



## Manual for Physicians and Providers

# Standing Authorizations Section

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## Standing Authorization

We have established various medical management (utilization management) programs for the review of service requests to determine benefit coverage provided under our policies. The medical management programs are a collaborative effort between Florida Blue, providers and physicians to provide members with information that will help them make more informed decisions about their health care and coverage.

Per your agreement with us, you are required to comply fully with medical management programs administered. Failure to obtain a prior authorization for the procedures listed in the appendices will result in the member and/or provider being held financially responsible for the procedure. There are however certain services that when performed in an office setting may not require a provider to obtain an authorization.

**Note:** For products that require a referral from the member's PCP (myBlue and Medicare Advantage HMO), the referral is required for a specialist to order or render any of these services, excluding the following specialists – women's health specialists for routine and preventive services, Chiropractic, Podiatrists, Behavioral Health and Dermatologists.

## Diagnostic Tests

Participating providers have standing authorizations for approval of the diagnostic tests below when performed in an in-network office or outpatient facility, including a free standing location of service. This list contains the most commonly billed tests and is not all-inclusive.

**Note:** When a diagnostic test is performed as part of a treatment/service that requires an authorization, an authorization for the main service needs to be obtained. If not authorized, the entire claim may be denied.

The Diagnostic Tests listed in the following section when performed in an office setting may not require an authorization for services and does not constitute payment; claims will process according to the coverage terms, limitations and exclusions of the member's benefit plan at the time services are rendered. The final determination of whether or not a procedure is covered will depend on the actual claim(s) submitted.

## Diagnostic Tests

SERVICE CODE	CODES
Allergy	95004 95017-95071
Cardiokymography	Q0035
Cardiovascular	92978 92979 93000-93024 93224-93227 93268-93272 93561-93565 93569-93572 93600-93642 93662 93724 93770
Gastroenterology	43200 91010-91013 91037-91065 91122
Male Genital System	54240 54250
Maternity	59020 59025
Mobil Imaging	Portable X Ray Q0092 Transport of Portable X Ray R0070-R0076
Neurology and Neuromuscular	95816 95819 95829 95860-95875 95907-95913 95921-95937 95954-95962
Non-Invasive Vascular	93886-93895 93950-93977 93990

## Diagnostic Tests

SERVICE CODE	CODES
Ophthalmology	92060 92081-92083 92136 92235-92250
Otorhinolaryngology	92540-92546 92562 92564-92588 92612-92617
Pulmonary	94010 94772 94060-94621 94680-94750 94770
Radiological Guidance	Computed Tomography 77011-77014 Magnetic Resonance 77021 & 77022 Other 19081, 19281, & 19283 Breast Mammography 77065-77067 Bone /Joint Studies 77071- 77077 & 77080
Radiology Diagnostic Imaging	Head and Neck 70010-70332, 70350-70390 Chest 71010-71130 Spine and Pelvis 72020-72120,72170,72190,72200-72270 and 72285- 72295 Upper Extremities 73000-73140 Lower Extremities 73501-73660 Abdomen 74000-74022 74190 Gastrointestinal Tract 74210-74363 Urinary Tract 74400-74485 Gynecological and Obstetrical 74710, 74740, 74775 Aorta and Arteries 75600-75630, 75705-75774, 36223-36227, 36251-36254, 36901-36906, & 93556 Veins and Lymphatics 75801-75893 Transcatheter Procedures 75894-75989, 34701-34711, 0254T Transluminal Atherectomy 0234T-0238T, 37225-37229, & 37231-37235 Other 76000-76140

## Diagnostic Tests

SERVICE CODE	CODES
Radiology Nuclear Medicine	Endocrine 78012-78075 Hematopoietic, etc. 78102-78195 Gastrointestinal 78201-78291 Musculoskeletal 78300-78320, 78350, 78351 Cardiovascular 78414-78445, 78456-78458 Respiratory 78579-78598 Nervous 78600-78607, 78610-78645, 78650, 78660 Genitourinary 78700-78761 Other 78800-78807
Radiology Ultrasound	Abdomen ant Retroperitoneum 76700-76776 Breast 76641-76642 Pelvis – OB, Non-OB, Genitalia 76818-76872 Extremities 76881-76886 Guidance Procedures 76930-76964 Other Procedures 76970-76998 Head & Neck 76506-76513, 76516-76536 Chest 76604, 76641, 77065-77067, and 51725-51798

## DME and Orthotic/Prosthetic Details for Network Blue

Authorization is required for all DME and Orthotic/Prosthetic needs provided by providers participating in the CareCentrix network. All authorizations are to be requested through CareCentrix, Florida Blue's statewide provider for these services.

Physician/Provider offices that have historically supplied and billed for equipment/supplies from their offices, as a result of patient treatment, can continue to do so and do not need to work through CareCentrix; these items may or may not require authorization.

For physician/provider offices or any DME and Orthotics/Prosthetic provider that does not participate in CareCentrix network, the Florida Blue website contains [Medical Policies \(Medical Coverage Guidelines\)](#) showing requirements for specific DME and Orthotics/Prosthetics. Please review the specific [Medical Policies \(Medical Coverage Guidelines\)](#) before providing equipment or a supply.

**Note:** If a provider participating in the CareCentrix network does not submit the request or provides equipment CareCentrix does not authorize, the claim will be denied and the provider may not bill or collect payment from CareCentrix, Florida Blue, or the member.

For providers NOT participating in the CareCentrix network that require authorization for specific equipment, please contact Florida Blue directly.

Submit authorization requests electronically through Availity at [www.availity.com](http://www.availity.com)

## Durable Medical Equipment for Blue Select and Health Options

Requests for all DME, Medical Supplies, and Orthotics/Prosthetics must be coordinated statewide through [CareCentrix](#) for all Health Options (BlueCare, SimplyBlue and BlueMedicare HMO) members.

BlueSelect members have no coverage for DME, MS, and O&P items supplied by a non-participating BlueSelect provider or a provider who is not an Exclusive Provider for non-emergency services. For approval of DME for our Blue Select product, medical supply (MS), and Orthotic/Prosthetic (O&P) items listed below when a participating BlueSelect provider supplies the items. If a non-participating BlueSelect provider or a provider who is not an Exclusive Provider is requested to supply DME for emergency services, then a BlueSelect authorization is required for claim payment.

Florida Blue will continue to monitor the usage of DME, MS, and O&P items, and will have the right to audit records pursuant to the provider's contract with BlueSelect.

For BlueSelect members, a physician will have a standing authorization for approval of DME, medical supply (MS), and Orthotic/Prosthetic (O&P) items listed below when a participating BlueSelect provider supplies the items.

### Durable Medical Equipment Table

Items	Codes	
CPAP / BiPAP Accessories	S8186	
Infusion Pumps / Supplies	A4221 – A4223, A4230 – A4232, A4300 E0779, E0780	
Orthotics / Prostheses / Supplies	A4280 L0120 – L0160, L0172 – L0220, L0450 – L0454, L0466 – L0472, L0621, L0625 – L0628, L0630, L0633, L0970 – L0980, L0984, L1600 – L1620, L1650 – L1660, L1810, L1832, L1836, L1850, L1901, L1902, L1906, L1910, L1930, L1971, L2112 - L2116, L2132, L2180 – L2320, L2335, L2360 – L2385, L2390 – L2500, L2550 – L2624, L2630 – L2850	L3208 – L3211, L3260, L3650 – L3670, L3675 – L3710, L3760, L3762, L3807, L3908 – L3912, L3915, L3917, L3923 – L3931, L3956, L3960, L3962, L3980 – L3984, L3995, L4350 – L4398, L8000 – L8030, L8300 – L8330,
Slings / Traction	A4565	
Urinary Retention Supplies	A5200, E0275, E0276, E0325, E0326	
Miscellaneous	E1902	



## Independent Clinical Laboratory

With the exception of the Preferred Patient Care (PPO) and Traditional/PPS networks, only the laboratory services listed below are eligible for payment when performed in the office by a participating BCBSF or Health Options physician. Any other laboratory services performed in the office will be denied for payment and the member may not be billed. Draw fees are only eligible for payment when lab services are sent to an outside laboratory.

Other laboratory services should be referred to a participating laboratory service provider for the member's plan. In most instances, referral should be to [Quest Diagnostics](#) and DermPath Diagnostics. The preferred lab for anatomical pathology services in Florida is AmeriPath.

### In Office Laboratory List

Codes	Descriptors
36415*	Collection of venous blood by venipuncture
80048	Basic metabolic panel
80051	Electrolyte panel (CO2, Cl, K, Na)
80076	Hepatic function panel (7)
81000	Urinalysis, by dip stick or tablet reagent, non-automated with microscopy
81001	Urinalysis, by dip stick or tablet reagent, automated with microscopy
81002	Urinalysis, by dip stick or tablet reagent, non-automated without microscopy
81003	Urinalysis, by dip stick or tablet reagent, automated without microscopy
81005	Urinalysis, qualitative or semi quantitative, except immunoassays
81015	Urinalysis; microscopic only
81025	Urine pregnancy test, by visual color comparison methods
82150	Amylase

Codes	Descriptors
82247	Bilirubin; total
85018	Hemoglobin (Hgb)
85025	Complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85060	Blood smear, peripheral, interpretation by physician with written report
85097	Bone marrow, smear interpretation
85610	Prothrombin time
86308	Heterophile antibodies; screening
86580	Skin test, Tuberculosis, intradermal
87210	Wet mount for infection agents (e.g., saline, India ink, KOH preps)
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (e.g., scabies)
87400	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple step method; Influenza A or B, each
87420	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple step method; respiratory syncytial virus
87425	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple step method; rotavirus
87430	Infectious agent antigen detection by enzyme immunoassay technique, Streptococcus, group A

Codes	Descriptors
87804	Infectious agent detection by immunoassay with direct optical observation; influenza
87807	RSV assay w/ optic
87809	Infectious agent detection by immunoassay with direct optical observation; adenovirus
87880	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A
88172	Cytopathology. Evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s).
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis.
89051	Cell count, miscellaneous body fluids, except blood; with differential count
89060	Crystal identification by light microscopy with or without polarizing lens analysis, or body fluid (except urine)
89190	Nasal smear for eosinophils
89300	Semen analysis; presence and/or motility of sperm including Huhner test

## Advanced Imaging

For BlueCare, \*BlueChoice, BlueMedicare HMO, BlueMedicare PPO, BlueOptions, BlueSelect, and SimplyBlue members, physicians should contact National Imaging Associates to authorize or obtain a pre-service review for CT scans, CTAs, MRIs/MRAs, PET scans and nuclear medicine – cardiovascular system procedures (myocardial imaging, myocardial infusion studies and cardiac blood pool imaging advanced imaging services) when performed and billed in an outpatient or office location. NIA review does not apply to services rendered in an Emergency Room, Observation Room, surgery center or hospital inpatient setting.

Certain contracts specifically exclude reimbursement for advanced imaging radiology services. The advanced imaging radiology service categories listed below are ineligible for payment in an office setting for these contracted providers.

- CT Scans
- MRIs/MRAs
- PET Scans
- Nuclear Medicine – Cardiovascular System Procedures (myocardial imaging, myocardial perfusion studies and cardiac blood pool imaging)

Providers, which include hospitals, IDTCs, and physicians, should verify an authorization or pre-service review has been obtained before performing these services. Authorizations will be handled by National Imaging Associates.

See ([Appendix B](#)) for list of procedures or visit [www.RadMD.com](http://www.RadMD.com) for more detailed clinical guidelines.

\*\*\*Starting in 2015 some provider arrangements under this requirement may not be applicable.