VERIFY USFHP MEMBER ELIGIBILITY
- Request to see member's identification card and make a copy of the front and back for your records
- Via the Provider Portal by accessing our website at www.usfhp.net
- Via our USFHP Fax Recall System at 800-241-4848
- Contact Customer Service at 800-241-4848

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:
- Preventive Health Visits
- Annual eye examination
- Annual gynecology exam
- Pediatric well-child visits up to age 6 years
- Obstetrical care
- Immunizations, Laboratory, Radiology
- Chemotherapy
- Hospice
- Home Care

REFERRALS
- Referrals must be obtained from the member's PCP or approved specialist
- Referrals are valid for 6 months from date of referral. 1st visit must be within sixty (60) days
- Referrals should be made to participating providers only. Access the Provider Locator at www.usfhp.net
- Referral Forms can be downloaded from our website or your office can issue a referral on a script or your own form
- Referrals are not authorizations
- Referrals for non-emergent out of network services also require authorization

CLAIMS FILING ADDRESS
- Submit within sixty (60) days of date of service
- USFHP is primary to Medicare with few exceptions

USFHP is secondary to commercial health insurance plans
USFHP is primary to FEHBP
USFHP is primary to Medicaid
Electronic Claims: Submit via Emdeon Payor ID 13407
Check claims status at www.usfhp.net

LABORATORY
- Labcorp is the Plan’s preferred outpatient lab vendor
- Contact Labcorp at 800-788-9091 for local service centers and any other questions or visit www.Labcorp.com

AUTHORIZATIONS
MEDI CAL/ BEHAVIORAL HEALTH/ RAD IOLOGY
PH: 866-390-0933  FAX: 866-813-1722
OUTPATIENT PT/ OT: 800-401-0062
Provider must obtain authorization for the following:
- All Out of Network Care
- Inpatient Elective Admissions: Request authorization seven (7) days prior to any elective admission
- Emergent or Urgent Admissions provide notification within forty-eight (48) hours of admission
- Outpatient or Ambulatory Surgery: Request authorization seven (7) days prior for the specific procedures or services that require preauthorization (see reverse side)
- All Inpatient days at any type of facility
- All Home Health Care services
- All Hospice Services
- Prosthetics- L5000-L9999, $1000 or greater
- Orthotics- L0100-L2999 & L3650-L9900, $1000 or greater each item; L3000-L3649 at any price point. All diabetic shoes & inserts require authorization (A5500, A5501, A5503, A5504, A5506, A5507, A5510, A5512, A5513)
- Outpatient non-emergent Radiology: CT angiography, MRA, MRI, PET, virtual colonoscopy
- DME $1000 or greater and not obtained from Apria

DME
- Contact Apria at 800-294-2275, for the following DME: BiPAP, CPAP, nebulizer, oxygen, percusser, pulse oximeter, suction, ventilator; non-custom hospital beds; hydraulic lifts; non-custom/non-motorized wheelchair; ambulatory assist devices; commode, bedside; positioning devices
- DME not obtained from Apria or with a purchase price/monthly rental fee of $1000 or greater requires authorization

PHARMACY
- Call Maxor Plus at 800-687-0707 for clinical questions
- Refer to the TRICARE Uniform Formulary on our website
- Routine refills of most prescription drugs must be obtained through Maxor Mail Order at 866-408-2459
AUTHORIZATIONS
All services below AND All Out Of Network Services require prior authorization

- Adjunctive dental
- Arthroscopy
- Augmentative communication device (ACD)
- Behavioral health (except first 8 visits with participating 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
- Gamma knife radio surgery
- Hearing aid and hearing aid services (benefit limited to active duty dependents)
- Home birth
- Home infusion therapy
- Indium Pentetreotide (octreoscan) Scintigraphy
- Injectables
- Hyperbaric Oxygen Therapy
- Laminectomy/microdiskectomy
- Laparoscopic abdominal vaginal hysterectomy (LAVH)
- Laparoscopic procedures, select
- Lithotripsy (except renal lithotripsy)
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Imaging (MRI)
- Medical transport, non-emergent
- Meniscectomy
- NCI trial participation (phase I, II and III)
- Neuropsychological testing
- Nutritional therapy infusion
- Pain management services
- PET Scans
- Pulmonary rehabilitation
- Psychological testing
- Septoplasty/Rhinoplasty
- Single Photon emission Computer Tomography (SPECT)
- Speech therapy
- Stereotactic radio surgery
- Vertebroplasty
- Virtual colonoscopy (CT colonoscopy)

IMPORTANT CONTACT INFORMATION

USFHP Customer Service 800-241-4848 (phone) 212-356-4949 (fax) www.usfhp.net
Precertification / Authorization/ UM 866-390-0933 (phone) 866-813-1722 (fax)
Outpatient PT/OT Authorization 800-401-0062 (phone) www.orthonet-online.com
Labcorp 800-788-9091 (phone) www.labcorp.com
Maxor Mail Order 866-408-2459 (phone) 866-589-7656 (fax) www.maxor.com
Maxor Plus 800-687-0707 (phone) 866-222-3274 (fax) www.maxor.com
24 hr Nurse Advice Line 866-390-0933 (phone)
Apria 800-294-2275 (phone)
Behavioral Health 866-390-0933 (phone) 866-813-1722 (fax)
Health Integrated

Claims Filing Address

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

APPEALS ADDRESS
(MEDICAL NECESSITY)

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

APPEALS ADDRESS
(CLAIMS/ DENIALS)

US Family Health Plan
450 West 33rd Street, 12th floor
New York, NY 10001
Attn: USFHP Appeals Dept.