INSURANCE NAME / PRODUCT LINES	PRE-CERTIFICATION NUMBER	CONTACT NUMBERS	CLAIMS	SERVICES REQUIRING PRECERTIFICATION	
TRICARE					
https://www.hnfs.net/bene/home/?tsc=f					
PRIME(HMO) ***Patient must obtain a referral from the MTF or the PCM when being referred to a specialist** **PRIME(POS)** **If mem. Is exercising the HMO option copys and ded. Do not apply** **$300 ded/ind $600 ded/fam when using the P.O.S option. No referral is required when using the POS option.** **TRICARE EXTRA (PPO)** ***Mem. Subjected to ded/copymts.** **TRICARE STANDARD(FFS)** ***Mem. Subjected to ded/copymts** ***ACTIVE DUTY SERVICE MEMBERS ARE NOT ELIGIBLE FOR TRICARE EXTRA OR TRICARE STANDARD.**	**PreAuthorization/Referrals** **Inpatient Services and Referral contact** **1-877-874-2273** **Tricare Behavorial Health** **Inpatient/Outpatient(after 8 visits)** **1-877-874-2273** **Fax: 1-888-299-4181** **DENTAL** **United Concordia Comp. INC (UCCI)** **www.ucci.com/was/ucciweb/home.jsp.** **Pharmaceutical Authorizations** **Contact Express Scripts** **1-866-363-8667** **www.express-cripts.com/TRICARE**	**Main Number** 1-877-874-2273 **Provider Services** 1-877-874-2273 www.healthnetfederalsercies.com www.mytricare.com	**PROFESSIONAL BILLING** **Health Net Federal Services, Inc c/o PGBA,LLC/TRICARE** P.O.Box 870140 Surfside Beach, SC 29587-9740 **HOSPITAL BILLING** **Health Net Federal Services, Inc** P.O.Box 870140 Surfside Beach, SC 29587-9740	All Inpatient admissions Outpatient surgeries MRI/MRA/PET/TOMOGRAPHY PT/OT/SPEECH/Cardiac&Pulmn. Transplants **Orthotics&Prosthetics:** *****Cranial orthoses *Shoe inserts/arch supports *Orthopedic shoes/shoe modefications *All purchases greater that or equal to $500 per item Reconstructive,plastic or cosmetic surgery Oral Surgery Sleep studies Chelation therapy Mental Health and Substance Abuse **DME Equipment including :** *purchases greater than or equal to $500 per item *all rentals regardless of cost	Mammography screening Hearing Aids and hearing aid services Hospice Nutrition therapy Surgery for morbid obesity **Adjunctive dental care including:** *Craniofacial & maxillofacial procedures *Dental procedures not realted to the basic dental benefit **Home health services including:** *Home infusion
***ALL EMERGENCY ADMISSIONS REQUIRE NOTIFICATION WITHIN 24HRS. OF ADMISSION OR THE NEXT BUSINESS DAY**					