



DEPARTMENT OF

**Professional &
Financial Regulation**

STATE OF MAINE

- OFFICE OF SECURITIES
- BUREAU OF INSURANCE
- CONSUMER CREDIT PROTECTION
- BUREAU OF FINANCIAL INSTITUTIONS
- OFFICE OF PROF. AND OCC. REGULATION

Report on 2012 Claims for Treatment of Lyme Disease and Other Tick-Borne Illnesses

PREPARED BY THE MAINE BUREAU OF INSURANCE

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Pursuant to 24-A M.R.S.A. §4302(5), the Superintendent of Insurance must report information annually to the Joint Standing Committee on Insurance and Financial Services related to insurance claims made for the diagnosis and treatment of Lyme disease and other tick-borne illnesses for all covered individuals in the State of Maine. This report covers calendar year 2012.

Included within this report is data about the number of claims made for the diagnosis and treatment of Lyme disease and other tick-borne illnesses; the number of claim denials and reasons for those denials; the number and outcome of internal appeals; the total dollar amounts of those claims; and the number of external appeals related to the treatment of Lyme disease and other tick-borne illnesses.

The Maine Center for Disease Control and Prevention identified five kinds of reported tick-borne illnesses in Maine: Lyme disease, Babesiosis, Ehrlichiosis (Anaplasmosis), Rocky Mountain Spotted Fever, and Powassan virus. Insurance carriers licensed to write health insurance coverage in Maine are required to report to the Bureau of Insurance claims information for all five tick-borne illnesses. Data is collected via an online reporting form and includes claims for all insured Maine residents; however, the data does not include MaineCare or Medicare claims. Respondents include active insurers with authority to write health insurance in Maine. There was a 100% percent response rate from insurers.

Tick-Borne Illness Claims by Category

Table 1 shows the number of claims submitted, paid and denied by category of tick-borne illness, as well as the total amount paid for claims. The reported data includes claims made for the diagnosis and treatment of tick-borne illnesses in the 2012 calendar year for covered individuals in Maine. Five categories of tick-borne illnesses are listed based upon the International Classification of Diseases (ICD-9 codes).

The figures in Table 1 represent the number of claims reported and not the number of enrollees with a tick-borne illness. One enrollee may have several claims within the calendar year relating to a tick-borne illness. The “Percentage of Claims Paid” column is calculated by dividing the number of claims paid for a category (e.g., Lyme) by the number of claims submitted for that category.

Table 1. Tick-Borne Illness Claims by Category, 2012					
Category	Submitted	Paid	Denied	Percentage of Claims Paid	Total Paid
Babesiosis	24	21	1	87.50%	\$2,481.21
Ehrlichiosis (Anaplasmosis)	41	36	4	87.80%	\$59,153.44
Lyme disease	2,678	2,406	272	89.84%	\$696,720.94
Powassan virus	1	1	0	100.00%	\$50.00
Rocky Mountain Spotted Fever	0	0	0	--	\$0
Total:	2,744	2,464	277	89.80%	\$758,405.59

Reasons for Denied Tick-Borne Illness Claims

Table 2 provides the reasons given for denied claims payments related to any treatment for tick-borne illnesses. A claim may have multiple reasons for denial. Over 53% of the reasons for denial were either Duplicate Claim or Other Reason for Denial; the third highest category is Not a Covered Benefit. Among the other reasons were: Charges applied to Deductible, Paid by Medicare, Other Insurance is Primary, Payment Included in the Allowance of another Service, Service Paid as Part of Major Procedure.

Table 2. Reasons for Denied Tick-Borne Illness Claims, 2012	
Reasons for Denial	Number of Denied Claims
Duplicate Claim	89
Not a Covered Benefit	39
More Information Requested/Not Received	23
Coverage Terminated	18
Maximum Benefits Exceeded	14
Incorrect Coding	9
No Pre-Authorization	9
Not Medically Necessary	9
Considered Experimental/Investigational	6
Non-Participating Provider	3
Pre-existing conditions Exclusion	0
Other Reasons for Denial	59
Total:	278

Appeals/Reconsiderations and External Reviews for All Tick-Borne Illnesses

Table 3 provides the number of appeals and reconsiderations that were conducted by the insurance companies reporting data to the Bureau of Insurance. The Bureau had no requests for an independent external review relating to tick-borne illnesses in 2012.

	Upheld	Overtured	Total
Appeals/Reconsideration (Internal)	3	0	3
Independent External Reviews (Conducted by the Insurer, not the Bureau of Insurance)	1	0	1
Total:	4	0	4

Lyme Disease Claims by Treatment Type

Table 4 shows the number of Lyme disease claims by type of treatment provided for covered individuals. Claims for antibiotic treatment by any means of administration are counted.

The ‘Percent of Claims Paid’ column is calculated by dividing the number of claims paid for a treatment type by the number of claims submitted for that treatment type. 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 have paid claims for other types of treatment, such as physical therapy.

Prior to 2010, there were two separate categories for the duration of time that antibiotic treatment lasted. For ease of reporting, the duration categories were eliminated in 2010, and there now is one category for antibiotic treatment.

Some insurers provided detail about what “Other Treatment” meant. Among those reporting this information, the majority of paid claims were for Osteopathic Manipulation.

Treatment Type	Submitted	Paid	Percent of Claims Paid	Denied	Total Paid
Antibiotic Treatment	1,088	1,021	93.84%	67	\$363,425.68
Other Treatment	1,669	1,391	83.34%	269	\$423,469.21
Total:	2,757	2,412	87.49%	336	\$786,894.89