



US Family Health Plan (USFHP)  
Saint Vincents  
Program Effective Date: 04/01/2023

DC/LAC/Massage  
Plan Summary

**Program Description**

The Uniformed Services Family Health Plan (USFHP) Saint Vincents is a TRICARE Prime® military health care option. This program will offer additional benefits to members for supplemental/routine chiropractic, acupuncture, and massage therapy services beyond the TRICARE covered benefits. OptumHealth Care Solutions, LLC (Optum) manages the chiropractic, acupuncture, and massage therapy network for USFHP.

**Malpractice Coverage:** Malpractice coverage of \$1,000,000 per incident and \$3,000,000 aggregate is required for participation.

**Eligibility/Verification Options**

Providers must verify member eligibility on the date services are provided. Eligibility can be verified by the following:

- Member Eligibility – 270/271.....Payor ID SVMNY
- Provider Line – 1-844-356-4901

**CPT CODES**

- Chiropractic Care - *CPT Codes 99202-99205, 99210-99215, 98940-989420*
- Acupuncture Care - *CPT Codes 99202-99205, 99210-99215, 97810, 97811, 97813, 97814*
- Massage Therapy - *CPT Code 97124*

**CoPay:**

All services will require a \$20 copay per visit toward the allowable

**Max Visits:**

Twelve (12) visits maximum per member per calendar year for Chiropractic Care.

Six (6) visits maximum per member per calendar year for both Acupuncture Care & Massage Therapy.

Provider shall not bill or collect payment from the Member for non-covered services, as defined by Members' Benefit Contract, unless Provider first obtains the Member's written consent, prior to the services being rendered.

**Claim Submission**

Paper claims for this plan are submitted to:  
US Family Health Plan  
PO Box 14847  
Lexington, KY 40512

Submit electronic claims and retrieve electronic remittance advice "ERA" online at:  
Payor ID 13407

Claims must be received within 60 days from the service date, unless otherwise allowed by law. Claims submitted late may be denied.

**Claim Payment & Inquiry**

For claim status inquiries contact:  
1- 844-356-4901 or Provider Portal  
<https://provider.usfhp.net>

**Provider Status Changes**

Submit demographic changes (including relocation and TIN changes) to one of the following:

**Web**

[myoptumhealthphysicalhealth.com](http://myoptumhealthphysicalhealth.com)

**Fax**

1-888-626-1701

**Mail**

Optum Provider Data Mgmt  
PO Box 1459 MN103-0700  
Minneapolis, MN 55440-1459

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## Health Plan Prior Authorization

There are no Prior Authorization requirements for these additional benefits.

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## Optum Utilization Review/Clinical Submission

The Optum utilization review process/clinical submission form is not required, at this time, for members utilizing USFHP Tricare benefits.

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## Marketing Communication with Members

Provider shall not initiate marketing communications with Sponsors or Members (except with respect to the treatment of a particular medical condition or to the collection of payments permitted under this Agreement) without the prior written consent of USFHP, which consent may be withheld in USFHP's sole discretion.

## Sample Member ID Card

