



# UNICARE STATE INDEMNITY PLAN REFERENCE SHEET FOR CONTRACTED PROVIDERS

Andover Service Center  
Claims Department  
PO Box 9016  
Andover, MA 01810-0916

Andover Service Center  
Managed Care Department  
PO Box 2011  
Andover, MA 01810-0035

www.unicarestatement.com

See member's ID card for office visit copay. For our non-Medicare plans—Basic, PLUS and Community Choice—the ID card lists three different copays for visits to Massachusetts primary care physicians and three different copays for visits to Massachusetts specialty care physicians. The first copay applies to Tier 1 physicians, the second copay to Tier 2 physicians and the third copay to Tier 3 physicians. The office visit copay for all non-Massachusetts physicians is \$30.

Customer Service/Pre-Certification Telephone Number:  
(800) 442-9300

Mental Health/Substance Abuse:  
United Behavioral Health (888) 610-9039

Pre-Certification/Notification Fax Number:  
(877) 745-8636

Prescription Drug Plan:  
Express Scripts (877) 828-9744

## Managed Care Notification Requirements

<b>Elective Inpatient Admission</b>	seven (7) calendar days prior to admission
<b>Emergency Admission</b>	within 24 hours or the next business day
<b>Selected Elected Procedures</b> (see list below)	at least three (3) days before the procedure is to be performed
<b>Home Health Care</b>	at least one (1) business day before services begin
<b>Durable Medical Equipment</b> (if the purchase price or combined rental charges exceed \$500)	at least one (1) business day before ordering the equipment
<b>Organ Transplants</b>	when an evaluation is recommended
<b>Treatment for Work-Related Injuries</b>	upon becoming aware of a work-related injury
<b>Manipulative Therapy</b> (includes services provided by medical and osteopathic physicians, chiropractors and physical therapists)	at least one (1) day before services begin
<b>Occupational Therapy</b>	at least one (1) day before services begin

Compliance with notification time frames is essential to complete the review process. Failure to meet notification requirements may result in a reduction of benefits of up to \$500. If the services provided are subsequently determined to be not medically necessary or inappropriate, the charges for the entire treatment or service may be disallowed.

## Selected Procedures for Pre-Review

- Cholecystectomy
- CT Scan of Abdomen and/or Pelvis
- CT Scan of Cervical Spine
- CT Scan of Lumbosacral Spine
- CT Scan of Thoracic Cavity
- CT Scan of Thoracic Spine
- Dilatation and Curettage (D&C)
- Discectomy
- Hysterectomy
- Hysteroscopy
- Hysteroscopic Endometrial Ablation
- Knee Arthroscopy (diagnostic)
- Laminectomy/Laminotomy
- MRI Scan of Abdomen and/or Pelvis
- MRI Scan of Cervical Spine
- MRI Scan of Knee
- MRI Scan of Lumbosacral Spine
- MRI Scan of Thoracic Cavity
- MRI Scan of Thoracic Spine
- Pelvic Laparoscopy
- Sinus Surgery
- Spinal Fusion
- Spinal Instrumentation
- Upper GI Endoscopy