



# Large Claim Listing

THE SCHOOL BOARD OF HARDEE COUNTY, FLORIDA

Policyholder Number - 285719

- This report is designed to meet your need for data in evaluating your benefit plan. We have removed individual member identifiers (e.g., name, ID number, etc.) because most plan sponsors find that their needs can be met without identifiers and also to comply with state and federal health information privacy regulations.
- Amounts below reflect Medical and RX costs.

## Total Group

### Claimants with over \$25,000 in claims for 2/1/2019 - 1/31/2020

Claimant	Amount	ICD-10 Code Description	RX Amount	Medical Amount
Claimant 1	\$ 338,655	Type 2 Diabetes Mellitus With Foot Ulcer	\$ 4,581	\$ 334,074
Claimant 2	\$ 274,185	Type 2 Diabetes Mellitus With Other Specified Complication	\$ 101,405	\$ 172,780
Claimant 3	\$ 232,464	Spinal Stenosis, Cervical Region	\$ 302	\$ 232,161
Claimant 4	\$ 232,227	Nonrheumatic Mitral (valve) Insufficiency	\$ 7,085	\$ 225,143
Claimant 5	\$ 171,272	Ulcerative (chronic) Pancolitis Without Complications	\$ 18,365	\$ 152,907
Claimant 6	\$ 163,383	Spinal Stenosis, Lumbar Region Without Neurogenic Claudication	\$ 12,582	\$ 150,801
Claimant 7	\$ 160,905	Malignant Neoplasm Of Unspecified Site Of Left Female Breast	\$ 10,773	\$ 150,131
Claimant 8	\$ 129,231	Atherosclerotic Heart Disease Of Native Coronary Artery With Unstable Angina Pectoris	\$ 2,253	\$ 126,979
Claimant 9	\$ 117,456	Intervertebral Disc Disorders With Radiculopathy, Lumbosacral Region	\$ 347	\$ 117,109
Claimant 10	\$ 115,372	Tuberous Sclerosis	\$ 73,386	\$ 41,986
Claimant 11	\$ 102,449	Other Cerebral Infarction Due To Occlusion Or Stenosis Of Small Artery	\$ 35	\$ 102,414
Claimant 12	\$ 95,196	Acute Cholecystitis	\$ 5,398	\$ 89,798
Claimant 13	\$ 93,605	Unilateral Primary Osteoarthritis, Right Hip	\$ 21,303	\$ 72,302
Claimant 14	\$ 83,405	Sepsis, Unspecified Organism	\$ 7,851	\$ 75,554
Claimant 15	\$ 78,863	Endometriosis Of Ovary	\$ -	\$ 78,863
Claimant 16	\$ 76,071	Unilateral Primary Osteoarthritis, Left Hip	\$ 5,331	\$ 70,740
Claimant 17	\$ 75,906	Restricted Diagnosis	\$ 65,669	\$ 10,236



# Large Claim Listing

THE SCHOOL BOARD OF HARDEE COUNTY, FLORIDA

Policyholder Number - 285719

- This report is designed to meet your need for data in evaluating your benefit plan. We have removed individual member identifiers (e.g., name, ID number, etc.) because most plan sponsors find that their needs can be met without identifiers and also to comply with state and federal health information privacy regulations.
- Amounts below reflect Medical and RX costs.

## Total Group

### Claimants with over \$25,000 in claims for 2/1/2019 - 1/31/2020

Claimant	Amount	ICD-10 Code Description	RX Amount	Medical Amount
Claimant 18	\$ 72,654	Essential (primary) Hypertension	\$ 70,880	\$ 1,774
Claimant 19	\$ 69,392	Encounter For Immunization	\$ 67,045	\$ 2,347
Claimant 20	\$ 69,392	Non-st Elevation (nSTEMI) Myocardial Infarction	\$ 3,779	\$ 65,613
Claimant 21	\$ 68,625	Other Specified Abnormal Uterine And Vaginal Bleeding	\$ 1,763	\$ 66,862
Claimant 22	\$ 67,509	Restricted Diagnosis	\$ 66,557	\$ 953
Claimant 23	\$ 67,374	Rheumatoid Arthritis, Unspecified	\$ 66,071	\$ 1,303
Claimant 24	\$ 65,401	Calculus Of Kidney	\$ 55,209	\$ 10,192
Claimant 25	\$ 64,757	Atherosclerotic Heart Disease Of Native Coronary Artery With Unspecified Angina Pectoris	\$ 1,472	\$ 63,285
Claimant 26	\$ 63,879	Complex Tear Of Medial Meniscus, Current Injury, Left Knee, Initial Encounter	\$ 182	\$ 63,697
Claimant 27	\$ 60,254	Atherosclerotic Heart Disease Of Native Coronary Artery Without Angina Pectoris	\$ 1,283	\$ 58,971
Claimant 28	\$ 59,440	Spinal Stenosis, Cervical Region	\$ 3,136	\$ 56,304
Claimant 29	\$ 57,381	Disease Of Gallbladder, Unspecified	\$ 1,707	\$ 55,674
Claimant 30	\$ 55,524	Endometriosis Of Uterus	\$ 576	\$ 54,948
Claimant 31	\$ 54,961	Strain Of Muscle, Fascia And Tendon Of Lower Back, Initial Encounter	\$ 5,716	\$ 49,245
Claimant 32	\$ 54,869	Unilateral Primary Osteoarthritis, Left Knee	\$ 2,803	\$ 52,066
Claimant 33	\$ 52,518	Calculus Of Gallbladder With Acute And Chronic Cholecystitis Without Obstruction	\$ 861	\$ 51,657
Claimant 34	\$ 51,429	Pelvic And Perineal Pain	\$ 1,618	\$ 49,811
Claimant 35	\$ 50,509	Obstructive Sleep Apnea (adult) (pediatric)	\$ 23,930	\$ 26,579
Claimant 36	\$ 41,236	Pain In Right Ankle And Joints Of Right Foot	\$ 303	\$ 40,933
Claimant 37	\$ 40,354	Restricted Diagnosis	\$ 29,052	\$ 11,302



# Large Claim Listing

THE SCHOOL BOARD OF HARDEE COUNTY, FLORIDA

Policyholder Number - 285719

- This report is designed to meet your need for data in evaluating your benefit plan. We have removed individual member identifiers (e.g., name, ID number, etc.) because most plan sponsors find that their needs can be met without identifiers and also to comply with state and federal health information privacy regulations.
- Amounts below reflect Medical and RX costs.

## Total Group

### Claimants with over \$25,000 in claims for 2/1/2019 - 1/31/2020

Claimant	Amount	ICD-10 Code Description	RX Amount	Medical Amount
Claimant 38	\$ 38,166	Unspecified Atrial Flutter	\$ 1,498	\$ 36,669
Claimant 39	\$ 35,213	Calculus Of Gallbladder With Acute Cholecystitis With Obstruction	\$ 3,023	\$ 32,191
Claimant 40	\$ 33,452	Unspecified Injury Of Head, Initial Encounter	\$ 18,338	\$ 15,114
Claimant 41	\$ 32,927	Hydronephrosis With Renal And Ureteral Calculous Obstruction	\$ 165	\$ 32,763
Claimant 42	\$ 32,428	Unspecified Ovarian Cyst, Right Side	\$ 245	\$ 32,184
Claimant 43	\$ 31,458	Calculus Of Ureter	\$ 729	\$ 30,729
Claimant 44	\$ 31,044	Deviated Nasal Septum	\$ 114	\$ 30,930
Claimant 45	\$ 30,915	Chronic Pain Syndrome	\$ 6,325	\$ 24,589
Claimant 46	\$ 30,384	Other Specified Disorders Of Peritoneum	\$ 507	\$ 29,877
Claimant 47	\$ 29,773	Sepsis, Unspecified Organism	\$ 4,761	\$ 25,012
Claimant 48	\$ 29,663	Varicose Veins Of Left Lower Extremity With Inflammation	\$ 20,581	\$ 9,083
Claimant 49	\$ 29,634	Corpus Luteum Cyst Of Right Ovary	\$ -	\$ 29,634
Claimant 50	\$ 29,224	Unspecified Ectopic Pregnancy Without Intrauterine Pregnancy	\$ 9	\$ 29,215
Claimant 51	\$ 28,889	Benign Neoplasm Of Appendix	\$ 2,142	\$ 26,747
Claimant 52	\$ 27,531	Nausea With Vomiting, Unspecified	\$ 10,656	\$ 16,874
Claimant 53	\$ 27,329	Restricted Diagnosis	\$ 26,714	\$ 615
Claimant 54	\$ 25,825	Congenital Hypertrophic Pyloric Stenosis	\$ -	\$ 25,825
Claimant 55	\$ 25,021	Pain In Right Shoulder	\$ 22,981	\$ 2,040