VERIFY USFHP MEMBER ELIGIBILITY

- Provider Portal: https://estepp.cschcg.com/STV_provider/login.jsp
- Fax Recall System: 800-241-4848
- Customer Service: 800-241-4848

* Make copy of 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 preventive health visits
- Chemotherapy
- Hospice
- Immunizations
- Laboratory
- Obstetrical care
- Pediatric well-child visits up to age 6 years
- Radiology
- Radiation Therapy

REFERRALS

- Referrals must be obtained from the member’s PCP or approved specialist
- Referrals are valid for 6 months from date of referral
- Referrals should be made to participating providers; participating providers are listed on the Provider Locator at www.usfhp.net
- Referral forms can be downloaded from our website or you can use your prescription pad
- Referrals are not pre-authorizations
- Referrals for non-emergent out-of-network services require authorization, in addition to the referral
- Referral forms are not required to be submitted to the Plan for payment
- Submit consult report to referring provider within 30 business days of routine consult
- No referral for 1st 8 outpatient visits for a participating behavioral health provider
- Provide preliminary report within 24 hours of urgent/emergent consult followed by a formal written report within 10 business days of emergent/urgent consult

EYE GLASSES/EXAMS

- Davis Vision – Added benefit for eyeglasses
  - www.davisvision.com
- Member Services: 800-999-5431
- Provider Recruitment: 800-584-3140

LABORATORY

- Labcorp is the Plan’s preferred outpatient lab vendor
  - 800-788-9091 or www.labcorp.com for locations

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 800-401-0062

DURABLE MEDICAL EQUIPMENT (DME)

- Contact Apria at 800-294-2275 for the DME items listed:
  - Ambulatory assist devices
  - Oxygen
  - Beside commode
  - Percussor
  - BIPAP
  - Positioning devices
  - CPAP
  - Pulse oximeter
  - Hydraulic lifts
  - Nebulizer
  - Suction
  - Ventilator
  - Non-custom hospital bed
  - Non-custom/non-motorized wheelchair

Covered services - Included but not limited to:

- Ambulatory Surgery
- Occupational Therapy
- Behavioral Health
- Orthotics
- DME
- Outpatient Physical Therapy
- Vision Exam
- Pharmacy
- Prosthetics
- Radiology
- Inpatient care*
- Speech Therapy
- Medical supplies

*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 FEHBP and Medicaid
- Electronic claims: submit via Emdeon Payor ID 13407
- Check claims status: https://estepp.cschcg.com/STV_provider/login.jsp

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AUTHORIZATION REQUIREMENTS
MEDICAL – BEHAVIORAL/MENTAL HEALTH – RADIOLOGY
PHONE: 866-390-0933 FAX: 866-813-1722

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 Apria
- Gamma knife radio surgery
- 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
- Injectable; select adjunctive dental
- Inpatient admissions
- Laminectomy / microdiskectomy
- Laparoscopic procedures, select
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Imaging (MRI)
- Medical transport, non-emergent
- Mammectomy
- 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
- Stereo tactic radio surgery
- Vertebralplasty
- 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
- Routine Genetic Testing:
  - Covered intending to be confirmatory of a clinical diagnosis based on the patient’s symptoms
  - Covered during pregnancy in specific medical situations, authorization may be required

IMPORTANT CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Department</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
<th>Website</th>
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<tbody>
<tr>
<td>Outpatient PT/OT Authorization</td>
<td>800-401-0062</td>
<td>Must call for fax #</td>
<td><a href="http://www.orthonet-online.com">www.orthonet-online.com</a></td>
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<td>Labcorp</td>
<td>800-788-9091</td>
<td>Must call for fax #</td>
<td><a href="http://www.labcorp.com">www.labcorp.com</a></td>
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<td>Apex (home drawing division)</td>
<td>631-753-3900</td>
<td>631-753-3910</td>
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<td>Maxor Mail Order</td>
<td>866-408-2459</td>
<td>866-589-7656</td>
<td><a href="http://www.maxor.com">www.maxor.com</a></td>
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<tr>
<td>Maxor Plus</td>
<td>800-687-0707</td>
<td>866-222-3274</td>
<td><a href="http://www.maxor.com">www.maxor.com</a></td>
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<td>24-hour Nurse Advice Line</td>
<td>866-390-0933</td>
<td>Must call for fax #</td>
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<td>Apria</td>
<td>800-294-2275</td>
<td>Must call for fax #</td>
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<td>Medical/Behavioral Health</td>
<td>866-390-0933</td>
<td>866-813-1722</td>
<td><a href="http://www.healthintegrated.com">www.healthintegrated.com</a></td>
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Claims Filing Address (Medical only):
US Family Health Plan
PO Box 830745
Birmingham, AL 35283-0745

Appeals – Medical Necessity:
US Family Health Plan
10008 N Dale Mabry, Ste 214
Tampa, FL 33618
Attn: USFHP Appeals Dept.

Appeals – Claims/Denials:
US Family Health Plan
450 West 33rd Street 14th Floor
New York, NY 10001
Attn: USFHP Appeals Dept.

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