



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) | |
| <i>WITH</i> Medicare Part B | \$ 0 |
| <i>WITHOUT</i> 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 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; 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 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

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

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:

- Most 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, \$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: CT angiography, MRA, MRI, PET, virtual colonoscopy
- DME \$1,000 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 \$1,000 or greater requires authorization

PHARMACY

- Call Maxor Plus at 800-687-0707 for question
- 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 most Out Of Network Services require prior authorization.

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • adjunctive dental • arthroscopy • augmentative communication device (ACD) • behavioral health (except first 8 visits with PAR BH provider) • biofeedback • cardiac catheterization • cardiac rehabilitation • 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) | <ul style="list-style-type: none"> • gamma knife radiosurgery • hearing aid and hearing aid services (benefit limited to active duty dependents) • 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 | <ul style="list-style-type: none"> • meniscectomy • myomectomy/ablation procedures • NCI trial participation (phase II and III) • neuropsychological testing • nutritional therapy infusion • pain management services • percutaneous transluminal coronary angioplasty (PTCA) • PET scans • pulmonary rehabilitation • psychological testing • septoplasty/rhinoplasty • single Photon emission Computer Tomography (SPECT) • speech therapy • stereotactic radiosurgery • vertebroplasty • virtual colonoscopy (CT colonoscopy) |
|---|---|---|

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)	
Outpatient PT/OT Authorization	800-401-0062 (phone)		www.orthonet-online.com
Labcorp	800-788-9091 (phone)		www.labcorp.com
Maxor Mail Order	866-408-2459 (phone)	866-589-7656 (fax)	www.maxor.com
Maxor Plus	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/DENIALS)

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