



## 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 E Power by accessing our website at [www.usfhpsvcmc.org](http://www.usfhpsvcmc.org) or directly at <https://estep.cschcg.com/STV/login.jsp>
- Via our Fax Recall System at 718-818-8452.
- Contact Member 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

### EXCEPTIONS TO CO-PAYMENTS

#### **No co-payments collected for:**

- Annual physical examination
- Annual eye examination
- Annual gynecology exam
- Pediatric well-child visits up to age 6 years
- Obstetrical 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 Doctor Locator at [www.usfhpsvcmc.org](http://www.usfhpsvcmc.org) or to download a Referral Form.

### CLAIMS FILING:

Claims must be submitted within sixty (60) days of date of service:

- Do not bill Medicare, Medicaid, or the other TRICARE Prime Program.
- Electronic Claims (Medical Only): Submit via WebMD Payor ID 13407.
- Check the status of a claim via E Power or via Fax Recall.

See reverse side for claims filing addresses

### LABORATORY

Refer ALL Labwork to a Labcorp Service Center Only. Only STAT Labwork can be performed in the office. See reverse side for a listing of STAT procedures. 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:** 877-284-0290  
**BEHAVIORAL HEALTH:** 800-392-2554  
**RADIOLOGY:** 888-693-3211

#### **PHYSICAL THERAPY/**

**OCCUPATIONAL THERAPY: 800-401-0062\***

\*Outpatient Services Only. PT/OT office is responsible for preauthorization of these services.

Provider must obtain authorization or provide notification for the following:

- **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 listed below:
  - All Inpatient days at any facility
  - All Home Health Care services
  - Prosthetics and Orthotics
  - DME over \$500 and Manual wheelchairs
  - The following outpatient facility services or procedures:

Adenoidectomy	Laminectomy/Microdiscectomy
Arthroscopy of Knee	LAVH
Bunionectomy	Lithotripsy
Cardiac Rehab	Meniscectomy of Knee
Carpal Tunnel Surgery	Mental Health Services
Cholecystectomy	MRA/MRI
Coronary Angiogram/ Cardiac Cath	Myringotomy
Cosmetic/ Plastics Procedures	Nuclear Cardiology
CT Scans	Pain Management Services
Endoscopic Procedures	PET Scans
(All)	PT/OT/Speech Therapy
EP Study/Ablation	PTCA
ERCP	Septoplasty/Rhinoplasty
Hammertoe Repair	Tonsillectomy
Hemorrhoidectomy	Tympanostomy w/Tubes
Hysteroscopy +/- Myomectomy or Ablation Procedure	

**Check the status of an Authorization** via E Power or by visiting our website [www.usfhpsvcmc.org](http://www.usfhpsvcmc.org).

### PHARMACY

- Call Maxor Plus at 800-687-0707 for questions about the Preferred Drug List.
- Refer to the Preferred Drug Listing when issuing scripts. Preferred drug listings can be downloaded from our website.
- Maintenance drugs must be obtained through Maxor Mail Order at **866-408-2459 ext. 3.**



## IMPORTANT ADDRESSES AND TELEPHONE NUMBERS

### CLAIMS FILING ADDRESSES

Medical Claims Filing

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

Behavioral Claims Filing

Health Integrated  
10008 N. Dale Mabry, Suite 214  
Tampa, FL 33618  
Attn: US Family Health Plan Claims

Radiology Claims Filing

*MedSolutions Facilities Only*

MedSolutions, Inc.  
USFHP Claims  
730 Cool Springs Blvd., Ste 800  
Franklin, TN 37067

### INTERNET ADDRESSES

US Family Health Plan: [www.usfhpsvcmc.org](http://www.usfhpsvcmc.org)  
E Power: <https://estepp.cschcg.com/STV/login.jsp>  
Labcorp: [www.labcorp.com](http://www.labcorp.com)  
MedSolutions: [www.medsolutions.com](http://www.medsolutions.com)  
CMS Health Integrated: [www.cmshealthcare.com](http://www.cmshealthcare.com)  
Maxor: [www.maxor.com](http://www.maxor.com)

### PHONE AND FAX NUMBERS

	Phone	Fax
USFHP Customer Service:	800-241-4848	718-818-5170
Medical Precertification/Authorization/UM	877-284-0290	800-269-6264
Behavioral Health Precertification/Authorization	800-392-2554	813-960-2492
Radiology Precertification	888-693-3211	888-693-3210
Labcorp	800-788-9091	
Maxor Plus (Preferred Drug List)	800-687-0707	866-222-3274
Maxor Mail Order (Provider Line)	866-408-2459 x3	866-589-7656

**STAT LABWORK IN OFFICE** - All Labwork must be referred to Labcorp with the following exceptions:

81098	THEOPHYLLINE	85095	BONE MARROW ASPIRATION
81000-02	URINALYSIS	85097	SMEAR INTRP ONLY
82270	OCCULT BLOOD, STOOL	85590	PLATELET COUNT
82947-48	GLUCOSE	86308	MONO TEST
84439	FREE THYROXINE INDEX	86403	STREP
84443	THYROID STIMULATING HORMONE	86580	SKIN TEST
84703	PREGNANCY TEST	86585	PPD
85021-27	HEMOGRAM	87060	THROAT CULTURE
85031	CBC		