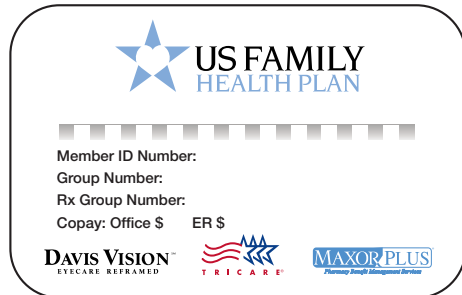




## PROVIDER QUICK REFERENCE GUIDE

### **VERIFY USFHP MEMBER ELIGIBILITY**

- Provider Portal:  
[https://estep.cschcq.com/STV\\_provider/login.jsp](https://estep.cschcq.com/STV_provider/login.jsp)
- Fax Recall System.....**844-356-4901**
- Customer Services Provider Line .....**844-356-4901**



\* *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/EXAMS**

- **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 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 .....   | 72 hrs prior to admission  |
| Urgent admission .....         | within 48 hrs of admission |
| Emergency admission.....       | within 48 hrs of admission |
| SNF/Acute/Subacute Rehab ..... | 72 hrs prior to admission  |
| Outpatient procedures.....     | 72 hrs prior to procedure  |
| Home Health Care .....         | 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://estep.cschcq.com/STV\\_provider/login.jsp](https://estep.cschcq.com/STV_provider/login.jsp)

# AUTHORIZATION REQUIREMENTS

MEDICAL – BEHAVIORAL/MENTAL HEALTH – RADIOLOGY

Phone: 844-356-4901 • Fax: 646-699-7017 (Medical)

Phone: 844-356-4901 • Fax: 888-656-4219 (BH)

*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.*

- Augmentative communication device (ACD)
- Behavioral health (except first 8 visits with par BH provider)
- Biofeedback
- Cardiac rehabilitation
- Carotid angiography
- Chelation therapy
- Coronary angiogram
- Cosmetic/plastic surgical procedures
- CT angiography
- Dental anesthesia and related institutional services
- Diabetic education
- Dialysis
- DME-\$2000 or greater not obtained from Mt. Holly Surgical Supplies
- Gamma knife radiosurgery
- 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 Pentetretotide (octreoscan) Scintigraphy
- Injectables, select adjunctive dental
- Inpatient admissions
- Laminectomy / microdiscectomy
- 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 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](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	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	800-241-4848	Must call for fax #	
Medical Authorizations/ Case Management/Appeals	844-356-4901	646-699-7017	
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 830745  
Birmingham, AL 35283-0745

### Appeals – Medical Necessity:

US Family Health Plan  
NYCHSRO/MedReview  
1 Seaport Plaza 199 Water Street  
New York, NY 10038  
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.