



## PROVIDER QUICK REFERENCE GUIDE

### VERIFY USFHP MEMBER ELIGIBILITY

- Provider Portal:  
[https://estepp.cschcg.com/STV\\_provider/login.jsp](https://estepp.cschcg.com/STV_provider/login.jsp)
- Fax Recall System..... **800-241-4848**
- Customer Services..... **800-241-4848**



\* *Make copy of Membership card for your records*

### 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:**

- Annual eye examination
- Annual gynecology exam
- Annual preventative health visits
- Chemotherapy
- Home Care
- Hospice
- Immunizations
- Laboratory
- Obstetrical Care
- Well-Child visits up to age 6 years
- Radiology
- Radiation Therapy

### REFERRALS

- Must be obtained from the member's PCP or approved specialist
- Valid for 6 months from date of referral (1<sup>st</sup> visit must be within 60 days)
- Should be to participating provider. Participating providers are listed on the Provider Locator at [www.usfhp.net](http://www.usfhp.net)
- Referrals are not pre-authorizations
- Non-emergent out-of-network services require an authorization and a referral
- No referral for 1<sup>st</sup> 8 outpatient visits for a participating behavioral health provider
- Submit consult report to referring provider within 30 business days of routine consult
- Provide preliminary report within 24 hours of urgent/emergent consult followed by a formal written report within 10 business days of emergent/urgent consult
- Referral forms can be downloaded from our website or you can use your prescription pad
- Referral forms are not required to be submitted to the Plan for payment

### EYE GLASSES/CONTACTS

- **Davis Vision** – Added benefit for eyeglasses
- [www.davisvision.com](http://www.davisvision.com)
- Member Services..... **800-999-5431**
- Provider Recruitment..... **800-584-3140**

### LABORATORY

- **Labcorp** is the Plan's preferred outpatient lab vendor - for locations call **800-788-9091** or visit [www.labcorp.com](http://www.labcorp.com)

### PHARMACY

- Call **Maxor Plus** at **800-687-0707** for prescription matters
- Refer to the TRICARE Uniform Formulary on our website
- Routine refills for most prescription drugs must be obtained through **Maxor Mail Order** at **866-408-2459**

### OUTPATIENT PHYSICAL/OCCUPATIONAL THERAPY

- **OrthoNet** is the Plan's Outpatient Physical and Occupational Therapy vendor; locate participating providers on the Plan's Provider Locator or by calling **OrthoNet** at **800-401-0062**

### DURABLE MEDICAL EQUIPMENT (DME)

Contact **Mount Holly** at **888-767-0221** for the DME items listed:

- |                             |                                       |
|-----------------------------|---------------------------------------|
| • Ambulatory assist-devices | • Beside commode                      |
| • BiPAP                     | • CPAP                                |
| • Hydraulic lifts           | • Nebulizer                           |
| • Non-Custom Hospital bed   | • Non-Custom/Non-Motorized wheelchair |
| • Oxygen                    | • Percusser                           |
| • Pulse oximeter            | • Positioning devices                 |
| • Suction                   | • Ventilator                          |

### COVERED SERVICES - *Included but not limited to:*

- |                      |                        |
|----------------------|------------------------|
| ▪ Ambulatory Surgery | ▪ Behavioral Health    |
| ▪ DME                | ▪ Inpatient/Outpatient |
| ▪ Medical supplies   | ▪ Occupational Therapy |
| ▪ Orthotics          | ▪ Pharmacy             |
| ▪ Physical Therapy   | ▪ Radiology            |
| ▪ Speech Therapy     | ▪ Homecare/Hospice     |

*\*inpatient care: includes acute hospitals, long term acute care, restorative physical rehabilitation & skilled nursing*

### NOTIFICATION

Non-emergent admission ..7 business days prior to admission  
 Emergency admission.....within 48 hrs of admission  
 SNF/Acute.....72 hrs prior to admission  
 Outpatient procedures.....7 business days prior to procedure  
 Home Health Care/Hospice.....72 hrs prior to procedure

### CLAIMS

- Submit within sixty (60) days of date of service
- USFHP is primary to Medicare with few exceptions
- USFHP is secondary to commercial health plans
- USFHP is primary to Medicaid
- Electronic claims: submit via **Emdeon Payor ID 13407**
- Check claims status:  
[https://estepp.cschcg.com/STV\\_provider/login.jsp](https://estepp.cschcg.com/STV_provider/login.jsp)

**AUTHORIZATION REQUIREMENTS**  
**MEDICAL – BEHAVIORAL/MENTAL HEALTH – RADIOLOGY**  
**PHONE: 866-390-0933 FAX: 866-813-1722**

**All services below AND most out of network services require medical necessity review and prior authorization.**  
**Refer to our Provider Manual for a complete list.**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>▪ Augmentative communication device (ACD)</li> <li>▪ Behavioral health (except first 8 visits with par 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>▪ DME-(Greater than \$2000)</li> <li>▪ Gamma knife radiosurgery</li> <li>▪ Genetic Testing</li> <li>▪ Hearing aid and hearing aid services (benefit limited to active duty dependents)</li> </ul> | <ul style="list-style-type: none"> <li>▪ Home birth</li> <li>▪ Home Health Care</li> <li>▪ Home infusion therapy</li> <li>▪ Hospice</li> <li>▪ Hyperbaric Oxygen Therapy</li> <li>▪ Indium Pentetreotide (octreoscan) Scintigraphy</li> <li>▪ Injectables, select adjunctive dental</li> <li>▪ Inpatient admissions</li> <li>▪ Laminectomy / microdiscectomy</li> <li>▪ Laparoscopic procedures, select</li> <li>▪ Magnetic Resonance Angiography (MRA)</li> <li>▪ Magnetic Resonance Imaging (MRI)</li> <li>▪ Medical transport, non-emergent</li> <li>▪ Meniscectomy</li> <li>▪ NCI trial participation-phase I, II &amp; III</li> <li>▪ Neuropsychological testing</li> <li>▪ Nutritional therapy</li> <li>▪ Infusion therapy</li> <li>▪ Orthotics- L0100-L2999 &amp; L3650-L9900, \$1000 or greater each item;</li> </ul> | <ul style="list-style-type: none"> <li>▪ L3000-L3649 at any price point.</li> <li>▪ Diabetic shoes &amp; inserts require authorization (A5500, A5501, A5503, A5504, A5506, A5507, A5510, A5512, A5513)</li> <li>▪ Out of network care</li> <li>▪ Radiation Therapy</li> <li>▪ Pain Management services</li> <li>▪ PET Scans</li> <li>▪ Prosthetics- L5000-L9999, \$1000 or greater</li> <li>▪ Pulmonary rehabilitation</li> <li>▪ Psychological testing</li> <li>▪ Septoplasty / Rhinoplasty</li> <li>▪ Single Photon emission</li> <li>▪ Computer Tomography (SPECT)</li> <li>▪ Speech Therapy</li> <li>▪ Stereotactic radio surgery</li> <li>▪ Vertebroplasty</li> <li>▪ Virtual colonoscopy (CT colonoscopy)</li> </ul> |
|--|---|--|

**EXCLUSIONS**

**This is not all inclusive and is subject to change. Please refer to our website [www.usfhp.net](http://www.usfhp.net) for the complete listing of exclusions.**

- Services provided or charges incurred prior to or after the effective date of coverage under the Plan
- Care or treatment as a result of being engaged in an illegal occupation or commission of, or attempted commission of, a felony or assault
- Charges or services for which you or your covered dependent(s) are not legally required to pay, or that would not have been made if coverage had not existed
- Charges for missed appointments, telephone consultations, or the completion of medical reports or certification services
- Services provided for education, employment, licensing, immigration, elective travel, or other administrative reasons
- Services considered by TRICARE as investigational or experimental (except NCI trials)
- Routine Dental Care

**IMPORTANT CONTACT INFORMATION**

<u>Department</u>	<u>Phone</u>	<u>Fax</u>	<u>Email</u>
USFHP Customer Service	800-241-4848	212-356-4949	<a href="http://www.usfhp.net">www.usfhp.net</a>
Outpatient PT/OT Authorization	800-401-0062	Must call for fax #	<a href="http://www.orthonet-online.com">www.orthonet-online.com</a>
Labcorp	800-788-9091	Must call for fax #	<a href="http://www.labcorp.com">www.labcorp.com</a>
➤ Apex (home drawing division)	631-753-3900	631-753-3910	
Maxor Mail Order	866-408-2459	866-589-7656	<a href="http://www.maxor.com">www.maxor.com</a>
Maxor Plus	800-687-0707	866-222-3274	<a href="http://www.maxor.com">www.maxor.com</a>
24-hour Nurse Advice Line	866-390-0933	Must call for fax #	
Mount Holly	888-767-0221	Must call for fax #	
Medical/Behavioral Health <b>(MAIN)</b>	<b>866-390-0933</b>	866-813-1722	<a href="http://www.healthintegrated.com">www.healthintegrated.com</a>
➤ Inpatient Authorization Department		866-270-3696	
➤ Outpatient Authorization Department		866-551-0489	
➤ Case Management Department		866-551-3538	
➤ Physician Review Department		813-960-2492	

**Claims Filing Address (Medical only):**  
 US Family Health Plan  
 PO Box 830745  
 Birmingham, AL 35283-0745

**Appeals – Medical Necessity:**  
 US Family Health Plan  
 10008 N Dale Mabry, Ste 214  
 Tampa, FL 33618  
 ATTN: USFHP Appeals Dept.

**Appeals – Claims/Denials:**  
 US Family Health Plan  
 5 Penn Plaza, 9<sup>th</sup> Floor  
 New York, NY 10001-1810  
 ATTN: USFHP Appeals Dept.