

## Marlton Risk Management, LLC.

### INSTRUCTIONS FOR COMPLETING THE ATTACHED DISCLOSURE FORM

**HIPAA Privacy permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the PLAN Sponsor as a part of "health care operations".** Marlton Risk Management, LLC. shall use the information provided solely for the purpose of evaluating the acceptability of this risk and shall not disclose any PHI collected except in performing this risk evaluation.

**Marlton Risk Management, LLC. will rely upon the information provided on the attached disclosure form, which will become part of the Application for stop loss coverage.** The purpose of the form is to allow the Company to take underwriting action on all known risks in the categories listed below. It is the Plan Sponsor's responsibility, either directly or through their designated representative, to accurately report all claims known as of the date of this disclosure by making a thorough review of all applicable records. Such records shall include historical claims reports, disability records, current information from administrators, insurers, utilization management companies, managed care companies, and any Agent/Broker of the Plan Sponsor. In exchange, the Company will accept the liability for any truly unknown claimants. The attached disclosure form must be completed and signed by the appropriate parties no earlier than 15 days prior to and no later than 15 days after the proposed Effective Date of stop loss coverage.

Upon receipt of the completed disclosure, the Company will assess all data, new and previously reported, and will inform the producer in writing of changes to the rates, factors or terms of coverage. The Company reserves the right to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

When completing the form, remember that Plan participants may include those on short or long term disability, COBRA, FMLA, leave of absence, extension of benefits, sick time, vacation time or retirees covered under the plan and for whom coverage is requested in the quote. List on the disclosure form all Plan Participants who are known to meet any of the following criteria.

1. Currently confined to a Medical Facility, or have been precertified for same within the last three months.
2. Have received medical services during the past twelve (12) months the cost of which exceeds the lesser of, 50% of the lowest Specific Retention Amount applied for or \$50,000, and for which bills have been received by the Claims Administrator and entered into their system.
3. Have been identified as a candidate for Case Management and/or as having the potential to exceed the lesser of 50% of the lowest Specific Retention Amount applied for or \$50,000 during the policy period.
4. Have been diagnosed within the last 12 months with a condition represented by any of the ICD-10 codes contained in the attached list and have also received services costing the lesser of \$5,000 or 20% of the lowest Specific Deductible/Retention applied for, during the same period.

Marlton Risk Management, LLC.

Proposal ID: XXX

Claimant	DOB	Sex	Diagnosis	Prognosis	Most Recent Date of Service	Expenses Incurred Last 12 Months

If the Plan Sponsor fails to disclose any Plan Participant known to fall into one of the above categories, either intentionally or because a thorough review of all records was not conducted, then the Company will have no liability for claims on the Plan Participant who was not disclosed. The Plan Sponsor named below represents that the above list accurately discloses all potentially catastrophic claimants in accordance with the instructions attached to this form and that it is a result of a diligent search in accordance with those instructions.

Plan Sponsor: \_\_\_\_\_ Claims Administrator: \_\_\_\_\_ Agent/Broker: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

# ICD-10-CM Diagnosis Codes for Disclosure Notification

Please list all Plan Participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current Benefit Period:

Codes(s)	Description
A00 - B99	Certain infectious and parasitic disease
A15.0 -A19.9	Tuberculosis of lung
A40 -A49	Streptococcal sepsis - Other sepsis
A80.0	Poliomyelitis
B15.0 - B19.9	Hepatitis
B20	HIV
B95.61 - B95.62	Methicillin Resistant Infection Ox Elsewhere
C00 - D49	Neoplasms
C00 - C96	Malignant neoplasm
D00.0 - D09.9	Carcinoma in situ
D46 - D47	Myelodysplastic syndromes
D50 - D89	Disease of the blood and blood forming and disorders involving the immune mechanism
D57	Sickle-cell disorders
D59	Acquired hemolytic anemia
D60 - D64	Aplastic and other anemias
D65 - D69	Coagulation defects, purpura and other hemorrhagic condition
D70 - D77	Other diseases of blood and blood-forming organs
D80 - D89	Certain disorders involving the immune mechanism
E00- <del>E9</del>	Endocrine, nutritional and metabolic diseases
E10-E13	Diabetes mellitus
E15- <del>E16</del>	Other disorders of glucose regulation and pancreatic internal secretion
E65- <del>E68</del>	Obesity and other hyper alimentation
E70-E89	Metabolic Disorders
F01 - F99	Mental, Behavioral, and Neurodevelopmental disorders
F10.1	Alcohol Abuse
F11.1	Opioid Abuse
F20	Schizophrenia
F31	Bipolar disorder
F32.3	Major depressive disorder, single episode, severe with psychotic feature
F33.1- F33.3	Major depressive disorder, recurrent
F84.0	Autistic Disorder
F84.2	Rett's Disorder
F84.5	Asperger's disorder
G00 - G99	Disease of the nervous system
G00	Bacterial Meningitis
G04	Encephalitis Myelitis and Encephalomyelitis.
G06 - G07	Intracranial and intraspinal abcess and granuloma

Industry Study Group Approved ICD10 Codes. Approved October 2015

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Codes(s)	Description
G12.21 G20 - G35 G36 G37- G40 G71.G8 - G82.5 G83.4 G92.0 - G93.1 H35.3	Amyotrophic lateral Sclerosis Parkinsons Disease, Multiple Sclerosis Other Acute Disseminated Demyelination Other Demyelinating disease of the central nervous system, Epilepsy Muscular Dystrophy, Cerebral Palsy, Quadraplegia Cauda Equina Syndrome Toxic Encephalopathy, Brain Death, Anoxic Brain Injury Macular Degeneration
I00 - I99 I20 I21.09 - I22 I24 I25 I26 I27 I28 I30 - I31 I33 - I41 I42- I43 I44 - I45 I46 I47 - I49 I50.0 - I51.7 I60 - I61 I63 I65.80 - I66 I67 <b>I70.0 - I77.5</b>	Diseases of Circulatory System Angina Pectoris Acute myocardial infarction Acute and Subacute Ischemic Heart Disease Chronic ischemic Heart Disease Pulmonary embolism Other pulmonary heart disease Other diseases of pulmonary vessels Pericarditis Endocarditis, Heart Valve Disorders, & Myocarditis Cardiomyopathy Conduction Disorders Cardiac Arrest Cardiac Dysrhythmias Heart Failure, Cardiomegaly Subarachnoid Hemorrhage / Intercerebral Hemorrhage Cerebral infarction Occlusion of Precerebral / Cerebral Arteries Other cerebrovascular disease <b>Atherosclerosis/ Aortic Aneurysm, Thoracic aneurysm</b>
J00 - J99 J40 - J49 J84.10 - J84.89 J98. 11- J98.4	Diseases of the Respiratory System Chronic Obstructive Pulmonary Disease (COPD) Postinflammatory Pulmonay Fibrosis Pulmonary Collapse / Respiratory Failure
K00 - K95 K22 K25 - K28 K31 K50 K51 K55 - K64 K65 - K68	Diseases of Digestive System Esophageal Obstruction Ulcers Other diseases of stomach & duodenum Crohn's disease Ulcerative colitis Diseases of intestine Disease of peritoneum & retroperitoneum

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Codes(s)	Description
K70 - K77	Diseases of liver
K83	Diseases of biliary tract, Diseases of pancreas
K85 - K86	Diseases of biliary tract, Diseases of pancreas
K90 - K95	Other diseases of digestive system / Complications of bariatric procedures
L03- L89	Cellulitis, Pressure Ulcer
M00 - M99	Diseases of Musculoskeletal System & Connective Tissue
M15 - M19	Osteoarthritis
M31.30- M32	Systemic lupus erythematosus, Wegeners Granulomatosis
M34	Systemic sclerosis
M41	Scoliosis
M43	Spondylolysis
M50	Cervical disc disorders
M51	Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders
M72.6	Necrotizing Fasciitis
M86 - M87	Osteomyelitis
N00 - N99	Diseases of the Genitourinary System
N00 - N01	Acute and Rapidly Progressive Nephritic Syndrome
N03	Chronic Nephritic Syndrome
N04	Nephrotic Syndrome
N05 - NO?	Nephritis and Nephropathy
N08	Glomerular Disorders classified elsewhere
N17	Acute Kidney Failure
N18 - N19	Chronic Kidney Disease (CKD), Renal Failure Unspecified
N81	Female Genital Prolapse
000 - 09A	Pregnancy, Childbirth and the puerperium
009	High Risk Pregnancy
011	Pre Existing Hypertension and Pre-Eclampsia
014 - 015	Pre-Eclampsia and Eclampsia
020 - 030	Hemorrhage in early pregnancy, Multiple Gestation
031 - 060	Other Complications Specific to Multiple Gestations, Pre Term Labor
P00 - P96	Certain conditions originating in the perinatal period
P0?	Disorders of newborn related to short gestation and low birth weight
P10 - P15	Birth Trauma
P19	Fetal Distress
P23 - P28	Other respiratory of newborn
P29	Cardiovascular disorders originating in the perinatal period
P36	Bacterial sepsis of newborn
P52 - P53	Intracranial hemorrhage of newborn

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Codes(s)	Description
P77	Necrotizing enterocolitis of newborn
P91	Other disturbances of cerebral status newborn
000 - 099	Congenital malformation, deformations and chromosomal abnormalities
000 - 007	Congenital malformations of the nervous system
020 - 026	Congenital Cardiac malformations
041 - 045	Congenital Anomalies of Digestive system
085	Phakomatoses, not classified elsewhere
087	Congenital malformation syndromes affecting multiple systems
089	Other Congenital malformations
R00 - R99	Symptoms, signs and abnormal clinical and laboratory findings, not classified elsewhere
R07.1 - R07.9	Chest Pain
R40 - R40.236	Coma
R57 - R58	Shock, Hemorrhage
R65.20 - R65.21	Severe sepsis
S00-S78	Injury, Poisoning and Certain Other Consequences of External Causes
S02	Fracture of skull and facial bones
S06	Intracranial injury
S07	Crush injury to head
S08	Avulsion and traumatic amputation of part of head
S12 - S13	Fracture and Injuries of cervical vertebra and other parts of neck
S14 - S14.150	Injuries of nerves and spinal cord at neck level
S22.0	Fracture of thoracic vertebra
S24	Injury of nerves and spinal cord at thorax level
S25	Injury of blood vessels at thorax level
S26	Injury of heart
S32.0 - S32.2	Fracture of lumbar vertebra
S34	Injury of lumbar and sacral spinal cord and nerves
S35	Injury of blood vessels at abdomen, lower back and pelvis
S36 - S37	Injury of intra-abdominal organs
S48	Traumatic amputation of shoulder and upper arm
S58	Traumatic amputation of elbow and forearm
S68.4 - S68.7	Traumatic amputation of hand at wrist level
S78	Traumatic amputation of hip and thigh
S88	Traumatic amputation of lower leg
S98	Traumatic amputation of ankle and foot
T20 - T32	Burns and corrosions of multiple body regions
T81.11 - T81.12	Postprocedural cardiogenic and septic shock
T82	Complications of cardiac and vascular prosthetic devices, implants and grafts

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Codes(s)	Description
T83 - T85	Complications of prosthetic devices, implants and grafts
T86	Complications of transplanted organs or tissues
T87	Complications to reattachment and amputation
Z00 - Z99	Factors Influencing Health Status and contact with Health Services
Z37.5 - Z37.6	Multiple Births
Z38.3 - Z38.8	Multiple Births
Z48 - Z48.298	Encounter for aftercare following organ transplant
Z49	Encounter for care involving renal dialysis
Z94	Transplanted organ and tissue status
Z95	Presence of cardiac and vascular implants and grafts
Z98.85	Transplanted organ removal status
Z99.1	Dependence on respirator
Z99.2	Dependence on dialysis

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