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IMPORTANT PLAN UPDATE



Physical Therapy and Occupational Therapy

Effective **April 1, 2026**, US Family Health Plan at SVCMC transitioned the management of the Physical Therapy (PT) and Occupational Therapy (OT) benefit to our in-house teams.

There are no changes to benefit or coverage levels. By bringing services in-house, we aim to deliver more direct, personalized support and faster resolution for your clinical inquiries.

What is Changing?

- **Authorization Requests:**

As of April 1, 2026, all new authorization requests for PT/OT services must be submitted directly to our internal team. Please complete the Medical Necessity Review / Prior Authorization Request Form and fax it to 866-337-8690.

- **Clinical Support:**

Providers will work directly with our clinical staff for peer-to-peer reviews and documentation inquiries.

- **Provider Support:**

For status updates on existing or new authorizations, please contact Member Services at 800-241-4848 or email usfamily@svcmcn.org.



NEW PROVIDER ORIENTATION AND PROVIDER REFRESHER



US Family Health Plan welcomes all newly contracted healthcare professionals to learn more about the USFHP network by registering for our biweekly webinar. Please visit our website to register for the orientation.

Our webinar will provide an overview of key information, references, and tools to help guide you through your daily interactions with USFHP.

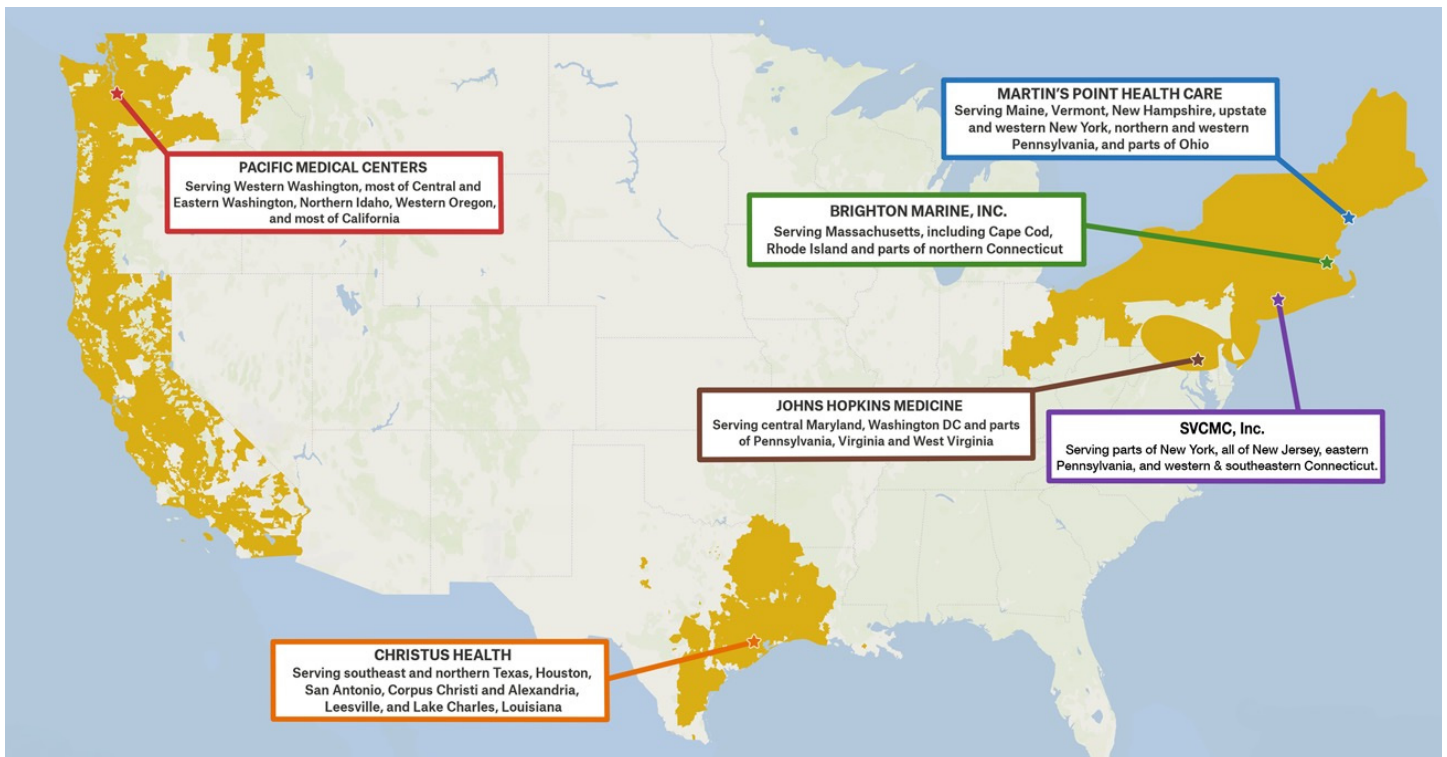
Providers may also request a dedicated session by emailing ProvNetwork@svcmcny.org.

Additionally, your dedicated Provider Network Representative is available to assist with any questions or provide education as needed for your practice.

US FAMILY HEALTH PLAN DESIGNATED PROVIDERS

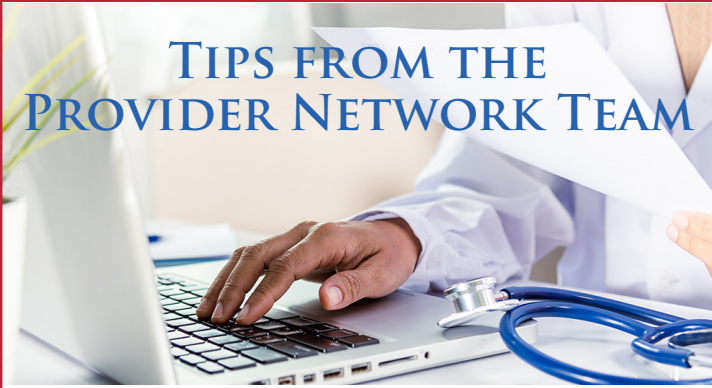
There are six separate Designated Providers (DPs) administering the US Family Health Plan throughout the United States. Each DP is distinct and operates within a specific geographic service area defined by zip codes. While all plans administer the same TRICARE Prime® benefit, they function independently, using their own provider network, claims platforms and payor IDs. Member Services and websites are also separate, and databases are not shared among the six DPs.

USFHP @ SVC MC members are enrolled exclusively with this Plan. Therefore, claims for these members should be submitted only to USFHP @ SVC MC; Payor ID 13407. The website, www.usfhp.net is specific to this region.



CLAIMS CORNER

TIPS FROM THE PROVIDER NETWORK TEAM



Coordination of Benefits (COB)

USFHP is the **secondary payor** to all commercial health insurance and the **Federal Employee Health Benefits (FEHB)** Program.

USFHP is the Primary Payor except when:

- Patient has **ESRD** (ICD-10 N18.6) and is in the Medicare ESRD Program
- The condition is due to an accident covered by **Workers' Comp** or **No-Fault** auto insurance
- A service is covered by Medicare but **not TRICARE®**

REFUNDS

Overpayment/Refunds

When submitting refunds to USFHP, please include the member's name, ID number, date of service, and USFHP claim number, along with an explanation of the reason for the refund. Always include a contact person with a phone number and/or email address.

Secondary Claims

All claims reporting Other Health Insurance (OHI) as the primary payor must meet the following requirements:

- Be submitted on paper
- Include an itemized Explanation of Benefits (EOB) from the primary payor
- Claims not submitted on paper or without an itemized primary payor EOB will be denied
- Resubmissions of the denied claims must be submitted as corrected claims via paper and include the itemized EOB
- Claims not marked as corrected claims with appropriate resubmission code may be denied or delayed in processing

**Got medical claim questions?
We're here to help!**

Email: Claimsinquiry@svcmcn.org

AUTHORIZATION PROCESS

Elective Admissions:

Request authorization seven (7) days prior to admission, including acute hospital, acute or sub-acute rehabilitation, skilled nursing facility, or inpatient respite care as part of a pre-approved home hospice program. General inpatient hospice is not a covered benefit and will be evaluated on a case-by-case basis.

To avoid delay in processing, be sure to include all supporting documentation to support the requested services.

- **Phone:** Member Services 800-241-4848, Option 4
- **Fax:** Send the completed authorization request form to 866-337-8690
- **Online:**
Provider Portal:
<https://usfhp.net/for-providers/>
– Aerial/iExchange/Medecision



BILLING TIP: NEW CPT & HCPCS CODES

New CPT and HCPCS codes become effective each year. When using newly established codes, providers should ensure that clinical documentation supports medical necessity and verify prior authorization requirements before services are rendered.

If you have questions about authorization requirements for a new code, please contact **Utilization Management** for assistance.



CODING TIP: USE THE MOST SPECIFIC CODE AVAILABLE

When submitting claims, providers should use the most specific CPT or HCPCS code available that accurately reflects the service performed.

Avoid using unspecified or unlisted codes when a more specific code exists for the same service. Using the appropriate code helps ensure claims are processed efficiently and reduces the likelihood of delays or additional review.

If a newly established code is used, providers should ensure the code description accurately reflects the service performed.



IMPORTANT BILLING/CODING TIPS: S-CODES VS. G-CODES UNDER TRICARE®

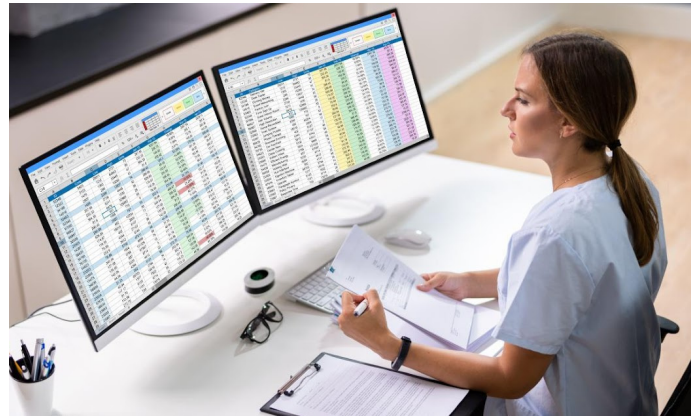
We've recently identified an increase in claims submitted using S-codes when TRICARE-recognized CPT or HCPCS codes are available for the same service category.

While S-codes may be accepted by some commercial plans, TRICARE processes services using nationally recognized CPT and HCPCS Level II codes (including G-codes when applicable). As a general rule, S-codes should not be used when a TRICARE-recognized CPT or HCPCS code is available.

When an S-code is submitted in place of the appropriate TRICARE-recognized code, it may result in delays, denials, or additional administrative review—particularly for non-participating providers.

To help ensure smoother claims processing:

- When a CPT or HCPCS G-code exists for the service, use the nationally recognized code rather than an S-code



- Confirm prior authorization requirements before rendering services
- Avoid per diem or bundled S-codes when TRICARE requires unit-based billing

Using the appropriate TRICARE-recognized coding structure supports compliance with TRICARE billing standards and helps prevent unnecessary rework, processing delays, and claim denials.

AMBULATORY SURGERY CENTER SITE VISITS



As part of our ongoing network engagement efforts, a Provider Network Representative will be reaching out to participating ambulatory surgery centers to coordinate and schedule on-site tours. These tours have proven to be a valuable opportunity for mutual engagement. By connecting in person, USFHP can gain a deeper understanding of your facility and the specialized care provided to our members, while also offering insight into our network, resources and opportunities for collaboration to better support your team and our members.

QUALITY MANAGEMENT

This year USFHP has again partnered with LetsGetChecked® (LGC), a healthcare technology company that provides at-home lab testing kits. The goal of this partnership is to bring convenient, no-cost health screening tests directly to **eligible** USFHP members. USFHP is focusing on 3 important tests for eligible members. **FIT**¹ tests for colon cancer screening, **HPV**² testing for cervical cancer screening, and **HbA1c**³ testing for diabetes screening. Your office should be expecting to receive results from LGC should any of your USFHP patients complete testing with LGC. Please manage these LGC results as you would any other lab result – discuss with your patient and file them in the medical record.

¹ Fecal Immunochemical Test

² Human Papillomavirus

³ Hemoglobin A1C





CREDENTIALING TIP

Please remember to add your Mental Health providers to your current roster and forward them to the Plan. If your practice or health system has any special requirements for members to schedule appointments (i.e., must be a current patient within the health system), please advise the Plan ahead of time to avoid scheduling conflicts and potential member abrasion.

GET INVOLVED

US Family Health Plan is currently seeking participating providers in good standing with the Plan to serve on our Credentials Review Committee. This is an opportunity to contribute to the quality and standards of care within our network.

If you are interested in serving on this committee, please contact our Chief Medical Officer at credentialing@svcmcnyc.org.



INFORMATION TECHNOLOGY TIPS

Protecting PHI & PII: What Every Provider Needs to Know About Secure Communications

Safeguarding Protected Health Information (PHI) and Personally Identifiable Information (PII) isn't just a regulatory requirement — it's a cornerstone of the trust patients place in their care team. As cyber threats targeting healthcare continue to rise, ensuring that sensitive data is protected at every point of communication is more critical than ever.

Email Security Starts with Awareness

Unencrypted email is one of the most common — and preventable — sources of PHI exposure. Providers should never transmit patient names, dates of birth, member IDs, diagnoses, or any other protected information through standard, unsecured email. If your organization has a HIPAA-compliant secure email platform (such as a solution with TLS encryption, message-level encryption, or a secure portal delivery option), all communications containing PHI or PII should be routed exclusively through that system.

No Secure Email? Here's What to Do

If your practice does not currently have a secure email solution in place, there are interim steps you can take to reduce risk when communicating with the health plan or other covered entities:

- **Password-protect all file attachments.**

When sending documents containing PHI or PII — such as referrals, clinical notes, or member records — use password protection on the file (available in Microsoft Word, Excel, and Adobe Acrobat). Transmit the password to the recipient through a separate communication channel, such as a phone call or text message.



- **Use encrypted ZIP archives.**

Files can be compressed and encrypted using tools like 7-Zip or WinZip with AES-256 encryption before being attached to an email.

- **Leverage the USFHP secure provider portal.**

Many health plans offer a secure portal for document submission and messaging — this is always the preferred method when available.

- **Consider a secure email solution.**

Products such as Proofpoint, Mimecast, Cisco Secure Email, or Microsoft Purview Message Encryption offer affordable, scalable options for practices of all sizes.

For questions or assistance with secure communication with the health plan, please contact ProvNetwork@svcmcnyc.org.



MAY IS MENTAL HEALTH AWARENESS MONTH

In May, we bring awareness to mental health for both our members and the providers who care for them. US Family Health Plan beneficiaries who might benefit from support of focused mental health care coordination can be referred to the Care Management team via 800-241-4848.

While our providers are dedicated to caring for patients' physical and mental well-being, it's just as important they prioritize their own health.

Here are 5 simple tips to help prevent burnout all year long.

5 Tips to Prevent Burnout

Maintain Firm Boundaries:

Define work hours based on your needs, and stick to them. Avoid checking work emails or taking calls during non-working hours.

Use Cancellation Time:

Instead of filling cancelled appointment time, use it to catch up on tasks, take a break, or practice self-care.

Connect with Colleagues:

Meet with colleagues for informal support, learning, or consultation.

"Unplug" After Work:

Try to reduce screen time and mindless scrolling during non-work hours and instead engage in relaxing activities.

Celebrate Successes:

Acknowledge small victories and recognize the impact you have on the lives of the patients you treat every day.



REMINDER

Completing Standardized Mental Health Measures

Evidence-based mental health screening tools are validated instruments used to identify symptoms, determine severity, and guide treatment for conditions like depression, anxiety, and post-traumatic stress disorder. Key tools include the PHQ-9/PHQ-2 (depression), GAD-7 (anxiety), and PCL-5 (PTSD). Standardized measures must be completed at treatment baseline, at 60-120 day intervals, and at discharge across all settings (inpatient, outpatient, PHP, RTC) for US Family Health Plan beneficiaries in an active mental health treatment plan.

CONTACT US

MEMBER SERVICES

Call: 800-241-4848

Email: usfamily@svcmcnycny.org

PROVIDER NETWORK

Email: provnetwork@svcmcnycny.org

PROVIDER CONTRACTING

Email: contractingdept@svcmcnycny.org

PROVIDER CREDENTIALING

Email: credentialing@svcmcnycny.org

PLAN WEBSITE

www.usfhp.net



US FAMILY HEALTH PLAN
A TRICARE Prime® Option



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