

May 1, 2009

## IMPORTANT BULLETIN

### Updated Claims Process for US Family Health Plan (USFHP)

**Effective June 1, 2009**

In an attempt to streamline the claims process for US Family Health Plan (USFHP), we will now require that all specialty providers begin billing with the referring provider's NPI in Box 17b on the CMS1500 form. The referring provider's NPI is located on the PCP referral form to the right of the PCP's name. (See attached sample referral form.)

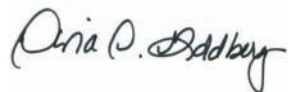
This new process will allow for more timely and accurate processing of specialty claims. Please keep in mind that as a TRICARE Prime Designated Provider, USFHP is required to follow the Department of Defense's referral management guidelines. A PCP referral continues to be required for all specialty care services as outlined in the USFHP Outpatient Referral Guidelines.

If you are interested in submitting EDI for USFHP, please contact Pete Zirpolo at [pzirpolo@jhhc.com](mailto:pzirpolo@jhhc.com) or (410) 424-4710.

Please contact our Provider Relations department at (888)-895-4998 if you should have any further questions regarding this process.

Thank you for your continued support in Johns Hopkins HealthCare LLC.

Sincerely,



Dina Goldberg  
Director, Provider Relations

# Maryland Uniform Consultation Referral Form

Date of Referral: 4/23/2009

Patient Information: MRN:

Primary Insurance

Company: JHCP USFHP HMO

Name:

Member #:

DOB:

SEX:

Phone:

Secondary Insurance

Address:

Company:

Member #:

## Primary or Requesting Provider:

Name:

Provider NPI#: 1386748606

Institution/Group Name: JHCP at Odenton

Address: 1132 Annapolis Road Odenton, MD 21113

Phone: 410-874-1400 Fax: 410-874-1411

## Consultant/Facility Provider:

Name:

Specialty: Vascular Surgery

Institution/Group Name: Nabil I. Badro MD

Address: 8109 Ritchie Hwy Pasadena, MD 21122

Phone: 410-590-8999 Fax: 410-768-3260

## Referral Information:

### Description

Vascular Surgery

Reason: Indication: evaluate and treat.  
varicose veins since years  
worsening  
with swelling now.

Additional Info:

Auth#:

Maximum Vists: 6

Expiration Date: 04/23/2010

Internal Order #: 1056691-2

Electronically signed by:

### Diagnoses

VARICOSE VEINS, LOWER EXTREMITIES, WITH  
INFLAMMATION(ICD-454.1)

### Place of Service:

- Office
- Outpatient Medical/Surgical Center
- Radiology  Laboratory
- Inpatient Hospital \*
- Extended Care Facility \*
- Other (Explain)