



PROVIDER QUICK REFERENCE GUIDE

VERIFY USFHP MEMBER ELIGIBILITY

- Request to see member's identification card and make a copy of the front and back for your records
- Via the Provider Portal by accessing our website at www.usfhp.net
- Via our USFHP IVR Fax Recall System at 800-241-4848
- Contact Provider Services at 800-241-4848



CO-PAYMENTS FOR OFFICE VISITS

- Active duty dependents \$ 0
- Retirees (regardless of age) \$ 0
- WITH* Medicare Part B
- WITHOUT* Medicare Part B \$12

EXCEPTION TO CO-PAYMENTS

No co-payments collected for:

- Preventive health visits
- Annual eye examination
- Annual gynecology exam
- Pediatric well-child visits up to age 6 years
- Obstetrical care
- Immunizations, Laboratory, Radiology
- Chemotherapy & Radiation Treatments
- Hospice
- Home care

REFERRALS

- Referrals must be obtained from the member's PCP
- Referrals are valid for 6 months from date of referral. 1st visit must be within sixty (60) days
- Referrals must be made to participating providers only. Access the Provider Locator at www.usfhp.net
- Referral Forms can be downloaded from our website or your office can issue a referral on a script or your own form
- Referrals are not authorizations
- Referrals do not cover Out of Network Services

CLAIMS FILING

- Submit within sixty (60) days of date of service
- USFHP is primary to Medicare, except ESRD
- Electronic Claims: Submit via Emdeon Payor ID 13407
- Check claims status at www.usfhp.net

LABORATORY

- Refer ALL labwork to a Labcorp Service Center or a participating hospital
- Contact Labcorp at 800-788-9091 for local service centers and any other questions or visit www.Labcorp.com

AUTHORIZATIONS

MEDICAL/BEHAVIORAL HEALTH/RADIOLOGY:

PH: 866-390-0933 FAX: 866-813-1722

OUTPATIENT PT/OT: PH: 800-401-0062

Provider must obtain authorization for the following:

- **All Out of Network Care**
- **Inpatient Elective Admissions:** Request authorization seven (7) days prior to admission, including acute, subacute, skilled, rehabilitation or hospice care
- **Emergent or Urgent Admissions:** Notify USFHP within forty-eight (48) hours of admission
- **Outpatient or Ambulatory Surgery:** Request authorization seven (7) days prior for the specific procedures or services that require preauthorization (see reverse side)
- **All Inpatient days at any type of facility**
- **All Home Health Care services**
- **All Hospice Services**
- **Prosthetics** – L5000-L9999, \$500 or greater
- **Orthotics** – L0100-L2999 & L3650-L9900, \$500 or greater each item; L3000-L3649 at any price point. All diabetic shoes & inserts require authorization (A5500, A5501, A5503, A5504, A5506, A5507, A5510, A5512, A5513)
- **Outpatient non-emergent Radiology:** MRI, MRA, PET

DME

- Contact Apria at 800-294-2275 for most non customized DME, ambulatory assisted devices, oxygen and other respiratory supplies

PHARMACY

- Call Maxor Plus at 800-687-0707 for questions
- Refer to the TRICARE Uniform Formulary on our website
- Routine refills of most prescriptions drugs must be obtained through Maxor Mail order at 866-408-2459

Authorizations

All services below AND all Out Of Network Services require prior authorization.

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| <ul style="list-style-type: none"> • adjunctive dental • arthroscopy • augmentative communication device (ACD) • biofeedback • cardiac catheterization • cardiac rehabilitation • carpal tunnel surgery • carotid angiography • chelation therapy • coronary angiogram • cosmetic/plastic surgical procedures • CT angiography • dental anesthesia and related institutional services • diabetic education • dialysis • electrophysiologic (EP) Study/Ablation • endoscopic retrograde cholangiopancreatography (ERCP) • gamma knife radiosurgery • hearing aid and hearing aid services (benefit limited to active duty dependents) | <ul style="list-style-type: none"> • home birth • home infusion therapy • Hyperbaric Oxygen Therapy • Indium Pentetretotide (Octreoscan) Scintigraphy • Injectibles, select and covered under medical benefit • laminectomy/microdiscectomy • laparoscopic abdominal vaginal hysterectomy (LAVH) • laparoscopic procedures, select • Lithotripsy (except renal lithotripsy) • Magnetic Resonance Angiography (MRA) • Magnetic Resonance Imaging (MRI) • Medical transport, non-emergent • Meniscectomy • Mental health/behavioral health (except first 8 visits with PAR BH provider) • myomectomy/ablation procedures • NCI trial participation (phase II and III) | <ul style="list-style-type: none"> • Neuropsychological testing (medical review required to determine if covered under medical or behavioral benefit) • Nutritional therapy infusion • pain management services • percutaneous transluminal coronary angioplasty (PTCA) • PET scans • pulmonary rehabilitation • psychological testing (medical review required to determine if covered under medical or behavioral benefit) • septoplasty/rhinoplasty • single Photon emission Computer Tomography (SPECT) • speech therapy • stereotactic radiosurgery • vertebroplasty • virtual colonoscopy (CT colonoscopy) |
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Important Addresses and Phone Numbers

USFHP Customer Service:	800-241-4848 (phone)	212-356-4949 (fax)	www.usfhp.net
Precertification/Authorization/UM:	866-390-0933 (phone)	866-813-1722 (fax)	www.healthintegrated.com
Outpatient PT/OT Authorization:	800-401-0062 (phone)		www.orthonet-online.com
Labcorp:	800-788-9091 (phone)		
Maxor Mail Order:	866-408-2459 (phone)	866-589-7656 (fax)	www.maxor.com
Maxor Plus (preferred drug list):	800-687-0707 (phone)	866-222-3274 (fax)	www.maxor.com
24 hr Nurse Advice Line:	866-390-0933 (phone)		

Claims Filing Address

US Family Health Plan
PO Box 830745
Birmingham, AL 35283-0745

Appeals Address (medical necessity)

US Family Health Plan
10008 N Dale Mabry., Ste 214
Tampa, FL 33618
Attn: USFHP Appeals Dept.

Appeals Address (Claims)

US Family Health Plan
450 West 33rd Street, 12th floor
New York, NY 10001
Attn: Appeals Dept.