

**Group Hospitalization and Medical Services, Inc.**

doing business as

**CareFirst BlueCross BlueShield (CareFirst)**

840 First Street, NE

Washington, DC 20065

202-479-8000

An independent licensee of the Blue Cross and Blue Shield Association

**STOP LOSS INSURANCE DISCLOSURE**

Please complete this disclosure in entirety, then sign and return to your CareFirst account executive, CareFirst account manager, or producer.

<b>APPLICANT INFORMATION</b>		
<b>Legal Name of Applicant/Plan Sponsor (to appear on Policy)</b>		<b>Key Contact Person</b>
		<b>Name:</b>
		<b>Phone Number:</b>
<b>PRODUCER (Agent/Broker) INFORMATION</b>		
<b>Name:</b>	<b>Phone Number:</b>	<b>License Number(s):</b>
<b>FRAUD NOTICE (please read carefully)</b>		
<b>Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</b>		

**I. DEFINITIONS**

For the purposes of this disclosure, the following terms shall have the meanings provided below:

**Catastrophic Claim** means any Known Claim Information under the applicant's plan providing hospital, surgical or medical benefits incurred and/or actually paid, or expected to be incurred by an individual that may reasonably be assumed will result in a significant medical expense in the next 24 months.

**Claim Information** means to provide Complete Details following a Diligent Review of the data requested by CareFirst in connection with the application for, or renewal of, the CareFirst Stop Loss Insurance Contract on any claim incurred, paid, or pending prior to the effective date of the CareFirst Stop Loss Insurance Contract including, but not limited to, Catastrophic Claims and Shock Losses.

**Complete Details** means detailed information including, but not limited to, the individual's name and social security number, date of birth, diagnosis, prognosis (unless prognosis cannot be obtained due to reasons beyond the applicant's or its representative's control) and provider name, on any individual covered by, or eligible for coverage, under the applicant's plan.

**Diligent Review** means a complete review by the applicant or its representative(s) of the applicant's plan prior to Disclosure, or the initial underwriting, effective date, or renewal of the CareFirst Stop Loss Insurance Contract for Known potential large claimants. A claimant is Known if prior to, or at the time Disclosure is requested, the applicant or its representative(s) had actual information about the claim, or could have reasonably been assumed to have had such information, had they conducted a Diligent Review.

**Disclosure or Disclosed** means to provide Complete Details following a Diligent Review, and to provide CareFirst with all documentation requested including, but not limited to, the information requested on the stop loss Disclosure form, in connection with the quote/proposal or a renewal offer, census information and Claim Information within the time period(s) specified by CareFirst in writing, prior to the:

1. Initial underwriting of the CareFirst Stop Loss Insurance Contract;
2. Effective date of the CareFirst Stop Loss Insurance Contract;
3. Date an affiliate/subsidiary is acquired, or another class of employees established; or
4. Date of renewal following the end of any CareFirst Stop Loss Insurance Contract.

**Known** means information affecting the administration or underwriting of the CareFirst Stop Loss Insurance Contract, which can be reasonably assumed that the applicant or its representative(s) had knowledge of prior to, or at the time of, a request for Disclosure of Claim Information.

**Shock Claim or Shock Loss** means any loss that is reasonably likely to result in a potentially Catastrophic Claim, or any other loss due to the nature of the injury, illness or diagnosis that the applicant or its representative(s) reasonably assumes will result in a significant medical expense in the next 24 months.

## **II. INSTRUCTIONS FOR COMPLETION OF THE STOP LOSS 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.”** CareFirst 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.

CareFirst will rely upon the information provided on the attached disclosure form, which will become part of the application for stop loss insurance. The purpose of the form is to allow CareFirst 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 claims administrators, insurers, utilization management companies, managed care companies, and any producer of the Plan Sponsor. The attached disclosure form must be completed and signed by the appropriate parties no more than thirty (30) days prior to the proposed effective date of stop loss coverage and received by CareFirst within ten (10) days of completion.

Upon receipt of the completed Disclosure, CareFirst will assess all data, new and previously reported, and will inform the producer in writing within ten (10) days of any changes to the rates, factors or terms of coverage. CareFirst reserves the right to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

List on the Disclosure form all risks Known to:

1. Be currently disabled or confined to a medical facility.
2. Have received medical services during the current plan year the cost of which exceeds \$25,000, and for which bills have been received by the claims administrator and entered into their claims system.
3. Have been identified as a candidate for case management and as having the potential to exceed during the contract period, \$25,000.
4. Have been diagnosed or treated for, during the current plan year, with a condition represented by any of the International Classification of Diseases (ICD) codes contained in the attached list(s) and have also received medical services costing \$5,000 during the same period.

If the Plan Sponsor fails to Disclose any risk to the best of their knowledge and belief Known to fall into one of the above categories, either intentionally or because a thorough review of all records was not conducted, then CareFirst will have no liability for claims on the risk not Disclosed.

**Stop Loss Disclosure Form**

Risk Identifier	DOB	Sex	EE, Sp or Ch	(A)ctive, (C)OBRA, (R)etiree, or (T)ermed	Term Date	Diagnosis	Most Recent Date of Service	Expenses Incurred This Plan Year

The Plan Sponsor named below represents that the above list accurately Discloses all potentially catastrophic risks in accordance with the instructions attached to this form and that it is the result of a Diligent Review in accordance with those instructions. **If there are no risks to report which meet the disclosure criteria above, please check this box.**

Plan Sponsor: _____	Claims Administrator: _____	Producer: _____
Signature: _____	Signature: _____	Signature: _____
Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
Date: _____	Date: _____	Date: _____

## ICD-9 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:

### 001-139 Infectious and Parasitic Diseases

038-038.9 Septicemia  
042 AIDS / HIV  
070-070.9 Viral Hepatitis

### 140-239 Neoplasms

140-149.9 Malignant Neoplasm of Lip, Tongue, Major Salivary Glands, Gum, Mouth, Oropharynx, Nasopharynx, and/or Hypopharynx  
150-150.9 Malignant Neoplasm of Esophagus  
151-151.9 Malignant Neoplasm of Stomach  
152-152.9 Malignant Neoplasm of Small Intestine, including Duodenum  
153-153.9 Malignant Neoplasm of Colon  
154-154.8 Malignant Neoplasm of Rectum  
155-155.2 Malignant Neoplasm of Liver  
156-156.9 Malignant Neoplasm of Gallbladder  
157-157.9 Malignant Neoplasm of Pancreas  
158-158.9 Malignant Neoplasm of Retroperitoneum and Peritoneum  
159-159.9 Malignant Neoplasm of Other and Ill-Defined Sites within the Digestive Organs and Peritoneum  
160-160.9 Malignant Neoplasm of Nasal Cavities, Middle Ear, and Accessory Sinuses  
161-161.9 Malignant Neoplasm of Larynx  
162-162.9 Malignant Neoplasm of Lung  
163-163.9 Malignant Neoplasm of Pleura  
164-164.9 Malignant Neoplasm of Thymus, Heart, and Mediastinum  
165-165.9 Malignant Neoplasm of Other and Ill-Defined Sites within the Respiratory System and Intrathoracic Organs  
170-170.9 Malignant Neoplasm of Bone  
171-171.9 Malignant Neoplasm of Connective and Other Soft Tissue  
172-172.9 Malignant Melanoma of Skin  
173-173.9 Other and Unspecified Malignant Neoplasm of Skin  
174-174.9 Malignant Neoplasm of Female Breast  
175-175.9 Malignant Neoplasm of Male Breast  
176-176.9 Kaposi's Sarcoma  
179-182.8 Malignant Neoplasm of Uterus, Cervix Uteri, or Placenta  
183-183.9 Malignant Neoplasm of Ovary  
184-184.9 Malignant Neoplasm of Other and Unspecified Female Genitalia  
185 Malignant Neoplasm of Prostate  
186-186.9 Malignant Neoplasm of Testis  
187-187.9 Malignant Neoplasm of Penis and Other Male Genital Organs  
188-189.9 Malignant Neoplasm of Bladder, Kidney, Urinary  
190-190.9 Malignant Neoplasm of Eye  
191-191.9 Malignant Neoplasm of Brain  
192-192.9 Malignant Neoplasm of Nervous System  
193 Malignant Neoplasm of Thyroid Gland  
194-194.9 Malignant Neoplasm of Endocrine Glands  
195-195.8 Malignant Neoplasm of Other and Ill-Defined Sites  
196-196.9 Secondary Malignant Neo. Lymph Nodes  
197-197.8 Secondary Malignant Neo. Respiratory and Digestive Systems  
198-198.89 Secondary Malignant Neo. Other Specified Sites  
199-199.2 Malignant Neoplasm without Specification of Site  
200-208.9 Lymphoma and/or Leukemia  
209-209.79 Neuroendocrine Tumors  
230-234.9 Carcinoma In Situ  
235-238.9 Neoplasms of Uncertain Behavior  
239-239.9 Neoplasms of Unspecified Nature: Digestive System, Respiratory System, Bone, Soft Tissue, Skin, Breast, Bladder, Other Genitourinary Organs, Brain, Endocrine Glands and Other Parts of Nervous System, Retina

### 240-279 Endocrine, Nutritional, Metabolic, Immunity

250-250.9 Diabetes  
277.0-277.09 Cystic Fibrosis  
278.0-278.8 Obesity/Hyperalimant

### 280-289 Diseases of the Blood and Blood-Forming Organs

282.6-282.69 Sickle-Cell Anemia  
284.9 Aplastic Anemia NOS  
286-286.9 Coagulation Defects and/or Hemophilia

### 630-677 Complications of Pregnancy, Childbirth

### 320-389 Diseases of the Nervous System and Sense Organs

330 Cerebral degenerations  
331.81 Reye's Syndrome  
336.1 Vascular Myelopathies  
343.0-343.9 Infantile Cerebral Palsy  
344.0-344.9 Quadriplegia, Paraplegia and Quadriparesis  
345.1-345.3 Generalized Convulsive Epilepsy, Petite / Grand Mal Status  
345.7 Epilepsia Partialis Continua (Kojevnikov's Epilepsy)  
348.0-348.9 Encephalopathy  
357, 358, 359 Neuropathy / Myasthenia Gravis / Muscular Dystrophies

### 390-459 Diseases of the Circulatory System

410-410.9 Acute Myocardial Infarction  
411-411.89 Acute and Subacute Ischemic Heart Disease  
414-414.9 Coronary Atherosclerosis (ASHD), Aneurysm and Dissection of Heart  
415-415.19 Acute Pulmonary Heart Disease  
416-416.9 Chronic Pulmonary Heart Disease  
417.1 Aneurysm of Pulmonary Artery  
421-421.9 Acute and Subacute Endocarditis  
422-422.99 Acute Myocarditis  
424-424.99 Valve Disorders  
425-425.9 Cardiomyopathy  
426-426.9 Conduction Disorders  
427-427.9 Cardiac Dysrhythmias  
428-428.9 Heart Failure  
430-432.9 Subarachnoid / Intracerebral / Other Intracranial Hemorrhage  
433-433.9 Occlusion and Stenosis of Precerebral Arteries  
434-434.9 Occlusion of Cerebral Arteries  
436 Acute, but Ill-Defined Cerebrovascular Disease  
440-441.9 Atherosclerosis / Aortic Aneurysm  
443-444.01 Peripheral Vascular Disease

### 460-519 Diseases of the Respiratory System

480-486 Pneumonia  
490-496 Chronic Obstructive Pulmonary Disease (COPD), etc.  
510-511.1 Empyema, Pleurisy  
513-513.1 Abscess of Lung  
515 Postinflammatory Pulmonary Fibrosis  
518-518.89 Pulmonary Collapse and/or Respiratory Failure

### 520-579 Diseases of the Digestive System

532-537.89 Duodenal / Peptic / Gastrojejunal Ulcer, Gastritis, Duodenitis, Disorders of Stomach and Duodenum  
555-555.9 Regional Enteritis (Crohn's Disease)  
560.0-560.9 Intestinal Obstruction  
562.1-562.13 Diverticulitis of Colon  
567-567.89 Peritonitis  
569.0-569.9 Other Disorders of Intestine  
570-571.9 Liver Diseases and Cirrhosis  
572-572.8 Liver Abscess and Other Sequelae of Chronic Liver Disease  
573-573.9 Other Liver Disorders  
577-577.9 Pancreas Diseases  
578-578.9 Gastrointestinal Hemorrhage

### 580-629 Diseases of the Genitourinary System

580-580.9 Acute Glomerulonephritis  
582-582.9 Chronic Glomerulonephritis  
583-583.9 Nephritis and Nephropathy  
584-584.9 Acute Kidney Failure  
585-585.9 Chronic Kidney Disease (CKD)  
586 Renal Failure, Unspecified  
588-588.89 Disorders resulting from impaired renal function  
592 Calculus of Kidney & Ureter

### 996-997.0 Complications peculiar to certain specified conditions

641.1	Placenta Previa	996.0-996.09	Mechanical complication of cardiac device, implant, and graft
642.5-642.7	Eclampsia, pre-eclampsia	996.1	Mechanical complication of other vascular device, implant, and graft
644.0-644.2	Premature Labor	996.2	Mechanical complication of nervous system device, implant, and graft
648.0	Diabetes Mellitus	996.3-996.39	Mechanical complication of genitourinary device, implant, and graft
651-651.9	Multiple Gestation	996.4-996.49	Mechanical complication of internal orthopedic device, implant, and graft
654.5	Cervical Incompetence	996.5-996.59	Mechanical complication of other specific prosthetic device, implant, and graft
<b>710-739</b>	<b><i>Diseases of the Musculoskeletal System and Connective Tissue</i></b>	996.6-996.69	Infection and inflammatory reaction due to internal prosthetic device, implant, and graft
715.0-715.9	Osteoarthritis	996.7-996.79	Other complications of internal (biological) (synthetic) prosthetic device, implant, and graft
721.3	Lumbosacral Spondylosis	996.8-996.89	Complications of transplanted organ
722.0-722.9	Intervertebral Disc Disorders	996.9-996.99	Complications of reattached extremity or body part
722.86	Necrotizing Fasciitis	997-997.99	Complications affecting specified body parts, not elsewhere classified
730-730.9	Osteomyelitis and/or Periostitis		
737.3-737.39	Kyphoscoliosis and scoliosis		
<b>740-759</b>	<b><i>Congenital Anomalies</i></b>	<b><u>V23</u></b>	<b><i>Supervision of High Risk Pregnancy</i></b>
741-741.9	Spina Bifida	<b><u>V42 – V58.9</u></b>	<b><i>Transplants, etc</i></b>
745.0-749.9	Heart Defects / Anomalies	V42-V42.9	Organ or tissue replaced by transplant
747.2	Aortic Atresia / Stenosis	V43-V43.8	Organ or tissue replaced by other means
751.61	Biliary Atresia	V44-V44.9	Artificial opening status
758.3-758.39	Autosomal Deletion Dyndromes	V45-V45.89	Other postprocedural states
759-759.9	Other and Unspecified Congenital Anomalies	V46-V46.9	Other dependence on machines and devices
<b>760-779</b>	<b><i>Conditions Originating in the Perinatal Period</i></b>	V47-V47.9	Other problems with internal organs
765-765.1	Prematurity	V48-V48.9	Problems with head, neck, and trunk
767.0	Birth Trauma	V49-V49.9	Other conditions influencing health status
769	Respiratory Distress Syndrome	V50-V50.9	Elective surgery for purposes other than remedying health states
770.0-770.9	Other Respiratory Conditions of Fetus and Newborn	V51-V51.8	Aftercare involving the use of plastic surgery
777.5-777.9	Necrotizing Enterocolitis in Newborn	V52-V52.9	Fitting and adjustment of prosthetic device and implant
<b>780-799</b>	<b><i>Symptoms, Signs, and Ill-Defined Conditions</i></b>	V53-V53.99	Fitting and adjustment of other device
780-780.09	Coma, Persistent Vegetative State	V54-V54.9	Other orthopedic aftercare
785-785.9	Symptoms Involving Cardiovascular System	V55-V55.9	Attention to artificial openings
786.5-786.59	Chest Pain	V56-V56.8	Encounter for dialysis and dialysis catheter care
<b>800-999</b>	<b><i>Injury and Poisoning</i></b>	V57-V57.9	Care involving use of rehabilitation procedures
800-804.9	Fracture of Skull	V58-V58.9	Encounter for other unspecified procedures and aftercare
805-805.9	Fracture of Vertebral Column		
806-806.9	Fracture of Vertebral Column with Spinal Cord Injury		
807-807.6	Fracture of Rib(s), Sternum, Larynx, and Trachea		
828-828.1	Multiple Fractures		
839.1-839.9	Other, Multiple, and Ill-Defined Dislocations		
851-851.9	Cerebral Laceration and Contusion		
852-854.1	Intracranial Injury		
860-869.1	Internal Injury		
874-874.8	Open Wound of Neck		
887-887.7	Traumatic Amputation of Arm and Hand		
896-896.3	Traumatic Amputation of Foot		
897-897.7	Traumatic Amputation of Leg(s)		
900-904.9	Injury to Blood Vessels		
948-949.5	Burns		
952-952.9	Spinal Cord Injury		
958-958.8	Certain Early Complications of Trauma		
995.92	Severe Sepsis		

## **ICD-10 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.

ICD-10 diagnosis codes contain from three to seven digits (alpha or numeric) the first of which must be alpha, the second must be numeric, and digits three through 7 can be either alpha or numeric. For reporting purposes CareFirst adopted the following convention: If a single code is listed it includes all codes with one or more digits to the right of the rightmost digit in the listed code. For example code F20 includes all codes from F20.0 through F20.9, code G82.5 includes all codes from G82.50 through the last code with a prefix of G82.5, which is G82.54. Similarly, where a range of codes is listed, such as C00-C96, that range includes all codes up through and including the last code in C96, which is C96.9.

This list may, from time to time, be updated to reflect code additions or deletions made by the Centers for Medicare & Medicaid Services (CMS) or some other governing body.

### **A00-B99      Certain infectious and parasitic disease**

A40	Streptococcal sepsis
A41	Other Sepsis
B15-B19	Viral hepatitis
B20	Human immunodeficiency virus [HIV] disease

### **C00-D49      Neoplasms**

C00-C96	Malignant neoplasms
D46	Myelodysplastic syndromes

### **D50-D89      Diseases of the blood and blood-forming organs & 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 conditions
D70-D77	Other diseases of blood and blood-forming organs
D80-D89	Certain disorders involving the immune mechanism

### **E00-E89      Endocrine, nutritional and metabolic diseases**

E10-E13	Diabetes mellitus
E15-E16	Other disorders of glucose regulation and pancreatic internal secretion
E65-E68	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 Syndrome
F84.5	Asperger's syndrome

### **G00-99      Diseases of the nervous system**

G00	Bacterial Meningitis
G04	Encephalitis Myelitis and Encephalomyelitis.
G06-G07	Intracranial and intraspinal abscess and granuloma
G12.21	Amyotrophic Lateral Sclerosis
G35	Multiple Sclerosis
G36	Other Acute Disseminated Demyelination

G37	Other Demyelinating disease of central nervous system
G82.5	Quadraplegia
G83.4	Cauda Equina Syndrome
G92	Toxic Encephalopathy
G93.1	Anoxic Brain Injury

**I00-I99      Diseases of Circulatory System**

I20	Angina Pectoris
I21.09-I22	Acute myocardial infarction
I24	Acute and Subacute Ischemic Heart Disease
I25	Chronic ischemic heart disease
I26	Pulmonary embolism
I27	Other pulmonary heart disease
I28	Other diseases of pulmonary vessels
I33	Acute & Subacute Endocarditis
I34-I38	Heart Valve Disorders
I42-I43	Cardiomyopathy
I44-I45	Conduction Disorders
I46	Cardiac Arrest
I47-I49	Cardiac Dysrhythmias
I50	Heart Failure
I60-161	Subarachnoid Hemorrhage / Intercerebral Hemorrhage
I63	Cerebral infarction
I65.8-I66	Occlusion of Precerebral /Cerebral Arteries
I67	Other cerebrovascular disease
I70	Atherosclerosis / Aortic Aneurysm

**J00-J99      Diseases of Respiratory System**

J40-J44	Chronic Obstructive Pulmonary Disease (COPD)
J84.10-J84.89	Postinflammatory Pulmonary Fibrosis
J98.11-J98.4	Pulmonary Collapse / Respiratory Failure

**K00-K95      Diseases of Digestive System**

K22	Esophageal obstruction
K25-K28	Ulcers
K31	Other diseases of stomach & duodenum
K50	Crohn's disease
K51	Ulcerative colitis
K55-K64	Diseases of intestine
K65-K68	Diseases of peritoneum & retroperitoneum
K70-K77	Diseases of liver
K83	Diseases of biliary tract
K85-K86	Diseases of pancreatitis
K90-K95	Other diseases of digestive system/Complications of bariatric procedures

**M00-M99      Diseases of Musculoskeletal System & Connective Tissue**

M15-M19	Osteoarthritis
M32	Systemic lupus erythematosus
M34	Systemic sclerosis
M41	Scoliosis
M43	Spondylolysis
M50	Cervical disc disorders
M51	Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders
M72.6	Necrotizing Fasciitis
M86	Osteomyelitis



**N00-N99**      **Diseases of the Genitourinary System**

N00-N01	Acute and Rapidly Progressive Nephritic Syndrome
N03	Chronic Nephritic Syndrome
N04	Nephrotic Syndrome
N05-N07	Nephritis and Nephropathy
N08	Glomerular Disorders classified elsewhere
N17	Acute Kidney Failure
N18	Chronic Kidney Disease (CKD)
N19	Renal Failure, Unspecified

**O00-O9A**      **Pregnancy, childbirth and the puerperium**

O09	High Risk Pregnancy
O11	Pre-Existing Hypertension with Pre-Eclampsia
O14-O15	Pre-Eclampsia and Eclampsia
O30	Multiple Gestation
O31	Other complications specific to Multiple Gestations

**P00-P96**      **Certain conditions originating in the perinatal period**

P07	Disorders of newborn related to short gestation and low birth weight
P10- P15	Birth Trauma
P19	Fetal distress
P23-P28	Other respiratory conditions of newborn
P29	Cardiovascular disorders originating in the perinatal period
P36	Bacterial sepsis of newborn
P52-P53	Intracranial hemorrhage of newborn
P77	Necrotizing enterocolitis of newborn
P91	Other disturbances of cerebral status newborn

**Q00-Q99**      **Congenital malformations, deformations and chromosomal abnormalities**

Q00-Q07	Congenital malformations of the nervous system
Q20- Q26	Congenital Cardiac malformations
Q41-Q45	Congenital Anomalies of Digestive system
Q85	Phakomatoses, not classified elsewhere
Q87	Congenital malformation syndromes affecting multiple systems
Q89	Other Congenital malformations

**R00-R9**      **Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified**

R07.1-R07.9	Chest Pain
R40-R40.236	Coma
R57-R58	Shock, Hemorrhage
R65.2-R65.21	Severe sepsis

**S00-T88**      **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
S14.0-S14.15	Injury 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 of thorax
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
T30-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
T83-T85	Complications of prosthetic devices, implants and grafts
T86	Complications of transplanted organs and tissue
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

I represent that the statements contained in this Disclosure are true and complete to the best of my knowledge and belief, and I understand that they form the basis for CareFirst's approval of the requested stop loss insurance.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date