** of All Tick Borne Diseases**

For all of the claims reported in Part B, Section I, include in your entries all of the denials related to any diagnosis or treatment for those claims. Denials may fall into more than one category. For Other reasons, you must specify what those reasons were in Other Reasons for Denial of Claims for Diagnosis and Treatment of All Tick Borne Diseases Comment Section.

### **Section III: Number of Appeals/Reconsiderations and External Reviews of Claim Denials for the **Diagnosis and Treatment** of All Tick Borne Diseases**

For all of the claims reported in Part B, Section I, include internal appeals, reconsiderations and independent external reviews. Please do not include independent external reviews conducted by the Bureau of Insurance. Enter how many of the appeals/reconsiderations were Upheld, Overturned or Other.

### **Section IV: Number of Claims for the Types of Treatment for Lyme Disease**

For all claims reported in Part B, Section I, provide information regarding the types of treatment that were provided. For those claims reported under Other Treatment, please specify details about what that treatment was, for denied and for paid claims separately, in the Other Type of Treatment for Lyme Disease Comment Section. Other treatment may include non-antibiotic therapies administered for treatment of Lyme disease-- including physical therapy, acupuncture, behavioral health, osteopathic manipulation, or other prescription medications.

Note: It is possible for information about one enrollee to be entered in more than one category. For example, an enrollee could have paid claims for antibiotics and denied claims for Other Treatment.

### **Saving or Submitting Your Report**

- Click on the Save button to save your form if you want to complete it at a later time
- Click on the Submit button when your form is finished and ready to be submitted to the Bureau of Insurance database.
- Click on the Print PDF button to open a PDF copy of your reported data to print out.

If you have questions regarding completion of the online form call Brad Brown at (207)-624-8478 or electronically at [Bradford.L.Brown@maine.gov](mailto:Bradford.L.Brown@maine.gov)