



## Additional Clean Claims Requirements

UNICARE provider agreements require claims to be submitted in a manner acceptable to UNICARE. Per §§21.2804 and 21.2805 of the Texas Clean Claims Rules, UNICARE has additional requirements for submission of a clean claim.

Claims submitted with the appropriate attachments and elements described below and as required under the rules will be considered by UNICARE to be clean claims and will be processed within 45 days of receipt. Claims submitted without the required additional data elements and /or attachments will not be considered clean claims and may be rejected as deficient. Once the required information is received by UNICARE, the claim will then be processed according to the Clean Claim Act requirements.

UNICARE requires more information when processing claims for members covered under individual and small group policies than when processing claims for members covered under large employer policies. In order to minimize the amount of additional requirements for providers, we have varied the requirements based on the type of coverage. Individual and small group members access the Performance network only.

**Please call the 800 number on the member's ID card to determine if the member is  
CLASSIC or PERFORMANCE.**

**UNICARE requires the following for ALL UNICARE members:**

- ❖ **Field 31 of the HCFA 1500** must include the physician's medical license number for all claims for Physician's services.
- ❖ **Fields 17 and 17a** (referring Physician name and ID number) must be completed when applicable on Professional Provider claims submitted on the HCFA 1500 form.
- ❖ **Field 23** (*Prior Authorization number*) of the HCFA 1500 form must be completed for Infusion Therapy, Organ/Tissue Transplant, Home Health, Skilled Nursing, Hospice or for the treatment of Chemical Dependency. If Prior Authorization is not obtained prior to when the claim is submitted for payment, medical records and appropriate reports\* must accompany the claim.

**MEDICAL RECORDS must be included when billing for the following services:**

- ❖ All Home Infusion Therapy
- ❖ Treatment of Infertility
- ❖ PET Scans (procedure codes 78608 & 78609)
- ❖ Durable Medical Equipment costing \$1000 or above (plus purchase price); must also include copy of the written prescription from physician indicating duration of use.

**MEDICAL RECORDS, OPERATIVE REPORTS, and appropriate reports\* must be included when billing for the following services:**

- ❖ Transplants
- ❖ Blepharoplasty
- ❖ Breast Reduction
- ❖ By report surgeries
- ❖ Cosurgeon charges
- ❖ Obesity Surgeries
- ❖ Possible cosmetic or investigational
- ❖ Rhinoplasty
- ❖ Septoplasty
- ❖ Multiple surgeries performed on the same date of service
- ❖ Any CPT-4 code ending in 999 (listed by report)

**If the claim is for any of the diagnoses on the list below, medical records and appropriate reports\* should accompany the claim.**

| ICD-9 CODES | CONDITIONS / TREATMENT                             | ICD-9 CODES  | CONDITIONS / TREATMENT                          |
|-------------|--|--------------|---|
| 042         | Acquired Immunodeficiencies                        | 454.0-454.9  | Varicose Veins Lower Extremities-Only Surgeries |
| 075.0       | Epstein-Barr                                       | 524.0-524.9  | TMJ / Diseases of the Jaw                       |
| 140-239     | Cancers - First course of treatment for chemo only | 585          | Chronic Renal Failure                           |
| 240.0-246.9 | Thyroid Neoplasm                                   | 586          | Unspecified Renal Failure                       |
| 251.0-259.9 | Endocrine  | 617.0-617.9  | Endometriosis - Possible Infertility            |
| 279.0-279.9 | Immune Disorders                                   | 780.5-780.59 | Sleep Disturbances                              |

\* *Appropriate reports include pathology reports, lab reports, operative reports, anesthesia reports and radiology reports.*

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**REFER TO BACK SIDE FOR ADDITIONAL DIAGNOSES AND INFORMATION**

**UNICARE requires the following for PERFORMANCE Members ONLY:**

If the claim is for any of the diagnoses on the list below, medical records and appropriate reports\* must accompany the claim if the date of service is within 12 months of the patient's effective date. Medical records and appropriate reports\* may not be required if the member has prior creditable coverage. Please contact UNICARE at the 800 number on the member's ID card prior to submitting the claim to confirm need for records.

| ICD-9 CODES   | CONDITIONS / TREATMENT                   | ICD-9 CODES  | CONDITIONS / TREATMENT                         |
|---------------|--|--------------|--|
| 007.4         | Cryptosporidiosis                        | 570.0-573.9  | Chronic Liver Disease                          |
| 010.0-018.9   | Tuberculosis                             | 575.1-575.9  | Gallbladder Disorders                          |
| 031.2         | Disseminated Mycobacterium               | 576.0-576.9  | Biliary Tract Disorders                        |
| 041.86        | H. Pylori                                | 577.0-577.9  | Pancreas                                       |
| 053.0-054.9   | Herpes                                   | 579.0-579.9  | Intestinal Malabsorption                       |
| 070.3         | Hepatitis B                              | 581.0-581.9  | Nephrotic Syndrome                             |
| 070.51-070.59 | Viral Hepatitis w/o Coma                 | 582.0-582.9  | Chronic Glomerulonephritis                     |
| 078.0-078.9   | Viral Disease; Chlamydia                 | 583.0-583.9  | Nephritis / Nephropathy / Kidney Lesion        |
| 088.81        | Lyme Disease                             | 590.0-590.9  | Kidney Infection                               |
| 090.0-090.3   | Congenital Syphilis                      | 595.1-595.9  | Cystitis                                       |
| 091.0-097.9   | Late Syphilis                            | 596.0-597.9  | Bladder Disorders                              |
| 098.0-999.0   | Other Venereal Diseases                  | 598.0-598.9  | Urethral Stricture                             |
| 110-118       | Mycoses                                  | 600.0        | Prostate Hyperplasia                           |
| 120-129       | Parasites                                | 602.0-602.9  | Prostate Disorders                             |
| 130-139.8     | Infectious Diseases                      | 603.0-603.9  | Hydrocele                                      |
| 140-239       | Cancers                                  | 614.0-616.9  | Female Inflammatory Diseases                   |
| 250.0-250.9   | Diabetes                                 | 618.0-618.9  | Genital Prolapse                               |
| 282.0-289.9   | Blood Dyscrasia                          | 620.0-621.9  | Female Non-Inflammatory Disorders              |
| 290.0-290.9   | Organic Psychotic Conditions             | 626.0-627.9  | Abnormal Menstrual Bleeding                    |
| 314.0-314.9   | Attention Deficit Disorder               | 683.0        | Lymphadenitis                                  |
| 343.0-343.9   | Cerebral Palsy                           | 686.0-686.09 | Pyoderma                                       |
| 345.0-345.9   | Epilepsy                                 | 694.0-694.9  | Bullous Dermatoses                             |
| 346.0-346.9   | Migraine                                 | 695.3-695.9  | Erythematous Conditions                        |
| 365.0-365.9   | Glaucoma                                 | 696.0-696.8  | Psoriasis                                      |
| 366.0-366.9   | Cataracts                                | 701.0-701.9  | Hypertrophic & Atrophic Skin Conditions        |
| 378.0-378.9   | Strabismus/Esotropia                     | 707.0-707.9  | Chronic Skin Ulcer                             |
| 381.1-382.9   | Chronic Otitis Media                     | 710.0-714.9  | Arthropathies                                  |
| 383.0-383.9   | Mastoiditis                              | 715.0-715.9  | Osteoarthritis                                 |
| 385.0-385.9   | Ear, middle                              | 716.0-716.9  | Other Unspecified Arthropathies                |
| 394.0-443.9   | Cardia / Circulatory Disorders           | 717.0-717.9  | Internal Derangement of Knee                   |
| 454.0-454.9   | Varicose Veins Lower Extremities         | 718.0-718.9  | Other Derangement of Joint                     |
| 456.0-456.8   | Esophageal Varices                       | 719.0-719.9  | Unspecified Disorders of Joint                 |
| 459.1-459.81  | Other Disorders of Circulatory System    | 720.0-737.9  | Musculoskeletal Disorders                      |
| 474.00-474.02 | Chronic Tonsillitis, Adenoiditis         | 726.0-726.9  | Peripheral Enthesopathies / Allied Syndromes   |
| 491.0-493.9   | Chronic Bronchitis, Asthma               | 727.0-727.5  | Synovitis and Tenosynovitis                    |
| 495.0-504     | Chronic Airway Obstruction               | 727.8-727.9  | Other Disorders Synovium, Tendon, Bursa        |
| 518.6         | Bronchopulmonary Aspergillosis           | 728.1-728.4  | Muscle and Ligament Disorders                  |
| 519.0-519.9   | Other Respiratory Diseases               | 730.1        | Chronic Osteomyelitis                          |
| 526.0-526.9   | Diseases of the Jaw                      | 731.1-731.8  | Osteitis Deformans                             |
| 530.0-530.9   | Diseases of Esophagus, Stomach, Duodenum | 732.0-732.9  | Osteochondropathies                            |
| 531.0-531.9   | Gastric Ulcer                            | 733.0-733.3  | Osteoporosis                                   |
| 532.0-532.9   | Duodenal Ulcer                           | 735.0-735.9  | Acquired Deformities of Toe                    |
| 533.0-533.9   | Peptic Ulcer                             | 740.0-759.9  | Congenital Anomalies                           |
| 534.0-534.9   | Gastrojejunal Ulcer                      | 781.0-781.9  | Symptoms of Nervous / Musculoskeletal Systems  |
| 535.1         | Atrophic Gastritis                       | 790.94       | Euthyroid Sick Syndrome                        |
| 536.0-536.9   | Stomach-Function Disorders               | 965.0-977.9  | Possible Overdose                              |
| 555.0-555.9   | Regional Enteritis                       | 996.0-996.9  | Complication of Cardiac Device, Implant, Graft |
| 556.0-556.9   | Ulcerative Colitis                       | 997.6        | Amputation Stump Complication                  |

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|              |                       |             |  |
|--------------|-----------------------|-------------|--|
| 555.0-555.9  | Regional Enteritis    | 996.0-996.9 | Complication of Cardiac Device, Implant, Graft |
| 556.0-556.9  | Ulcerative Colitis    | 997.6       | Amputation Stump Complication                  |
| 562.0-562.13 | Intestine Diverticula | V22.2       | Pregnancy                                      |
| 569.0-569.9  | Intestine Disorders   |             |  |

The conditions described above are ones in which we anticipate needing records in order to review and process the claim. It is possible that we may request records for claims received that do not meet the conditions mentioned here.

***\* Appropriate reports include pathology reports, lab reports, operative reports, anesthesia reports and radiology reports.***