

Summer 2025

Prior Authorization Stipulation Changes:



Stereotactic Breast Biopsy

We are pleased to inform you that, effective immediately, prior authorization requests for Stereotactic Breast Biopsies are no longer required for procedures performed at in-network imaging facilities.

Providers can now submit orders for Stereotactic Breast Biopsies directly to any participating imaging facility equipped to conduct this procedure. This change is intended to streamline the process and improve care for our members.

Ultrasound-Guided Needle Breast Biopsy

Effective immediately, providers no longer need to request prior authorization from Florida Health Care Plans Central Referrals Department for Ultrasound Guided Needle Breast Biopsies as long as the procedures are performed at in-network imaging facilities.

Requesting providers may send Ultrasound Guided Needle Breast Biopsies orders directly to any participating imaging facility that can perform the test.



Prior Authorization Stipulation Removals:

Urology

We are pleased to announce that, effective immediately, prior authorization requests are no longer necessary for the following procedures when performed in an Ambulatory Surgery Center or Office-Based Lab (OBL) that is in-network for a member's plan:

Bladder Fulguration

- Cystoscopy
- Cystoscopy w/ TUIS dilation
- Extracorporeal Shock Wave Lithotripsy (ESWL)
- Laser Lithotripsy
- Pyelogram
- Pyeloscopy
- Transurethral Resection of Bladder Tumor (TURBT)
- Transurethral Resection of the Prostate (TURP)
- Stent placement/removal
- Ureteroscopy

Gastroenterology

We are pleased to announce that, effective immediately, prior authorization requests are no longer necessary for the following procedures when performed in an Ambulatory Surgery Center or Office-Based Lab (OBL) that is in-network for a member's plan:

- Colonoscopy
- Esophagogastroduodenoscopy (EGD)
- Panendoscopy
- Sigmoidoscopy
- Enteroscopy

Prior Authorization is necessary for All Places of Service:

- Pediatric Gastroenterology procedures
- Repeat Colonoscopy/EGD within one year of a previous study

Please be aware that if a case needs to be taken to a hospital due to any factors listed below, prior authorization from Florida Health Care Plans is still required.

- BMI over 40,
- COPD, frailty/elderly status,
- Uncontrolled hypertension,

- · Cardiac issues,
- Anesthesia complications,
- Repeat Colonoscopy/EGD within one year of a previous study

Before faxing in your request, please ensure the reason for transferring the case to a hospital is clearly stated ON the prior authorization form.

Ambulatory Surgery Centers

Effective immediately, the following procedures will no longer require prior authorization from Florida Health Care Plans' Central Referrals Department if the provider and ambulatory surgery center are in-network for the member's plan.

GI Procedures:

- Colonoscopy
- Esophagogastroduodenoscopy (EDG)
- Panendoscopy
- Sigmoidoscopy
- Enteroscopy

Prior Authorization is necessary for All Places of Service:

- Pediatric Gastroenterology procedures
- Repeat Colonoscopy/EGD within one year of a previous study

Urology Procedures:

- Bladder Fulguration
- Cystoscopy
- Cystoscopy w/ TUIS dilation
- Extracorporeal Shock Wave Lithotripsy (ESWL)
- Laser Lithotripsy
- Pyelogram
- Pyeloscopy
- Transurethral Resection of Bladder Tumor (TURBT)

- Transurethral Resection of the Prostate (TURP)
- Stent placement/removal, Ureteroscopy
- Ureteroscopy

If there are any questions or concerns about these updates, please don't hesitate to contact the Florida Health Care Plans Central Referral Department at (386) 238-3230.

HEDIS®/STAR Provider Guide Update

Florida Health Care Plans (FHCP) would like to announce the 2025 HEDIS®/Star Provider Guide has been updated and is available on the fhcp.com <u>website</u>.

To view or download the Guide go <u>FOR PROVIDERS</u>, located at the upper right corner of the home page, then go to the Resources, Education & Support dropdown, and scroll down to the Resources & Support heading to find HEDIS/Star Provider Guide.

HEDIS® (Healthcare Effectiveness Data and Information Set) is a performance measurement tool developed by the National Committee for Quality Assurance (NCQA) to assess the quality of healthcare.

Using clinical quality measures, health care plans are rated on their compliance with these important guidelines. This assures excellent care for our members and is an integral part of our accreditation.

If you have questions or would like additional information, please contact: FHCP Quality Management <u>(386) 676-7100</u>, Ext. 4098, or <u>QualityManagement@fhcp.com</u>.

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Up Front Claims Rejections

Please note that 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:
- 6 numeric digits i.e., 123456
- 3 alpha characters + 6 numeric digits i.e. VFM123456

• Zip Code + 4 on both loop 2010AA Billing provider and the 2010AB Pay to Address must match the United States Postal Service's (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 was 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 that the taxonomy codes submitted on claims match providers' NPPES records.

Thank you for your cooperation in this matter. If you have any questions, please feel free to call the Florida Health Care Plans Claims Department at <u>(386) 615-5010</u>.

QUESTIONS? CONTACT THE FHCP PROVIDER RELATIONS TEAM!

ProviderRelations@fhcp.com

(<u>386) 615-5096</u>



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