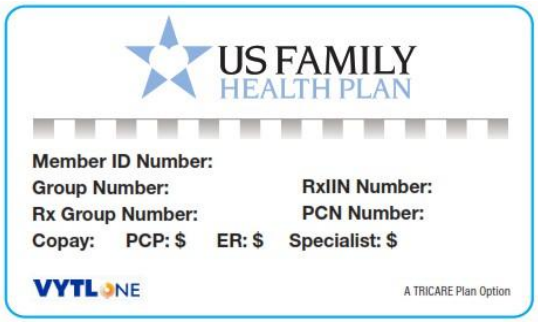
PROVIDER QUICK REFERENCE GUIDE

VERIFY USFHP MEMBER ELIGIBILITY

- Provider Portal: https://provider.usfhp.net
- Check claims status: https://provider.usfhp.net
- Customer Services Provider Line **800-241-4848**
- 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 $26
    - Specialty Care $39
  - ***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 (1st visit must be within 60 days)
- Referrals should be to participating provider. Participating providers are listed on the Provider Locator at **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

LABORATORY

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

PHARMACY

- Call VytlOne 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 VytlOne Mail Order at **866-408-2459**

DURABLE MEDICAL EQUIPMENT (DME)

Contact Adapt Health **844-679-1577** for the DME items listed:

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

COVERED SERVICES - *Included but not limited to:*

- Ambulatory Surgery
- DME
- Medical supplies
- Orthotics
- Physical Therapy
- Speech Therapy
- Mental Health
- Inpatient care*
- Occupational Therapy
- Pharmacy
- Radiology

** 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 primary to Medicaid
- USFHP is secondary to commercial health plans
- Electronic claims: submit via **Optum/Change Healthcare Payor ID13407**

AUTHORIZATION REQUIREMENTS

MEDICAL – MENTAL HEALTH – RADIOLOGY

Phone: 800-241-4848 • Fax: 866-337-8690

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.

- All admissions
- Augmentative Communication Device (ACD)
- Mental health (except first 8 visits with par MH provider)
- Biofeedback
- Cardiac Rehabilitation
- Carotid Angiography
- Chelation Therapy
- Coronary Angiogram
- Cosmetic/Plastic Surgical procedures
- CT Angiography
- CT Scans
- Dental anesthesia and related institutional services
- Diabetic Education
- Dialysis
- DME
- Gamma Knife Radiosurgery
- Genetic Testing
- Hearing aid and hearing aid services (benefit limited to active duty dependents)
- Home Birth
- Home Health Care
- Home Infusion Therapy
- Hospice
- Hyperbaric Oxygen Therapy
- Indium Pentetreotide (octreoscan) Scintigraphy
- Injectables, select adjunctive dental
- Inpatient Admissions
- Laminectomy / Microdiskectomy
- Laparoscopic procedures, select
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Imaging (MRI)
- Medical Transport, non-emergent
- Meniscectomy
- NCI Trial participation-phase I, II & III
- Neuropsychological Testing
- Nutritional Counseling & Weight Management
- Office administration of medications over $5,000
- Nutritional Therapy Infusion
- Orthotics- L0100-L2999 & L3650-L9900, $1000 or greater each item; L3000-L3649 at any price point.
- Diabetic shoes & inserts require authorization (A5500, A5501, A5503, A5504, A5506, A5507, A5510, A5512, A5513)
- Out of network care
- Radiation Therapy
- Pain Management services
- PET Scans
- Prosthetics- L5000-L9999, $1000 or greater
- Pulmonary Rehabilitation
- Psychological Testing
- Septoplasty / Rhinoplasty
- Single Photon Emission
- Computer Tomography (SPECT)
- Speech Therapy
- Stereotactic Radio Surgery
- Vertebroplasty
- Virtual Colonoscopy (CT colonoscopy)

EXCLUSIONS

This is not all inclusive and is subject to change.

Please refer to our website 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 Member Services	800-241-4848	212-356-4949	**www.usfhp.net**
Outpatient PT/OT Authorization	800-241-4848	*Must call for fax #*	**www.usfhp.net**
Labcorp	800-788-9091	*Must call for fax #*	**www.labcorp.com**
➢ Apex (home drawing division)	631-753-3900	*631-753-3910 or 914-963-4709*	
VytlOne Pharmacy (Mail Order)	866-408-2459	866-589-7656	**www.vytlone.com**
VytlOne	800-687-0707		**www.vytlone.com**
24-hour Nurse Advice Line	800-241-4848		
Eligibility/ Benefits/ Claims/Authorizations/Appeals	800-241-4848	866-337-8690	

Claims Filing Address
US Family Health Plan
PO Box 14847
Lexington, KY 40512

Appeals – Medical Necessity
US Family Health Plan- Appeals
C/O Toney Healthcare Consulting
3903 Northdale Blvd
Suite 220-E
Tampa, FL 33624

Claims/Denials:
US Family Health Plan
530 7th Ave, 10th Floor
New York, NY 10018
ATTN: Claims Dept