

# PROVIDER REFERENCE SHEET

Effective September 15, 2019

For UniCare reviews	For AIM reviews
<p><b>UniCare Member Services</b> 800-442-9300 (TTY: 711) 800-848-3623 (fax) contact.us@anthem.com</p>	<p><b>AIM Specialty Health</b> 866-766-0247 <a href="http://www.providerportal.com">www.providerportal.com</a></p>

## Office visit copays

See the member's ID card for office visit copays.

- ❑ **Basic, PLUS and Community Choice** – Basic members have a \$20 copay for primary care visits. PLUS and Community Choice members have either a \$15 copay (for PCPs in UniCare's Patient-Centered Primary Care program) or a \$20 copay.  
There are three different copays for visits to Massachusetts specialists, based on tier assignment.
- ❑ **Medicare Extension** – Members have a \$10 copay for office visits.

## Preapproval reviews

Preapproval (preauthorization) reviews are conducted by UniCare's Medical Management department or by **AIM Specialty Health**<sup>®</sup>, a UniCare-affiliated company that provides support for the preapproval process. The tables in this publication identify which services are reviewed by AIM and which are reviewed by UniCare.

## Utilization management policies and guidelines

Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member's plan coverage. To view UniCare's medical policies and guidelines, go to <https://www.unicarestateplan.com/medPolicyUpdates.html>. If you don't have internet access, contact UniCare Provider Services at contact.us@anthem.com or 800-442-9300.

## Notification requirements

Compliance with these requirements is essential to complete preapproval reviews. Failure to meet these requirements may result in a reduction of benefits of up to \$500. If the services provided are then determined to be not eligible for benefits, the charges for the entire treatment or service may be disallowed.

The following tables identify who to notify (either UniCare or AIM) and how much advance notice is required. Requirements for non-Medicare members (Basic, PLUS and Community Choice) are listed in the middle column; requirements for Medicare Extension members are listed in the righthand column.

Note that for behavioral health services, Medicare Extension members require preapproval only if the service is not covered by Medicare or if the provider isn't a Medicare provider.

PROVIDER REFERENCE SHEET (continued)

Medical services and procedures	Basic, PLUS and Community Choice	Medicare Extension
<b>BPAP and CPAP equipment</b>	AIM   1 business day	UniCare   1 business day
<b>Chiropractic care and osteopathic manipulative therapy for children under 13</b>	UniCare   1 business day	N/A
<b>Cleft palate and cleft lip services</b>	UniCare   3 days (contracted)   7 days (non-contracted)	N/A
<b>Durable medical equipment (DME) costing more than \$1,000 (not required for oxygen equipment)</b>	UniCare   1 business day	N/A
<b>Echocardiology</b> <ul style="list-style-type: none"> <li>■ Resting transthoracic echocardiography</li> <li>■ Stress echocardiography</li> <li>■ Transesophageal echocardiography</li> </ul>	AIM   3 days (contracted)   7 days (non-contracted)	N/A
<b>Enteral therapy</b>	UniCare   1 business day	UniCare   1 business day
<b>Gender reassignment surgery</b>	When surgery evaluation is recommended	When surgery evaluation is recommended
<b>Genetic testing</b> For the current list, go to: <a href="http://www.unicarestateplan.com/pdf/GeneticTesting.pdf">www.unicarestateplan.com/pdf/GeneticTesting.pdf</a>	AIM   3 days (contracted)   7 days (non-contracted)	N/A
<b>High-tech imaging</b> <ul style="list-style-type: none"> <li>■ CT/CTA scan</li> <li>■ MRI/MRA scan</li> <li>■ Nuclear cardiology</li> <li>■ PET scan</li> <li>■ SPECT scan</li> </ul>	AIM   3 days (contracted)   7 days (non-contracted)	N/A
<b>Home health care</b>	UniCare   1 business day	UniCare   1 business day
<b>Hyaluronic acid injections to the knee</b>	UniCare   7 days	N/A
<b>Hyperbaric oxygen therapy</b>	UniCare   3 days (contracted)   7 days (non-contracted)	N/A
<b>Inpatient – Elective admissions</b>	UniCare   7 days	N/A
<b>Inpatient – Emergency or maternity admissions</b>	UniCare   within 24 hours	N/A
<b>Inpatient – Observation</b>	UniCare   within 24 hours	N/A
<b>Inpatient – Skilled nursing facility admissions</b>	UniCare   within 24 hours	N/A
<b>Neuropsychological testing</b>	UniCare   2 business days	UniCare   2 business days
<b>Occupational therapy</b>	UniCare   1 business day	N/A
<b>Physical therapy</b>	UniCare   1 business day	N/A
<b>Private duty nursing</b>	UniCare   1 business day	UniCare   1 business day
<b>Radiation therapy</b> <ul style="list-style-type: none"> <li>■ Brachytherapy</li> <li>■ CyberKnife</li> <li>■ IMRT</li> <li>■ Proton beam</li> <li>■ Traditional radiation</li> </ul>	AIM   3 days (contracted)   7 days (non-contracted)	N/A
<b>Sleep studies</b>	AIM   3 days (contracted)   7 days (non-contracted)	N/A

Medical services and procedures (continued)	Basic, PLUS and Community Choice	Medicare Extension
<p><b>Specialty drugs</b> For the current list of specialty drugs, go to: <a href="http://www.unicarestateplan.com/pdf/SpecialtyDrugList.pdf">www.unicarestateplan.com/pdf/SpecialtyDrugList.pdf</a> or call UniCare at 800-442-9300. This list may change during the year.</p> <p>Other specialty drugs (non-oncology) require review under the prescription drug benefit. Contact Express Scripts at 855-283-7679.</p>	UniCare   3 days (contracted)   7 days (non-contracted)	N/A
<p><b>Surgery</b></p> <ul style="list-style-type: none"> <li>■ Cardioverter-defibrillator implantation</li> <li>■ Cervical fusion</li> <li>■ Discectomy – lumbosacral spine (open, percutaneous and endoscopic, and other minimally invasive procedures to treat back pain)</li> <li>■ Knee arthroscopy</li> <li>■ Knee meniscal transplant</li> <li>■ Laminectomy/laminotomy of the lumbosacral spine</li> <li>■ Sinus surgery (including endoscopy)</li> <li>■ Spinal cord stimulator and neuromodulator implantation</li> <li>■ Spinal fusion of the lumbosacral spine</li> <li>■ Spinal instrumentation of the lumbosacral spine</li> <li>■ Upper gastrointestinal endoscopy</li> <li>■ Vertebroplasty</li> </ul>	UniCare   3 days (contracted)   7 days (non-contracted)	N/A
<p><b>Transplants (not required for cornea transplants)</b></p>	When transplant evaluation is recommended	N/A
<p><b>Varicose vein treatment (including sclerotherapy)</b></p>	UniCare   3 days (contracted)   7 days (non-contracted)	N/A
<p><b>Virtual colonoscopy (colonography)</b></p>	UniCare   3 days (contracted)   7 days (non-contracted)	N/A

Behavioral health services	In-network	Out-of-network (OON)
<b>Acute care services – mental health conditions</b>		
<ul style="list-style-type: none"> <li>■ Acute residential treatment</li> <li>■ Community-based acute treatment (CBAT)</li> <li>■ Community support programs (CSP)</li> <li>■ Family stabilization teams (FST)</li> <li>■ Inpatient psychiatric services</li> <li>■ Partial hospitalization programs (PHP)</li> <li>■ Transitional care units (TCU)</li> </ul>	Needs preapproval	Needs preapproval
<ul style="list-style-type: none"> <li>■ Crisis stabilization units (CSU)</li> </ul>	Needs preapproval for stays over 5 days	Needs preapproval for stays over 5 days
<ul style="list-style-type: none"> <li>■ Day treatment</li> </ul>	N/A	Needs preapproval

PROVIDER REFERENCE SHEET (continued)

Behavioral health services (continued)	In-network	Out-of-network (OON)
<b>Acute care services – mental health conditions (continued)</b>		
<ul style="list-style-type: none"> <li>Intensive outpatient programs (IOP)</li> </ul>	Notify UniCare within 48 hours	<ul style="list-style-type: none"> <li><b>DPH-licensed providers in Massachusetts:</b> Notify UniCare within 48 hours</li> <li><b>All other OON providers:</b> Needs preapproval</li> </ul>
<b>Acute care services – substance use disorders (adults and adolescents)</b>		
<ul style="list-style-type: none"> <li>Acute residential withdrawal management (ASAM level 3.7 detox)</li> <li>Clinical stabilization services (CSS) (ASAM level 3.5)</li> <li>Dual diagnosis acute treatment (DDAT) (ASAM level 3.5)</li> <li>Inpatient substance use disorder services, medically managed (ASAM level 4 detox)</li> <li>Partial hospitalization program (PHP) (ASAM level 2.5)</li> </ul>	<ul style="list-style-type: none"> <li><b>In Massachusetts:</b> Notify UniCare within 48 hours</li> <li><b>Outside Massachusetts:</b> Needs preapproval</li> </ul>	<ul style="list-style-type: none"> <li><b>DPH-licensed providers in Massachusetts:</b> Notify UniCare within 48 hours</li> <li><b>All other OON providers:</b> Needs preapproval</li> </ul>
<ul style="list-style-type: none"> <li>Crisis stabilization units (CSU)</li> </ul>	Needs preapproval for stays over 5 days	Needs preapproval for stays over 5 days
<ul style="list-style-type: none"> <li>Day treatment</li> </ul>	N/A	Needs preapproval
<ul style="list-style-type: none"> <li>Intensive outpatient programs (IOP) (Level 2.1)</li> <li>Structured outpatient addictions programs (SOAP)</li> </ul>	Notify UniCare within 48 hours	<ul style="list-style-type: none"> <li><b>DPH-licensed providers in Massachusetts:</b> Notify UniCare within 48 hours</li> <li><b>All other OON providers:</b> Needs preapproval</li> </ul>
<b>Outpatient services (non-acute care)</b>		
<ul style="list-style-type: none"> <li>Acupuncture withdrawal management</li> </ul>	N/A	Needs preapproval
<ul style="list-style-type: none"> <li>Applied Behavioral Analysis (ABA)</li> <li>Dialectical behavioral therapy (DBT)</li> <li>Electroconvulsive therapy (ECT)</li> <li>Neuropsychological testing</li> <li>Psychiatric visiting nurse services</li> <li>Psychological testing</li> <li>Transcranial magnetic stimulation (TMS)</li> </ul>	Needs preapproval	Needs preapproval

**UniCare State Indemnity Plan**  
 800-442-9300 (TTY: 711)  
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[unicarestateline.com](http://unicarestateline.com)