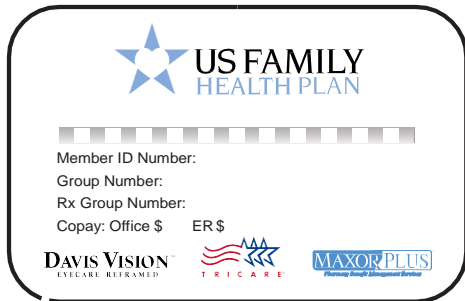


PROVIDER QUICK REFERENCE GUIDE

VERIFY USFHP MEMBER ELIGIBILITY

- Provider Portal: <https://provider.usfhp.net>
- Check claims status: <https://provider.usfhp.net>
- Customer Services Provider Line844-356-4901
- Member Eligibility – 270/271Payor 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 \$22
 - Specialty Care \$33
 - 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 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 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 | ▪ 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..... 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 Care120 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 ID13407**
- Claims Status - 276/277.....Payor ID SVMNY

AUTHORIZATION REQUIREMENTS

MEDICAL – BEHAVIORAL/MENTAL HEALTH – RADIOLOGY

Medical Phone: 844-356-4901 • Fax : 866-337-8690

BH Phone: 844-356-4901 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.**

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> ▪ 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) | <ul style="list-style-type: none"> ▪ Home birth ▪ Home Health Care ▪ Home infusion therapy ▪ Hospice ▪ Hyperbaric Oxygen Therapy ▪ Indium Pentetreotide (octeoscan) 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 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. | <ul style="list-style-type: none"> ▪ 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		
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 14847
Lexington, KY 40512

Appeals – Medical Necessity

US Family Health Plan
c/o Toney Healthcare Consulting
8440 Jefferson Hwy
Suite 101
Baton Rouge, LA 70809

Claims/Denials:

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