



## 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 Fax Recall System at 800-241-4848
- Contact Customer Service 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
- Hospice
- Home Care

### REFERRALS

- Referrals must be obtained from the member's PCP or approved specialist
- Referrals are valid for 6 months from date of referral. 1st visit must be within sixty (60) days
- Referrals should 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 for non-emergent out of network services also require authorization

### CLAIMS FILING ADDRESS

- Submit within sixty (60) days of date of service
- USFHP is primary to Medicare with few exceptions

- USFHP is secondary to commercial health insurance plans
- USFHP is primary to FEHBP
- USFHP is primary to Medicaid
- Electronic Claims: Submit via Emdeon Payor ID 13407
- Check claims status at [www.usfhp.net](http://www.usfhp.net)

### LABORATORY

- Labcorp is the Plan's preferred outpatient lab vendor
- 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: 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 any elective admission
- Emergent or Urgent Admissions provide notification 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, \$1000 or greater
- Orthotics- L0100-L2999 & L3650-L9900, \$1000 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: CT angiography, MRA, MRI, PET, virtual colonoscopy
- DME \$1000 or greater and not obtained from Apria

### DME

- Contact Apria at 800-294-2275, for the following DME: BiPAP, CPAP, nebulizer, oxygen, percusser, pulse oximeter, suction, ventilator; non-custom hospital beds; hydraulic lifts; non-custom/non-motorized wheelchair; ambulatory assist devices; commode, bedside; positioning devices
- DME not obtained from Apria or with a purchase price/monthly rental fee of \$1000 or greater requires authorization

### PHARMACY

- Call Maxor Plus at 800-687-0707 for clinical questions
- Refer to the TRICARE Uniform Formulary on our website
- Routine refills of most prescription 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"> <li>• Adjunctive dental</li> <li>• Arthroscopy</li> <li>• Augmentative communication device (ACD)</li> <li>• Behavioral health (except first 8 visits with participating BH provider)</li> <li>• Biofeedback</li> <li>• Cardiac rehabilitation</li> <li>• Carotid angiography</li> <li>• Chelation therapy</li> <li>• Coronary angiogram</li> <li>• Cosmetic/plastic surgical procedures</li> <li>• CT angiography</li> <li>• Dental anesthesia and related institutional services</li> <li>• Diabetic education</li> <li>• Dialysis</li> <li>• Gamma knife radio surgery</li> </ul> | <ul style="list-style-type: none"> <li>• Hearing aid and hearing aid services (benefit limited to active duty dependents)</li> <li>• Home birth</li> <li>• Home infusion therapy</li> <li>• Indium Pentetretotide (octreoscan) Scintigraphy</li> <li>• Injectables</li> <li>• Hyperbaric Oxygen Therapy</li> <li>• Laminectomy/microdiscectomy</li> <li>• Laparoscopic abdominal vaginal hysterectomy (LAVH)</li> <li>• Laparoscopic procedures, select</li> <li>• Lithotripsy (except renal lithotripsy)</li> <li>• Magnetic Resonance Angiography (MRA)</li> <li>• Magnetic Resonance Imaging (MRI)</li> <li>• Medical transport, non-emergent</li> </ul> | <ul style="list-style-type: none"> <li>• Meniscectomy</li> <li>• NCI trial participation (phase I, II and III)</li> <li>• Neuropsychological testing</li> <li>• Nutritional therapy infusion</li> <li>• Pain management services</li> <li>• PET Scans</li> <li>• Pulmonary rehabilitation</li> <li>• Psychological testing</li> <li>• Septoplasty/Rhinoplasty</li> <li>• Single Photon emission Computer Tomography (SPECT)</li> <li>• Speech therapy</li> <li>• Stereotactic radio surgery</li> <li>• Vertebroplasty</li> <li>• Virtual colonoscopy (CT colonoscopy)</li> </ul> |
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## IMPORTANT CONTACT INFORMATION

USFHP Customer Service	800-241-4848 (phone)	212-356-4949 (fax)	<a href="http://www.usfhp.net">www.usfhp.net</a>
Precertification / Authorization/ UM	866-390-0933 (phone)	866-813-1722 (fax)	
Outpatient PT/OT Authorization	800-401-0062 (phone)		<a href="http://www.orthonet-online.com">www.orthonet-online.com</a>
Labcorp	800-788-9091 (phone)		<a href="http://www.labcorp.com">www.labcorp.com</a>
Maxor Mail Order	866-408-2459 (phone)	866-589-7656 (fax)	<a href="http://www.maxor.com">www.maxor.com</a>
Maxor Plus	800-687-0707 (phone)	866-222-3274 (fax)	<a href="http://www.maxor.com">www.maxor.com</a>
24 hr Nurse Advice Line	866-390-0933 (phone)		
Apria	800-294-2275 (phone)		
Behavioral Health Health Integrated	866-390-0933 (phone)	866-813-1722 (fax)	

### 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/ DENIALS)

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