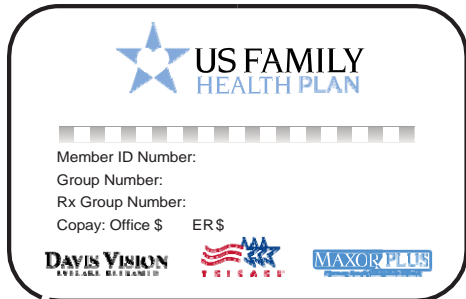




PROVIDER QUICK REFERENCE GUIDE

VERIFY USFHP MEMBER ELIGIBILITY

- Provider Portal:
https://epower.dsthealthsolutions.com/STV_provider/doEntry.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)
 - Without** Medicare Part B:
 - Primary Care \$20
 - Specialty Care \$31
 - 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 90 days)
- 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

EYE GLASSES/EXAMS

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

PREVENTATIVE DENTAL BENEFIT

- Healthplex Dental Group# GG-718
- Customer Service.....**800-468-0600**
- Email.....**info@healthplex.com**

LABORATORY

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

PHARMACY

- Call **MPX 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 **MPX 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
- 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
- Behavioral 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 secondary to commercial health plans
- USFHP is primary to Medicaid
- Electronic claims: submit via **Change Healthcare Payor ID 13407**
- Check claims status:
https://epower.dsthealthsolutions.com/STV_provider/doEntry.jsp

AUTHORIZATION REQUIREMENTS

MEDICAL – BEHAVIORAL/MENTAL HEALTH – RADIOLOGY

Phone: 844-356-4901 • Fax - Medical: 866-337-8690 Phone: BH: Fax: 888-656-4219

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)
- 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
- 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 Pentetate (octreoscan) Scintigraphy
- Injectable, 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 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 Customer Service	844-356-4901	212-356-4949	www.usfhp.net
Outpatient PT/OT Authorization	844-356-4901	<i>Must call for fax #</i>	www.orthonet-online.com
Labcorp	800-788-9091	<i>Must call for fax #</i>	www.labcorp.com
➤ Apex (home drawing division)	631-753-3900	631-753-3910	
MPXMail Order	866-408-2459	866-589-7656	www.maxor.com
MPX	800-687-0707	866-222-3274	www.maxor.com
24-hour Nurse Advice Line	800-241-4848	<i>Must call for fax #</i>	
Medical Authorizations/ Appeals	844-356-4901	866-337-8690	
Behavioral Health/Eligibility/ Benefits/Claims/Auth/Appeals	844-356-4901	888-656-4219	www.magellanassist.com

Claims Filing Address

(Medical only:)

US Family Health Plan
PO Box 830745
Birmingham, AL 35283-0745

Appeals – Medical Necessity

US Family Health Plan
eQ Health Solutions
1431 Greenway Dr. Ste 500
Irving, TX 75038
FAX: 866-337-8690

Claims/Denials:

US Family Health Plan
5 Penn Plaza, 9th Floor
New York, NY 10001-1810
ATTN: Appeals Dept.