

Florida Blue 
HMO

myBlue Manual for Physicians and Providers



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About this manual

Welcome to the myBlue provider information manual. This manual does not replace the *Manual for Physicians and Providers*. This manual is meant to reference specific information related to myBlue, a new Florida Blue HMO product, and speaks to specifics for the myBlue product. Where there are no changes or differences between myBlue and Florida Blue HMO and for all sections not referenced in this manual, please refer to the Florida Blue *Manual for Physicians and Providers*.

The manual is not intended to be a complete statement of all Florida Blue policies or procedures for providers. Other policies and procedures not included in this manual may be posted on our website or published in special publications, including but not limited to, letters, bulletins or newsletters.

Any section of this manual may be updated at any time. Florida Blue may notify providers of updates in a variety of ways, depending upon the nature of the update, including mailings, publication in *BlueLine*, our provider newsletter, or posting to our website at www.floridablue.com.

In the event of any inconsistency between information contained in this manual and the agreement(s) between you or your facility and Florida Blue or Florida Blue HMO (Health Options, Inc.), the terms of such agreement(s) shall govern. Also, please note that Florida Blue, and other Blue Cross and/or Blue Shield Plans, may provide available information concerning an individual's status, eligibility for benefits, and/or level of benefits. The receipt of such information shall in no event be deemed to be a promise or guarantee of payment, nor shall the receipt of such information be deemed to be a promise or guarantee of eligibility of any such individual to receive benefits.

Further, presentation of myBlue identification cards in no way creates, nor serves to verify an individual's status or eligibility to receive benefits. In addition, all payments are subject to the terms of the contract under which the individual is eligible to receive benefits.

Providers should conduct business with us electronically through [Availity^{®1}](#), whenever possible. Refer to the *Manual for Physicians and Providers* or www.floridablue.com for additional information about Availity.

If you need to contact us, please refer to the *Important Contact Information* section of this manual.

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myBlue Product

Our products and services are continually evolving to ensure we stay true to our mission, to help people and communities achieve better health. To that end Florida Blue is offering a new product, myBlue HMO, targeted for individual under 65 consumers who are eligible to purchase insurance online through the Health Insurance Exchange.

myBlue is a tightly-managed and referral-based product. Primary care physicians participating in myBlue are responsible for coordinating access to all medical services for myBlue members.

Difference between the current BlueCare HMO model and myBlue HMO model

myBlue HMO is different from the existing BlueCare HMO product. While the BlueCare HMO product requires members to be assigned a primary care physician (PCP), members are not required to receive services from their assigned primary care physician and referrals are not required for specialist visits.

The new **myBlue** product is a traditional HMO plan comprised of a network of Primary Care doctors with no coverage for non-assigned Primary Care doctors.

- Primary Care doctor directs care including issuing referrals to specialists
- Members can see PCPs within the same group. However, if the PCP is part of a multi-specialty group the member's PCP **must** request a referral for the member to visit a specialist within the same group.
- The hospital, specialty and ancillary networks are very similar to that of BlueCare but are not the same.
- Prior authorization is required for most services, including, but not limited to, inpatient and outpatient hospital, home health, rehabilitation therapy, etc. A list of some of the services requiring prior authorization can be found in the *Utilization Management* section of this manual.
- Effective January 1, 2017, a limited pharmacy network comprised of Walgreens pharmacies applies to myBlue. Your patients who are enrolled in myBlue must fill prescriptions at a Walgreens pharmacy beginning January 1 or they will have to pay the full cost of their prescriptions. Walgreens has locations in multiple states when urgent/emergent prescriptions or refills are needed. Our convenient home delivery pharmacy service through PrimeMail® (Prime Therapeutics) can help your patients save money for over 30-day fills, increase adherence, and promote better health outcomes. Visit www.floridablue.com and visit the *Manual for Physicians and Providers* for more information about other products in your area.

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myBlue Network

Most facilities and specialists who participate in our Florida Blue HMO (Health Options, Inc.) network also participate in myBlue. Some are non-participating.

If you are participating, you should have received a letter or notice. You can also validate participation status by checking the online provider directory.

How do members access physician and health care professionals?

Members choose, or are assigned a primary care physician (PCP) from the network of participating physicians.

Members are required to visit their assigned PCP (or another PCP participating within the same group) to coordinate their care.

Authorizations for most services are required.

Is a specialist referral required?

Referrals are required and PCPs must issue referrals to specialists. The specialist will need to confirm a referral from the PCP is on file by checking Availity at www.availity.com.

The referral is valid for two visits within two months from the date the referral is submitted.

Important: If a referral is required for your specialty (exempt list below) and one is not on file, then the myBlue member will not be covered for any services and the member is held harmless.

The following specialties are exempt by legislative law from the referral requirement: obstetrician/gynecologist, podiatrist, chiropractic and dermatology (first five visits only).

A referral for initial or subsequent visits for behavioral health services is no longer needed from the myBlue primary care physician.

The referral is not an authorization for all services. The specialist must obtain authorization to perform services by logging into Availity at www.availity.com.

Are the treating physician and/or facility required to obtain an authorization when providing services?

Yes, for most procedures and services, with the exception of services that have a standing authorization. See guidelines for authorizations and standing authorizations in the Frequently Referenced Utilization Management Section of this Manual(below).

What about out-of-network services?

myBlue does not cover out-of-network services (except for emergency and urgent care).

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Is myBlue part of the BlueCard® program?

No. myBlue is not part of the BlueCard program and provides no out-of-network benefits with exception of emergency and urgent care services. Providers who perform emergency and/or urgent care services to myBlue members outside the state of Florida will submit claims to the host plan.

myBlue does not participate in the Away From Care Program, which is a national Blue Cross and Blue Shield Association (BCBSA) out-of-area program available to certain HMO members.

Facility of Payment

Whenever payments which should have been made by us are made by any other person, plan, or organization, we shall have the right, exercisable alone and in our sole discretion, to pay over to any such person, plan, or organization making such other payments, any amounts we shall determine to be required in order to satisfy our coverage obligations hereunder. Amounts so paid shall be deemed to be paid under this Contract and, to the extent of such payments, we shall be fully discharged from liability.

Non-Duplication of Government Programs

The benefits provided under this Contract shall not duplicate any benefits to which you are entitled, or for which you are eligible, under governmental programs such as Medicare, Veterans Administration, TRICARE, or Workers' Compensation, to the extent allowed by law or any extension of benefits of coverage under a prior plan or program which may be required by law.

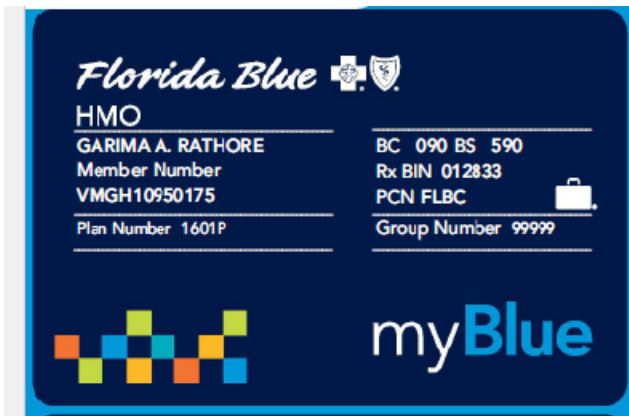
myBlue Identification (ID) Cards

Florida Blue offers a variety of product lines to meet the health care coverage needs of our members. Just like a credit card, the member's ID card can be swiped through a card reader to access real-time eligibility and benefit information via [Availity](#) which also provides access to CareCalc, Availity Care Profile and other online capabilities (see the [Frequently Referenced Self-Service Tools Section](#) for additional information).

Further, presentation of Florida Blue ID cards in no way creates, nor serves to verify an individual's status or eligibility to receive benefits. In addition, all payments are subject to the terms of the contract under which the individual is eligible to receive benefits.

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myBlue ID card



Back of ID Card

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myBlue Primary Care Physician Responsibilities

The information below contains references to myBlue specific primary care physician (PCP) responsibilities. Please reference the *Manual for Physicians and Providers* for a complete listing of compliance requirements and programs.

myBlue HMO is a tightly-managed, referral-based product and includes a narrow network of primary care physicians. myBlue physicians are responsible for coordinating access to all medical services for myBlue members. Primary care physicians servicing myBlue members are responsible for managing care through:

- Engaging patients in wellness activities
- Coaching/counseling patients
- Care management through issuance of referrals to specialists and obtaining authorizations for services
- Monitoring patient utilization management
- Developing care management treatment plans
- Contacting patients, assuring scheduled appointments
- Closing patient care gaps
- Monitoring preventive care and disease management, adherence to best practices
- Counseling patients regarding emergency room utilization and arranging follow-up visits
- Contacting members post hospital discharge

Comprehensive Quality and Clinical Assessment

The Comprehensive Quality and Clinical assessment program focuses on myBlue members who have clinical, care and/or quality opportunities. The program is designed to assist in bringing the member and their physician together to holistically evaluate the member's condition, lifestyle and overall well-being. We believe this leads to the maintenance of quality of care through physician-patient involvement.

PCPs play a pivotal role in influencing patient care by seeing the member annually, educating the member on the importance of preventive screenings and management of their chronic conditions, and reviewing the patient's current and renewed medications.

PCPs can log into Availity to view reports that identify Florida Blue members in their assigned panel who have quality of care gaps.

Each identified member will have an associated Comprehensive Quality and Risk assessment form displayed in Availity which will be available to the assigned physician. PCPs will fill out the form once the member has been seen and submit a corresponding claim. Only one form per eligible member per calendar year can be submitted. The form can be accessed electronically through Availity at www.availity.com.

Florida Blue will contact participating myBlue PCP offices to conduct training on this important process. For additional information on this, visit the *Risk Adjustment* page located in the Provider Tools and Resources section at www.floridablue.com.

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Provider Reporting and Communications

PCPs will have access to their monthly panel roster report on Availity. There is also a mid-month panel roster report of newly assigned members. These reports will be accessible in the fourth quarter of 2015.

Additional reports are also available on Availity.com to assist PCPs in management of their assigned panel.

- Members with no PCP visits in the last 6/12 months
- Inpatient Admits report – a listing of patients admitted to the hospital in the last 12 months
- ER visits – a listing of the patients seen in the emergency room in the last 12 months
- Drug report – a listing of all prescriptions filled by patients in the last 12 months
- Authorizations report – a listing of all authorizations (and rendering provider) for a patients
- Referrals report – a listing of all referrals issued within the last 6 months and how many have been used.

PCPs must make sure they are appropriately registered on Availity to access the reports. Florida Blue is conducting outreach to participating myBlue PCP offices to ensure access is setup.

myBlue Specialist Responsibilities

Prior to rendering services to a myBlue member, the specialist must validate a referral is on file by checking Availity at www.availity.com. If a referral is not on file the specialist must contact the member's assigned PCP to secure a referral. Do not contact Florida Blue if a referral is not on file.

The specialist must also have a referral on file prior to obtaining authorization for services that require a prior authorization.

If services are rendered without a valid referral on file, the services may be administratively denied and the member cannot be billed. Only a member's assigned PCP can issue a referral.

OB/GYNs serving myBlue members can submit referrals to other specialists when needed. This avoids having the member or OB/GYN from going back to the PCP for a referral (so care is not delayed).

What if I am currently servicing a Florida Blue BlueCare member who transitions to the myBlue product? Will I be required to have a referral on file for those services? Is my authorization for services still valid?

myBlue members currently in a BlueCare plan who are under a specialist's care must validate the specialist is in-network for myBlue and will be encouraged to contact their newly assigned PCP to have a valid referral issued.

Florida Blue requires a new authorization for services beginning on or after January 1, 2016. You must have a valid referral on file or claims for services may be denied.

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myBlue Member Responsibilities

Florida Blue will provide a specialized onboarding experience for myBlue members.

- myBlue members will be encouraged to schedule their annual wellness check-up as soon as coverage starts.
- myBlue members must visit their assigned PCP (or PCP in the same group) and PCPs must issue referrals to specialists (cannot self-refer)
- Members will be encouraged to log into their member website to view information on copays or deductibles, view claims, and use the online provider directory to find a physician or facility
- Use only Walgreens pharmacies to fill prescriptions starting January 1, 2017.
- Remind members that out-of-network coverage is available for emergency and urgent care services only

Anytime members have questions about their benefits, providers should direct members to log into the member website for more information

Specialty Providers

Florida Blue partners with many vendors and providers who specialize in certain services that are available to myBlue members. The specialty providers are listed below. Contact information is available in the *Contact Us* section of this manual.

Behavioral Health

New Directions Behavioral Health (New Directions) is Florida Blue's provider for the delivery and management of behavioral health. New Directions offers a wide variety of behavioral health care programs and services and will coordinate all of a myBlue member's behavioral health care needs. myBlue PCPs should coordinate behavioral health care with New Directions. Refer to the *myBlue Utilization Management* section for additional information.

Durable Medical Equipment (DME), Home Health, and Orthotics and Prosthetics

CareCentrix is Florida Blue's provider for the delivery and management of DME, home health, and orthotics and prosthetics. Refer to the *myBlue Utilization Management* section for additional information.

Homebound Specialty Care - MyHomeDoctor (PATCH Program)

The PATCH Program is a Care Management program for high-risk homebound members. Providers must contact Florida Blue Case Management to determine member eligibility. If a member is eligible, Florida Blue Case Management will initiate a referral to MyHomeDoctor. Members may have a higher out-of-pocket cost share for this service.

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Laboratory

Quest Diagnostics, Inc. is our preferred in-network clinical lab provider. Refer members to Quest Diagnostic clinical lab services whenever possible to ensure out-of-pocket costs are as low as possible.

Ophthalmology

myBlue members in South Florida (Miami-Dade, Broward and Palm Beach counties) must be referred to Eye Management Incorporated (EMI). Refer to the *myBlue Utilization Management* section for additional information.

Wound Care

Woundtech is Florida Blue's preferred physician specialty wound care practice. PCPs must issue a referral in Availity in order for Woundtech to render services to myBlue members. Please visit the *Contact Us* page in this manual for information on contacting Woundtech directly.

Providers should issue a referral to Woundtech for myBlue members who have specialized wound care for the following medical conditions:

- Pressure ulcers
- Venous stasis ulcers
- Diabetic foot ulcers
- Arterial ulcers
- Dehisced surgical wounds
- Atypical wounds
- Trauma wounds
- Lymphatic wounds

Woundtech can assist your patients with wound care treatment, which may help them reduce and prevent amputations, a common manifestation of diabetic foot ulcers. Woundtech provides services in the following settings: home, skilled nursing facilities, assisted living facilities and office based clinics.

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Utilization Management Programs

myBlue requires prior authorization for most services. Log into Availity to obtain authorizations for services.

Clinical decision support criteria are used throughout the medical management process to determine whether or not a requested service qualifies for coverage under the member's contract. The application of the definition of medical necessity (as defined in the Member's Contract) is solely for the purpose of determination of coverage or payment for services rendered by providers.

All services must meet the definition of medical necessity as outlined in the member's benefit contract. Although a service may not require authorization, it is still required to meet the definition of medical necessity and is subject to medical necessity review pre-service, post-service or concurrently.

Per your Agreement with Florida Blue, you are required to comply fully with medical management programs administered by Florida Blue.

This includes:

- Obtaining authorizations for services
- Providing clinical information which support medical necessity when requested. Clinical forms are now available in Availity.
- Identifying a contact person in the facility's medical management department who will provide the member's medical information to the Florida Blue medical management onsite or telephonic nurse reviewer.
- Permitting access to the member's medical information.
- Including the Florida Blue medical management nurse in discharge planning discussions and meetings.
- Providing a plan of treatment, progress notes, and other clinical documentation as required.

For more information please see our *Utilization Management (information on specific services) section of this manual.*

Authorization Guidelines

Providers servicing our myBlue members are required to ensure prior authorization is obtained for most procedures. Please login to Availity at www.availity.com to obtain authorization.

Failure to obtain a prior authorization for procedures will result in the provider being held financially responsible for the procedure.

Specialists must validate a referral is on file prior to obtaining authorization for services.

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Pharmacy Utilization Management Guidelines

Select prescription drugs (including injectable medications) may require that specific clinical criteria are met before the drugs will be covered under Florida Blue's pharmacy and/or medical benefit programs.

myBlue has a narrow pharmacy network comprised of Walgreens pharmacies. Starting January 1, 2017, please refer all myBlue members only to Walgreens pharmacies for prescription fills

Note: Benefits vary according to the terms of the member contract. Verify benefits prior to rendering services.

Please reference the [2015 Medial Pharmacy Drug List](#) for a list of drugs requiring prior approval. If the drug is listed and you are a Florida Blue in-network provider, please reference the [Provider Administered Drug Program](#) (PADP) for a list of drugs managed by Magellan Rx Management (ICORE). If the drug is managed by Magellan Rx Management please contact them directly.

If the drug is not listed in PADP or you are not a participating provider, please contact Florida Blue at (800) 727-2227.

myBlue Utilization Management for specific services (Not inclusive of all services that require authorization).

Note: Providers must login to Availity[®] to submit authorizations.

Service	Network - Product	Contractual Obligation
<p>Advanced Imaging (CT Scans, MRIs/MRAs, PET Scans, Nuclear Medicine)</p>	myBlue	<p>Authorizations are required and should be requested from National Imaging Associates, Inc. (NIA) for CT scans, MRAs, MRIs and cardiovascular office and provider outpatient procedures. Refer to the NIA section in the <i>Manual for Physicians and Providers</i> for more details</p>
<p>Behavioral Health Services</p> <p>Primary care physician referral requirement for myBlue behavioral health services was removed April 1, 2017 and <i>is no longer required for initial or subsequent visits.</i></p> <p>Required authorizations must be coordinated through New Directions Behavioral Health. Submit certifications electronically through Availity or contact New Directions Behavioral Health using Blue Express, our automated phone system at (800) 397-7337.</p> <p>If a participating provider fails to comply with New Directions Behavioral Health's utilization management programs for behavioral health services, the provider may be responsible for 100 percent of the bill and the member must be held harmless.</p> <p>If the authorization is denied as "non-covered" services, the provider is held financially responsible.</p>	myBlue	<p>Inpatient: All inpatient psychiatric and substance abuse admissions require authorization by the admitting facility.</p> <p>Outpatient: Behavioral health services are managed. No authorization is required. Partial hospitalization, Intensive Outpatient Program and substance abuse rehabilitation require authorizations and must be coordinated.</p> <p>Referral requirements for Behavioral Health initial and subsequent visits has been removed as of 4/1/2017. Authorization for Inpatient services, partial hospitalization, intensive outpatient program and substance abuse rehabilitation are still required.</p>
<p>Chiropractic Services</p> <p>Effective April 1, 2015, chiropractic providers participating in the American Specialty Health (ASH) provider network should call 800-</p>	myBlue	<p>Authorization for services required. Contact American Specialty Health (ASH) at 800-972-4226.</p>

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Service	Network - Product	Contractual Obligation
<p>972-4226.</p> <p>All services are subject to medical necessity review.</p>		
<p>Durable Medical Equipment</p> <p>Florida Blue's exclusive provider for these services must be requested through CareCentrix. CareCentrix will arrange for services to be rendered by one of its participating providers or will arrange for an out-of-network provider to provide the service if an in-network provider is unavailable.</p> <p>If an in-network provider is not available,, the member's claim will be processed as an in-network benefit.</p> <p>If CareCentrix is unable to provide the service, authorization requests should be initiated electronically through Availity. To request approval for DME, enter all requested data on the Health Care Services Review screen, and select Submit.</p>	myBlue	<p>Authorization is required for all DME and medical supply needs. You should also refer to Florida Blue's Medical Policies (Medical Coverage Guidelines) for specific requests. DME or medical supplies that exceed quantity limitations in the Medical Policies (Medical Coverage Guidelines) are subject to prior authorization as well.</p> <p>Authorization requests from referring physicians/providers can be submitted by phone at 877-561-9910 or by fax at 877-627-6688.</p> <p>Authorization requests from CareCentrix participating providers can be submitted by phone at 877-561-9910, by fax at 877-627-6688, or online through the CareCentrix web portal at https://www.carecentrixportal.com</p> <p>Authorizations should be submitted five working days prior to the date needed or within 24 business hours of the physician's order. Payment will be denied if authorization is not obtained. If extenuating circumstances exist, this process May be delayed.</p>
<p>Home Health/Home Infusion</p> <p>Florida Blue's exclusive provider for these services is CareCentrix. Authorization requests from referring physicians/providers must be requested through CareCentrix and can be submitted by phone at 877-561-9910 or by fax at 877-627-6688. If CareCentrix is unable to provide the service, authorization requests should be initiated electronically through Availity.</p>	myBlue	<p>Authorization is required for Home Health needs. All authorizations should be requested through CareCentrix.</p> <p>Authorization requests from CareCentrix participating providers can be submitted by phone at 877-561-9910, by fax at 877-627-6688, or online through the CareCentrix web portal at https://www.carecentrixportal.com</p> <p>CareCentrix will arrange for</p>

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Service	Network - Product	Contractual Obligation
<p>To request approval for services, enter all requested data on the Health Care Services Review screen, and select Submit. The Florida Blue response will be an authorization number or a message with additional instructions, requirements, or information. If you receive a message that indicates medical review, contact our UM department.</p>		<p>services to be rendered by one of its participating providers or will arrange for an out-of-network provider to provide the service if an in-network provider is unavailable. (On this rare occasion, the member's claim will be processed as an in-network benefit.).</p>
<p>Hospice</p> <p>If the services on the claim are not the same as those authorized, the claim will be held for review of additional information.</p>	myBlue	<p>Authorization required</p> <p>Hospice services require submission of the request and a treatment plan (hospice plan) by the member's PCP or participating provider for review and approval by Florida Blue.</p> <p>If the services on the claim are not the same as those authorized, the claim will be held for review of additional information.</p>
<p>Inpatient - Acute and Long Term Acute Care (LTAC)</p>	myBlue	<p>Authorization required</p> <p>Note: Newborn admissions require separate authorization from the mother if the baby stays after the mother is discharged. If the mother is not insured through Florida Blue, admission will be billed with DRG 789-793.</p>
<p>Laboratory</p> <p>Must use Quest Diagnostics, Inc.</p>	myBlue	<p>In most instances, referral should be made to Quest Diagnostics or Dermpath Diagnostics. The preferred lab for anatomical pathology services in Florida is AmeriPath.</p> <p>If unable to use Quest Diagnostics, then a prior authorization is required.</p> <p>Services obtained at other facilities result in higher out-of-pocket costs for the member.</p>

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Service	Network - Product	Contractual Obligation
Office and Outpatient Diagnostic Tests	myBlue	Authorization required if done in outpatient setting. Exception: Participating physicians have standing authorizations for approval of certain diagnostic tests. Visit the <i>Standing Authorization</i> section of this manual for more information.
Ophthalmology (South Florida)	myBlue	Ophthalmology for South Florida (Broward, Martin, Miami-Dade, Okeechobee, Palm Beach and St. Lucie counties) – members and/or physicians should coordinate services with Eye Management Inc. (EMI.)
Orthotic / Prosthetic All authorizations should be requested through CareCentrix, Florida Blue's statewide provider for these services. Providers that do not participate in CareCentrix network require authorization.	myBlue	Authorization is required for all DME and orthotic/prosthetic services from providers participating in the CareCentrix network.
Outpatient Hospital Services (Includes 23 Hour Observation Care) All outpatient psychiatric and substance abuse admissions must be coordinated through New Directions Behavioral Health.	myBlue	Authorization required
Sleep Study - Please contact Sleep Management Solutions at (855) 243-3326	myBlue	Florida Blue implemented a mandatory pre-service review/prior authorization program for sleep and titration studies.
Spine Care Authorizations will be handled by National Imaging Associates, Inc. (NIA)	myBlue	Authorizations required and will be handled by National Imaging Associates (NIA). Potential cosmetic, plastic or reconstructive surgery is subject to medical necessity review.
Skilled Nursing Facility The voluntary Select Medication Program is available to participating skilled nursing facilities with access to select high-cost medications through Ambient	myBlue	Authorization required.

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Service	Network - Product	Contractual Obligation
Healthcare and Coram Infusion Specialty for members admitted for sub-acute care.		
Therapy Physical/Occupational/Speech Language Pathologists	myBlue	No Authorization required. Check Availability for benefit maximums.

Diagnostic Tests Covered through Standing Authorizations

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

Specialists rendering services to a myBlue member must validate a referral is on file prior to performing any of the services covered through standing authorizations or the claim may deny.

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.

Diagnostic Tests Covered under Florida Blue HMO (Health Options, Inc.)

SERVICE CODE	CODES
Allergy	95004 95010 95015-95075
Cardiokymography	Q0035
Cardiovascular	92978 92979 93000-93024 93224-93272 93561-93572 93303-93350 93600-93642 93662 93724-93736 93741 93744 93770

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SERVICE CODE	CODES
Gastroenterology	91000-91030 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 95860-95904 95921-95937 95954-95962
Non-Invasive Vascular	93875-93979 93990
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 770212 & 77022 Other 77031 & 77032 Breast Mammography 77051-77057 Bone /Joint Studies 77071- 77077

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SERVICE CODE	CODES
Radiology Diagnostic Imaging	Head and Neck 70010-70332, 70350-70390 Chest 71010-71130 Spine and Pelvis 72010-72120, 72170, 72190, 72200-72270 and 72285-72295 Upper Extremities 73000-73140 Lower Extremities 73500-73660 Abdomen 74000-74022 74190 Gastrointestinal Tract 74210-74363 Urinary Tract 74400-74485 Gynecological and Obstetrical 74710, 74740, 74775 Aorta and Arteries 75600-75630 and 75658-75791 Veins and Lymphatics 75801-75893 Transcatheter Procedures 75894-75989 Transluminal Atherectomy 75992-75996 Other 76000-76140
Radiology Nuclear Medicine	Endocrine 78000-78075 Hematopoietic, etc. 78102-78195 Gastrointestinal 78201-78291 Musculoskeletal 78300-78320, 78350, 78351 Cardiovascular 78414-78445, 78455-78458 Respiratory 78580-78594 Nervous 78600-78607, 78610-78645, 78650, 78660 Genitourinary 78700-78761 Other 78800-78807, 78890, 78891

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Radiology Ultrasound	Abdomen ant Retroperitoneum	76700-76776
	Breast	76641-76642
	Pelvis – OB, Non-OB, Genitalia	76818-76873
	Extremities	76881-76886
	Guidance Procedures	76930-76965
	Other Procedures	76970-76998
	Head & Neck 76536	76506-76513, 76516-76536
	Chest G0202-G0206, and 51725-51798	76604, 76641, 76442

myBlue Clinical Operations Programs

Our clinical operations programs include a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates services that meet identified health needs of members. Decisions are subject to the terms and conditions of the member's benefits.

Concurrent Review

Florida Blue may, but is not required, to review inpatient stays and other health care treatment programs. The review is conducted solely to determine whether or not Florida Blue should continue coverage and/or payment for services.

Discharge planning at Florida Blue may, but is not required, to assist in identifying health care resources, which may be available in the member's community following an inpatient stay and if the discharge plan indicates transfer to an alternative level of care.

Note: Facilities are listed as hospitals, long term acute care, acute rehabilitation and skilled nursing facilities.

Case Management

The primary objectives of this program are to improve health outcomes, facilitate access to resources to meet the needs of members with serious health problems and multiple co-morbidities, optimize available health plan benefits and help members regain optimum health and/or improved functional capability in the right setting in a cost-effective manner. Optimal outcomes are achieved through early identification of members at high-risk for preventable adverse outcomes and costly care who may benefit from case management intervention and collaboration with the member, family and physician(s) or other health care providers.

Florida Blue will identify high-risk/high-cost members assigned to you and contact your office to assist in managing the member's care.

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Chronic Conditions – myBlue Member Disease Management

The Disease Management program is voluntary and offered at no additional cost to members identified with Diabetes or Coronary Artery Disease (CAD). Members can 'opt-out' of the program at any time verbally or in writing. The program goals are to help members and their families understand and cope with their chronic condition(s) by: reinforcing the physicians' plan of treatment, promoting healthy behaviors and lifestyle changes, and providing education and tools to promote self-management and assist members to make cost-effective health care choices.

For assistance with this program, contact Case Management/Disease Management at the number listed in the *Contact Us* section of this manual. myBlue members can also check the member website to view information on the Diabetes or CAD Disease Management programs.

Delegated Case Management for Behavioral Health Services

All behavioral health services for Florida Blue and Florida Blue HMO (Health Options, Inc.) members, including Case Management, are delegated to New Directions Behavioral Health.

Important Contact Information

Providers are contractually required to report all changes of address or other practice information electronically in order for Florida Blue to maintain accurate provider directories and reimbursement. To request changes to your office and/or billing information, including information in the provider directory, complete the [Provider Information Update Form](#) and mail or fax it to the address or number indicated on the form. You may also submit changes online through our Provider Directory. Changes may include the following:

- Name and primary address of where checks should be sent
- Federal tax ID number (attach W9 form)
- PA group affiliation (attach Billing Authorization for Professional Association Form)
- Medicare number
- NPI
- Physical address
- Telephone number, including daytime and 24 hour numbers
- Fax number
- Email address
- Hours of operation
- Covering physicians
- Name changes, mergers or consolidations
- Languages spoken
- Accepting new patients
- Website
- Group affiliations
- Practice Management System

Providers should notify Florida Blue 30-days prior to the effective date to ensure accurate data is displayed in the provider directory and to avoid impacts to claims processing.

Note: A group's billing address may not be assigned to an individual provider number; only to a group number.

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Providers are encouraged to conduct business with us electronically through [Availity](#). Refer to the Self-Service Tools section for additional information about Availity.

If you need to contact us, this section of the manual provides contact information for Florida Blue, vendors and other helpful resources.

Contact Name	Contact For	Phone Number	Email Address/Website
Availity	Technical Support Self-Service Tools	(800) AVAILITY 800 282 4548	support@availity.com www.availity.com
CareCentrix	DME Medical Supply Home Health Home Infusion Coordination Orthotics & Prosthetics	(877) 561-9910 Fax: (877) 627-6688	carecentrixportal.com
Case Management/Disease Management	Complex Case Management Oncology Case Management Rare Condition Case Management Pediatric Neonatal Intensive Care Unit (NICU) High Risk Maternity Program Chronic Condition Management Medicare Advantage Care Programs	(800) 955-5692 Option 4	
Caremark Specialty Pharmacy Services	Specialty Pharmacy Program	(866) 278-5108 Fax: (800) 323-2445	www.caremark.com
eDispense (EDVM)	Vaccine Manager	(866) 522-3386	www.enroll.edispense.com
Eye Management, Inc. (EMI)	Ophthalmology Services (South Florida)	(800) 329-1152 Option 1	
Magellan RX Management (ICORE)	Provider Administered Drug Program	(800) 424-4947 Fax: (888) 656-2040	Magellan
Implantable Provider Group (IPG)	Implantable Device Procurement Program	(866) 295-3195	www.ipgsurgical.com

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Contact Name	Contact For	Phone Number	Email Address/Website
		Fax: (866) 295-4773	
New Directions Behavioral Health	Behavioral Health Services	(866) 730-5006 Fax: (904)371-6912	www.ndbh.com
My Home Doctor	PATCH program – South Florida	(888)-696-4322	My Home Doctor
National Imaging Associates (NIA)	Obtain advanced imaging authorization or pre-service review	(866) 326-6302 Fax: (800) 784-6864	
Prime Therapeutics	Medication Requiring Prior Authorization	(877) 627-6337 Fax: (877) 828-3939	www.primetherapeutics.com
Quest Diagnostics or AmeriPath Dermpath Diagnostics	Clinical Lab Services	(866) MYQUEST (866) 697-8378	www.questdiagnostics.com www.ameripath.com www.dermpathdiagnostics.com
Revenue Program Management	myBlue risk adjustment education, documentation and coding training		riskadjustmenttraining@Floridablue.com
Sleep Management Solutions	Sleep Management Solutions Contact for: Authorization Pre-Certification	(855) 243-3326	www.sleepsms.com
Spine Care Management Program	NIA Contact for: Authorization Pre-Certification	(866) 326-6302	www.RadMD.com
Transplant Care	Pre-service Review	(800) 955-5692 Fax: (904) 357-6331 Option 3	
Woundtech	Specialty wound care	(866) 986-2261 Fax: (866) 968-6339	info@woundtech.net

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Self-Service at-a-Glance

myBlue providers are encouraged to use Availity to issue referrals and obtain authorizations and to check eligibility and benefits. These self-service tools are available through Availity at www.availity.com and the Florida Blue website at www.floridablue.com. The tools and forms available on these sites can help providers reduce administrative costs, improve office workflows, and assist in the collection of claim payments. Checking Availity each time will ensure you receive current member information.

Providers should always use self-service tools prior to contacting Florida Blue. Florida Blue has created a new fast path priority service process using an Availity transaction ID (fast path code) to encourage providers to use Availity before calling the Florida Blue Provider Contact Center for benefit information. If you need to call the Provider Contact Center and do not have an Availity transaction ID (fast path code), you may experience longer wait times. Florida Blue asks that providers adhere to guidelines for using electronic self-service tools.

Electronic Capability and Participation

Providers and/or their designees (billing services, clearing houses, etc.) are required to use clinical, financial and administrative electronic self-service capabilities including those accessed through Availity. These capabilities include but are not limited to:

- Submitting administrative inquiries electronically through Availity using Authorizations and Referrals Review and Inquiry, Eligibility and Benefits, CareCalc, Claim Reconciliation Tool and Claims Status.
- When using certain Availity transactions (Authorizations and Referrals Review and Inquiry, Eligibility and Benefits Inquiry) providers should use the automated transaction and obtain an Availity transaction ID. This transaction ID will provide fast path priority service if you should need to call Florida Blue for assistance. Providers will not receive eligibility and benefits information from Florida Blue without a transaction ID.
- Using a paperless payment process [Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)] and other electronic financial settlement tools such as Claim Reconciliation Tool.
- Using clinical electronic tools such as Patient Care Summary.
- Submitting claims electronically in the HIPAA-5010 format or subsequent versions mandated by the federal government.
- Submitting medical records electronically.

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NOTE: A condition of a provider's continued participation with Florida Blue is full utilization of the electronic capabilities set forth above via secured electronic means. Providers ordering labs or other diagnostic tests for Florida Blue members agree to allow Florida Blue to share the results with the member or other treating physicians. If providers utilize electronic technologies that meet the criteria of the Centers for Medicare & Medicaid Services (CMS) "meaningful use", they will make every effort to use the same technology with Florida Blue on behalf of our members. Providers sharing medical records with Florida Blue agree to allow Florida Blue to share the medical records with the member's other treating physicians via secured electronic means.

At Florida Blue's request, providers will direct their vendor(s) to work with Florida Blue on their behalf to integrate this electronic technology into their system(s). Providers agree to integrate Clinical Exchange Capabilities (CIE) with Florida Blue.

Health Plan Transactions

HIPAA-AS compliant transactions available online in real-time and by electronic data interchange in batch include:

- ASC X12N 270/271 Health Care Eligibility Benefit Inquiry and Response
- ASC X12N 276/277 Health Care Claim Status Request and Response
- ASC X12N 278 Health Care Services Review – Request for Review and Response
- ASC X12N 835 Health Care Payment/Advice
- ASC X12N 837 Professional Health Care Claim/Institutional Health Care Claim

You may submit electronic transactions directly through Availity or through a billing service, who will then use Availity to submit claims to Florida Blue. However, you must be connected to Availity to conduct Eligibility and Benefits inquiries, Health Care Services Review and Inquiries (authorizations and referrals), submit claims and view remittances. These services are offered at no charge to providers.

Florida Blue Hours of Availability for Electronic Transactions

Hours of operation for eligibility and benefits, claims submission, and Health Care Services Review and Inquiries are:

Monday through Saturday 12 a.m. – 11 p.m. Eastern Time

Sunday 12 a.m. – 5 p.m. Eastern Time

Hours of operation for claim status inquiries are:

Monday through Saturday 24 hours a day

Sunday 12 a.m. – 5 p.m. Eastern Time

Occasional system maintenance may affect hours of availability. If the system is unavailable, the Availity website will display an announcement.

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