



## 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](http://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)
  - WITH* Medicare Part B \$ 0
  - 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

### 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](http://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 WebMD Payor ID 13407
- Check claims status at [www.usfhp.net](http://www.usfhp.net)

### LABORATORY

- Refer ALL labwork to a Labcorp Service Center only. Only STAT labwork can be performed in the office.
- Contact Labcorp at 800-788-9091 for local service centers and any other questions or visit [www.Labcorp.com](http://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 each item
- **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

## PROVIDER QUICK REFERENCE GUIDE

**AUTHORIZATIONS: The following and all out of network services/procedures require prior authorization.**

**Note: a referral is NOT an authorization:**

Adjunctive Dental	Kyphoplasty
Arthroscopy	Laminectomy/Microdiscectomy
Behavioral Health Services (except 1 <sup>st</sup> 8 visits)	LAVH
Biofeedback	Lithotripsy
Cardiac Rehabilitation*	MRI/MR
Carpal Tunnel Surgery	Meniscectomy
Chelation Therapy	NCI Trial Participation (II & III)
Cholecystectomy	Organ Transplant
Coronary Angiogram/Cardiac Cath/PTCA	Pain Management Services
Cosmetic/Plastics Procedures*	PET Scans
Diabetic Education*	Pulmonary Rehabilitation*
EP Study/Ablation	Septoplasty/Rhinoplasty
ERCP	Speech Therapy
High Cost Injectables	Vertebroplasty
Hyperbaric Oxygen Therapy	
Hysteroscopy +/- Myomectomy or ablation procedure	

\* Mandatory review requirement by the Department of Defense (DoD)/TRICARE Management Activity (TMA)  
This list is not all inclusive and is subject to change.

### INTERNET ADDRESSES

US Family Health Plan:	<a href="http://www.usfhp.net">www.usfhp.net</a>
Labcorp:	<a href="http://www.labcorp.com">www.labcorp.com</a>
Health Integrated:	<a href="http://www.healthintegrated.com">www.healthintegrated.com</a>
Maxor:	<a href="http://www.maxor.com">www.maxor.com</a>
Apria:	<a href="http://www.apria.com">www.apria.com</a>

### 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 denial)

US FAMILY HEALTH PLAN  
450 West 33<sup>rd</sup> Street, 12<sup>th</sup> Fl  
New York, NY 10001  
Attn: Appeals Dept.

### PHONE AND FAX NUMBERS

	Phone	Fax
USFHP Member and Provider Services	800-241-4848	212-356-4949
Precertification/Authorization/UM - medical/surgical	866-390-0933	866-813-1722
Behavioral Health Pre-certification/Authorization	866-390-0933	866-813-1722
Labcorp	800-788-9091	
Maxor Plus (TRICARE Uniform Formulary and other clinical questions)	800-687-0707	866-222-3274
Maxor Mail Order	866-408-2459	866-589-7656
24/7 Nurse Advice Line	866-390-0933	