

InterMed TAX ID# 01-0484903 PrimeCare TAX ID# 01-0500667	PHONE FAX	WEB SITE ADDRESSES For online eligibility, referrals, pre- certs, policies, benefits and	SELF MEMBERS CALL # ON ID CARD OR INSURANCE COMPANY FOR MH SERVICES	HOSPITAL ADMISSION	DAY SURGERY	DIAGNOSTIC TESTING Mammogram Ultrasound Xray & Lab DEXA Scans	MRI/MRA/PET CT SCANS AND NUC. CARD IMAGING	OB (MATERNITY)	INFERTILITY	TMJ		
AETNA Kathy Kaczor kaczork@aetna.com Esther Joyce joycee@aetna.com	HMO QUESTIONS 800-624-0756 ***** PRE-CERT www.proxymed.com or call 800-245-1206 ***** PPO/TRAD call # ON ID CARD	www.aetna.com	ROUTINE EYE, ALL OB/GYN, MENTAL HEALTH ER	ADMITTING PHYSICIAN OR HOSPITAL DOES INN PRE-CERT MEMBER RESPONSIBLE OON	REFERRAL TO SPECIALIST, SPECIALIST DOES INN PRE-CERT MEMBER RESPONSIBLE IF SELF REFERRING OON	NO REFERRAL FOR DIAGNOSTIC TESTING	HMO PLANS ONLY PRE-CERT THROUGH MEDSOLUTIONS 800-575-4417	NO REFERRAL TO OB/GYN OB PRE-CERTS @ 1st PRENATAL VISIT (Moms to Babies) 800-272-3531	REFERRAL TO SPECIALIST (OR PCP) CALLS INFERTILITY PROGRAM @ 800- 575-5999	REFERRAL TO SPECIALIST - SPECIALIST PRE- CERTS		
ANTHEM Eileen Nunley Eileen_Nunley@ anthem.com	800-392-1016, #1 IF OUT OF NETWORK - OTHERWISE ASSIGN UPIN/RAN Fax 207-822-5388	www.anthem.com	ROUTINE OB/GYN, ROUTINE EYE, WISDOM TEETH, MENTAL HEALTH, ER	NO REFERRAL IN-NETWORK ***** MEMBER DOES PRE-CERT OUT- OF- NETWORK	REFERRAL TO SPECIALIST, SPECIALIST DOES INN PRE-CERT MEMBER RESPONSIBLE IF SELF REFERRING	NO REFERRAL IN-NETWORK OR OUT-OF- NETWORK	NO REFERRAL IN-NETWORK PRE-CERT THROUGH NIA 866-642-9708 (SEE COMMENTS)	NO REFERRAL	YES REFERRAL IN-NETWORK	? Benefit referrals required to specialists		
City of Portland Administered by Anthem	Use regular Anthem numbers except Provider Correspondence FAX 822-7906	www.anthem.com	ANNUAL GYN, ACUTE CHIRO, MENTAL HEALTH (REFERRALS NECESSARY FOR GROUP# OON848)	PCP DOES PRE-CERT	YES REFERRAL	NO REFERRAL	Follows Anthem's NIA protocol	YES REFERRAL	YES REFERRAL	YES REFERRAL		
HPHC Tony Fournier tony.fournier@ harvardpilgrimcare.org	PHONE 800- 708-4414 FAX 800- 618-9714	www.healthtrioconnect.com	ANNUAL GYN, MENTAL HEALTH, ER, WISDOM TEETH (ANNUAL ROUTINE EYE IF BENEFIT)	ADMITTING PHYSICIAN OR HOSPITAL NOTIFIES PLAN	REFERRAL TO SPECIALIST, SPECIALIST OR HOSPITAL NOTIFIES HPHC	NO REFERRAL	NO REFERRAL NOTIFICATION THROUGH NIA 800-642-7543	NO REFERRAL OR NOTIFICATION	YES REFERRAL	YES REFERRAL AND PRE-CERT (GOOD FOR 1 CONSULT - DR. MITCHELL ONLY)		
MAINECARE (Managed Care Product)	866-796-2463 FAX 287-1864	www.maine.gov/dhs/bms_select_policy_and_rules_select_benefit_manual	ANNUAL ROUTINE EYE, OB/GYN, MENTAL HEALTH, ER	PCP GIVES HOSP PCP #	PCP GIVES HOSP PCP #	GIVE FACILITY PCP #	PCP GIVES PCP#	SELF	NOT A BENEFIT	YES REFERRAL		
UNITED HEALTH CARE	800-325-6651 #1 FOR PRE-CERT CALL CARE COORDIN.@800 822-3807	www.UnitedHealthcare.Online.com	MENTAL HEALTH, ER	ADMITTING PHYSICIAN OR HOSPITAL DOES INN PRE-CERT MEMBER RESPONSIBLE OON	NO REFERRAL TO PAR SPECIALIST & FACILITY	NO REFERRAL TO PAR SPECIALIST & FACILITY	NO REFERRAL TO PAR SPECIALIST & FACILITY	NO REFERRAL TO PAR SPECIALIST & FACILITY	NO REFERRAL TO PAR SPECIALIST & FACILITY	REFERRAL TO SPECIALIST - SPECIALIST PRE- CERTS		
Miscellaneous Payer Info	Care Partners Call 842-7000 for referrals to specialists. Call Sue Robertshaw with ?'s at 828- 0361 x 368	City of Portland covered by Anthem.	Hannafor Bros. Requires Pre-cert on Ultrasounds through Definity call 1-866-333- 4648	Aetna, Anthem, CIGNA, HPHC waive referral for annual Diabetic Retinal Exam (DRE)		Care Partners all lab and other ancillaries to be scheduled at MMC or MMC affiliate NOT INTERMED!	GREAT WEST REQUIRES ADVANCED IMAGING PRE- CERT THROUGH MEDSOLUTIONS 888-693-3295					
* "Direct Access to OB/GYN services does not apply to Basic & Std Plans for Small Group & Direct Enrollment (identified by SHMO & LNHP on back of card). Members are allowed only annual GYN visit w/ associated dx testing w/out a referral. All other OB/GYN services, except abortion services, must be provided or authorized by the PCP."												
** Referrals to participating Cigna providers require documentation of communication between PCP and Specialist, but DO NOT require Cigna notification.												

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AETNA	PRE-CERT BY ORDERING PHYSICIAN	YES REFERRAL TO SPECIALIST [COVERED FOR SOME DIAGNOSES]	YES REFERRAL TO SPECIALIST [COVERED FOR SOME DIAGNOSES]	HMO NO REFERRAL FOR ACUTE CARE FOR 24 VISITS / YEAR OR 8 WKS - WHICH EVER COMES FIRST (NEEDS REFERRAL > 8 WEEKS OR 24 VISITS)	HMO NO REFERRAL DAYS / DX PPO/TRAD NO REFERRALS LIMITED TO MEDICALL NECESSARY VISITS	PRE-CERT BY ORDERING PHYSICIAN REQ'D FOR Elec/motorized wheelchairs, Limbtorso Pros., Clinitron/elec beds and customized braces	NO REFERRAL TO PAR SUPPLIER [CERTAIN ORTHOTICS COVERED]	REFERRAL TO ORAL SURGEON BONEY IMPACTED WISDOM TEETH	NOT A BENEFIT	LL BEANS REQUIRES REFERRAL TO CHIRO
ANTHEM BC/BS / ME PARTNERS	NO REFERRAL PLAN SPECIFIC	YES REFERRAL	NO REFERRAL PLAN SPECIFIC	HMO NO REFERRAL TO NETWORK PROVIDER FOR ACUTE CARE 36 VISITS/YR (State of ME EE plan req. chiro referrals)	YES REFERRAL \$3000 or \$5000 PER CALENDAR YEAR (COMBINED)	NO REFERRAL IN-NETWORK ***** YES REFERRAL OUT-OF- NETWORK	NO REFERRAL IN-NETWORK ***** YES REFERRAL OUT-OF- NETWORK	REFERRAL TO ORAL SURGEON IMPACTED WISDOM TEETH	NOT A BENEFIT	EFF 7/15/05 CALL NIA TO PRE-CERT CT, MRI, MRA, PET AND NUCLEAR STUDIES ON HMO ME, HMO CHOICE, BLUE CHOICE, FULL SERVICE, HEALTH CHOICE, NEHP (MEN OR MEP PRE-FIXES) COMP- CARE
City of Portland Administered by Anthem	No REFERRAL No PRE-CERT	NOT A BENEFIT	NO REFERRAL	? REFERRAL	YES REFERRAL	YES REFERRAL	YES REFERRAL	YES REFERRAL	PLAN SPECIFIC	
HPHC	ORDERING PHYSICIAN PRE-CERTS	NOT A BENEFIT	NOT A BENEFIT	NO REFERRAL FOR ACUTE CARE TO CHIRO OR FOR OMT (36 VISITS / YEAR)	NO REFERRAL TO PAR PROVIDER FOR INITIAL VISIT, THEN PT CONTACTS PLAN	SUPPLIED BY PAR DME REQUIRES PHYSICIAN ORDER	PRE-CERT BY ORDERING PHYSICIAN [CERTAIN ORTHOTICS ARE COVERED] check web site for list	REFERRAL TO SPECIALIST SPECIALIST PRE-CERT	YES REFERRAL	
MAINECARE (Managed Care Product)	YES REFERRAL AND PRE-CERT	NOT A BENEFIT	NOT A BENEFIT	YES REFERRAL PCP MUST DOCUMENT REHAB POTENTIAL	YES REFERRAL PRE-CERT AFTER 20 VISITS	VENDOR PRE- CERTS ONLY IF >\$499.99, YES REFERRAL	YES REFERRAL AND PRE-CERT	NO REFERRAL IF 20 y.o. OR YOUNGER, PRIOR AUTH IF 21 y.o. OR OLDER (CAN BE 1-4 IMPACTED TEETH)	YES REFERRAL	ALL OUT OF NETWORK SERVICES REQUIRE PRIOR AUTHORIZATION
UNITED HEALTH CARE		PLAN SPECIFIC	PLAN SPECIFIC	NO REFERRAL IF IN NETWORK	NO REFERRAL IF IN NETWORK	PRE-CERT > \$1000	PLAN SPECIFIC	NOT A BENEFIT	NOT A BENEFIT	
Miscellaneous Payer Info										

*The state mandate for chiropractic care applies only to fully insured HMO lines of business (36 visits/12 months). For self-funded products, check for benefits as policies may vary.
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