



Program Description

SVC MC, Inc. - Uniformed Services Family Health Plan (USFHP) 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 – 800-241-4848

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:
800-241-4848 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

Fax

888-626-1701

Mail

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

Health Plan Prior Authorization

There are no Prior Authorization requirements for these additional benefits.

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.

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

