



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 2018 Claims for Treatment of Lyme Disease and Other Tick-Borne Illnesses

PREPARED BY THE MAINE BUREAU OF INSURANCE
March 2019

Janet T. Mills
Governor

Anne L. Head
Commissioner

Eric A. Cioppa
Superintendent

Table of Contents

Background	1
Tick-Borne Illness Claims by Category	2
Reasons for Denied Tick-Borne Illness Claims	3
Appeals/Reconsiderations/External Reviews for All Tick-Borne Illnesses	3
Lyme Disease Claims by Treatment Type	4

Background

Pursuant to 24-A M.R.S. §4302(5), the Superintendent of Insurance must report annually to the Joint Standing Committee on Health Coverage, Insurance and Financial Services information 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 2018.

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.

Five kinds of reported tick-borne illnesses in Maine were listed: 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 claims information for all five tick-borne illnesses to the Bureau of Insurance.

Data 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% response rate from insurers.

Tick-Borne Illness Claims by Category

Table 1 shows what carriers reported for 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 for covered individuals in Maine in 2018. Five categories of tick-borne illnesses are listed based upon the International Classification of Diseases (ICD-10 codes).

The figures in Table 1 represent the number of claims reported, 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.

Category	Submitted	Paid	Denied	Percentage of Claims Paid	Total Paid
Babesiosis	520	492	28	94.62%	\$24,788
Ehrlichiosis (Anaplasmosis)	370	338	32	91.35%	\$64,004
Lyme disease	9,713	8,341	1,372	85.87%	\$947,621
Powassan virus	0	0	0	0.00%	\$0
Rocky Mountain Spotted Fever	49	42	7	85.71%	\$882
Total:	10,652	9,213	1,439	86.49%	\$1,037,295

Reasons for Denied Tick-Borne Illness Claims

Table 2 provides the reasons given for denied claims related to any treatment for tick-borne illnesses. A claim may have multiple reasons for denial. The top three reasons for denial were *More Information Requested/Not Received*, *Non-Participating Provider*, and *Not a Covered Benefit*. Medicare is primarily responsible was the top reason a claim was listed in the Other category.

Reasons for Denial	Number of Denied Claims
Considered Experimental/Investigational	1
Coverage Terminated	70
Duplicate Claim	91
Incorrect Coding	63
Maximum Benefits Exceeded	53
More Information Requested/Not Received	169
No Pre-Authorization	12
Non-Participating Provider	155
Not a Covered Benefit	144
Not Medically Necessary	52
Pre-existing Conditions Exclusion	14
Other Reasons for Denial	476
Total:	1,300

Appeals/Reconsiderations/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 2018.

	Upheld	Overtured	Other	Total
Appeals/Reconsideration (Internal)	0	0	0	0
Independent External Reviews	0	0	0	0
Total:	0	0	0	0

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 included.

The “Percentage 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.

Treatment Type	Submitted	Paid	Percentage of Claims Paid	Denied	Total Paid
Antibiotic Treatment	2,803	2,604	92.90%	199	\$150,241
Other Treatment	7,001	6,022	86.02%	979	\$475,107
Total:	9,804	8,626	87.98%	1,178	\$625,348