Provider Edition

FHCP News

Florida Health Care Plans®

An Independent Licensee of the Blue Cross and Blue Shield Association

Spring 2025

Important Reminder for Medical Services That Require Prior Authorization

Florida Health Care Plans (FHCP) wants to ensure your patients receive the care they need, and we

are asking for your assistance. Please review the guidelines below regarding requests for medical services that require authorization to ensure your patients receive necessary care and avoid financial responsibility or delay in care.

Medical Services Routine Requests

Non-urgent and elective medical services should not be scheduled until approvals are received to avoid financial responsibility for provider offices or patients.

Please submit requests to FHCP's Central Referrals Department, along with documentation supporting requests, as soon as possible as determinations may take up to 14 calendar days.

Medical Services Urgent Requests

Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function are considered urgent requests and physician offices should call FHCP Central Referrals Department at **(386) 238-3230** to discuss urgent cases with a clinician; this is in addition to sending the required faxed request.

Clinical Documentation

As a reminder, when submitting requests for prior authorization, clinical documentation including any pertinent studies must be sent along with the request.

For questions or concerns regarding this announcement please contact Florida Health Care Plans' Central Referral Department at **(386) 238-3230**.

Up Front Claims Rejections

Please note the following up-front rejections are now active with Availity. Providers will need to reach out to Availity regarding rejections:

- Only the following Member Identification Format will be accepted:
    - Six numeric digits i.e.123456
    - Three alpha characters + six numeric digits i.e. VFM123456
- Zip Code +4 on both loop 2010AA Billing provider and 2010AB Pay to Address must match the United States Postal Services (USPS) Look Up a ZIP Code.
    - Claims without the extended Zip Code +4 will be rejected.
    - Claims submitted with the incorrect Zip Code +4 will be rejected.
- Additional Availity Editing Service (AES) edits:
    - Diagnosis code Z6838 cannot be listed as the primary diagnosis for a procedure.
    - Anesthesia procedures submitted without an anesthesia modifier.
    - Anesthesia performed by a non-anesthesia provider.
    - Modifier 59 is required for postoperative pain control procedures.
- Valid taxonomy codes for both rendering and billing providers are required on all claims. It is imperative the taxonomy codes, submitted on claims, match providers' NPPES record.

Thank you for your cooperation in this matter. If you have any questions, please feel free to call us at **(386) 615-5010**.

QUESTIONS?

CONTACT THE FHCP PROVIDER RELATIONS TEAM!

ProviderRelations@fhcp.com **(386) 615-5096**

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