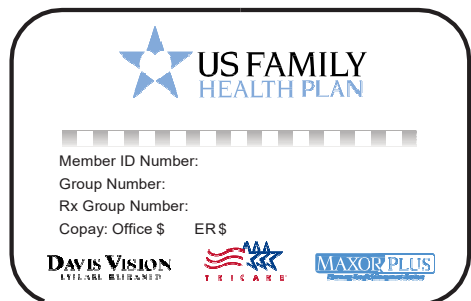


## PROVIDER QUICK REFERENCE GUIDE

### VERIFY USFHP MEMBER ELIGIBILITY

- Provider Portal: <https://provider.usfhp.net>
- Check claims status: <https://provider.usfhp.net>
- Customer Services Provider Line ..... **844-356-4901**
- Claims Submission & ERA.....Payor ID 13407
- Member Eligibility – 270/271.....Payor ID SVMNY
- Claims Status - 276/277.....Payor ID SVMNY



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

### CO-PAYMENTS FOR OFFICE VISITS

- Active duty dependents: \$0
- Retirees (regardless of age)
  - Without** Medicare Part B:
    - Primary Care \$25
    - Specialty Care \$37
  - With** Medicare Part B: \$0

### 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 90 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
- 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/EXAMS

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

### PREVENTATIVE DENTAL BENEFIT

- Healthplex Dental Group# GG-718
- Customer Service..... **800-468-0600**
- Email..... **info@healthplex.com**

### LABORATORY

- **LabCorp 800-788-9091** or visit [www.labcorp.com](http://www.labcorp.com)
- **BioReference 800-229-5227, option 1** or visit [www.bioreference.com](http://www.bioreference.com)
- **Quest Diagnostics 888-277-8772** or visit <https://appointment.questdiagnostics.com/patient/confirmation>

### PHARMACY

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

### OUTPATIENT PHYSICAL/OCCUPATIONAL THERAPY

- **Optum** is the Plan's Outpatient Physical and Occupational Therapy vendor; locate participating providers on the Plan's Provider Locator or by calling **Optum at 844-356-4901**

### DURABLE MEDICAL EQUIPMENT (DME)

Contact **844-356-4901 FOLLOW PROMPTS** 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 care*      |
| ▪ Medical supplies   | ▪ Occupational Therapy |
| ▪ Orthotics          | ▪ Pharmacy             |
| ▪ Physical Therapy   | ▪ Radiology            |
| ▪ Speech Therapy     |                        |

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

### NOTIFICATION

- |                               |                            |
|-------------------------------|----------------------------|
| Non-emergent admission.....   | 120 hrs prior to admission |
| Urgent admission .....        | within 48 hrs of admission |
| Emergency admission.....      | within 48 hrs of admission |
| SNF/Acute/Subacute Rehab..... | 120 hrs prior to admission |
| Outpatient procedures.....    | 120 hrs prior to procedure |
| Home Health Care .....        | 120 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 **Change Healthcare Payor ID13407**

# AUTHORIZATION REQUIREMENTS

MEDICAL – BEHAVIORAL/MENTAL HEALTH – RADIOLOGY

**Medical Phone: 844-356-4901 • Fax : 866-337-8690**

**BH Phone: 844-356-4901 Fax: 888-656-4219**

**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>▪ All admissions</li> <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-\$2000 or greater not obtained from Mt. Holly Surgical Supplies</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 Pentetate (octeoscan) 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 Counseling &amp; Weight Management</li> <li>▪ Office administration of medications over \$5,000</li> <li>▪ Nutritional therapy infusion</li> <li>▪ Orthotics- L0100-L2999 &amp; L3650-L9900, \$1000 or greater each item; L3000-L3649 at any price point.</li> </ul> | <ul style="list-style-type: none"> <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

Department	Phone	Fax	Website
USFHP Customer Service	844-356-4901	212-356-4949	<a href="http://www.usfhp.net">www.usfhp.net</a>
Outpatient PT/OT Authorization	844-356-4901	<i>Must call for fax #</i>	<a href="http://www.optum.com">www.optum.com</a>
Labcorp	800-788-9091	<i>Must call for fax #</i>	<a href="http://www.labcorp.com">www.labcorp.com</a>
➤ Apex (home drawing division)	631-753-3900	631-753-3910	
MPXMail Order	866-408-2459	866-589-7656	<a href="http://www.maxor.com">www.maxor.com</a>
MPX	800-687-0707	866-222-3274	<a href="http://www.maxor.com">www.maxor.com</a>
24-hour Nurse Advice Line	800-241-4848		
Medical Authorizations/ Appeals	844-356-4901	866-337-8690	
Behavioral Health/Eligibility/ Benefits/Claims/Auth/Appeals	844-356-4901	888-656-4219	<a href="http://www.magellanassist.com">www.magellanassist.com</a>

### Claims Filing Address

*(Medical only:)*  
US Family Health Plan  
PO Box 14847  
Lexington, KY 40512

### Appeals – Medical Necessity

US Family Health Plan  
c/o Toney Healthcare Consulting  
8440 Jefferson Hwy  
Suite 101  
Baton Rouge, LA 70809

### Claims/Denials:

US Family Health Plan  
530 7<sup>th</sup> Ave, 10<sup>th</sup> Floor  
New York, NY 10001-4878  
ATTN: Claims Dept.