

# MAINE STATE LEGISLATURE

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DEPARTMENT OF

**Professional &  
Financial Regulation**

STATE OF MAINE

- OFFICE OF SECURITIES
- BUREAU OF INSURANCE
- CONSUMER CREDIT PROTECTION
- BUREAU OF FINANCIAL INSTITUTIONS
- OFFICE OF LICENSING AND REGISTRATION

## **2010 Report on Claims for Treatment of Lyme Disease and Other Tick-Borne Illnesses**

**PREPARED BY THE STAFF OF  
THE MAINE BUREAU OF INSURANCE**

June 2011

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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 treatment of Lyme disease and other tick-borne illnesses for all covered individuals in the State of Maine. This report covers calendar year 2010.

Included within this report is data about the number of claims made for the 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 and external reviews related to the treatment of Lyme disease and other tick-borne illnesses; and the total dollar amounts of claims.

The Maine Center for Disease Control and Prevention identified five kinds of reported tick-borne illness 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. The reported data include only claims for treatment of tick-borne illnesses. They do not include claims for the diagnosis of tick-borne illnesses, such as laboratory and imaging services.

This is the third year that information has been reported. Data reported for calendar year 2010 may differ from data reported in prior years due to clarification of the definition of tick-borne illnesses and efforts to ensure that office visits and diagnostic visits without treatment were not included. The report covering 2011 data will include claims made for the diagnosis of Lyme disease and other tick-borne illnesses in accordance with a 2010 law change.

Data is collected via an online reporting form and include claims for all insured Maine residents, whether the enrollees are in a self-funded or fully insured plan. 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 include only claims made for the treatment of tick-borne illness in the previous calendar year for covered individuals in Maine. This excludes laboratory, imaging and other claims related to diagnosing tick-borne illness. 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 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, 2010					
Category	Submitted	Paid	Denied	Total Paid	Percentage of Claims Paid
Lyme	3,261	2,878	383	\$373,750	88.3%
Babesiosis	18	17	1	\$232	94.4%
Ehrlichiosis (Anaplasmosis)	0	0	0	\$0	--
Rocky Mountain Spotted Fever	0	0	0	\$0	--
Powassan Virus	0	0	0	\$0	--
Total:	3,279	2,895	384	\$373,982	88.3%

## Reasons for Denied Tick-Borne Illness Claims

Table 2 provides the reasons given for denied claims payment related to any treatment for tick-borne illness. A claim may have multiple reasons for denial. Nearly one half of the reasons for denial were listed as either 'Duplicate Claim' or 'Not a Covered Benefit.' The third highest category of denied claims was 'Other Reasons for Denial.' These other reasons included: Out of Network Benefits Not Included, Claims Forwarded to the State Where Services Were Rendered, Failure to Comply with Notification Requirements, and Additional Reimbursement Not Warranted.

<b>Reasons for Denial</b>	<b>Number of Denied Claims</b>
Duplicate Claim	117
Not a Covered Benefit	86
Other Reasons for Denial	64
More Information Requested/Not Received	59
Not Medically Necessary	37
Coverage Terminated	20
Maximum Benefits Exceeded	17
Incorrect Coding	7
Non-Participating Provider	5
No Pre-Authorization	4
Pre-Existing Condition Exclusion	2
Considered Experimental/Investigational	0
<b>Total:</b>	<b>418</b>

*NOTE: A single claim may have multiple reasons for denial which is why there are 384 claims denied but 418 reasons for denial*

## 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 2010.

<b>Table 3 Number of Appeals/Reconsiderations and External Reviews for All Tick Borne Illnesses, 2010</b>			
	<b>Upheld</b>	<b>Overtured</b>	<b>Total</b>
Appeals/Reconsideration (Internal)	3	1	4
Independent External Reviews (Conducted by the Insurer, not the Bureau of Insurance)	0	0	0
Total:	3	1	4

## Lyme Disease Claims by Treatment Type

Table 4 shows the number of Lyme disease claims by the type of treatment provided for those claims for covered individuals in Maine. This excludes laboratory, imaging and other claims related to diagnosing tick-borne illnesses. Claims for antibiotic treatment by any means of administration are counted.

The 'Percentage of Claims Paid' column is calculated by dividing the number of claims paid by 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 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 was eliminated in 2010 and there is one category for antibiotic treatment.

Several insurers outlined what "Other Treatment" meant. Among those reporting this information, the majority of paid claims were for Osteopathic Manipulative Therapy (201), Physical Therapy (47), Central Nervous System Agents (28), and Chiropractic Manipulative Therapy (12). The majority of denied "Other Treatment" claims were for Chiropractic (19), and Physical Therapy (16).

<b>Treatment Type</b>	<b>Submitted</b>	<b>Paid</b>	<b>Denied</b>	<b>Total Paid</b>	<b>Percent of Claims Paid</b>
Antibiotic Treatment	2,607	2,316	291	\$272,068	88.9%
Other Treatment	691	599	92	\$102,142	86.7%
<b>Total:</b>	<b>3,298</b>	<b>2,915</b>	<b>383</b>	<b>\$374,210</b>	<b>88.4%</b>