



An Independent Licensee of the
Blue Cross and Blue Shield Association

September 2017

Application of Medical Policies to Outpatient Institutional Claims

Effective October 9, 2017, Florida Blue and Florida Blue HMO are updating our claim adjudication process for outpatient institutional claims to systematically apply many of our Medical Policies (Medical Coverage Guidelines) at the time of claim adjudication. In the past, the application of these Medical Policies was often handled through pre-payment and post payment reviews or audits. This new systematic process will enable appropriate payment to be made at the time of adjudication and should significantly reduce administrative impacts for our providers.

It is important to note that this is simply a process improvement to apply certain Medical Policies during the adjudication process in circumstances where the information necessary to make a determination is included in the claim. It is not a determination that all requirements of the Medical Policies have been satisfied. All claims remain subject to subsequent review or audit.

Florida Blue's [Medical Coverage Guidelines](#) can be found at floridablue.com; go to the Provider tab at the top of the page, then Medical & Pharmacy Policies and Guidelines > Medical Policies > Medical Policies (Medical Coverage Guidelines).

The change affects all Florida Blue products:

- BlueCare[®] (Health Options, Inc.)
- myBlue
- BlueMedicareSM HMO (Medicare Advantage)
- BlueChoice[®] (Preferred Patient Care)
- BlueMedicareSM PPO (only when Medicare does not have a NCD/LCD)
- BlueSelect (BlueSelect network)
- BlueOptionsSM (NetworkBlue)
- Miami-Dade Blue
- Traditional plans
- Federal Employee Program (FEP)

This change does not apply to claims that are processed through BlueCard.

If you have any questions or would like additional information, please call the Provider Contact Center at (800) 727-2227.