



## PROVIDER REFERRAL GUIDE – FLAGLER COUNTY

THE FHCP PROVIDER REFERRAL GUIDES CAN BE FOUND AT

[HTTPS://WWW.FHCP.COM/PROVIDERS/](https://www.fhcp.com/providers/)

AND THE FHCP PROVIDER PORTAL

**DISCLAIMER: THIS PROVIDER REFERRAL GUIDE IS FOR INFORMATIONAL PURPOSES ONLY AND SOLELY FOR PROVIDERS' USE. NOTHING HEREIN SHALL BE CONSTRUED AS EXTENDING, MODIFYING, OR IN ANY WAY STATING THE COVERAGE AND BENEFITS OF MEMBERS.**

Authorization is not a guarantee of payment. Coverage is subject to member eligibility, applicable benefit criteria, and Provider contract provisions effective as of the date of service. Contract limitations may apply and supersede any authorization provided.

In the event of any inconsistency between the information contained in this guide and the agreement(s) between you/your facility and Florida Health Care Plans the terms of such agreement(s) shall govern. This Provider Referral Guide is not intended to be a complete statement of policies or procedures applicable to providers.

Please contact Florida Health Care Plans Provider Relations at 386 / 615-5096 or email [Providerrelations@fhcp.com](mailto:Providerrelations@fhcp.com) for any additional information.

### HELPFUL TIPS FOR REFERRAL GUIDE NAVIGATION:

- The guides are interactive, so there's no need to scroll!
- These links make the Referral Guidelines easily accessible, and they are updated monthly.
- **Ctrl + F** – Brings up the “Find” function box. Type the specialty in the box, and exact matches will appear to the left of your screen on the Navigation panel. Select your choice, and you'll be directed to the specialty under the Table of Contents. Click on the specialty to go directly to the list of specialists.
- Alternatively, you may select the specialty of choice in the Table of Contents. Click on the specialty to go directly to the list of specialists.
- **Ctrl + Home** will return you to the top of this document.



## PROVIDER REFERRAL GUIDE – FLAGLER COUNTY

Benefits & Eligibility Questions	Ph: 386-615-4024
Case Management Utilization	Ph: 386-676-7187 Fax: 386-615-4058
Claims Customer Service	Ph: 386-615-5010 Email: <a href="mailto:claims@fhcp.com">claims@fhcp.com</a>
Central Referrals	Ph: 386-238-3230 Fax: 386-238-3253
Health Management Information	Ph: 800-352-9824 X 3550 Fax: 888-427-4544 Email: <a href="mailto:medrecroi@fhcp.com">medrecroi@fhcp.com</a>
Provider Relations	Ph: 386-615.5096 Fax: 386-676-7167 Email: <a href="mailto:providerrelations@fhcp.com">providerrelations@fhcp.com</a>

**A BLACK BOX** Indicates prior authorization is required through the FHCP Central Referrals Department.

**For URGENT REQUESTS (i.e., life-threatening or serious jeopardy to health) requiring prior authorization, the requesting provider must call FHCP Central Referrals at 386-238-3230.**

Services that require prior authorization must have documentation of medical necessity. If documentation is unavailable, your request may be denied. **Please refer to this Provider Referral Guide for assistance in referring our patients for services.** Note that there are guideline variations for **Halifax Employee Care Network (HECN)**.

**HALIFAX EMPLOYEE CARE NETWORK (HECN), BETHUNE-COOKMAN UNIVERSITY, AND VOLUSIA COUNTY SCHOOL BOARD MEMBERS** CAN SEE ALL LISTED HMO PROVIDERS, AS WELL AS ADDITIONAL PROVIDERS, AS SPECIFIED, WHO HAVE BEEN **INDICATED IN GREEN** WITHIN THIS DOCUMENT. **EXTENDED PROVIDER NETWORK (EPN)** PROVIDERS ACCEPTING ONLY **TRIPLE OPTION PLAN MEMBERS** HAVE THIS PLAN **INDICATED IN BLUE** WITHIN THIS DOCUMENT.

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## ACUPUNCTURE

**REQUIRES PRIOR AUTHORIZATION.** The requesting provider should complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

**This program is for FHCP Medicare members with a history of chronic lower back pain lasting 12 weeks, not identifiable with a systemic cause (such as metastatic, inflammatory, or infectious disease) and not associated with surgery or pregnancy.**

# ACUTE LOW BACK & NECK PROGRAM

This low back and neck pain program is for FHCP members ages 17 and above. The program is for *acute pain, less than two-weeks duration*. Access to this program can be made by either the physician or the patient.

**PHYSICIAN:**

For members whom you have recently treated for low back or neck pain, please give an order to the patient indicating “Acute Low Back & Neck Program.” Instruct the member to call for an appointment at the nearest location (list of *Outpatient Rehabilitation Programs* on the next page) and to bring your order to their initial visit.

The member is responsible for their copayment.

**MEMBER:**

Direct access – patient may call to self-refer. Patient must not be currently receiving care from a physician for low back or neck pain. Appointments will be limited to no more than four (4) visits in two (2) weeks.

The member is responsible for copayment.

OUTPATIENT REHABILITATION LOCATIONS

Ability Health Services & Rehabilitation	10 Cypress Point Parkway, Until 106, Palm Coast, FL 32164	Ph: 386-264-6672 Fax: 386-264-6632
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## ALLERGY

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Juan C. Mas, MD #000557</b> <b>Bernard Zeffren, MD #133259</b> Ages 2+	<b>AllerVie Health</b>  9 Pinecone Drive, Suite 105, Palm Coast 32137  1890 LPGA Blvd, Suite 255 Daytona Beach, FL 32174	Ph: 386-446-3006 Fax: 386-446-2909  Ph: 386-673-1323 Fax: 386-676-7448
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## AMBULATORY SURGICAL CENTERS (ASC)

PLEASE SEE *SURGICAL FACILITIES*.

## APPLIED BEHAVIORAL ANALYSIS (ABA THERAPY)

**REQUIRES PRIOR AUTHORIZATION.** The requesting provider should complete the "FHCP Referral Form" found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

The FHCP Central Referral Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

<b>Easterseals Northeast Central Florida #10J850</b>	1219 Dunn Avenue, Daytona Beach, FL 32114	Ph: 386-255-4568 Fax: 386-258-7677
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## ARTERIAL BLOOD GASES (ABG)

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Halifax Health #00Y007</b>	303 N. Clyde Morris Blvd., Daytona Beach, FL 32114	Ph: 386-238-2251 Fax: 386-238-2252
<b>AdventHealth Palm Coast #00Y015</b> Outpatient Laboratory	60 Memorial Medical Parkway, Palm Coast, FL 32168	Ph: 386-586-4402 Fax: 386-917-5576

## AUDIOLOGY SERVICES

Prior authorization from FHCP Central Referrals is not needed, *except for Easterseals, as noted below.*

**Prior authorization from the FHCP Central Referral Department is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>First Coast Hearing Clinic</b>	<b>First Coast Hearing Clinic</b> 50 Cypress Point Parkway, Suite B3, Palm Coast, FL 32164	Ph: 386-447-7364 Fax: 386-447-8742
<b>Atlantic Hearing Balance &amp; Tinnitus Center</b>  All ages	<b>Atlantic Hearing Balance &amp; Tinnitus Center</b> 460 Palm Coast Pkwy., Ste. 4 Palm Coast, FL 32137	Ph: 386-585-4161 Fax: 386-767-0742

**EASTERSEALS REFERRALS REQUIRE PRIOR AUTHORIZATION.** Please complete the "FHCP Referral Form" found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the ordering provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386-238-3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Easterseals Northeast Central Florida #10J850</b>	1219 Dunn Avenue, Daytona Beach, FL 32114	Ph: 386-255-4568 Fax: 386-258-7677
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## AUTISM SPECTRUM DISORDER (ASD)

**Prior authorization from the FHCP Central Referral Department is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The FHCP psychiatrist will evaluate and diagnose the member. Once evaluated and a confirmatory diagnosis is made, the FHCP psychiatric office will submit a referral order to our FHCP Central Referral Department. The Central Referral Department will review the request to determine benefit eligibility has been met for coverage of ASD. If approved, the FHCP Central Referral Department will notify the FHCP-contracted provider who renders Autism Spectrum Disorder Treatment, who will then schedule the member.

<b>FHCP Behavioral Health Department</b> <b>Miriam A. Staub, MD #090747</b> Ages 2+	<b>Florida Health Care Plans Edgewater</b> 239 N. Ridgewood Avenue, Edgewater, FL 32132	Ph: 386-427-4868 Fax: 386-427-5157
<b>FHCP Behavioral Health Department</b> <b>Maria Masferrer, MD #117186</b> Ages 4+	<b>Florida Health Care Plans Ormond Beach</b> 483 S. Nova Road, Ormond Beach, FL 32174	Ph: 386-481-6160 Fax: 386-481-6170

# BARIATRIC SURGERY PROGRAM

Prior authorization from FHCP Central Referrals is not needed *for the program*. However, **prior authorization is required for bariatric surgery**. For the Bariatric Surgery Program, the requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

**THE REQUEST FOR BARIATRIC SURGERY REQUIRES PRIOR AUTHORIZATION.** FHCP encourages all bariatric surgery providers to contact FHCP to verify the member's benefits. Please complete the "Request for Surgical and Special Procedure Form" found at [Referrals, Prior Authorizations, and Orders](#). Please fax the completed form to the FHCP Central Referral Department at **386-238-3253** to request surgical approval. *Note that bariatric surgery requires the member to meet a BMI parameter of >40, or >35 with complications.*

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Joel Sebastien, MD, FACS	East Coast Bariatrics at Halifax Health 201 N. Clyde Morris Blvd., Suite 210, Daytona Beach, FL 32114	Ph: 386-238-3205 Fax: 386-238-3234
Robert Marema, M.D. #10H772	Flagler Health+ Bariatric Surgery Center 400 Health Park Blvd., St. Augustine, FL 32086	Ph: 904-819-5155 Fax: 904-819-4961
John S. Koppman, M.D. #10D883	201 Health Park Blvd., Ste. 103, St. Augustine, FL 32086	Ph: 904-827-0093 Fax: 904-827-0094

## BARIUM SWALLOW TESTING

**Prior authorization from the FHCP Central Referral Department is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

Outpatient barium swallow tests ordered with a separate speech therapist / swallowing evaluation will need to be scheduled at the **Radiology / Imaging Department** of an in-network hospital listed below.

<b>Halifax Health #00Y007</b> Pediatric admissions available at Halifax Daytona Beach only.	303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-425-4000
<b>AdventHealth Palm Coast #00Y015</b>	60 Memorial Medical Parkway, Palm Coast, FL 32164	Ph: 386-437-2211
<b>Flagler Health+</b>	400 Health Park Blvd., St. Augustine, FL 32086	Ph: 904-819-4358 Fax: 904-819-4961

# BEHAVIORAL HEALTH

**Prior authorization from FHCP Central Referrals is not needed for the services listed immediately below.** The requesting provider will send an order to the specialist. Provider should include patient's psychiatric history, recent labs, and medication list. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

- Cognitive screening / behavioral therapy (CBT)
- Critical incident stress management counseling and treatment (CISM)
- Eye movement desensitization and reprocessing (EMDR)
- Post-traumatic stress disorder/syndrome counseling and treatment (PTSD)

**THE SERVICES LISTED IN THE BLACK BOX BELOW REQUIRE PRIOR AUTHORIZATION.** Please complete the "FHCP Referral Form" found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

- **Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.
- **Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

- **ELECTROCONVULSIVE THERAPY (ECT)**
- **NEURO-LINGUISTIC PROGRAMMING (NLP)**
- **NEUROPSYCHOLOGICAL TESTING**
- **RAPID TRAUMA RESOLUTION THERAPY**
- **TRANSCRANIAL MAGNETIC STIMULATION**
- **HYPNOSIS**

Substance use disorder information can be found under the heading **SUBSTANCE USE DISORDER** within this document.

## BEHAVIORAL HEALTH – (Continued)

<b>Jennifer Mann, LMHC #064823</b> Non-Medicare members only – ages 5-64	<b>REACH Counseling &amp; Wellness</b> 7421 E. Moody Boulevard, Suite 204, Bunnell, FL 32110	Ph: 386-793-9669 Fax: 386-256-1761
<b>Richard Fay, LCSW #076786</b> <b>Brandon Harris, LCSW #091504</b> All ages <b>Lisa Johnson, LCSW #089489</b> Ages 13+  <b>Kristi Miller, LMHC #076778</b> <b>Lisa Benitez, LMHC #076787</b> <b>Michelle Protko, LMHC #064020</b> <b>Blessing Pereira, LMHC #076779</b> Non-Medicare members - ages up to 64	<b>Presbyterian Counseling Center</b> 156 Florida Park Drive, Palm Coast, FL 32137	Ph: 386-258-1618 Fax: 386-253-4215
<b>Richard Fay, LCSW #076786</b> <b>Brandon Harris, LCSW #091504</b> All ages <b>Lisa Johnson, LCSW #089489</b> Ages 13+ <b>Kristi Miller, LMHC #076778</b> <b>Lisa Benitez, LMHC #076787</b> <b>Michelle Protko, LMHC #064020</b> <b>Blessing Pereira, LMHC #076779</b> Non-Medicare members - ages up to 64	<b>Presbyterian Counseling Center</b> 156 Florida Park Drive, Palm Coast, FL 32137	Ph: 386-258-1618 Fax: 386-253-4215

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## BEHAVIORAL HEALTH – (Continued)

<b>Richard Fay, LCSW #076786</b> <b>Brandon Harris, LCSW #091504</b> All ages <b>Lisa Johnson, LCSW #089489</b> Ages 13+  <b>Kristi Miller, LMHC #076778</b> <b>Lisa Benitez, LMHC #076787</b> <b>Michelle Protko, LMHC #064020</b> <b>Blessing Pereira, LMHC #076779</b> Non-Medicare members - ages up to 64	<b>Presbyterian Counseling Center</b> 156 Florida Park Drive, Palm Coast, FL 32137	Ph: 386-258-1618 Fax: 386-253-4215
<b>Kathleen Conrad, LCSW #073848</b> Ages 1+; non-Medicare members only.	<b>New Beginnings Therapeutic Services</b> 4721 East Moody Boulevard, Suite 503, Bunnell, FL 32110	Ph: 386-437-7747 Fax: 386-437-4938
<b>Sibel Guelseren, LMFT #041906</b> Ages 3+; non-Medicare members only.	<b>Anew Counseling</b> 50 Leanni Way, Suite B3, Palm Coast, FL 32137	Ph: 386-334-3777 Fax: 386-283-5900
<b>Cynthia Roberts, LMHC #061265</b> <b>Amanda Perez, LMHC #153264</b> <b>Kristina Devors, LCSW #153506</b>  Ages 4+; non-Medicare members only.	<b>Palm Coast Counseling</b> 160 Cypress Point Pkwy., Ste. B302, Palm Coast, FL 32164	Ph: 954-440-7858 Fax: 954-405-8606
<b>EPIC Behavioral Healthcare</b>  Eligible FHCP Members ages 4 years and older who are Non-Medicare	<b>EPIC Behavioral Healthcare</b>  2323 N. State St., Unit 57, Bunnell, FL 32110	Ph: 386 -309-8083 Fax: 904 -824-0724

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## BEHAVIORAL HEALTH – (Continued)

<b>Roderick Perry, LMHC #088322</b> Ages 11+ years; non-Medicare members only	<b>Helping Homes Counseling &amp; Wellness</b> 399 Palm Coast Pkwy. NW, Unit 1, Palm Coast, FL 32137	Ph: 386-344-7575 Fax: 386-280-8444
<b>Jessica Cavinta, LMHC, #098797</b> <b>Ashley Goetsch, LMHC #074481</b> <b>Stacy Savage, LMHC #10Q548</b> <b>Rachel Scott, LMHC #086486</b> Ages 8+; Practice accepts non-Medicare members only.	<b>Solutions Counseling and Consulting</b> 381 Palm Coast Parkway SW, Unit 1, Palm Coast, FL 32137	Ph: 386-597-2904 Fax: 386-597-2903
<b>Jennifer Grant, LCSW #057543</b> Ages 5+	<b>Journey to Wellness</b> 4865 Palm Coast Parkway NW, Unit 1, Palm Coast, FL 32137	Ph: 386-530-6796 Fax: 386-530-6797
<b>Amanda Perez, L.M.H.C. #127400</b> Ages 6+ non-Medicare members only	<b>Amanda Perez Counseling, LLC</b> 4721 E. Moody Blvd., Ste. 204, Bunnell, FL 32110	Ph: 386-302-8929
<b>Jessica Dobbs, L.M.H.C. #101414</b> Ages 11+	<b>JSD Counseling Services</b> 4721 E. Moody Blvd., Ste. 204, Bunnell, FL 32110	Ph: 407-205-2361 Fax: 773-337-6526
<b>Beatrice Lafleur, L.C.S.W. #087714</b> <b>Katarzyna Potocka, L.C.S.W #153813</b> Ages 5+	<b>AZA Health</b> 460 Palm Coast Parkway, SW., Ste. 5, Palm Coast, FL 32137	Ph: 386-246-3954 Fax: 386-246-3960

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## BEHAVIORAL HEALTH – (Continued)

### BEHAVIORAL HEALTH – CHILD & ADOLESCENT

**PRIOR AUTHORIZATION IS REQUIRED TO SEE THE PROVIDERS BELOW.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, FHCP will forward to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Steven Batton, DO #076733</b> <b>Fariya Afridi, MD #10N061</b> Ages 0-18	<b>Halifax Behavioral Services</b> 841 Jimmy Ann Drive, Daytona Beach, FL 32114	Ph: 386-425-3900 Fax: 386-425-7804
<b>Sara Riley, LMHC #011510</b> Ages 1-18 new Non-Medicare members only	50 Leanni Wy., Unit B-3, Palm Coast, FL 32137	Ph: 386-986-2222 Fax: 386-986-2200
<b>Deborah Reilly, LCSW #148688</b> Ages 5-18 new Non-Medicare members only	<b>Kindness and Clarity Counseling</b> 4 Office Park D., Pod 3 Ste O, Palm Coast, FL 32137	Ph: 386-503-0522 Fax: 386-845-9293
<b>Cynthia Roberts, LMHC #061265</b> <b>Amanda Perez, LMHC #153264</b> <b>Kristina Devors, LCSW #153506</b> Ages 4+; non-Medicare members only.	<b>Palm Coast Counseling</b> 160 Cypress Point Pkwy., Ste. B302, Palm Coast, FL 32164	Ph: 954-440-7858 Fax: 954-405-8606

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## BEHAVIORAL HEALTH – (Continued)

### BEHAVIORAL HEALTH – INPATIENT SERVICES

**Prior authorization from FHCP Central Referrals is not needed for the initial 24-hour admission.** The requesting provider should instruction he member to present to one of the facilities listed below for screening.

**The admitting facility must notify FHCP's Case Management Department at 386-676-7187 within one business day of admission for authorization of continued inpatient care.**

<b>Halifax Health #00Y007</b>	303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-254-4303 Fax: 386-254-4113
<b>SMA Behavioral Health Services, Inc.</b>	1150 Red John Drive, Daytona Beach, FL 32124	Ph: 800-539-4228 Fax: 386-236-3161

## BEHAVIORAL HEALTH – NEUROPSYCHOLOGICAL TESTING

**PRIOR AUTHORIZATION IS REQUIRED TO SEE THE PROVIDERS BELOW.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, FHCP will forward to the provider for scheduling.

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**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Please note that neuropsychological evaluation services do not require prior authorization.

## BIRTH CENTERS

**Prior authorization is not needed.** Members may self-refer to this specialty and will be able to call to schedule appointments without an order from their physician.

These providers will provide complete outpatient obstetrical services to FHCP members, including vaginal deliveries at the birth center, for uncomplicated, low-risk pregnancies.

<b>Heart2Heart Birth Center, LLC</b> Ages 16+	1110 Lexington Green Lane, Sanford, FL 32771	Ph: 407-322-9944 Fax: 407-878-5858
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## HOME BIRTH SERVICES

**Prior authorization is not needed.** Members may self-refer to this specialty and will be able to call to schedule appointments without an order from their physician.

<b>Mama Mia Midwifery #123365</b> Ages 16 to 45 Does not accept Medicare.	10268 Park Row Court, Orlando, FL 32832 <i>Services are rendered at the member's home.</i>	Ph: 425-772-6213 Fax: 321-319-9713
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## BONE DENSITY / DEXA STUDIES

**Prior authorization from the FHCP Central Referral Department is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. *FHCP will cover this testing for our members once every twenty-four (24) months.*

<b>Florida Health Care Plans (N)</b> Patients weighing 350 pounds and under	<b>FHCP Center – Daytona Beach</b> 350 N. Clyde Morris Blvd, Daytona Beach, FL 32114	Ph: 386-238-3200 Ext 3229 Fax: 386-238-3292
<b>Palm Coast Imaging #005448 (N)</b> Will not schedule SNF patients	3 Pine Cone Drive, #101, Palm Coast, FL 32137	Ph: 386-274-6000 Fax: 386-446-1866

**Legend:**

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

*Out of pocket costs may vary, depending on location or benefit plan.*

## BONE GROWTH STIMULATORS

**REQUIRES PRIOR AUTHORIZATION.** The requesting provider should complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

OrthoFix, Inc. #00SD93	1720 Bray Central Drive, McKinney, TX 75069	Ph: 800-535-4492 Fax: 800-445-1923
EBI, LP #00SD26	100 Interpace Parkway, Parsippany, NJ 07054	Ph: 800-526-2579

## BONE SCANS

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Palm Coast Imaging #005448 (N)</b> Will not schedule SNF patients	3 Pine Cone Drive, #101, Palm Coast, FL 32137	Ph: 386-274-6000 Fax: 386-446-1866
<b>Town Center Imaging #10P733 (N)</b> Will not schedule SNF patients	21 Hospital Drive, Suite 130, Palm Coast, FL 32164	Ph: 386-446-5200 Fax: 386-446-1866
<b>AdventHealth Palm Coast #00Y015 (H)</b>	60 Memorial Medical Parkway, Palm Coast, FL 32168	Ph: 386-437-2211 Fax: 386-917-5576

**Legend:**

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

*Out of pocket costs may vary, depending on location or benefit plan.*

## BRACES, ORTHOTICS, AND PROSTHETICS

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

See also **Diabetic Shoes** for diabetic member footwear needs.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Bremer Brace of Florida –</b> <b>Clyde Morris #102018</b> <b>Margaret Street #102019</b> <b>University Boulevard #005451</b>	290 Clyde Morris Boulevard, Suite D1, Ormond Beach, FL 32174	Ph: 386-672-3191 Fax: 386-672-3851
	423 Margaret Street, Jacksonville, FL 32204	Ph: 904-355-5451 Fax: 904-355-0004
	4131 University Boulevard South, Building 16, Jacksonville, FL 32216	Ph: 904-346-0086 Fax: 904-396-2754

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## BRACES, ORTHOTICS, AND PROSTHETICS (Continued)

<b>Dynasplint Systems / Dynamic Splinting Systems</b>	770 Ritchie Highway, Suite W21, Severna Park, MD 21146	Ph: 866-293-9406 Fax: 866-641-0006
<b>Hanger Prosthetics &amp; Orthotics, Inc. #136048</b>	1400 Mason Avenue, Suite 130, Daytona Beach, FL 32117	Ph: 386-274-4907 Fax: 386-274-1229
<b>Joint Active Systems, Inc. #111118</b> Custom orthotic devices (CPT L-codes) JAS dynamic range-of-motion devices EMPI advance range-of-motion devices	2600 S. Raney Street, Effingham, IL 62401	Ph: 800-879-0117 Fax: 217-347-3384
<b>Medcare Services of Orlando #10A395</b> Provides orthotic spinal services and devices to eligible FHCP member's residence or SNF.	794 Big Tree Drive, Suite 104, Longwood, FL 32750	Ph: 800-453-8551 Fax: 407-831-8834



## BREAST MRI

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

## CARDIAC CATHETERIZATION

**REQUIRES PRIOR AUTHORIZATION.** The cardiologist should schedule the procedure with the hospital, make arrangements for pre-op as needed, and notify the member. The cardiologist should then complete the “Request for Surgical and Special Procedure Form” found at [Referrals, Prior Authorizations, and Orders](#). Please fax the completed form to the FHCP Central Referral Department at **386-238-3253** to request surgical approval. After review, **the cardiologist will be notified *only if the procedure is not approved*.**

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Halifax Health #00Y007</b> Outpatient cardiac catheterization laboratory	303 N. Clyde Morris Blvd., Daytona Beach, FL 32114	Ph: 386-254-4338 Fax: 386-258-4803
<b>AdventHealth Palm Coast #00Y015</b>	60 Memorial Medical Parkway, Palm Coast, FL 32168	Ph: 386-586-4372 Fax: 386-586-4618

## CARDIAC MONITORING

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider can directly call the company below. Appointments can be made by the physician’s office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

**iRhythm Technologies, Inc.** provides a long-term, continuous, ambulatory cardiac monitoring device (Zio Patch) to the FHCP member to record and store electrocardiogram (ECG) data. The medical device shall be affixed to the FHCP member at the participating provider’s office, and the member can wear the device up to fourteen days, as medically necessary. Interpretation and reporting of the ECG data captured by the supplier’s medical device will be the responsibility of the ordering participating provider.

<b>iRhythm Technologies, Inc. #050404</b>	650 Townsend Street, Suite 380, San Francisco, CA 94103	Ph: 224-543-2200 Fax: 888-693-2402
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## CARDIOVERTER DEFIBRILLATOR SERVICES

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. **Please indicate what phase of the program is being requested.** Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Zoll Services, LLC #058334</b>	Customer Service	Ph: 412-968-3333 or 800-543-3267 Fax: 412-567-9676
<b>Kestra Medical Technology Services, Inc. #126651</b>	Customer Service	Ph: 833-692-7787 Fax: 877-371-2202

## CARDIAC REHABILITATION

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. **Please indicate what phase of the program is being requested.** Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Halifax Health #00Y007</b>	201 N. Clyde Morris Blvd., 3rd. Floor, Daytona Beach, FL 32114	Ph: 386-254-4338 Fax: 386-258-4803
<b>AdventHealth Palm Coast #00Y015</b>	60 Memorial Medical Parkway, Palm Coast, FL 32168	Ph: 386-586-4480 Fax: 386-586-1751

## CARDIOLOGY

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. **Please include a recent EKG and labs with the order. If the member is complaining of shortness of breath or cough, please send the member for a Chest X-Ray prior to the member's scheduled appointment with the Cardiologist Office.** Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

*Information on Zoll Life Vests can be found under Zoll Life Vest.*

*Guidelines for TAVR evaluations can be found under TAVR.*

<b>Ali Tutar, M.D. #136764</b>  Ages 18+	<b>Cardiovascular Consultants of St. Augustine</b>  300 Health Park Blvd., Ste. 5010, St. Augustine, FL 32086  377 Palm Coast Parkway, SW, Unit 4, Palm Coast, FL 32137	Ph: 904 -823-8809 Fax: 904-823-8851 Ph: 386-597-4445 Fax: 904-823-8851
<b>Stephen Minor, M.D. #10P180</b> <b>Ryan A. Smith, D.O. #068788</b> <b>Niloufar T. Wilson, M.D. #087871</b> Ages 18+ <i>Records required prior to scheduling. Please fax to 386-481-5009.</i>	<b>FHCP Daytona Beach</b> 350 N. Clyde Morris Boulevard, Second Floor, Daytona Beach, FL 32114	Ph: 386-238-3289 Fax: 386-238-3296
<b>Robert Bianco, MD #005086</b> Ages 18+ <i>Ordering provider must complete and review patient EKG before referring. Fax to 386-481-5009</i>	<b>FHCP Palm Coast Center</b> 145 City Place, Palm Coast, FL 32164	Ph: 386-302-0975 Fax: 386-302-0976
<b>Kizhake Kurian, MD #10R358</b> <b>Dean Abtahi, MD #132717</b> <b>Ravi Mareedu, MD #135232</b> Ages 18+ <b><i>EPN Triple Option members only</i></b>	<b>AdventHealth Medical Group Interventional Cardiology at Palm Coast</b> 3 AdventHealth Way, Ste. 130, Palm Coast, FL 32137  61 Memorial Medical Pkwy., Suite 2811 Palm Coast, FL 32164	Ph: 386-586-4765 Fax: 386-586-4769

## CARDIOLOGY – NUCLEAR

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. **Please include a recent EKG and labs with the order.** Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Stephen Minor, MD #10P180</b> <b>Ryan A. Smith, DO #068788</b> <b>Niloufar T. Wilson, MD #087871</b> Ages 18+ Records required prior to scheduling. Fax to 386-481-5009	<b>FHCP Cardiology Daytona Beach</b> 350 N. Clyde Morris Blvd., Daytona Beach, FL 32114	Ph: 386-238-3289 Fax: 386-238-3296  Health Information Management Fax: 386-481-5009
<b>Robert Bianco, MD #005086</b> Ages 18+ Ordering provider must complete and review patient EKG before referring. Fax to 386-481-5009	<b>FHCP Cardiology Palm Coast</b> 145 City Place, Palm Coast, FL 32164	Ph: 386-302-0975 Fax: 386-302-0976

## CASE MANAGEMENT – COORDINATION OF CARE

Case Management Coordination of Care is designed to address the needs of high-risk members. The case-management process utilizes evidence-based clinical guidelines to conduct comprehensive assessment of the member's condition; evaluates available benefits and resources; and develops and implements a case-management plan with performance goals, monitoring, and follow up. The overall goal is to empower members in self-management skills, regain optimum health, or improve functional capability through appropriate services and interventions. Case management is voluntary program, and all eligible members have the right to decline participation.

Criteria for enrollment includes, but is not limited to, members with new diagnoses, acute or uncontrolled chronic diseases, critical events that require extensive use of resources, significant barriers of social determinants of health that limit access to care, or members identified from proactive data screening who may require any of the following:

- Assistance navigating the health care system
- Assistance with barriers related to social determinants of health
- Education on health condition(s) and health coaching
- Education supporting their practitioner's plan of care
- Coordination of appropriate resources, programs, or benefits
- Coordination of measures to improve quality of life and disease-specific outcomes.

There are several case-management services to which the member may be stratified:

- **Chronic Complex Care** – Assists members with complex health conditions to reduce disease progression and gain empowerment through self-management of lifestyle practices that aim to improve quality of life. Members benefit from advocacy, education, and navigation to access appropriate care and/or link to resources, benefits, or programs. The program includes transplant case management.
- **Short-term Program** – Assists members with new-onset health diagnoses, hospital-to-home transitional care, or links members who have high use of the emergency room or multiple hospitalizations to FHCP resources. Members benefit from frequent contact for monitoring and education to better understand signs and symptoms for early intervention. Members gain empowerment with self-management skills to reduce complications and improve their quality of life.

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## CASE MANAGEMENT – COORDINATION OF CARE (Continued)

**In-home Mid-level Providers** – Service available in Brevard, Volusia, Flagler, and Seminole Counties. An RN Case Manager coordinates member's care with mid-level providers to assist homebound members or those with limited support to supplement primary care services in the home, or facility transitional care for high-risk members discharged from the hospital or skilled nursing facility (SNF) to home. In-home mid-level providers promote compliance with follow-up care and medication management to reduce complications and enhance the member's quality of life.

- **Community Resource Program** – FHCP Community Resource Coordinators (CRCs) partner with members and providers and/or referral sources to address barriers to social determinants of health that impact access to healthcare through utilization of agencies and community partners. Community Resource Coordinators complete individualized needs assessments to link members with appropriate existing resources offered through agencies or within their community. *CRCs do not address urgent placement or home safety evaluations.* Physicians must continue to refer members with urgent needs to their home health care skilled nurse and medical social worker or the Department of Children and Families (DCF). Skilled nursing facility (SNF) placement should be directed to the FHCP Utilization Management Department at 386-676-7187.

### **Members may be referred by:**

- Practitioner
- Member or caregiver
- Discharge planner
- Medical management programs
- Proactive data claims review

### **You may refer a member to the Case Management – Coordination of Care or Community Resources Services by:**

- Phone: 855-205-7293 or 386-238-3284, Monday-Friday from 8:00am to 5:00pm.
- The "FHCP Referral Form" found at [Referrals, Prior Authorizations, and Orders](#).
- Fax a referral to 386-238-3271
- Email a referral to [cmanagement@fhcp.com](mailto:cmanagement@fhcp.com)
- Internally, enter the referral through an EHR task.

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## CASE MANAGEMENT – COORDINATION OF CARE (Continued)

**The FHCP New Member Transition of Care Program** – The goal of the Transition of Care team is to assist new members transitioning into our network of providers, pharmacies, and covered medications. Members benefit from clinical review of their health history and medications to coordinate care with available resources, benefits, and participating providers or services to make the transition as seamless as possible. Our FHCP RN Navigator assists existing members who are experiencing a change in benefits, providers, or services, or are moving into another county served by FHCP, or change of employers who offer FHCP insurance.

**These members may be referred by:**

- Practitioners
- Member or caregiver
- FHCP Member Services
- Marketing agents
- Employer groups

**You may refer a member to the New Member Transition of Care Program by:**

- Phone: 855-205-7293 or 386-386-615-5017, Monday-Friday from 8:00am to 5:00pm.
- The “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#).
- Fax a referral to 386-238-3271
- Email a referral to [TOC@fhcp.com](mailto:TOC@fhcp.com)
- FHCP staff providers may internally enter the referral through an EHR task.

## CHIROPRACTIC

To find a complete list of available direct access specialists and the networks the providers participate in please visit [fhcp.com](http://fhcp.com).

## COLOGUARD TESTING

The provider must complete the [Cologuard Requisition Form](#) (found on page 3 of the link). Fax the completed form to the number noted on the bottom of the form. “Patient Insurance/Billing Information” must be completed for FHCP to pay for the test. To ensure coverage, please attach a copy of the patient’s FHCP insurance card to the requisition when faxing.

- Cologuard is for individuals 45 years of age or older and at average risk.
- Cologuard looks for blood and DNA associated with colon cancer and precancerous growth found in a person’s stool sample.

Once a provider submits the Cologuard Requisition Form, the request is processed and a Cologuard box is delivered to the patient’s home via UPS. Patients collect a sample and return using the prepaid return shipping label included with the box, sending the specimen to Exact Sciences Laboratories in Madison, WI for processing. Test results will be sent directly to the ordering provider in a few weeks.

**Please fax a copy of the test result to FHCP Health Information Management at 386-481-5009.**

Exact Sciences Laboratories also conducts follow-up calls to encourage higher patient compliance. You can learn more about Cologuard at <https://www.cologuardhcp.com>.

**NOTE: Cologuard is not a replacement for diagnostic or surveillance colonoscopy in high-risk individuals.**

## COLONOSCOPY / DIAGNOSTIC

**Prior authorization from FHCP Central Referrals is not needed, as long as the procedure is performed at participating Ambulatory Surgery Center or in the provider's office-based lab.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

**Please note Pediatric Gastroenterology procedures and Repeat Colonoscopy/EGD within one year of a previous study do require prior authorization.**

Ammar Hemaïdan, MD #000104 Brian Hudes, MD #077419 Zachary Neubert, D.O. # 126251	<b>Advanced GI</b> 1890 LPGA Boulevard, Suite 270, Daytona Beach, FL 32117  315 Palm Coast Parkway, Palm Coast, FL 32137	Ph: 386-763-4920 Fax: 386-763-4939
Ahmad Alawad, MD #137411 Wallace Combs, MD #112551 Joseph McKinley, MD #10L528 Ages 18+  <i>EPN/ Triple Option Members Only</i>	<b>Advent Health Medical Group Gastroenterology At Palm Coast</b> 61 Memorial Medical Parkway Suite 1880-B, Palm Coast, FL 32164  61 Memorial Medical Parkway Suites 2815/3802, Palm Coast, FL 32164  120 Pinnacles Drive Suite 1, Palm Coast, FL 32164  3 Advent Health Way Suite 120, Palm Coast, FL 32137	Ph: 386-586-1995 Fax: 386-568-1772  Ph: 386-568-1810 Fax: 386-586-1811  Ph: 386-568-6611 Fax: 386-586-6633  Ph: 386-586-1995 Fax: 386-586-1772

## COLONOSCOPY – CT (VIRTUAL COLONOSCOPY)

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “Request for Surgical and Special Procedure Form” found at [Referrals, Prior Authorizations, and Orders](#). Please fax the completed form to the FHCP Central Referral Department at **386-238-3253** to request surgical approval.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

## CONTRACEPTION

A list of FHCP covered oral contraceptives and contraception appliances can be found on the FHCP website at [FHCP Medication Formularies](#). Contraception benefits can be verified with the FHCP Provider Benefit & Eligibility Department at **844-615-4024** or **386-615-4024**.

## CT SCANS

Prior authorization from FHCP Central Referrals is not needed, with the exceptions noted below. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

### EXCEPTIONS REQUIRING PRIOR AUTHORIZATION INCLUDE:

- BREAST MRI
- SESTAMIBI SCAN (ENDOCRINOLOGISTS AND CARDIOLOGISTS CAN ORDER WITH NO PRIOR AUTHORIZATION)
- STEREOTACTIC BREAST BIOPSY
- CT COLONOSCOPY (VIRTUAL COLONOSCOPY)
- PILL CAMERA
- GENETIC TESTING
- HIDA (CHOLESCINTIGRAPHY) SCANS
- PET SCANS – **SEE NEXT PAGE FOR SPECIAL INSTRUCTIONS.**

**FOR EXCEPTIONS NOTED ABOVE – PET scan instructions on next page:** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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## CT SCANS – (Continued)

**PRIOR AUTHORIZATION IS REQUIRED FOR PET SCANS:** Please complete the “PET – PET CT Prior Authorization Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Twin Lakes Imaging Center #10P735 (N)</b> <i>Will not schedule SNF patients.</i>	1890 LPGA Blvd., Suite 110, Daytona Beach, FL 32124	Ph: 386-274-5454 Fax: 386-274-5440
<b>Advent Health Palm Coast #00YG80 (H)</b>	60 Memorial Medical Parkway, Palm Coast, FL 32164	Ph: 386-586-4402 Fax: 386-917-5576
<b>Palm Coast Imaging Center #005448 (N)</b> <i>Will not schedule SNF patients.</i>	3 Pine Cone Drive, Suite 101, Palm Coast 32137	Ph: 386-274-6000 Fax: 386-446-1866
<b>Town Center Imaging #10P733 (N)</b> <i>Will not schedule SNF patients.</i>	21 Hospital Drive, Suite 130, Palm Coast, FL 32164	Ph: 386-446-5200 Fax: 386-446-1866

**Legend:**

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

*Out of pocket costs may vary, depending on location or benefit plan*

## DENTAL SERVICES - MEDICAL

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at <https://www.fhcp.com/for-providers/> under the *Referrals, Prior Authorizations, and Orders* tab. Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

## DENTAL SERVICES - ORAL SLEEP APNEA APPLIANCES

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at <https://www.fhcp.com/for-providers/> under the *Referrals, Prior Authorizations, and Orders* tab. Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

John Kulaga, DDS #10AL53	<b>White Wolf Dental</b> 1221 Dunlawton Av Suite 100 Port Orange, FL 32127	Ph: 386-882-9900 Fax: 386-304-6401
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## DENTAL SERVICES - TMJ SERVICES

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at <https://www.fhcp.com/for-providers/> under the *Referrals, Prior Authorizations, and Orders* tab. Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

## DERMATOLOGY

To find a complete list of available direct access providers and the networks they providers participate in please visit [fhcp.com](https://www.fhcp.com).

**PLEASE BE ADVISED THE FOLLOWING SERVICES: MOHS, LEVULAN BLUE AND SUPERFICIAL RADIOTHERAPY REQUIRE PRIOR AUTHORIZATION FOR ALL LINES OF BUSINESS AND ALL PROVIDERS.**

# DIABETIC SHOES

**SPECIAL INSTRUCTIONS:** The need for diabetic shoes must be certified by a provider who is an MD or DO and is responsible for diagnosing and treating the patient's diabetic systemic condition through a comprehensive plan of care. The managing physician must:

- Document in the patient's medical record that the patient has diabetes
- Certify that the patient is being treated under a comprehensive plan of care for diabetes and needs diabetic shoes
- Document in the patient's medical record that the patient has one or more of the following conditions:
  - Peripheral neuropathy with evidence of callus formation
  - History of pre-ulcerative calluses
  - History of previous ulceration
  - Foot deformity
  - Previous amputation of the foot or part of the foot
  - Poor circulation

Coverage of the footwear and inserts is limited to one of the following within one (1) calendar year:

- No more than one pair of custom-molded shoes (including inserts provided with shoes) and two additional pairs of inserts, *or*
- No more than one pair of depth shoes and three pairs of inserts (not including non-customized removable inserts provided with shoes).

**Custom-molded shoes are available only through:**

- **Hanger Prosthetics and Orthotics, Inc.**
- **From the Sole, Inc.**
- **Dale's Shoes and Pedorthics**

**TO REQUEST THIS SERVICE:** Medical doctor (MD) or doctor of osteopathy (DO) places order on a **prescription pad**, including applicable covered criteria listed above. The patient should be directed to take the **prescription** to their provider of choice.

Discounts will be offered to patients who do not meet the above criteria.

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## DIABETIC SHOES (Continued)

### DIABETIC SHOE PROVIDERS

<b>Atlantic Foot &amp; Ankle Associates</b> All ages	21 Hospital Drive, Suite 170, Palm Coast, FL 32164	Ph: 386-586-7373 Fax: 386-586-7346
	11 Florida Park N., Palm Coast, FL 32137	Ph: 386-445-4734 Fax: 386-445-8411
<b>Dale's Shoes and Pedorthics #008743</b> All ages	453 S. Nova Road, Ormond Beach, FL 32174	Ph: 386-252-2138 Fax: 386-252-0928
<b>From the Sole, Inc.</b> Custom-molded shoes available	1520 Ridgewood Ave., Holly Hill, FL 32117	Ph: 386-672-9394 Fax: 386-672-4310

# DIABETES EDUCATION

**Prior authorization from the FHCP Central Referrals Department is not needed.** Providers should send a referral order through the EHR or by completing the “FHCP Diabetes & Nutritional Counseling Form” found at [Referrals, Prior Authorizations, and Orders](#). Completed form with ICD-10 code should be faxed to FHCP Nutrition & Health Education Department at **386-238-3228**. Patients may also self-refer, but a provider referral is encouraged.

<p>Cari Rivas, DHA, RDN, LDN, CPHQ, BC-ADM, CDCES Wanda Edwards, RN-BC, BSN, MSHS Anna Bartz, MS, RDN, LDN Deborah Kelleher, MS, RDN, LDN Kathleen MacNeill, MSN, RN, BC-ADM, CDCES Tiffany McClure, RDN, LDN Catherine Robinson, MS, RDN, LDN, CDCES</p> <p>Adults only</p>	<p><b>FHCP Nutrition &amp; Health Education Department</b> 330 N. Clyde Morris Boulevard, Suite 9, Daytona Beach, FL 32114</p> <p><b>Class locations include:</b> Daytona Beach, Titusville, Lake Mary, St. Augustine, and other FHCP Centers in Flagler, Seminole, Brevard, and Volusia Counties as needed. Classes may also be held on an individual basis, depending on need.</p>	<p>Ph: 386-676-7133 Fax: 386-238-3228</p>
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**Services provided include, but are not limited to:**

- **Diabetes Education (10 hours – day, evening, and one-on-one)**
- **Prediabetes Education (Diabetes Prevention)**
- **Gestational Diabetes Education**
- **Carbohydrate Counting**
- **Insulin Start**
- **CSII Pump Management and Continuous Glucose Management Systems (CGMS)**
- **Medical Nutrition Therapy**
- **Hyperlipidemia**
- **Chronic Kidney Disease**
- **Hypertension**
- **Nutritional Game Plan – Refresher courses**

## DIALYSIS SERVICES

**Prior authorization from the FHCP Central Referrals Department is not needed.** The nephrologist's office should call the dialysis center directly to schedule the appointment. An FHCP referral form is not needed.

<b>Fresenius Kidney Care Palm Coast</b>	515 Palm Coast Parkway SW, Suite 2, Palm Coast, FL 32137	Ph: 386-447-4477 Fax: 386-447-4476
<b>DaVita Palm Coast</b>	13 Kingwood Drive, Suite A, Palm Coast, FL 32137	Ph: 386-445-4445 Fax: 386-445-3312
<b>DaVita Preserve Point Dialysis</b>	57 Town Court, Suite 118, Palm Coast, FL 32164	Ph: 386-309-2885 Fax: 386-309-2904
<b>Volusia-Flagler Vascular Center</b>	1180 N Williamson Blvd., Suite 100, Daytona Beach, FL 32114	Ph: 386-274-4244 Fax: 386-274-4245

# DISEASE MANAGEMENT PROGRAMS

**HEALTH, WELLNESS, AND DISEASE MANAGEMENT PROGRAMS - Prior authorization from the FHCP Central Referrals Department is not needed.**

FHCP offers members a wide variety of health, wellness, and disease management programs and services at little or no cost. Participation in the programs is unlimited: members may join as many programs as desired. For more information, please visit [www.fhcp.com](http://www.fhcp.com), or call the number listed under each program below. We are available Monday through Friday, 8am to 5pm. Hearing impaired may call TRS Relay 711.

## **Acute Low Back and Neck Pain**

This physical therapy program helps members manage acute or chronic low back or neck pain. Members 17 and up can contact Ability Health Services (all locations) directly. Co-pay/co-insurance and policy limits apply. For more information, or to obtain a list of locations, call FHCP Member Services at **386-615-4022** or **877-615-4022**.

## **Case Management – Coordination of Care**

This is a free program offered to members who may benefit coordination of their medical, financial, and/or psychosocial needs. Our Case Managers work with members and their physicians to provide education and resources need for members to better understand and comply with their care plans. Programs other than those listed here are available to meet the member's health care needs, including remote patient monitoring, in-home medical management, and community resources coordination. An FHCP Case Manager will help determine which programs are right for our member by calling **386-238-3284** or **877-229-4518**.

## **Hypertension (High Blood Pressure)**

FHCP offers a free, two-hour hypertension self-management class taught by Registered Dietitians. This course focuses on the Dietary Approaches to Stop Hypertension (DASH) Diet and education on low-sodium foods. For more information and registration, call the FHCP Diabetes and Nutrition Information Department at **386-676-7133** or **877-229-4518**.

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## DISEASE MANAGEMENT PROGRAMS (Continued)

### **Diabetes Education Program**

This free, 10-hour diabetes program is recognized by the American Diabetes Association (ADA) and conducted by FHCP Registered Nurses, Registered Dietitians/Certified Diabetes Educators. The course covers a diabetes overview, complications, signs and symptoms of high and low blood sugar, lifestyle modifications, medications, nutrition, and foot, skin, and dental care. Members are also educated on monitoring guidelines for HgbA1C, blood glucose meters, blood pressure, and weight. Our Certified Diabetes Educators are also available for one-on-one appointments. For more information, contact the FHCP Diabetes and Nutrition Information Department at **386-676-7133** or **877-229-4518**.

### **Nutrition Game Plan for Diabetes**

This free, two-hour session is recommended for members who have completed the 10-hour Diabetes Education Program. The class reinforces disease-specific nutrition education and answers questions regarding diabetes. For more information, call the FHCP Diabetes and Nutrition Information Department at **386-676-7133** or **877-229-4518**.

### **Diabetes Prevention Program**

This free, two-hour class is designed to help our members identify risk factors for developing diabetes. Information is shared about nutrition, exercise, and behavioral strategies for prevention. A more intense diabetes prevention program is also available. For more information, call the FHCP Diabetes and Nutrition Information Department at **386-676-7133** or **877-229-4518**.

### **Healthy Heart Nutrition Program**

This free class helps members identify risk factors for heart disease and offers tips for improving lifestyle to reduce those risks. For more information, call the FHCP Diabetes and Nutrition Information Department at **386-676-7133** or **877-229-4518**.

### **Osteoporosis / Osteopenia Programs**

This program is for members who are at risk or have been diagnosed with osteoporosis or osteopenia. The therapists at Ability Health Services will perform an evaluation and physical assessment to determine strength, endurance, and activity level. Members may call Ability directly, as no referral is needed. Co-pay/co-insurance and policy limits apply. For more information, or to obtain a list of locations, call FHCP Member Services at **386-615-4022** or **877-615-4022**.

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## DISEASE MANAGEMENT PROGRAMS (Continued)

### Preferred Fitness Gym Access

This free fitness program is provided to FHCP Medicare members, certain employer groups who elect this coverage, and members who enroll in individual plans with gym access. Our eligible members have access to a variety of quality health and fitness facilities in Volusia, Flagler, Brevard, St. Johns, and Seminole counties. For a current list of facilities, visit [www.FHCP.com](http://www.FHCP.com), or call FHCP Member Services at **386-615-4022** or **877-615-4022**.

### Weight Management

“Eat Right, Move Right” is a free, six-week course promoting a lifestyle-change approach to weight loss for members with a body mass index (BMI) of 27 or higher. Class topics include how to increase activity, improve eating habits, and change behaviors for permanent weight loss. Members learn how to set realistic goals, make behavior changes, use the USDA plate method, manage dining-out experiences, and change food shopping habits. For more information, call the FHCP Diabetes and Nutrition Information Department at **386-676-7133** or **877-229-4518**.

### Smoking Cessation

Tobacco Free Florida (TFF) is a free, statewide smoking cessation and prevention campaign. The program is managed by the Florida Department of Health through the Bureau of Tobacco Prevention. Smokers and smokeless tobacco users interested in assistance with quitting are encouraged to call the Florida Quitline at **877-U-CAN-NOW (877-822-6669)** to speak with a Quit Coach®. To access Tobacco Free Florida’s additional quit-smoking resources, visit the Tobacco Free Florida website at [www.tobaccofreeflorida.com](http://www.tobaccofreeflorida.com).



# DURABLE MEDICAL EQUIPMENT

## ALL DURABLE MEDICAL EQUIPMENT (DME) ORDERS/REFERRALS REQUIRE:

- A PHYSICIAN SIGNATURE
- CLINICAL DOCUMENTATION OF MEDICAL NECESSITY
- LENGTH OF NEED.
- LENGTH OF NEED (nebulizers do not require length of need)

## SEE SPECIFIC INSTRUCTIONS BELOW FOR EACH TYPE OF EQUIPMENT LISTED.

For custom pedorthotics, diabetic shoes, and shoe inserts, please see **DIABETIC SHOES**.

Prior authorization from the FHCP Central Referrals Department is not needed for the equipment listed immediately below. The requesting provider's office should fax the order, along with supporting documentation, directly to Apria Healthcare to order covered equipment and supplies. Documentation of supporting medical necessity should then be faxed directly to Apria for the order to be filled. All patients (regardless of group type) must meet **stringent** evidence-based medical criteria guidelines for the specific equipment or supplies being ordered. If the patient does not meet Apria's evidence-based medical care guidelines, Apria will refer the case to the FHCP Referral Central Department for review. Nebulizers do not require length of need.

<b>Apria Healthcare, Inc. #011216</b> <ul style="list-style-type: none"> <li>• Wheelchairs – <i>see special instructions below for POVs and electric wheelchairs</i></li> <li>• Walkers and canes</li> <li>• Mastectomy bras</li> <li>• Nebulizers</li> <li>• CPAP machines and supplies</li> <li>• Mattress gel overlays and pads</li> <li>• Oxygen – <i>see special instructions below</i></li> </ul>	<p>771 Fentress Boulevard, Suite 1F, Daytona Beach, FL 32114</p> <p>1731 Dobbs Road, Suite 9, St. Augustine, FL 32084</p> <p><b>Number for CPAP Supplies</b> Phone: (877) 265-2426</p> <p><b>Number for Enteral Supplies</b> Phone: (844) 260-1788</p>	<p>Customer Service Ph: 1-888-494-4647 Fax: 386-673-4403</p>
<p><b>Oxygen</b> – To request oxygen for an FHCP member, please supply one of the following: an arterial blood gas study performed withing 30 days of the order (if not conducted prior to a hospital discharge); an arterial oxygen saturation; 6-minute walk results; or O<sub>2</sub> saturation on room air (must be below 88). If the oxygen order is for one night only, an overnight oximetry is all that will be required. The order must indicate the liter flow and indicate frequency (i.e., only at night, 24 hours per day, etc.)</p>		
<p><b>Power-Operated Vehicles / Electric Wheelchair Orders</b> – See next page</p>		

## DURABLE MEDICAL EQUIPMENT – SPECIAL

<b>Apria Healthcare, Inc. #011216</b> <ul style="list-style-type: none"> <li>• Power-operated vehicles (POVs)</li> <li>• Electric wheelchairs</li> </ul>	<p>771 Fentress Boulevard, Suite 1F, Daytona Beach, FL 32114</p> <p>1731 Dobbs Road, Suite 9, St. Augustine, FL 32084</p> <p><b>Number for CPAP Supplies</b> Phone: (877) 265-2426</p> <p><b>Number for Enteral Supplies</b> Phone: (844) 260-1788</p>	<p>Customer Service Ph: 1-888-494-4647 Fax: 386-673-4403</p>
<p>FHCP follows evidence-based medical criteria guidelines for the eligibility of Power-Operated Vehicles (POVs) and Electric Wheelchairs for all members (Medical and Commercial). Therefore, <i>prior to submitting</i> a referral to Apria Healthcare, the members must complete a Power-Operated Vehicle Physical Therapy Evaluation specific to the need for and use of the equipment. Outpatient Rehabilitation instructions and locations can be found in this directory. The physical therapist will evaluate the patient for appropriateness of the requested equipment. Documentation of supporting medical necessity should then be faxed directly to Apria for the order to be filled. If the patient does not meet evidence-based medical guidelines, Apria Healthcare will refer the case to the FHCP Central Referral Department for review.</p>		

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## DURABLE MEDICAL EQUIPMENT – SPECIAL (Continued)

### EXCEPTIONS REQUIRING PRIOR AUTHORIZATION INCLUDE:

- **VACUUM-ASSISTED CLOSURE DEVICES** – See *Hyperbaric Oxygen Therapy (HBO)* and *Vacuum-Assisted Closure Devices* found in the *WOUND CARE* section of this document
- **BONE GROWTH STIMULATORS** – See *Bone Growth Stimulators*
- **NEUROMUSCULAR STIMULATORS**
- **SPLINTING SYSTEMS** – See *Braces / Orthotics / Prosthetics*
- **SEE CARDIOVERTER DEFIBRILLATOR SERVICES**

**FOR EXCEPTIONS NOTED ABOVE:** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

## EAR, NOSE, AND THROAT (ENT)

**Prior authorization from the FHCP Central Referrals Department is not needed *except as indicated below*.** The requesting provider will send a referral order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

For hearing loss, vertigo, and tinnitus, an audiogram must be completed before scheduling the appointment. For sinusitis, a sinus CT, limited without contract, must be completed prior to the appointment. See *Diagnostic Testing* for instructions.

<b>Perrin C. Clark, MD #153359</b> <b>Jane T. Dillon, MD #152883</b> <b>Joseph P. Mirante, MD #152886</b> <b>Michael Munier, MD #153367</b> <b>Anthony Tucker, MD #152879</b> All ages	<b>Florida ENT Associates</b> 3 Pine Cone Drive, Suite 105, Palm Coast, FL 32137	Ph: 386-677-8808 Fax: 386-222-0769
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**NASAL AND SINUS ENDOSCOPY PROCEDURES** **REQUIRE PRIOR AUTHORIZATION IF PERFORMED IN AN AMBULATORY SURGICAL CENTER.** Please complete the "FHCP Referral Form" found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling. *Endoscopy procedures performed in the office do not require prior authorization.*

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

# ECHOCARDIOGRAMS

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician’s office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Florida Health Care Plans (N)</b> Ultrasound Departments	<b>FHCP Daytona Beach</b> 350 N. Clyde Morris Blvd., Suite 5, Daytona Beach, FL 32114  <b>FHCP Palm Coast</b> 309 Palm Coast Parkway, Palm Coast, FL 32137  <b>FHCP Palm Coast</b> 145 City Place, Palm Coast, FL 32164	All locations: Ph: 386-238-3270 Ph: 800-321-1227, Ext 3303 Fax: 386-238-3256
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**Legend:**

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

*Out of pocket costs may vary, depending on location or benefit plan*

## ELECTROENCEPHALOGRAM (EEG TESTING)

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Halifax Health #00Y007 (H)</b>	201 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-238-2251 Fax: 386-238-2252
<b>AdventHealth Palm Coast #00Y015 (H)</b>	60 Memorial Medical Parkway, Palm Coast, FL 32164	Ph: 386-586-4402 Fax: 386-917-5576

### EEG TESTING – VIDEO

**REQUIRES PRIOR AUTHORIZATION.** Please complete the "FHCP Referral Form" found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling. **Services for 24-72-hour ambulatory EEG video monitoring shall be rendered in the physician's office or the member's place of residence.**

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Mandeep Garewal, MD #011986</b> Ages 25+	<b>Neurologic Consultants</b> 325 N. Clyde Morris Boulevard, Suite 390, Ormond Beach, FL 32174	Ph: 386-676-6335 Fax: 386-256-7629
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- **(H) – Outpatient hospital department or facility**
- **(N) – Outpatient non-hospital department or facility**

*Out of pocket costs may vary, depending on location or benefit plan*

## EEG TESTING – MOBILE SERVICES

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling. **Services shall be rendered in the member’s place of residence.**

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Coastal Diagnostics Group #037343</b> <i>Mobile EEG continuous recording (with or without video) and interpretation</i> Ages 3+	927 Beville Road, Suite 106, South Daytona, FL 32119	Ph: 469-995-8416 Fax: 386-523-8032
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# ELECTROCARDIOGRAM (EKG)

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **Write the EKG order and ICD-10 (diagnosis) code on a prescription pad and give to the member to present at the time of their test.**

<b>Florida Health Care Plans Daytona Beach (N)</b> No appointment necessary	<b>FHCP Daytona Beach Cardiology Department</b> 350 N. Clyde Morris Blvd., 2 <sup>nd</sup> Floor, Daytona Beach, FL 32114	Ph: 386-238-3289 Fax: 386-238-3296
<b>Florida Health Care Plans Palm Coast (N)</b> By appointment only.	309 Palm Coast Parkway, Palm Coast, FL 32137	Ph: 386-447-9685 Fax: 386-446-3222
<b>Florida Health Care Plans Holly Hill (N)</b> By appointment only.	1510 Ridgewood Avenue, Holly Hill, FL 32117	Ph: 386-676-7136 Fax: 386-676-7181
<b>Flagler Health+ (H)</b>	400 Health Park Blvd., St. Augustine, FL 32086	Ph: 904-819-5155 Fax: 904-819-4961
<b>St. Augustine Imaging (N)</b>	190 Southpark Blvd., Ste. 101, St. Augustine, FL 32086	Ph: 904-827-9191 Fax: 904-827-9171

## Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

*Out of pocket costs may vary, depending on location or benefit plan*



## EMERGENCY FACILITIES

**Prior authorization from FHCP Central Referrals is not needed.**

**For emergency department admissions or 23-hour observation care,** identify the member's assigned FHCP PCP and contact the PCP to discuss the case. After 5pm, or on weekends or holidays, contact the FHCP After Hours Call Center at **386-226-4542** or via fax at **386-258-4858**.

**Pediatric admissions are available ONLY at the Halifax Health Daytona Beach (North Clyde Morris) location.**

<b>Halifax Health #00Y007</b> Pediatric admissions available ONLY at the Daytona Beach location.	303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114  1041 Dunlawton Avenue, Port Orange, FL 32127	Ph: 386-454-4303 Fax: 386-254-4133 Ph: 386-322-4700
<b>AdventHealth Palm Coast #00Y015</b>	60 Memorial Medical Parkway, Palm Coast, FL 32164	Ph: 386-586-4402 Fax: 386-917-5576
<b>Flagler Health+</b>	400 Health Park Blvd., St. Augustine, FL 32086	Ph: 904-819-5155 Fax: 904-819-4961

## ELECTROMYOGRAPHY (EMG)

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Kenneth Derbenwick, MD #000694</b>	<b>Florida Health Care Plans Daytona Beach</b> 350 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 Health Information Management fax: 386-481-5009	Ph: 386-238-3244 Fax: 386-238-3269
<b>Brahmananda R. Yadlapalli, MD #089276</b>	<b>Florida Health Care Plans Palm Coast</b> 315 Palm Coast Parkway NE, Suite 4, Palm Coast, FL 32137 Health Information Management fax: 386-481-5009	Ph: 386-445-7073 Fax: 386-246-3839

## ENDOCRINOLOGY

**Prior authorization from FHCP Central Referrals is not needed *except as indicated below*.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Silvia Cuadra, MD #074063</b> Ages 18+ Health Information Management fax: 386-481-5009	<b>Florida Health Care Plans Daytona Beach Endocrinology</b> 350 N. Clyde Morris Boulevard, 1 <sup>st</sup> Floor, Daytona Beach, FL 32114	Ph: 386-763-1000 Fax: 386-481-6399
<b>Gerald Miceli, MD #005608</b> Ages 18+ Health Information Management Fax: 386-481-5009	<b>Florida Health Care Plans Palm Coast Endocrinology</b> 309 Palm Coast Parkway NE, Suite 2, Palm Coast, FL 32137  <b>Florida Health Care Plans Ormond Beach Endocrinology</b> 300 Clyde Morris Boulevard, Ormond Beach, FL 32174	Both locations: Ph: 386-317-8620 Fax: 386-317-8625

## ENDOCRINOLOGY

**THE PROVIDERS/LOCATIONS BELOW REQUIRE PRIOR AUTHORIZATION.** Please complete the "FHCP Referral Form" found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Poonam Kapadia, MD #094265</b> Ages 18+	<b>UF Health Endocrinology at Halifax</b> 311 N. Clyde Morris Boulevard, Suite 580, Daytona Beach, FL 32114	Ph: 386-241-1000 Fax: 386-241-1001
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## EVENT MONITOR

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

**Additional cardiac monitors can be found under *Cardiac Monitoring* in this document.**

<b>Florida Health Care Plans Daytona Beach</b> EKG Technician	350 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-238-3200, Ext. 3352 Fax: 386-238-3210
<b>Florida Health Care Plans Palm Coast</b> EKG Technician	309 Palm Coast Parkway, Palm Coast, FL 32137	Ph: 386-447-9685 Fax: 386-446-3222

## EXTENDED HOURS CARE CENTERS (EHCC)

**ALL FHCP EXTENDED HOURS CARE CENTERS OFFER APPOINTMENTS (SAME DAY AVAILABLE) AND ACCEPT WALK-INS.** Call the center below or call FHCP Central scheduling at 386-676-7198 for an appointment. **Prior authorization is not needed.**

<b>HOURS OF OPERATION FOR THE FHCP EXTENDED HOURS CARE CENTERS BELOW:</b> <b>Monday – Friday, 7am to 7pm</b> <b>Saturdays, 8am to 12 noon</b>		
<b>Florida Health Care Plans EHCC Daytona Beach</b>	350 North Clyde Morris Boulevard, 1 <sup>st</sup> Floor, Daytona Beach, FL 32114	Ph: 386-238-3221 Fax: 386-235-3232
<b>Florida Health Care Plans EHCC Edgewater</b>	239 N. Ridgewood Avenue, Edgewater, FL 32132	Ph: 386-427-4868 Fax: 386-481-6591
<b>Florida Health Care Plans EHCC Orange City</b>	2777 Enterprise Road, Orange City, FL 32763	Ph: 386-774-2550 Fax: 386-774-5667
<b>Florida Health Care Plans EHCC Ormond Beach</b>	461 S. Nova Road, Ormond Beach, FL 32174	Ph: 386-671-4337 Fax: 386-671-1127
<b>HOURS OF OPERATION FOR THE FHCP EXTENDED HOURS CARE CENTERS BELOW:</b> <b>Monday – Friday, 7am to 7pm</b>		
<b>Florida Health Care Plans EHCC Deland</b>	937 N. Spring Garden Avenue, Deland, FL 32720	Ph: 386-736-1948 Fax: 386-734-4571
<b>Florida Health Care Plans Port Orange</b>	740 Dunlawton Avenue, Port Orange, FL 32127	Ph: 386-763-1000 Fax: 386-481-6399

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## EXTENDED HOURS CARE CENTERS (EHCC) – (Continued)

### Extended-Hour Primary Care Services Only

Members will be charged the appropriate copayment as listed in the copayment section of their FHCP Member Handbook.

<b>MediQuick Urgent Care Centers</b> Ages 4+	6 Office Park Drive, Palm Coast, FL 32137  140 Pinnacles Drive, Palm Coast, FL 32164	Ph: 386-447-6615 Fax: 386-447-1266  Ph: 386-597-2829 Fax: 386-313-1923
<b>Halifax Health Express Care Clinics</b> All ages  <b>HECN Members Only</b>	<b>Halifax Health Express Care Ormond Beach</b> 1688 W. Granada Boulevard, Suite 2A, Ormond Beach, FL 32174  <b>Halifax Health Express Care Daytona Beach Shores</b> 3048 South Atlantic Avenue, Daytona Beach Shores, FL 32118	Ph: 386-425-4460 Fax: 386-425-4461  Ph: 386-845-5450 Fax: 386-845-5454

**For additional after-hours services, see *URGENT CARE SERVICES*.**

## FLIGHT PHYSICALS – Federal Aviation Administration (FAA) Physicals

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Elizabeth Le, MD #10G373</b> All FHCP Members	<b>Florida Health Care Plans Daytona Beach</b> 350 N. Clyde Morris Blvd., 1 <sup>st</sup> Floor, Daytona Beach, FL 32114	Ph: 386-238-3221 Fax: 386-238-3235
<b>Ryan Rees, MD #011254</b> Non-Medicare FHCP members only	201 N. Clyde Morris Blvd., Suite 240, Daytona Beach, FL 32114	Ph: 386-425-4822 Fax: 386-255-0140

## GASTROENTEROLOGY

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. **Please send EKG if completed within the past year.** Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<p>Ammar Hemaïdan, MD #000104 Zachary Neubert, D.O. # 126251</p>	<p><b>Advanced GI</b> 1890 LPGA Boulevard, Suite 270, Daytona Beach, FL 32117</p>	<p>Ph: 386-763-4920 Fax: 386-763-4939</p>
<p>Ahmad Alawad, MD #137411 Wallace Combs, MD #112551 Joseph McKinley, MD #10L528 Ages 18+  <i>EPN / Triple Option Members Only</i></p>	<p><b>AdventHealth Medical Group Gastroenterology at Palm Coast</b> 61 Memorial Medical Parkway Suite 1880-B, Palm Coast, FL 32164  61 Memorial Medical Parkway Suites 2815/3802, Palm Coast, FL 32164  120 Pinnacles Drive Suite 1, Palm Coast, FL 32164  3 Advent Health Way Suite 120, Palm Coast, FL 32137</p>	<p>Ph: 386-586-1995 Fax: 386-568-1772  Ph: 386-568-1810 Fax: 386-586-1811  Ph: 386-568-6611 Fax: 386-586-6633  Ph: 386-586-1995 Fax: 386-586-1772</p>

## GENETIC COUNSELING

Prior authorization from FHCP Central Referrals is not needed if the counseling is performed by the referring provider, or by InformedDNA.

InformedDNA (IDNA) #079436	11 2 <sup>nd</sup> Ave NE Suite 700 St. Petersburg, FL 33701	Ph: 800-975-4819 Fax: 760-203-1194
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## GENETIC TESTING

Prior Authorization is not required for the following genetic tests, as long as the specimens are processed by Quest Diagnostic Laboratories. Providers may send patient orders directly to a FHCP Lab or to a Quest Patient Center for lab draws.

<ul style="list-style-type: none"><li>• Solid Core Tumor Panel</li><li>• PD-L 1</li><li>• Comprehensive Hereditary Panel – 66-Gene</li><li>• FISH, ABL1</li><li>• FISH, ABL2</li><li>• JAK2 V617F Mutation Analysis</li><li>• JAK2 Exon 12 Mutation Analysis</li></ul>	<ul style="list-style-type: none"><li>• QUAD Screen</li><li>• QNatal</li><li>• Prenatal Carrier Screen (CF, Fragile X, SMA)</li><li>• HFE-Hereditary Hemochromatosis DNA Mutation Analysis</li><li>• Careticulin (CALR) Mutation Analysis</li><li>• MPL Mutation Analysis</li><li>• JAK2 V617F Cascading Reflex to CALR, JAK2 Exon 12, MLP &amp; CSF3R</li></ul>
For questions regarding genetic tests or testing, please call FHCP Central Referrals Department at <b>386-238-3230</b> .	

**All other genetic tests or lab orders for any other laboratory other than Quest Diagnostic Laboratories will require prior authorization from Florida Health Care Plans. Please complete Genetic Testing Authorization Form which is location on FHCP.com.**



# GLUCOMETERS

Prior authorization from FHCP Central Referrals is not needed.

**For FHCP Members:** New and replacement glucometers (blood glucose meters) are available to diabetic FHCP members at their FHCP PCP office or at any of the FHCP Extended Hours Care Centers listed below. If our FHCP member is a patient of a network PCP and needs a new or replacement glucometer, the member may pick up a meter at any of the FHCP Extended Hours Care Centers listed below.

**For Fee for Service clients:** Fee for Service clients must have a prescription and obtain their glucometer from the place where their insurance plan directs them.

**Volusia Health Networks (VHN) patients** should call Karen Albregtse with VHN at 386-239-2322 to obtain a meter.

A member or their representative may pick up a glucometer if they know how to use it.

**NOTE: Glucometer training must be provided for all newly diagnosed diabetic members and American Diabetes Association (ADA) recognized diabetes education classes offered.** Members may receive glucometer training at their PCP office or at one of our EHCC locations listed below.

Diabetes education, other training requests, or any issues should be directed to the **FHCP Diabetes and Nutrition Education Department** at **386-676-7133**, or **877-229-4518** (fax: 386-238-3228).

<b>FHCP Extended Hours Care Center Daytona Beach</b> 350 North Clyde Morris Boulevard, 1 <sup>st</sup> Floor, Daytona Beach, FL 32114 Ph: 386-238-3221	<b>FHCP Extended Hours Care Center Ormond Beach</b> 461 S. Nova Road, Ormond Beach, FL 32174 Ph: 386-671-4337
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## GYNECOLOGY & WELL WOMAN'S ASSESSMENTS

**Prior authorization from FHCP Central Referrals is not needed.** Routine well-woman and gynecological exams may be provided by either a gynecologist or the member's PCP. Female members may directly call the selected provider below to schedule an appointment. A provider's referral is not necessary.

<b>Steven J. Brown, MD #000075</b> All ages	<b>Palm Coast Women's Center</b> 21 Hospital Drive, Suite 270, Palm Coast, FL 32164	Ph: 386-437-5959 Fax: 386-437-5390
<b>Jesse Greenblum, MD #061149</b> Ages 12+	<b>Halifax Health Family &amp; Sports Medicine</b> 201 Clyde Morris Boulevard, Suite 200, Daytona Beach, FL 32114	Ph: 386-425-4165 Fax: 386-255-0140
<b>Patricia Modad, MD #10T904</b> Ages 16+	<b>Palm Coast OB/Gyn</b> 7 Boulder Rock Drive, Suite 4, Palm Coast, FL 32137	Ph: 386-447-6831 Fax: 386-447-6834
<b>Laila Needham, MD #046621</b> <b>Thomas Searle, MD #060496</b> <b>Racheal L. Kaplan, MD #084251</b> <b>Majdouline Asher, MD #090991</b> <b>Karen Toppi, M.D. #011083</b>	<b>OB/GYN Associates of St. Augustine</b> 5 Boulder Rock Drive, Suite D, Palm Coast, FL 32137	Ph: 904-819-1500 Fax: 904-810-1023

## GYNECOLOGIC ONCOLOGY

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

See [Gynecologic Oncology instructions for additional Providers needing Prior Authorization](#).

<b>Kelly Molpus, MD #011164</b> (Medical & Gyn only) Ages 18+	<b>Halifax Medical Oncology Associates</b> 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-425-4034 Fax: 386-425-7704
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**IMPORTANT NOTE:** If appointments are not available with Dr. Molpus, please fax a prior authorization request to FHCP Central Referrals Department at **386-238-3253** for consideration for the patient to be seen at Mayo Clinic in Jacksonville, Florida.

## GYNECOLOGIC ONCOLOGY

**REQUIRES PRIOR AUTHORIZATION.** Please complete the "FHCP Referral Form" found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the home health care provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386-238-3230** to discuss urgent cases with a clinician, rather than faxing the request.

# HEMATOLOGY

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician’s office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Walter J. Durkin, MD #003875</b> Ages 18+ Health Information Management fax: 386-481-5009	<b>Florida Health Care Plans Daytona Beach</b> 350 N. Clyde Morris Boulevard, 2 <sup>nd</sup> Floor, Daytona Beach, FL 32114	Ph: 386-238-3200 Fax: 386-238-3216
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## HEPATITIS C SERVICES

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Please include recent lab and Metavir score (through liver biopsy or Fibrosure), as well as genotype, viral load, and treatment history. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

FHCP is managing curative treatment of chronically infected HCV patients through our CAN Community HCV Clinic. Non-Medicare and Exchange (ACA) members with a Metavir score of F3-F4 are eligible for treatment with Direct Acting Antivirals (DAA). Medicare members are eligible for treatment regardless of Metavir score.		
<b>Anil Suryaprasad, MD #085974</b> Ages 18+ Mobile medical unit available.	<b>CAN Community Health, Inc.</b> 1435 Dunn Avenue, Suite 101, Daytona Beach, FL 32114	Ph: 386-274-7651 Fax: 877-242-5455

# HEPATOBILIARY SERVICES

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician’s office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Mark Johnson, MD #065795</b> Ages 18+	<b>Halifax Healthcare Systems</b> 311 N. Clyde Morris Boulevard, Suite 360, Daytona Beach, FL 32114	Ph: 386-425-4650 Fax: 386-425-7510
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## HIDA (CHOLESCINTIGRAPHY) SCAN

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

## HIV (HUMAN IMMUNODEFICIENCY VIRUS)

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Dana Barnes, MD #070079</b> <b>Anil Suryaprasad, MD #085974</b> Ages 18+ Mobile medical unit available.	<b>CAN Community Health, Inc.</b> 1435 Dunn Avenue, Suite 101, Daytona Beach, FL 32114	Ph: 386-274-7651 Fax: 877-242-5455
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## HOLTER MONITOR

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

**Additional cardiac monitors can be found under *Cardiac Monitoring* in this document.**

<b>Florida Health Care Plans Daytona Beach</b> EKG Technician	<b>FHCP Daytona Beach Cardiology Department</b> 350 N. Clyde Morris Blvd., 2 <sup>nd</sup> Floor, Daytona Beach, FL 32114	Ph: 386-238-3289 Fax: 386-238-3296
<b>Florida Health Care Plans Palm Coast</b> EKG Technician	309 Palm Coast Parkway, Palm Coast, FL 32137	Ph: 386-447-9685 Fax: 386-446-3222
<b>CardioNet</b> <i>To be connected and disconnected by trained FHCP personnel only.</i> Monitoring system is staffed 24/7/365.	2476 Swedesford Road, Suite 350, Malvern, PA 19355  1 Electronics Drive, Mercerville, NJ 08619  4430 Rosewood Drive, Suite 200, Pleasanton, CA 94588  175 Pinelawn Road, Melville, NY 11747	All locations: Ph: 866-426-4402 Fax: 855-560-7774

# HOME BIRTH SERVICES

**Prior authorization is not needed.** Members may self-refer to this specialty and will be able to call to schedule appointments without an order from their physician.

<b>Mama Mia Midwifery #123365</b> Ages 16 to 45 Does not accept Medicare.	10268 Park Row Court, Orlando, FL 32832 <i>Services are rendered at the member's home.</i>	Ph: 425-772-6213 Fax: 321-319-9713
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## HOME HEALTH CARE

**Prior authorization from the FHCP Central Referrals Department is not needed.** The ordering provider should submit the order directly to a (HHCA) Home Health Care Agency. Once the order is received, the HHCA and FHCP Case Management Department will discuss the case for authorization. Florida Health Care Plans Case Management 386-676-7187.

<b>AccentCare Home Health of Daytona #011810</b>  Volusia and Flagler Counties	1200 W. Granada Boulevard, Suite 4, Daytona Beach, FL 32174	Phone: 386-872-4700 Fax: 800-475-9082
<b>BrightStar Care # 087949</b>	1000 Palm Coast Pkwy SW, Suite 206	Phone: 386-233-9009 Fax: 386-218-3174
<b>CenterWell Home Health #149435</b>  Volusia and Flagler Counties Non-Medicare Only	1737 N. Clyde Morris Blvd., Ste. 110, Daytona Beach, FL 32117  929 N. Spring Garden Ave., Ste. 100, DeLand, FL 32720	Phone: 386-274-1088 Fax: 386-274-1419 Phone: 386-736-9224 Fax: 386-734-3444

## HOME INFUSION PHARMACIES

**REQUIRES PRIOR AUTHORIZATION.** Providers should contact the FHCP Case Management Utilization Review Department at **386-676-7187**. For after-hours or holiday **authorizations**, call the FHCP Call Center at **800.352.9824**.

<b>Holly Hill Pharmacy</b>	1702 Ridgewood Avenue, Holly Hill, FL 32117	Ph: 386-677-7377 Ph: 844-677-0739
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## HOME SLEEP STUDIES

**INSTRUCTIONS:** Prior authorization from the FHCP Central Referrals is not needed. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office or the member can call after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

SNAP Diagnostics #053477 All ages	616 Atrium Dr., Ste 100, Vernon Hills, IL 60061	Ph: 847-777-0000 Fax: 847-465-3401
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## HOSPICE

**NON-MEDICARE MEMBERS ONLY REQUIRE PRIOR AUTHORIZATION.** Providers should contact the FHCP Case Management Utilization Review Department at **386-676-7187** or **866-686-7187**. For after-hours or holiday authorizations, call the FHCP Call Center at **386-226-4542**.

**Medicare patients, their representatives, or their providers, may call any Medicare-certified hospice of their choice for an evaluation.** The FHCP Case Management Utilization Review Department must be notified of all hospice admissions (Medicare and commercial) by calling **386-676-7187** or **866-686-7187**.

<b>Halifax Health Hospice</b>	<b>Care Center Locations:</b> 235 Booth Road, Ormond Beach, FL 32174  <b>Office Locations:</b> 168 W. Granada Boulevard, Ormond Beach, FL 32174  110 Flagler Plaza Drive, Palm Coast, FL 32137	Ph: 386-425-8950 Fax for all locations: 386-425-7864  Ph: 386-425-7900  Ph: 386-446-0300
<b>AdventHealth Hospice Care</b>	770 West Granada Boulevard, Suite 304, Ormond Beach, FL 32174	Ph: 386-671-2138 Fax: 386-672-0314

## HOSPITAL ADMISSIONS

**Direct Admissions:** Providers with admitting privileges should contact FHCP's Admission Coordinator at **386-676-7187** Monday – Friday 8am to 5pm for pre-admission evaluations and verification of direct admissions from the provider's office. After 5pm or on weekends or holidays, please call FHCP's After Hours Call Center at **386-226-4542** or fax **386-258-4858**.

**If the admitting physician does not have admitting privileges,** the physician should all the FHCP contracted hospitalist group assigned to that facility for coverage. See "Hospitalist" for a list of locations.

**Emergency Department Admissions or 23-hour Observation cases:** Contact the FHCP member's PCP to discuss the case. After 5pm or on weekends or holidays, please call FHCP's After Hours Call Center at **386-226-4542**.

<b>Halifax Health #00Y007</b> Pediatric admissions available at Halifax Daytona Beach only.	303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114  1041 Dunlawton Avenue, Port Orange, FL 32127	Ph: 386-425-4000 Fax: 386-254-4113  Ph: 386-425-4700
<b>AdventHealth Palm Coast #00Y015</b>	60 Memorial Medical Parkway, Palm Coast, FL 32164	Ph: 386-437-2211 Fax: 386-586-4627
<b>AdventHealth Daytona Beach #00Y015</b>	301 Memorial Medical Parkway, Daytona Beach, FL 32117	Ph: 386-231-3034 Fax: 386-676-6077
<b>AdventHealth Palm Coast Parkway</b>	1 AdventHealth Way, Palm Coast, FL 32137	Ph: 386-302-1800 Fax: n/a

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## HOSPITAL ADMISSIONS – (Continued)

### INPATIENT (ACUTE) REHABILITATION FACILITIES

**REQUIRES PRIOR AUTHORIZATION.** Providers should contact the FHCP Case Management Utilization Review Department at **386-676-7187** or **866-686-7187**. For after-hours or holiday authorizations, call the FHCP Call Center at **386-226-4542**.

<b>AdventHealth Daytona Beach Inpatient Rehab</b>	301 Memorial Medical Parkway, 12 <sup>th</sup> Floor, Daytona Beach, FL 32117	Ph: 386-231-5023 Fax: 386-231-1298
<b>Halifax Health and Brooks Center for Inpatient Rehabilitation</b>	303 N. Clyde Morris Boulevard, Floors 8 & 9, Daytona Beach, FL 32114	Ph: 386-425-5817 Fax: 386-425-5801
<b>Kindred Hospital North Florida #00YP41</b> All ages	801 Oak Ave., Green Cove Springs, FL 32043	Ph: 904-284-9230 Fax: 904-284-6612

### LONG-TERM ACUTE CARE HOSPITAL ADMISSIONS

**REQUIRES PRIOR AUTHORIZATION.** Providers should contact the FHCP Case Management Utilization Review Department at **386-676-7187** or **866-686-7187**. For after-hours or holiday authorizations, call the FHCP Call Center at **386-226-4542**.

<b>Select Specialty Hospital – Daytona Beach</b> #049209 Ages 18+	301 Memorial Medical Parkway, 11 <sup>th</sup> Floor, Daytona Beach, FL 32117	Ph: 386-231-3436 Fax: 386-231-5210
<b>Kindred Hospital North Florida #00YP41</b> All ages	801 Oak Ave., Green Cove Springs, FL 32043	Ph: 904-284-9230 Fax: 904-284-6612

# HOSPITALIST

If the admitting physician does not have admitting privileges, the physician should call the FHCP contracted hospitalist group assigned to that facility for coverage. Physicians provide medical care to FHCP members and to non-FHCP patients of our FHCP PCPs who choose not to perform inpatient services.

<b>FHCP Hospitalist Program</b> <b>Richard L. Braithwaite, MD</b> , Program Director <b>Susan P. Mathew, MD, Ph.D.</b> <b>Edward Schwartz, DO</b>	<b>Halifax Health</b> 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-226-4542 Fax: 386-258-4858
<b>Halifax Pediatric Hospitalists</b> <b>Lindsey Johnson, MD</b> <b>Muhammad Youseuf Hassan, MD</b>	<b>Halifax Health</b> 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-226-4542 Fax: 386-258-4858
<b>OB Hospitalist Group, LLC</b>	<b>Halifax Health</b> 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-425-5200 Fax: 386-425-7535
<b>FHCP Physicians – Hospitalist Services</b> <b>George L. Ehringer, MD</b> <b>Erika Faile, MD</b> <b>Harjot Kahlon, MD</b> <b>Alfonza McCollum, MD</b>	<b>AdventHealth Daytona Beach</b> 301 Memorial Medical Parkway, Daytona Beach, FL 32117	Ph: 386-226-4542 Fax: 386-258-4858
<b>Sound Inpatient Physicians, Inc.</b>	<b>AdventHealth Palm Coast</b> 60 Memorial Medical Parkway, Palm Coast, FL 32164	Ph: 386-586-2000
<b>Volusia Hospitalists, PLC</b>	301 Memorial Medical Parkway, Daytona Beach, FL 32117	Ph: 386-676-0255 Fax: 386-676-2555

## HYPERBARIC OXYGEN THERAPY & VACUUM-ASSISTED CLOSURE DEVICES

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at <https://www.fhcp.com/for-providers/> under the *Referrals, Prior Authorizations, and Orders* tab. Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Please refer to the *WOUND CARE* section of this document for instructions on ordering these services.

## INFECTIOUS DISEASES

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

**SEE ALSO: HIV (HUMAN IMMUNODEFICIENCY VIRUS)**

<b>Alexandra A. Crossman, MD #038593</b> <i>Limited availability. Ages 18+</i>	<b>FHCP Ormond Beach</b> 300 Clyde Morris Boulevard, Suite A, Ormond Beach, FL 32174	Ph: 386-317-8620 Fax: 386-317-8625
<b>Dana Barnes, MD #070079</b> <b>Douglas Brust, MD #128407</b> Ages 18+ Mobile medical unit available.	<b>CAN Community Health, Inc.</b> 1435 Dunn Avenue, Suite 101, Daytona Beach, FL 32114	Ph: 386-274-7651 Fax: 877-242-5455
<b>Volusia County Health Department #00P421</b> All ages	1845 Holsenback Drive, Daytona Beach, FL 32117	Ph: 386-424-2065 Fax: 386-274-0800

## INFUSION CLINICS

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the facility below for information and instructions. The patient must have a written order from the physician. Scheduling is by appointment only.

<b>Florida Health Care Plans Daytona Beach</b>	350 N. Clyde Morris Boulevard, 1 <sup>st</sup> Floor, Daytona Beach, FL 32114	Ph: 386-238-3297 Fax: 386-238-3274
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## INFUSION SERVICES – INFUSION PUMPS FOR CHEMOTHERAPY

**Prior authorization from FHCP Central Referrals is not needed.** The requesting oncologist should contact the representative below to order supplies for the FHCP member.

<b>Walter Schytte, Representative</b>	<b>InfuSystem, Inc.</b> 960 Turnpike Street, Unit 20, Canton, MA 02021	Ph: 407-488-3491
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## INJECTION CLINIC

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider may call the selected facility below for information and instructions. Scheduling is by appointment only.

<b>Florida Health Care Plans Daytona Beach</b>	350 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-238-3297 Fax: 386-238-3274
<b>Florida Health Care Plans Palm Coast</b>	309 Palm Coast Parkway, Palm Coast, FL 32137	Ph: 386-445-7073 Fax: 386-447-7092

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting clinical documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling. FHCP follows nationally care guidelines such as CMS and Milliman Care Guidelines for approving insulin pumps.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

## INTERVENTIONAL RADIOLOGY

**MAY REQUIRE PRIOR AUTHORIZATION.** Most interventional radiology procedures require prior authorization. To determine if a specific interventional radiology procedure requires prior authorization, please call the FHCP Central Referral Department at **386-238-3253** to discuss the procedure.

If prior authorization is required, please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

## LABORATORY SERVICES – ROUTINE AND STAT

**No appointment is necessary at the locations listed below.** FHCP requests that all members use these facilities and those on the next page for routine and STAT lab collections. Providers may make arrangements for specimen collection appointments with Quest Diagnostics by calling 888-277-8772 or online at [www.QuestDiagnostics.com/appointments](http://www.QuestDiagnostics.com/appointments). Complete the Quest form and give to the patient to take to Quest at time of service.

**PRIOR AUTHORIZATION IS REQUIRED FOR GENETIC TESTING.** See **GENETIC TESTING** in this document for instructions.

<b>Florida Health Care Plans Daytona Beach Laboratory Draw Station</b>	350 N. Clyde Morris Boulevard, 1 <sup>st</sup> Floor, Daytona Beach, FL 32114 Lab hours: Monday through Friday, 7am to 4:30pm	Ph: 386-238-3285 Fax: 386-238-3282
<b>Florida Health Care Plans Holly Hill Laboratory Draw Station</b>	1510 Ridgewood Avenue, Holly Hill, FL 32117 Lab hours: Monday through Friday, 7am to 3:15pm	Ph: 386-676-7136 Fax: 386-676-7181
<b>Florida Health Care Plans Ormond Beach Laboratory Draw Station</b>	461 S. Nova Road., Ormond Beach, FL 32174 Lab hours: Monday through Friday, 6:30am to 3pm	Ph: 386-671-4337 Fax: 386-481-6185
<b>Florida Health Care Plans Palm Coast Laboratory Draw Station</b>	309 Palm Coast Parkway, Palm Coast, FL 32137 Lab hours: Monday through Friday, 7am to 3:30pm	Ph: 386-447-9685 Fax: 386-446-3222
<b>Florida Health Care Plans Palm Coast Laboratory Draw Station</b>	145 City Place, Palm Coast, FL 32164 Lab hours: Monday through Friday, 7am to 3:30pm	Ph: 386-302-0975 Fax: 386-302-0980
<b>Quest Diagnostics Daytona Beach</b>	1663 N. Clyde Morris Boulevard, Suite 1, Daytona Beach, FL 32117 Lab & drug screen hours: Mon-Fri 6:30am to 3:30pm, Sat 7am-11am	Ph: 866-697-8378 Fax: 386-274-2510
<b>Quest Diagnostics Daytona Beville</b>	1500 Beville Road, Suite 601, Daytona Beach, FL 32114 Lab & drug screen hours: Mon-Fri 6:30am to 3:30pm	Ph: 866-697-8378 Fax: 386-255-2585
<b>Quest Palm Coast</b>	33 Old Kings Road N., Suite 4, Palm Coast, FL 32137 Lab hours: Mon-Fri 6am to 3pm	Ph: 866-697-8378 Fax: 386-447-5804

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## LABORATORY SERVICES – ROUTINE AND STAT (Continued)

No appointment is necessary at the locations listed below. FHCP requests that all members use these facilities and those on the prior two pages for routine and STAT lab collections.

**PRIOR AUTHORIZATION IS REQUIRED FOR GENETIC TESTING.** See **GENETIC TESTING** in this document for instructions.

These locations are HECN providers.		
Halifax Health – Professional Building	311 N. Clyde Morris Boulevard, Daytona Beach, FL 32114 Lab hours: Monday through Friday, 6:30am to 4:15pm	Ph: 386-254-4128 Fax: 386-254-6833
Twin Lakes Medical Center	1890 LPGA Boulevard, Suite 200, Daytona Beach, FL 32117 Lab hours: Mon-Fri, 7am to 11:30am and 12:30pm-3:15pm	Ph: 386-274-1830 Fax: 386-274-2955
Halifax Health Ormond Beach	1688 W. Granada Boulevard, Ormond Beach, FL 32174 Lab hours: Monday through Friday, 7am to 12 noon	Ph: 386-615-4405 Fax: 38-676-1391

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## LABORATORY SERVICES – ROUTINE AND STAT (Continued)

For STAT labs needed when all draw stations are closed, please send the FHCP member to the closest contracted hospital listed below with lab orders in hand.

**PRIOR AUTHORIZATION IS REQUIRED FOR GENETIC TESTING.** See **GENETIC TESTING** in this document for instructions.

<b>Halifax Health #00Y007</b> Pediatric admissions available at Daytona location	303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-254-4303 Fax: 386-254-4113  Ph: 386-322-4700
<b>AdventHealth Palm Coast #00Y015</b>	60 Memorial Medical Parkway, Palm Coast, FL 32164	Ph: 386-437-2211 Fax: 386-586-4627
<b>AdventHealth Daytona Beach #00Y015</b>	301 Memorial Medical Parkway, Daytona Beach, FL 32117	Ph: 386-231-3034 Fax: 386-676-6077

## LABORATORY SERVICES – IN-HOME

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider may call the selected facility below for information and instructions.

<b>Independent Phlebotomy Services, Inc.</b> provides home phlebotomy/lab draw services to FHCP members residing in Volusia, Flagler, and Seminole Counties. Provider should document homebound status or taxing physical effort to receive services at an outpatient laboratory.		
<b>Independent Phlebotomy Services, Inc. #042041</b>	977 Gardenia Drive, Daytona Beach, FL 32117	Ph: 386-677-8338 Fax: 386-673-5729

## LACTATION SERVICES & BREASTFEEDING CLASSES

**Prior authorization from FHCP Central Referrals is not needed.** FHCP members may self-refer to this specialty and may call to schedule an appointment without a referral from their provider.

<b>Breastfeeding Class</b>	<b>Halifax Health Medical Center</b> 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-425-4000
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## LITHOLINK SERVICE

**PRIOR AUTHORIZATION IS REQUIRED.** Please complete the “FHCP Referral Form” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

**Litholink** assists in preventing recurrent stone formation in patients. They provide laboratory services, educational materials, and physician consultation services to FHCP members.

FHCP guidelines for Litholink services are:

- All children ages 18 and younger are eligible.
- Patients ages 18+ must have two documented episodes of nephrolithiasis in the last five years.
- Litholink services may be requested by FHCP PCPs, urologists, and nephrologists.

## LOOP RECORDERS

**PRIOR AUTHORIZATION IS REQUIRED.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.



## LYMPHEDEMA CLINICS

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

### IN-HOME LYMPHEDEMA SERVICES:

**REQUIRES PRIOR AUTHORIZATION.**

AxiomHealth Management #087258	1180 Spring Centre South Blvd., Suite 225, Altamonte Springs, FL 32714	Ph: 407-494-0644 Fax: 407-494-0644
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# MAGNETIC RESONANCE IMAGING (MRI)

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

## EXCEPTIONS REQUIRING PRIOR AUTHORIZATION INCLUDE:

- BREAST MRI
- STEREOTACTIC BREAST BIOPSY
- GENETIC TESTING
- SESTAMIBI SCAN (ENDOCRINOLOGISTS AND CARDIOLOGISTS CAN ORDER WITH NO PRIOR AUTHORIZATION)
- CT COLONOSCOPY (VIRTUAL COLONOSCOPY)
- PILL CAMERA
- HIDA (CHOLESCINTIGRAPHY) SCANS

**FOR EXCEPTIONS NOTED ABOVE:** Please complete the "FHCP Referral Form" found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

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## MAGNETIC RESONANCE IMAGING (MRI) – (Continued)

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **See page 1 of 2 pages for exceptions requiring prior authorization.**

<b>AdventHealth Palm Coast #00YG80 (H)</b>	60 Memorial Medical Parkway, Palm Coast, FL 32164	Ph: 386-586-4402 Fax: 386-917-5576
<b>Halifax Health Medical Center Imaging Daytona #00Y007 (H)</b>	303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-254-4070 Fax: 386-425-4356
<b>Open MRI of Daytona #000297 (N)</b>	201 Bill France Boulevard, Daytona Beach, FL 32114	Ph: 386-254-6800 Fax: 386-254-6995
<b>Palm Coast Imaging Center #005448 (N)</b> Will not schedule SNF patients.	3 Pine Cone Drive, Suite 101, Palm Coast, FL 32137	Ph: 386-274-6000 Fax: 386-446-1866
<b>Town Center Imaging #10P733 (N)</b> <i>Will not schedule SNF patients.</i>	21 Hospital Drive, Suite 130, Palm Coast, FL 32164	Ph: 386-446-5200 Fax: 386-446-1866
<b>Twin Lakes Imaging Center #10P735 (N)</b> <i>Will not schedule SNF patients.</i>	1890 LPGA Blvd., Suite 110, Daytona Beach, FL 32124	Ph: 386-274-5454 Fax: 386-274-5440

### Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

**NOTE:** *Out of pocket costs may vary, depending on location or benefit plan.*

## MAMMOGRAPHY - DIAGNOSTIC OR SCREENING

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>AdventHealth Medical Group Radiology at Palm Coast #00YG80 (H)</b>	60 Memorial Medical Parkway, Palm Coast, FL 32164	Ph: 386-586-4402 Fax: 386-917-5576
<b>Palm Coast Imaging Center #005448 (N)</b> Will not schedule SNF patients.	3 Pine Cone Drive, Suite 101, Palm Coast 32137	Ph: 386-274-6000 Fax: 386-446-1866
<b>Radiology Associates Daytona Beach Shores #095634 (N)</b> Mammography and Bone Density / DEXA services only	3048 S. Atlantic Ave., Ste 102, Daytona Beach Shores, FL 32118	Ph: 386-274-6000 Fax: 386-274-5095
<b>Twin Lakes Imaging Center #10P735 (N)</b> Will not schedule SNF patients.	1890 LPGA Blvd., Suite 110, Daytona Beach, FL 32124	Ph: 386-274-5454 Fax: 386-274-5440
<b>East Central Florida Outpatient Imaging (N)</b>	Town Center Imaging #10P733, 21 Hospital Dr., Ste. 130 Palm Coast, FL 32164	Ph: 386-446-5200 Fax: 386-446-1866

### Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

**NOTE:** *Out of pocket costs may vary, depending on location or benefit plan.*

## MEDICATIONS

**If a medication REQUIRES PRIOR AUTHORIZATION, or is not listed in the formulary,** the provider must submit a request on the “[FHCP Prior Authorization Medication Form](#).” Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and notify you of their decision.

**ALL FHCP MEDICATION FORMULARIES AND AUTHORIZATION FORMS ARE AVAILABLE ONLINE at [FHCP Medication Formularies](#).**

## MOBILE IMAGING SERVICES

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Mobile imaging services include:

- Doppler studies
- EKGs
- Ultrasound exams with interpretation
- Vascular ultrasound exams with interpretation
- X-rays
- 24-hour Holter monitor exams with interpretation

The member must be institutionally bound for approval of mobile imaging services (i.e., skilled nursing facility or homebound). If the patient can be transported to the nearest FHCP facility for the same imaging exam, then the facilities below cannot be utilized. Medicare guidelines are also applicable when determining if an FHCP Medicare member may qualify for mobile imaging services.

<b>Atlantic Mobile Imaging Services, Inc. #109230</b> Ages 18+	1400 Hand Avenue, Suite A, Ormond Beach, FL 32174	Ph: 386-239-8270 Fax: 386-239-8273
<b>MoblieX #143188</b>		Ph: 800-940-0389 Fax: 727-442-7851

## NEPHROLOGY

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Jaideep Hoskote, MD #037825</b> Ages 18+	<b>AdventHealth Medical Group Nephrology at Palm Coast</b> 120 Cypress Edge Drive, Suite 208, Palm Coast, FL 32164	Ph: 386-586-4460 Fax: 386-586-4461
<b>Luke Basdeo, MD #086580</b> <b>Maulik Govani, MD #094742</b> Ages 18+	<b>Daytona Beach Nephrology, LLC</b> 544 Health Boulevard, Daytona Beach, FL 32114	Ph: 386-304-8302 Fax: 386-304-8204
<b>J. Peter Singh, MD #001889</b> Ages 18+	<b>East Coast Nephrology Associates, LLC</b> 385 Palm Coast Parkway SW, Suite 2, Palm Coast, FL 32137	Ph: 386-672-4001 Fax: 386-672-4006

## NEUROLOGY

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Mary J. Derbenwick, MD #000693</b> Ages 12+ Health Information Management Fax: 386-481-5009	<b>Florida Health Care Plans Daytona Beach</b> 350 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-238-3244 Fax: 386-238-3269
<b>Brahmananda R. Yadlapalli, #089276</b> Ages 18+ Health Information Management Fax: 386-481-5009	<b>Florida Health Care Plans Palm Coast</b> 315 Palm Coast Parkway NE, Suite 4, Palm Coast, FL 32137	Ph: 386-445-7073 Fax: 386-246-3839
<b>David Karaffa, MD #10X510</b> Ages 18+ <i><b>FHCP Medicare and EPN Triple Option members only</b></i>	<b>AdventHealth Medical Group Neurology at Palm Coast Parkway</b> 120 Cypress Edge Drive, Suite 206, Palm Coast, FL 32164	Ph: 386-586-4464 Fax: 386-586-8411



## NEUROPSYCHOLOGICAL TESTING

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Please note that neuropsychological evaluation services do not require prior authorization.

## NON-EMERGENCY TRANSPORTATION

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Trans Mobile Services LLC #066187 All Ages	39 Bickwick Lane, Palm Coast, FL 32137	Ph: 386-931-5863 Fax: 386-445-5201
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# NUTRITIONAL EDUCATION SERVICES

**Prior authorization from the FHCP Central Referrals Department is not needed.** Providers should send a referral order through the EHR or by completing the “FHCP Diabetes & Nutritional Counseling Form” found at [Referrals, Prior Authorizations, and Orders](#). Completed form with ICD-10 code should be faxed to FHCP Nutrition & Health Education at **386-238-3228**. Patients may also self-refer, but a provider referral is encouraged.

**Services provided include, but are not limited to:**

- Eating disorders such as anorexia, bulimia, and obesity
- Food allergies
- Hyperlipidemia
- Chronic kidney disease
- Peg tube feedings
- Carbohydrate counting
- Diabetes education (please see the *Diabetes Education* section in this document)
- Medical nutrition therapy

<b>MaryBeth Curtiss, RDN, LDN, CDE, CDCES</b> <b>Deborah Kelleher, MS, RDN, LDN</b> <b>Andrea Likens, RDN, LDN, CDE, CDCES</b> <b>Kathleen MacNeill, MSN, RN, BC-ADM, CDCES</b> <b>Tiffany McClure, RDN, LDN</b> <b>Catherine Robinson, MS, RDN, LDN, CDCES</b> <b>Jennifer Badillo, RN, BSN</b> Adults only	<b>FHCP Nutrition &amp; Health Education Department</b> 330 N. Clyde Morris Boulevard, Suite 9, Daytona Beach, FL 32114  <b>Class locations include:</b> Daytona Beach, Titusville, Lake Mary, St. Augustine, and other FHCP Centers in Flagler, Seminole, Brevard, and Volusia Counties as needed. Classes may also be held on an individual basis, depending on need.	Ph: 386-676-7133 Fax: 386-238-3228
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# OBSTETRICS

Prior authorization from FHCP Central Referrals is not needed. FHCP members may directly call the selected provider below to schedule an appointment. A provider's order is not necessary.

<b>Cynthia Baldwin, MD #011160</b> <b>Marjorie Bhogal, MD #042174</b> <b>Pamela Carbiener, MD #000170</b> <b>Patricia C. Esquivel, MD #049161</b> <b>Toby Marshall, MD #098726</b> <b>Zachary Tyser, MD #063216</b> <b>Jacinta Feldman, CNM #085735</b> Ages 10+	<b>Halifax OB/Gyn Associates</b> 1890 LPGA Boulevard, Suite 160, Daytona Beach, FL 32117	Ph: 386-252-4701 Fax: 386-253-9410
<b>Megan Bagwell, MD #042577</b> <b>Meetesh Desai, MD #112690</b> <b>Ted. E. Robertson, MD #10Q518</b> <b>Cecille Tapia-Santiago, MD #000793</b> <b>Sergio Vignali, MD #075320</b> Ages 18+	<b>Volusia Obstetrics &amp; Gynecology</b> 500 Health Boulevard, Daytona Beach, FL 32114	Ph: 386-252-5858 Fax: 386-252-4477
<b>Laila Needham, MD #046621</b> <b>Thomas Searle, MD #060496</b> <b>Racheal L. Kaplan, MD #084251</b> <b>Majdouline Asher, MD #090991</b> <b>Karen Toppi, M.D. #011083</b>	<b>OB/GYN Associates of St. Augustine</b> 5 Boulder Rock Drive, Suite D, Palm Coast, FL 32137	Ph: 904-819-1500 Fax: 904-810-1023
<b>John White, MD #005158</b> Gyn services – ages 12+ Well-woman services – ages 18+	533 N. Clyde Morris Boulevard, Suite A, Daytona Beach, FL 32114	Ph: 386-255-0901 Fax: 386-255-4454
<b>Christine DaSilva, MD #107457</b> <b>John Meyers, MD #006366</b> All ages	<b>OB/Gyn Health Center</b> 769 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-258-0123 Fax: 386-258-6464

See also ***BIRTH CENTERS*** and ***HOME BIRTH SERVICES***.

## OCULAR PROSTHETICS LAB

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Services include:

- Evaluation for ocular prosthesis/artificial eye
- Fabrication and fitting of ocular prosthesis
- Polishing and resurfacing of ocular prosthesis. FHCP does not require prior authorization for polishing and resurfacing if Medicare guidelines are met. Any services above the Medicare standard number of units per year will require prior authorization.

<b>Ocular Prosthetics Lab, Inc.</b>	575 W. Granada Boulevard, Suite H, Ormond Beach, FL 32174	Ph: 407-246-5451 Ph: 888-578-4788 Fax: 407-246-0222
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## ONCOLOGY – MEDICAL/HEMATOLOGY

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **Medical/Hematology Oncology Therapy requires prior authorization for FHCP Commercial members.** See that section in this document for information.

<p><b>Christopher Alexander, DO #002456</b>  <b>Ernesto Bustinza-Linares, MD #047974</b>  <b>Marinely Cruz-Amy, MD #074727</b>  <b>Paul Dodd III, MD #002284</b>  <b>Kathleen Doughney, MD #003384</b>  <b>Shemin Gupta, MD #038068</b>  <b>Eric M. Harris, DO #043960</b>  <b>Mudussara Khan, MD #037471</b>  <b>Victor W. Melgen, MD #006583</b>  <b>Padmaja Sai, MD #011934</b>  <b>Lynn Van Ummersen, MD #10J831</b>  <b>Zelia Bowman, M.D #125250</b>  <b>Lakshmi Boyapati, M.D. #144818</b>  <b>Kerwin Cumberbatch, M.D #150847</b></p> <p>Ages 18+</p>	<p><b>Florida Cancer Specialists &amp; Research Institute</b>  224 Memorial Parkway, Suite 300, Daytona Beach, FL 32117</p> <p>61 Memorial Medical Parkway, Suite 2812, Palm Coast, FL 32164</p> <p>61 Memorial Medical Parkway, Suite 2818, Palm Coast, FL 32164</p>	<p>Ph: 386-231-4060  Fax: 386-615-9119</p> <p>Ph: 386-586-1860  Fax: 855-744-5701</p> <p>Ph: 386-586-2889  Fax: 386-586-2890</p>
<p><b>Muhammad Iqbal, MD #109587</b>  <b>Marc Warmuth, MD #061067</b>  <b>Joanne Dragun, M.D. #081494</b></p> <p>Ages 18+</p>	<p><b>Cancer Specialists of North Florida</b>  80 Pinnacles Drive, Suite 700, Palm Coast, FL 32164</p>	<p>Ph: 386-387-8500  Fax: 386-387-8007</p>

## **ONCOLOGY – MEDICAL/HEMATOLOGY THERAPY – NON-MEDICARE MEMBERS ONLY**

**PRIOR AUTHORIZATION IS REQUIRED FOR NON-MEDICARE MEMBERS ONLY.** Authorization should be requested through AIM Specialty Health through their secure web portal at [www.providerportal.com](http://www.providerportal.com) or by calling **844-423-0881**.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

## **ONCOLOGY – MEDICAL/HEMATOLOGY THERAPY – MEDICARE MEMBERS**

**Prior authorization from FHCP Central Referrals is not needed for Medicare members.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

## ONCOLOGY – RADIATION

**Prior authorization from FHCP Central Referrals is not needed for radiation oncology consultation services.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **Radiation therapy requires prior authorization.** See instructions in the *Oncology – Radiation Therapy* section of this document on the next page.

<b>Alvaro Alvarez-Farinetti, MD #011745</b> <b>Jeffrey Brabham, MD #061713</b> <b>David Diamond, MD #061714</b> <b>Brad Factor, MD #011613</b> <b>Ronald J. Krochak, MD #048160</b> <b>Kelly LaFave, MD #053440</b> Ages 18+	<b>Halifax Medical Center for Oncology</b> 303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114  1688 W. Granada Boulevard, Ormond Beach, FL 32174  1185 Dunlawton Avenue, Port Orange, FL 32127  401 Palmetto Street, New Smyrna Beach, FL 32168	Ph: 386-254-4212 Fax: 386-425-4214  Ph: 386-425-4480 Fax: 386-425-7536  Ph: 386-425-4750 Fax: 386-425-4751  Ph: 386-424-5038 Fax: 386-424-5081
<b>Muhammad Iqbal, MD #109587</b> <b>Marc Warmuth, MD #061067</b> Ages 18+	<b>Cancer Specialists of North Florida</b> 80 Pinnacles Drive, Suite 700, Palm Coast, FL 32164	Ph: 386-387-8500 Fax: 386-387-8007

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## ONCOLOGY – RADIATION (Continued)

Prior authorization from FHCP Central Referrals is not needed for radiation oncology consultation services. The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **Radiation therapy requires prior authorization.** See instructions in the *Oncology – Radiation Therapy* section of this document, below.

<p> <b>Catherine Hwang, MD #048089</b>  <b>Afshin Foruzannia, MD #048103</b>  <b>Amber Orman, MD #080541</b>  <b>Matthew Biagiolo, MD #080541</b>  <b>John Bollinger, MD #064121</b>  <b>Ravi Shridhar, MD #10S463</b>  <b>Anudh Jain, MD #048092</b>  <b>Samir Sejpal, MD #048666</b>  <b>Shravan Kandula, MD #050369</b>  <b>Irfan Ahmed, MD #053690</b>  <b>Mark Harvey, MD #047586</b>  <b>Margarita Racsa, MD #051690</b>  <b>Charles Hodge, MD #047587</b>  <b>Justin Wu, MD #092649</b>  <b>Nicolette Huntley, MD #155250</b>  All ages  <b>William Assad, MD #002970</b>  <b>Nevine Hanna, MD #084100</b>  <b>John Reilly Jr., MD #089437</b>  <b>Aamir Hussain, MD #048088</b>  Ages 18+  <b>Shiv Desai, MD #075941</b>  Ages 22+ </p>	<p> <b>AdventHealth Medical Group Radiation Oncology at Central Florida</b>  301 Memorial Medical Parkway, Daytona Beach, FL 32117   60 Memorial Medical Parkway, Palm Coast, FL 32164 </p>	<p> All locations:  Ph: 386-943-7160  Fax: 386-738-6824 </p>
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## ONCOLOGY – RADIATION THERAPY

**Prior authorization required.** Please request authorization through AIM Specialty Health at [www.providerportal.com](http://www.providerportal.com) or by calling **844-423-0881**.

## OPHTHALMOLOGY

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Annemarie N. Etienne, MD #10H655</b> Ages 12+ <b>Todd Geis, MD #000091</b> <b>F. Harold Kushner, MD #000007</b> All ages <b>Asher Neren, MD #099400</b> Ages 12+ Health Information Mgmt Fax: 386-481-5009 <i>Neuro-ophthalmology services at FHCP</i> <i>Ophthalmology do not require prior authorization.</i>	<b>Florida Health Care Plans Daytona Beach</b> 350 N. Clyde Morris Boulevard, Suite 210, Daytona Beach, FL 32114  <b>Florida Health Care Plans Palm Coast</b> 315 Palm Coast Parkway, Palm Coast, FL 32137	Ph: 386-676-7103 Fax: 386-676-7186  Ph: 386-676-7103 Fax: 386-447-7536
<b>Karl White, MD #097486</b> <b>Farhad Safi, MD #146240</b> <i>EPN Triple Option members only</i>	<b>Central Florida Retina</b> 99 Old King Road South Flagler Beach, FL 32136	Ph: 800-255-7188 Fax: 386-239-9758
<b>Joseph Zobian, MD #008480</b> <b>Ronald Norman, OD #082529</b> <b>Rory Myer, MD #037965</b> <b>Mark Kennedy, MD #001302</b> <b>Timothy Root, MD #101711</b> All ages <i>EPN Triple Option members only</i>	<b>Tomoka Eye Associates</b> 21 Hospital Drive, Suite 160, Palm Coast, 32174	Ph: 386-586-3711 Fax: 386-586-3788
<b>Nishita Patel, MD #049665</b> Ages 5+ <b>HECN Members Only</b>	<b>Halifax Health Center for Ophthalmology</b> 517 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-425-0393 Fax: 386-253-3484

## OPHTHALMOLOGY - CORNEAL SERVICES ONLY

**PROVIDERS LISTED BELOW REQUIRE PRIOR AUTHORIZATION.** Please complete the “[FHCP Referral Form](#)” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to the FHCP Ophthalmology Department at **386-676-7186**. The FHCP Ophthalmology Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Ophthalmology Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Ophthalmology Department at 386-676-7103** to discuss urgent cases with a clinician, rather than faxing the request to the FHCP Ophthalmology Department.

OCULARIST, OCULOPLASTICS, NEURO OPHTHALMOLOGY AND ANY PROVIDER NOT LISTED IN THE PROVIDER REFERRAL GUIDE WILL **REQUIRE PRIOR AUTHORIZATION** FROM THE FHCP CENTRAL REFERRALS DEPARTMENT.

<b>Michael Lugo, MD</b> #003444 Ages 18+	564 Health Blvd. Daytona Beach, FL 32114 (Limited Hours)	Ph: 407-260-2255 Fax: 407-260-2831
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## OPHTHALMOLOGY – RETINAL SERVICES ONLY

**Referrals for Retinal Services can only be made by an ophthalmologist. Prior authorization from FHCP Central Referrals is not needed.** The requesting ophthalmologist will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Thomas Barnard, MD #003338</b> <b>Abdallah Jeroudi, MD #061674</b> <b>Samuel K. Houston, MD #047789</b> <b>Jaya Kumar, MD #069548</b> <b>Tomas Moreno, MD #079560</b> <b>Jonathan A. Staman, MD #037523</b> <b>Kyle Fallgatter, M.D. #151277</b> All ages	<b>Retina Group of Florida</b> 50 Leanni Way, Suite E-5, Palm Coast, FL 32137	Ph: 386-447-1847 Fax: 386-447-1848
<b>Karl Waite, MD #128153</b> <b>Farhad Safi, MD #127461</b>	<b>Central Florida Retina</b> 99 Old Kings Road, Suite 1 Flagler Beach, FL 32136	Ph: 800-255-7188 Fax: 386-239-9758

## OPHTHALMOLOGY – OTHER

**SERVICES LISTED BELOW REQUIRE PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

- OCULARIST / OCULOPLASTIC SPECIALIST
- NEURO-OPHTHALMOLOGY SERVICES
- ANY OPHTHALMOLOGY PROVIDER NOT LISTED IN THIS REFERRAL GUIDE

# OPTOMETRY

**Prior authorization from the FHCP Central Referrals Department is not needed.** Any FHCP member may self-refer to their provider of choice. Member may call to schedule an appointment at their convenience without an order from a physician.

<b>Nicola Granger, OD #058566</b> <b>Margaret Harrington, OD #088382</b> <b>Charles Heacock, OD #10X271</b> <b>Philip L. Stephens, OD #10X278</b> <b>Jeffrey L. Timko, OD #10X268</b> <b>Jacqueline Escobar, OD #147454</b> <b>Nikki Gonzalez, OD #147057</b> <b>Chequita Hilversum, OD #147463</b> <b>Vicki Lauer, O.D. #149413</b>  For Vision Benefit plan only.	<b>MyEyeDr Optometry of Florida</b> 15 Cypress Branch Way, Suite 206, Palm Coast, FL 32137	Ph: 386-445-1880 Fax: 386-445-8796
<b>Karin Schoeler, OD #10C519</b> <b>Thomas Kline, OD #10Q440</b> All ages For Vision Benefit plan only. <i>EPN Triple Option members only</i>	<b>Tomoka Eye Associates</b> 21 Hospital Drive, Suite 160, Palm Coast, 32174	Ph: 386-586-3711 Fax: 386-586-3788

## ORAL SLEEP APNEA APPLIANCES

**PRIOR AUTHORIZATION IS REQUIRED. Patient must have a sleep apnea evaluation with sleep studies prior to submitting your request.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, FHCP will schedule and confirm the member’s appointment.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

**Providers do not render sleep studies.**

John Whitsitt, DDS #002016	Atlantic Coast Prosthodontists, Inc. 1509 Mason Avenue, Daytona Beach, FL 32117	Ph: 386-239-7600 Fax: 866-262-0851
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## ORTHOPEDICS & SPORTS MEDICINE – NON-SURGICAL TREATMENT

**Prior authorization from the FHCP Central Referrals Department is not needed.** Any FHCP member may self-refer to their provider of choice. Member may call to schedule an appointment at their convenience without an order from a physician.

**Orthopedics and Sports Medicine** involves non-surgical treatment of conditions or injuries of bones, joints, ligaments, tendons, and muscles. Services may include evaluation and management, splitting, casting, therapy, or injections. These providers have additional training in sports medicine and provide care to active people to prevent or treat sports-related injuries.

<b>Joseph Chen, M.D. #152849</b>	<b>AdventHealth Medical Group Orthopedics &amp; Sports Medicine</b> 21 Hospital Dr., Suite 110 Palm Coast, FL 32164	Ph: 386-586-1910 Fax: 386-586-1912
<b>Halifax Family Health &amp; Sports Medicine</b> All ages Do not refer traumatic fracture, surgical orthopedic evaluations, pre-op evaluations, or second opinions.	201 N. Clyde Morris Boulevard, Suite 110, Daytona Beach, FL 32114	Ph: 386-425-4165 Fax: 386-425-7545
<b>Brent Fulton, MD #10H439</b> Ages 10+ <b>HECN, &amp; BETHUNE-COOKMAN UNIVERSITY PROVIDERS</b>	3127 W. International Speedway Blvd., Daytona Beach, FL 32124	Ph: 386-258-9502 Fax: 386-239-9781



## OUTPATIENT REHABILITATION with Sub-specialties

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

### BALANCE & VESTIBULAR THERAPY

<b>Ability Health Services &amp; Rehabilitation</b>	401 Venture Dr, Suite B, South Daytona, FL 32119	Ph: 386-763-0084 Fax: 386-763-0085
	10 Cypress Point Parkway, Unit 106, Palm Coast, FL 32164	Ph: 386-264-6672 Fax: 386-264-6632
<b>Premier Physical Therapy</b> Balance/Vestibular Therapy	31 Lupi Ct., Ste. 150, Palm Coast, FL 32137	Ph: 386-447-0011 Fax: 386 - 447-0161

### HAND THERAPY SERVICES

<b>Brooks Rehabilitation Center</b>	9 Pine Cone Trail, Suite 104-B, Palm Coast, FL 32137	Ph: 386-446-9716 Fax: 386-446-0046
<b>Ability Health Services &amp; Rehabilitation</b>	10 Cypress Point Parkway, Unit 106, Palm Coast, FL 32164	Ph: 386-264-6672 Fax: 386-264-6632

### INCONTINENCE THERAPY

See **PELVIC HEALTH PROGRAMS**.

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## OUTPATIENT REHABILITATION with Sub-specialties – (Continued)

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

### OCCUPATIONAL THERAPY

Please indicate if therapy requested is a result of a motor-vehicle accident.

<b>Ability Health Services &amp; Rehabilitation</b>	401 Venture Boulevard, Suite B, South Daytona, FL 32119	Ph: 386-763-0084 Fax: 386-763-0085
	10 Cypress Point Parkway, Unit 106, Palm Coast, FL 32164	Ph: 386-264-6672 Fax: 386-264-6632

### OSTEOPOROSIS / OSTEOPENIA PROGRAMS

<b>Ability Health Services &amp; Rehabilitation</b> Members can call Ability directly for these services. No referral is needed. Copay/coinsurance and policy limits may apply.	401 Venture Boulevard, Suite B, South Daytona, FL 32119	Ph: 386-763-0084 Fax: 386-763-0085
	10 Cypress Point Parkway, Unit 106, Palm Coast, FL 32164	Ph: 386-264-6672 Fax: 386-264-6632

### PEDIATRIC THERAPY & OCCUPATIONAL PEDIATRIC THERAPY

<b>Speech Works Pediatric Therapy</b> Pediatric Occupational Therapy Speech Therapy  Referring physician should fax an order to Ability Centralized Scheduling in South Daytona. Upon receiving the therapy referral from Ability, Speech Works will coordinate the evaluation, therapy, and location of care.	569 Health Boulevard, Suite 19, Daytona Beach, FL 32114	<b>Both locations:</b> Ability Centralized Scheduling for Speech Works -  Ph: 386-763-0084 Fax: 386-763-0085
	4 Office Park Dr., Unit 4, Palm Coast, FL 32137	

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## OUTPATIENT REHABILITATION with Sub-specialties – (Continued)

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. **Please indicate if therapy is requested due to a motor vehicle accident.** Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

### PHYSICAL THERAPY

<b>Ability Health Services &amp; Rehabilitation</b>	401 Venture Boulevard, Suite B, South Daytona, FL 32119  10 Cypress Point Parkway, Unit 106, Palm Coast, FL 32164	Ph: 386-763-0084 Fax: 386-763-0085  Ph: 386-264-6672 Fax: 386-264-6632
<b>Speech Works Pediatric Therapy</b> Pediatric Physical Therapy  Referring physician should send an order to Ability Centralized Scheduling in South Daytona. Upon receiving the therapy referral from Ability, Speech Works will coordinate the evaluation, therapy, and location of care.	569 Health Boulevard, Suite 19, Daytona Beach, FL 32114  4875 Palm Coast Parkway NW, Unit 2, Palm Coast, FL 32137	<b>Both locations:</b> Ability Centralized Scheduling for Speech Works -  Ph: 386-763-0084 Fax: 386-763-0085
<b>Brooks Rehabilitation Center</b>  <b>HECN Members only</b>	201 N. Clyde Morris Boulevard, Suite 300, Daytona Beach, FL 32114  9 Pine Cone Drive, Suite 104-B, Palm Coast, FL 32137	Ph: 386-236-7017 Fax: 386-236-7018  Ph: 386-446-9716 Fax: 386-446-0046

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## OUTPATIENT REHABILITATION with Sub-specialties – (Continued)

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

### SPEECH THERAPY

<b>Florida Family Speech Therapy, LLC</b> <b>Mobile Speech Therapy Services</b>	Render mobile speech therapy services in the member's residence or school setting for all members who are three (3) years and older.	Ph: 407-358-0851 Fax: 407-358-0923
<b>Speech Works Pediatric Therapy</b> Pediatric Speech & Physical Therapy  Referring physician should send an order to Ability Centralized Scheduling in South Daytona. Upon receiving the therapy referral from Ability, Speech Works will coordinate the evaluation, therapy, and location of care.	569 Health Boulevard, Suite 19, Daytona Beach, FL 32114  4875 Palm Coast Parkway NW, Unit 2, Palm Coast, FL 32137	<b>All locations:</b> Ability Centralized Scheduling for Speech Works - Ph: 386-763-0084 Fax: 386-763-0085

### VIDEOSTROBOSCOPY AND VOICE THERAPY EVALUATION

#### Services include:

- Laryngoscopy with stroboscopy
- Evaluation of speech, language, voice, and communication
- Laryngeal function studies (i.e., aerodynamic testing, acoustic testing)

Following the evaluation, patient will be sent to Ability Health Services and Rehabilitation for prescribed therapy program. Further evaluation will be made dependent upon patient needs.

## PAIN MANAGEMENT

**Prior authorization from FHCP Central Referrals is not needed to see the providers listed below.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

**PRIOR AUTHORIZATION IS REQUIRED for patients who wish to see any pain management provider *not* listed below.** Please complete the "FHCP Referral Form" found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, FHCP will schedule and confirm the member's appointment

<b>Carmen Dominguez, MD #00014D</b> <b>Pervez Irandaz Iranpur, MD #001799</b> <b>Mary Kathleen "Kathy" Lichtenwalter, MS, LMHC #01S109</b>	<b>Florida Health Care Plans Daytona Beach</b> 350 N. Clyde Morris Boulevard, 2 <sup>nd</sup> Floor, Daytona Beach, FL 32128  Health Information Management Fax: 386-481-5009	Ph: 386-238-3226 Fax: 386-238-3260
<b>Richard Sims, MD #080912</b> All ages	<b>Orthopedic Clinic of Daytona Beach, PA</b> 17 Old Kings Road North, Suite K, Palm Coast, FL 32137	Ph: 386-255-4596 Fax: 386-254-6819
<b>Manuel Lopez Diez, MD #071548</b> <b>Peter Fernandez, MD #087544</b> <b>Christopher Manees, MD #151440</b> Ages 18+	<b>Seaside Spine and Pain Center</b> 4863 Palm Coast Parkway NW, Suites 2 & 3, Palm Coast, FL 32137	Ph: 386-222-7746 Fax: 386-310-2381

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## PAIN MANAGEMENT - (Continued)

**Prior authorization from FHCP Central Referrals is not needed to see the providers listed below.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

**PRIOR AUTHORIZATION IS REQUIRED for patients who wish to see any pain management provider not listed below.** Please complete the "FHCP Referral Form" found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, FHCP will schedule and confirm the member's appointment.

<b>Sanjay Bakshi, MD #101747</b> <b>Rathi Joseph, DO #044330</b> <b>Kavita Sharma, DO #10G271</b> Ages 16+ <b>Carl A. Tandatnick, MD #101746</b> Ages 18+ Send records prior to scheduling	<b>PRC Associates</b> 21 Hospital Drive, Suite 120, Palm Coast, FL 32164	Ph: 386-586-2280 Fax: 386-263-8521
<b>William R. Mayfield, MD #000082</b> Ages 18+ <b>HECN members only</b>	<b>Interventional Pain Services</b> 201 N. Clyde Morris Boulevard, Suite 230, Daytona Beach, FL 32114	Ph: 386-425-4029 Fax: 386-425-7720

# PALLIATIVE CARE

**Prior authorization from FHCP Central Referrals is not needed.**

This program is designed to help with urinary incontinence and pelvic pain for both male and female FHCP members ages 18+. The program includes up to six (6) visits for pelvic floor strengthening and muscle training, including biofeedback. This is a self-referral program. FHCP members may either be referred by a provider or may call directly for scheduling. A provider’s order is not required.

Outpatient palliative supportive care services are offered for members with serious illness who require comprehensive symptom management, advance care planning, and psychosocial support in the home setting with in-home and/or telehealth services.

Halifax Health Supportive Care	Serving Volusia and Flagler counties.	Ph: 386-425-8712 Fax: 833-957-0837
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## PATHOLOGY – OUTPATIENT/AMBULATORY

Prior authorization from FHCP Central Referrals is not needed to utilize the facilities below. Send the specimen to any contracted facility below.

**ALL INPATIENT PATHOLOGY SERVICES WILL BE COVERED.**

<b>AmeriPath Central Florida #00Z208</b> Surgical pathology	8150 Chancellor Drive, Suite 110, Orlando, FL 32809	Ph: 800-395-7284 Fax: 972-934-4335
<b>AmeriPath Kissimmee #10Q828</b>	1200 N. Central Avenue, Suite 103, Kissimmee, FL 34741	Ph: 800-395-7284 Fax: 972-934-4335
<b>AmeriPath Tampa #00Z028</b>	4225 East Fowler Avenue, Tampa, FL 33617	Ph: 813-972-7100 Fax: 972-934-4335
<b>AmeriPath Southwest #136270</b> Surgical pathology	10500 University Center Drive, Suite 200, Tampa, FL 33612	Ph: 800-330-6770 Fax: 972-934-4335
<b>AmeriPath Southwest Florida #011516</b>	1620 Medical Lane, Suite 100, Fort Myers, FL 33907	Ph: 888-558-1164 Fax: 972-934-4335
<b>Dermpath Diagnostics Central Florida #10P523</b>	745 Oriental Avenue, Suite 1201, Altamonte Springs, FL 32701	Ph: 800-226-8968 Fax: 972-934-4335
<b>Dermpath Diagnostics Bay Area #10R687</b> Surgical pathology	10500 University Center Drive, Suite 200, Tampa, FL 33612	Ph: 800-929-6694 Fax: 972-934-4335
<b>Halifax Pathology Associates</b> All ages	303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114  3300 Halifax Crossing Boulevard, Deltona, FL 32725	<b>Both locations:</b> Ph: 386-425-439 Fax: 386-425-7898



## PEDIATRICS

Participating Pediatrics can be found on our website at <https://providersearch.fhcp.com>

## PEDIATRIC SUB-SPECIALTIES

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at <https://www.fhcp.com/for-providers/> under the *Referrals, Prior Authorizations, and Orders* tab. Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

## PEDIATRIC SUB-SPECIALITIES - BEHAVIORAL HEALTH – See *BEHAVIORAL HEALTH – CHILD & ADOLESCENT*

### PEDIATRIC SUB-SPECIALTIES – GASTROENTEROLOGY

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. **Please send EKG if completed within the past year.** Appointments can be made by the physician’s office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Bisher Abdullah, MD #092750</b> <b>Osman Ahmad, MD #078432</b> Ages 0-21 Health Information Management Fax: 386-481-5009	<b>Advanced Pediatric Gastroenterology Specialists</b> 517 Health Boulevard, Daytona Beach, FL 32114	<b>All locations:</b> Ph: 386-256-4031 Fax: 386-256-7151
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## PEG TUBE FEEDING ASSESSMENT

**Prior authorization from the FHCP Central Referrals Department is not needed.**

Providers should send a referral order through the EHR, or by completing the “FHCP Diabetes & Nutritional Counseling Form,” found at [Referrals, Prior Authorizations, and Orders](#). Completed form with ICD-10 code should be faxed to FHCP Diabetes & Nutritional Education at **386-238-3228**. If an assessment is scheduled prior to the PEG tube insertion, state the scheduled date of the procedure.

A nutritional assessment and recommendation will be sent to the provider, who will then send an order for feeding to **Apria Healthcare, Inc.** via fax. Fax the order to **386-673-4403**.

<b>Melissa Baumann, MS, RDN, LDN, CDE</b> <b>Kathyann Carmona RN, BSN, CDE</b> <b>MaryBeth Curtiss, RDN, LDN, CDE</b> <b>Deborah Kelleher, MS, RDN, LDN</b> <b>Andrea Likens, RDN, LDN, CDE</b> <b>Kathleen MacNeill, MSN, RN, BC-ADM, CDE</b> <b>Tiffany McClure, RDN, LDN</b> <b>Catherine Robinson, MS, RDN, LDN, CDE</b>	<b>Florida Health Care Plans Daytona Beach</b> 330 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-676-7133 Ph: 877-229-4518 Fax: 386-238-3228
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## PELVIC HEALTH PROGRAMS

**Prior authorization from FHCP Central Referrals is not needed.**

This program is designed to help with urinary incontinence and pelvic pain for both male and female FHCP members ages 18+. The program includes up to six (6) visits for pelvic floor strengthening and muscle training, including biofeedback. This is a self-referral program. FHCP members may either be referred by a provider or may call directly for scheduling. A provider’s order is not required.

If a member requires more than six (6) visits, **additional visits will require prior authorization** through the FHCP Central Referral Department.

<b>Ability Health Services &amp; Rehabilitation</b>	1200 Lexington Green Lane, Sanford, FL 32771	Ph: 407-638-9834 Fax: 407-732-6008
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## PERINATOLOGY

**Prior authorization from FHCP Central Referrals is not needed.** An obstetrician must order. The requesting obstetrician will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Joann Acuna, MD #10AG04</b> <b>Ramon Castillo, MD #002650</b> <b>Gerardo Del Valle, MD #009720</b> <b>Francisco Gaudier, MD #132173</b> <b>Jill Mauldin, MD #056068</b> <b>Edgard Ramos-Santos, MD #039609</b> <b>Kathryn Villano, MD #10M260</b>	<b>Pediatric Medical Group of Florida - Regional Obstetric Consultants</b> Halifax Medical Center, 303 N. Clyde Morris Boulevard, Perinatal Unit, Daytona Beach, FL 32114	Ph: 386-425-4830 Fax: 386-425-7555
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## PERIPHERAL VASCULAR INTERVENTION

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Stephen Minor, MD #10P180</b> Ages 18+ Health Information Management Fax: 386-481-5009	<b>Florida Health Care Plans Daytona Beach Cardiology</b> 350 N. Clyde Morris Boulevard, 2 <sup>nd</sup> Floor, Daytona Beach, FL 32114	Ph: 386-238-3289 Fax: 386-238-3296
<b>Utpal S. Desai, MD #009810</b> <b>Ravi Dhanisetty, MD #100457</b> <b>Patrick T. Mangonon, MD #059406</b> <b>Willythssa Pierre-Louis, MD #089352</b> Ages 18+	<b>AdventHealth Group Cardiovascular &amp; Thoracic Surgery</b> 305 Memorial Parkway, Suite 308, Daytona Beach, FL 32117  120 Cypress Edge Drive, Suite 201, Palm Coast, FL 32164	<b>Both locations:</b> Ph: 386-231-3600 Fax: 386-231-3602

## PET SCANS

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “PET – PET CT Prior Authorization Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>AdventHealth Palm Coast Flagler #00Y015 (H)</b>	60 Memorial Medical Parkway, Palm Coast, FL 32164	Ph: 386-586-4402 Fax: 386-917-5576
<b>Town Center Imaging #10P733 (N)</b> <i>PET and CT available.</i> <i>Will not schedule SNF patients</i>	21 Hospital Drive, Suite 130, Palm Coast, FL 32164	Ph: 386-446-5200 Fax: 386-446-1866
<b>Twin Lakes Imaging Center #10P735 (N)</b> <i>PET and CT available.</i> <i>Will not schedule SNF patients.</i>	1890 LPGA Blvd., Suite 110, Daytona Beach, FL 32124	Ph: 386-274-5454 Fax: 386-274-5440

### Legend:

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

**NOTE:** *Out of pocket costs may vary, depending on location or benefit plan.*

## PHARMACY

For FHCP individual plans, family plans, and employer group plans, [Click here.](#)

For FHCP Medicare plans, [Click here.](#)

## PHYSICAL MEDICINE AND REHABILITATION SERVICES

**Prior authorization from FHCP Central Referrals is not needed for the providers listed below.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

**Physical Medicine and Rehabilitation** providers specialize in non-operative physical medicine services specific to musculoskeletal conditions.

<b>Tyler Jay Staley, MD #10X029</b> Ages 5+ Health Information Management Fax: 386-481-5009	<b>Florida Health Care Plans Daytona Beach Sports Medicine</b> 350 N. Clyde Morris Boulevard, 1 <sup>st</sup> Floor, Daytona Beach, FL 32114  <b>Florida Health Care Plans Palm Coast</b>	Ph: 386-238-3290 Fax: 386-238-3275  Ph: 386-445-7073 Fax: 386-447-7092
<b>Manual Lopez Diez, MD #071548</b> <b>Peter Fernandez, MD #087544</b> <b>Christopher Manees, MD #151440</b>  Ages 18+	<b>Seaside Spine and Pain Center</b> 4863 Palm Coast Parkway NW, Suites 2 & 3, Palm Coast, FL 32137	Ph: 386-222-7746 Fax: 386-310-2381

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## PHYSICAL MEDICINE AND REHABILITATION SERVICES – (Continued)

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “PET – PET CT Prior Authorization Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Services performed at the facilities below require prior authorization.		
Pierre Galea, MD #100842 Ivy Garcia, MD #089569 Brian Higdon, MD #100706 Jorge Perez-Lopez, MD #038579 Eugene Rankin, PhD #060517 Ages 18+	Halifax Physical Medicine – Brooks Rehabilitation Services Physician Group  201 N. Clyde Morris Boulevard, Suite 120, Daytona Beach, FL 32114	Ph: 386-425-4641  Fax: 386-947-4647

## PICC LINE AND MIDLINE PLACEMENT

Providers needing assistance coordinating a PICC or midline placement in a patient's place of residence, or in a skilled nursing facility, please call FHCP Case Management Coordination of Care Department at **386-238-3284**. The department's fax number is 386-238-3271.

For assistance after hours or on a holiday, please call **386-226-4542**.

## PODIATRY

To find a complete list of available direct access providers and the networks the providers participate in please visit [fhcp.com](http://fhcp.com).



## PRIMARY CARE

Participating Primary Care Providers (PCPs) can be found on our website at <https://fhcp.healthtrioconnect.com/public-app/consumer/provdir/entry.page>

## PROVIDERS AND FACILITIES NOT LISTED IN THIS FHCP DIRECTORY

**ANY PROVIDER, HOSPITAL, OR FACILITY NOT LISTED HEREIN (NON-NETWORK PROVIDER) REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Include the requested provider’s complete name, address, phone, and fax numbers. Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

Referral to a non-participating or supplemental provider may be considered for approval under the following circumstances:

- A particular skill or service is not available from FHCP network providers.
- A network provider is not available or accessible within established availability time frames.
- The network provider is not geographically accessible to the member.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

## PROVIDER PORTAL

Registration for the FHCP Provider Portal is available at <https://www.fhcp.com/provider-log-in/>. Simply click on the red *Log In* tab at the bottom of the *PROVIDERS* drop down list. You will need your organization’s tax ID and FHCP vendor numbers to complete the registration process. Once the application is completed, your temporary password will be sent to you within 48 hours. Tutorials for navigating the Provider Portal are available within the portal.

## PULMONARY FUNCTION TESTS (PFT) – SPIROMETRY

**Prior authorization from FHCP Central Referrals is not needed for the providers listed below.** The requesting provider may call the specialist to schedule an appointment. An order or written prescription is required. The provider may fax the order, or the member can bring it to their appointment.

**A basic spirometry test will include flow volume loop (FVL) and measure the FEV<sub>1</sub> and FVC.** If you need pre- and post-bronchodilation, add it to your order or prescription. **Patient should bring their inhaler if having pre- or post-bronchodilation.**

**Patient should not use their inhaler or have a nebulizer treatment four (4) hours prior to their appointment.**

<b>Florida Health Care Plans</b>	<b>FHCP Daytona Beach</b> 350 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-238-3200 Fax: 386-238-3210
	<b>FHCP Palm Coast</b> 309 Palm Coast Parkway, Palm Coast, FL 32137	Ph: 386-445-7073, Ext 1114 Fax: 386-447-7092

## PULMONARY FUNCTION TESTING (PFT) WITH DIFFUSION CAPACITY (DLCO)

**Prior authorization from FHCP Central Referrals is not needed for the providers listed below.** The requesting provider may call the specialist to schedule an appointment. An order or written prescription is required. The provider may fax the order, or the member can bring it to their appointment.

**Patient should not use their inhaler or have a nebulizer treatment four (4) hours prior to their appointment.**

<b>Halifax Health #00Y007</b>	303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-238-2251 Fax: 386-425-7744
<b>AdventHealth Palm Coast #00Y015</b> Outpatient Laboratory	60 Memorial Medical Parkway, Palm Coast, FL 32168	Ph: 386-586-4402 Fax: 386-917-5576

## PULMONARY REHABILITATION

**PRIOR AUTHORIZATION IS REQUIRED.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, FHCP will forward to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Halifax Health #00Y007</b>	201 N. Clyde Morris Boulevard, 3 <sup>rd</sup> Floor, Daytona Beach, FL 32114	Ph: 386-947-4644 Fax: 386-258-4803
<b>AdventHealth Palm Coast #00Y015</b> Outpatient Laboratory	60 Memorial Medical Parkway, Palm Coast, FL 32168	Ph: 386-586-4402 Fax: 386-917-5576

## PULMONOLOGY

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. **Please send films to the provider in advance, or have patient bring their films to the appointment.**

<b>Dany Obeid, MD #109583</b> Ages 5+	<b>Advanced Sleep and Respiratory Institute</b> 305 Memorial Medical Parkway, Suite 501, Daytona Beach, FL 32117  3 Pine Cone Dr. Ste 106, Palm Coast, FL 32137	Ph: 386-615-0900 Fax: 386-615-0902  Ph: 386-585-4463 Fax: 386-585-4482
<b>Wahba Wahba, MD #003854</b>	810 Wildwood Street, Suite 1, Daytona Beach, FL 32117	<b>Both locations:</b> Ph: 386-258-7100 Fax: 386-253-1843

# REPORTABLE DISEASES & CONDITIONS

Prior authorization from FHCP Central Referrals is not needed.

For a list of reportable diseases and conditions in the State of Florida, visit [http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/ documents/reportable-diseases-list-practitioners.pdf](http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/documents/reportable-diseases-list-practitioners.pdf)

To report a disease, condition, or animal bite for a patient *residing* in:

- Flagler County – visit <http://flagler.floridahealth.gov/>
- Volusia County – visit <http://volusia.floridahealth.gov/>
- Or use the Practitioner Disease Report Form found at [http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/ documents/practitioner-disease-report-form.pdf](http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/documents/practitioner-disease-report-form.pdf)

Note that the Florida DOH Animal Bite Reporting Form found on the county DOH website (link above) must be filled out by the provider, *not the victim*. The form must be submitted prior to starting a rabies vaccination series.

Florida Department of Health (DOH) Contact Information for Providers			
County Mailing Address & Location	Daytime Reporting	After-Hours Reporting	Confidential Fax
<b>Florida Department of Health – Flagler County Health Department</b> #00PV15 Attn: Epidemiology P. O. Box 847 301 Dr. Carter Boulevard, Bunnell, FL 32110 <i>STD Testing and Vaccinations available to Non-Medicare members only Only</i>	Ph: 386-437-7350 Ph: 386-437-7353	Ph: 386-986-7749	Fax: 386-437-8207
<b>Florida Department of Health – Volusia County Health Department</b> #00P421 Attn: Epidemiology P. O. Box 9190 1845 Holsonback Drive, Daytona Beach, FL 32120	<b>HIV/AIDS:</b> Ph: 386-274-0634 <b>STD:</b> Ph: 386-274-0643 <b>Tuberculosis:</b> Ph: 386-274-0652 <b>All other diseases:</b> Ph: 386-274-0633	Ph: 386-316-5030	Fax: 386-274-0641

## RHEUMATOLOGY

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Carolina Mejia Otero, MD #101625</b> Ages 18+	<b>Florida Health Care Plans Rheumatology</b> 300 Clyde Morris Boulevard, Suite A, Ormond Beach, FL 32174	Ph: 386-317-8620 Fax: 386-317-8625
<b>Michael D. Kohen, MD #004099</b> <b>Vinicius Costa Diniz Dominguez, MD #064728</b> Ages 1+	<b>Allergy, Asthma, &amp; Arthritis Center</b> 709 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-252-1632 Fax: 386-257-5526
<b>Yong Tsai, MD #004441</b> Ages 3+	<b>Arthritis, Autoimmune, and Allergy</b> 1893 N. Clyde Morris Boulevard, Suite 110, Daytona Beach, FL 32117	Ph: 386-676-0307 Fax: 386-677-7842

## SESTAMIBI SCAN

**ENDOCRINOLOGISTS AND CARDIOLOGISTS MAY ORDER WITHOUT PRIOR AUTHORIZATION. ALL OTHER PROVIDER ORDERS REQUIRE PRIOR AUTHORIZATION.** Please complete the “Request for Surgical and Special Procedure Form” found at [Referrals, Prior Authorizations, and Orders](#). Please fax the completed form to the FHCP Central Referral Department at **386-238-3253** to request surgical approval.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

## SKILLED NURSING FACILITY

Hospital in-patient members will be placed through our FHCP Case Management Department at **386-676-7187**. Florida Health Care Plans offers no custodial coverage. For questions regarding members being placed from home or clarification of skilled versus custodial coverage, please contact FHCP Case Management Department at **386-676-7187**.

**PRIOR AUTHORIZATION IS REQUIRED FOR ADMISSION TO SKILLED LEVEL OF CARE.** For authorization, please call the FHCP Case Management Department at **386-676-7187**.

<b>Avante at Ormond Beach</b> #105530	170 North Kings Road, Ormond Beach, FL 32174	Ph: 386-677-7955 Fax: 386-667-5920
<b>Flagler Health and Rehabilitation Center</b> #100577	300 Dr. Carter Boulevard, Bunnell, FL 32110	Ph: 386-437-4168 Fax: 386-868-4908
<b>Aspire at Grand Oaks</b> #151674	3001 Palm Coast Parkway SE, Palm Coast, FL 32137	Ph: 386-446-6060 Fax: 386-446-6033
<b>Indigo Manor</b> #00K027	595 Williamson Boulevard, Daytona Beach, FL 32114	Ph: 386-257-4400 Fax: 386-252-9797
<b>Orchid Cove at Daytona</b> #097953	101 S. Beach Street, Daytona Beach, FL 32114	Ph: 386-258-3334 Fax: 386-257-5548
<b>Seaside Health and Rehabilitation Center</b> #00K022	324 Wilder Boulevard, Daytona Beach, FL 32114	Ph: 386-252-2600 Fax: 386-252-2660
<b>Signature Healthcare of Ormond</b> #00K079	103 N. Clyde Morris Boulevard, Ormond Beach, FL 32174	Ph: 386-673-0450 Fax: 386-677-6715



## SLEEP DISORDER PROVIDERS

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Rajesh K. Ailani, MD #108513</b> <b>Christopher DiBello, MD #10W190</b> <b>Theodossis Zacharis, MD #011605</b> Ages 5+	<b>PCCC of Volusia, LLC</b> 575 N. Clyde Morris Boulevard, Suite B, Daytona Beach, FL 32114	Ph: 386-671-6333 Fax: 386-615-1713
<b>Jean Go, MD #046328</b> <b>Dany Obeid, MD #109583</b> Ages 5+	<b>Advanced Sleep and Respiratory Institute</b> 305 Memorial Medical Pkwy., Ste. 501, Daytona Beach, FL 32117  3 Pine Cone Dr. Ste 106, Palm Coast, FL 32137  <b>Sleep Lab:</b> 4721 E. Moody Boulevard, Suite 104, Bunnell, FL 32110	Ph: 386-615-0900 Fax: 386-615-0902  Ph: 386-585-4463 Fax: 386-585-4482
<b>Wahba Wahba, MD #003854</b> <b>Nashwa Wahba, MD #063210</b>	810 Wildwood Street, Suite 1, Daytona Beach, FL 32117  4869 Palm Coast Parkway NW, Unit 4, Palm Coast, FL 32127	<b>All locations:</b> Ph: 386-258-7100 Fax: 386-253-1843
<b>Flagler Diagnostic &amp; Sleep Disorder #10B886</b> Ages 5+	4721 East Moody Boulevard, Suite 104, Bunnell, FL 32110	Ph: 386-586-6229 Fax: 386-263-2975
<b>Mandeep Garewal, MD #011986</b> Ages 25+	<b>Neurologic Consultants</b> 325 N. Clyde Morris Boulevard, Suite 390, Ormond Beach, FL 32174	Ph: 386-676-6335 Fax: 386-256-7629

## SLEEP DISORDER PROVIDERS – HOME STUDIES

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Wahba Wahba, MD #003854</b> <b>Nashwa Wahba, MD #063210</b>	<b>Sleep-Wake Disorder Center of Daytona (N)</b> 810 Wildwood Street, Suite 1, Daytona Beach, FL 32117  4869 Palm Coast Parkway NW, Unit 4, Palm Coast, FL 32127	<b>All locations:</b> Ph: 386-258-7100 Fax: 386-253-1843
<b>Rajesh K. Ailani, MD #108513</b> <b>Christopher DiBello, MD #10W190</b> <b>Theodossis Zacharis, MD #011605</b> Ages 5+	<b>PCCC of Volusia, LLC (N)</b> 575 N. Clyde Morris Boulevard, Suite B, Daytona Beach, FL 32114	Ph: 386-671-6333 Fax: 386-615-1713
<b>Mandeep Garewal, MD #011986</b> Ages 25+	<b>Neurologic Consultants (N)</b> 325 N. Clyde Morris Boulevard, Suite 390, Ormond Beach, FL 32174	Ph: 386-676-6335 Fax: 386-256-7629
<b>Flagler Diagnostic &amp; Sleep Disorder #10B886</b> Ages 5+	<b>Flagler Diagnostic &amp; Sleep Disorder (N)</b> 4721 East Moody Boulevard, Suite 104, Bunnell, FL 32110	Ph: 386-586-6229 Fax: 386-263-2975
<b>Jean Go, MD #046328</b> <b>Dany Obeid, MD #109583</b> Ages 5+	<b>Advanced Sleep and Respiratory Institute (N)</b> 305 Memorial Medical Pkwy., Ste. 501, Daytona Beach, FL 32117  3 Pine Cone Dr. Ste 106, Palm Coast, FL 32137  <b>Sleep Lab:</b> 4721 E. Moody Boulevard, Suite 104, Bunnell, FL 32110	Ph: 386-615-0900 Fax: 386-615-0902  Ph: 386-585-4463 Fax: 386-585-4482

**(H) – Outpatient Hospital Department/Facility**

**(N) – Outpatient Non-Hospital Facility**

**Out of pocket costs may vary depending on location or benefit plan**

# SMOKING CESSATION SERVICES

Prior authorization from FHCP Central Referrals is not needed. FHCP members may self-refer without a provider’s order.

<div>Six (6) Week Quit Smoking Now Class</div> <div>Attendees will receive all the tools and resources they need to quit smoking, including nicotine replacement therapy (i.e., patches, gum, lozenges) at no cost.</div>		
Florida Dept of Health – Volusia County Tobacco Prevention Program	1845 Holsonback Drive, #113, Daytona Beach, FL 32117 <i>Classes held in Conference Room #516-C from 12pm to 1pm.</i>	Ph: 386-274-0500 Ext 0794

## SUBSTANCE USE DISORDERS – ACUTE INPATIENT REHABILITATION FACILITIES

**REQUIRES PRIOR AUTHORIZATION.** All admissions for acute inpatient rehabilitation facilities must have prior authorization form FHCP Case Management Department at 866 / 676-7187. After hours and Holidays 386 / 226-4542.

Kindred Hospital – N. Florida	<b>Kindred Hospital – N. Florida</b> 801 Oak St., Green Cove Springs, FL 32043	Ph: 904-284-9230 Fax: 904-284-6612
<b>EPIC Behavioral Healthcare</b>  Eligible FHCP Members ages 4 years and older who are Non-Medicare	<b>EPIC Behavioral Healthcare</b>  2323 N. State St., Unit 57, Bunnell, FL 32110	Ph: 386 -309-8083 Fax: 904 -824-0724

## SUBSTANCE USE DISORDER – DETOXIFICATION & INPATIENT CRISIS CARE

Prior authorization from FHCP Central Referrals is not needed *for the initial 24-hour admission*. The requesting provider should instruct the member to present to one of the facilities below for screening.

**PRIOR AUTHORIZATION IS REQUIRED.** The admitting facility must contact FHCP's Case Management Department at **386-676-7187**. After hours and holidays, call the FHCP Call Center at **386-226-4542**. Fax records to **386-615-4038**.

<b>SMA Behavioral Health Services, Inc.</b> Crisis Stabilization & 23-Hour Observation Adult Detox	1150 Red John Drive, Daytona Beach, FL 32124	Ph: 800-539-4228 Fax: 386-236-3161
<b>5 Palms</b> Ages 18+; does not accept Medicare	515 Tomoka Avenue, Ormond Beach, FL 32174	Ph: 386-463-2170 Fax: 386-463-2331

## SUBSTANCE USE DISORDER – *INTENSIVE* OUTPATIENT PROGRAMS

Prior authorization from FHCP Central Referrals is not needed for the FHCP Intensive Outpatient Program listed immediately below. The program is offered throughout FHCP's service area and is open to all FHCP members ages 18 and older. The requesting provider will send an order to the FHCP Behavioral Health Department listed below. Eligible members can participate in this program in person or virtually.

<b>Florida Health Care Plans Behavioral Health Department</b> Ages 18+	330 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-676-7175 Fax: 386-676-7134
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## SUBSTANCE USE DISORDER – INTENSIVE OUTPATIENT PROGRAMS

**PRIOR AUTHORIZATION IS REQUIRED.** The admitting facility must contact FHCP's Case Management Department at **386-676-7187**. After hours and holidays, call the FHCP Call Center at **386-226-4542**. Fax records to **386-615-4038**.

Intensive Outpatient Programs (IOP's) are one of the highest levels of care in an outpatient setting. See the next page for Outpatient Programs for Substance Abuse that are not designated as *Intensive*.

<b>5Palms</b> Ages 18+; does not accept Medicare	1200 W. Granada Boulevard, Suite 1, Ormond Beach, FL 32174	Ph: 386-463-2170 Fax: 386-463-2331
<b>Break the Cycle</b> Ages 15+; does not accept Medicare	724 S. Beach Street, #3, Daytona Beach, FL 32114	Ph: 386-333-9622 Fax: 386-333-9778
<b>Palm Coast Recovery Center</b> Ages 18+; does not accept Medicare	160 Cypress Point Parkway, Suite B201, Palm Coast, FL 32164	Ph: 386-986-6514 Fax: 386-264-6336

## SUBSTANCE USE DISORDER – OUTPATIENT SERVICES

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician’s office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. Please see the previous page for *INTENSIVE* Outpatient Programs for substance use disorders.

<b>FHCP Psychiatry Department</b> <ul style="list-style-type: none"> <li>Substance Abuse &amp; Recovery Groups <ul style="list-style-type: none"> <li>Trauma Support Group</li> <li>Women’s Support Group</li> <li>Adolescent Support Group</li> </ul> </li> </ul>	<b>Florida Health Care Plans Daytona Beach</b> 330 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-676-7175 Fax: 386-676-7134
<b>Asad Khan, MD #045159</b> <b>Abdelrahim Abu-Shtaiah, APRN #076847</b> Ages 16+	<b>Medical &amp; Psychiatric Institute of Florida, Inc.</b> 927 Beville Road, Suite 7, South Daytona, FL 32119	Ph: 386-269-9009 Fax: 386-269-9004
<b>Break the Cycle</b> Ages 15+; does not accept Medicare	724 S. Beach Street, #3, Daytona Beach, FL 32114  4721 E. Moody Boulevard, Suite 107, Bunnell, FL 32110	Ph: 386-333-9622 Fax: 386-333-9778  Ph: 386-437-0026 Fax: 386-437-0235
<b>Palm Coast Recovery Center</b> Ages 18+; does not accept Medicare	160 Cypress Point Parkway, Suite B201, Palm Coast, FL 32164	Ph: 386-986-6514 Fax: 386-264-6336
<b>SMA Behavioral Health Services, Inc.</b> Adult and Adolescent	702 S. Ridgewood Avenue, Daytona Beach, FL 32114	Ph: 800-539-4228 Fax: 386-236-3161
<b>EPIC Behavioral Healthcare</b>  Eligible FHCP Members ages 4 years and older who are Non-Medicare	<b>EPIC Behavioral Healthcare</b>  2323 N. State St., Unit 57, Bunnell, FL 32110	Ph: 386 -309-8083 Fax: 904 -824-0724

## SUBSTANCE USE DISORDER – PARTIAL HOSPITALIZATION PROGRAM

**PRIOR AUTHORIZATION IS REQUIRED.** The admitting facility must contact FHCP's Case Management Department at **386-676-7187**. After hours and holidays, call the FHCP Call Center at **386-226-4542**. Fax records to **386-615-4038**.

<b>5Palms</b> Ages 18+; does not accept Medicare	1200 W. Granada Boulevard, Suite 1, Ormond Beach, FL 32174	Ph: 386-463-2170 Fax: 386-463-2331
<b>Break the Cycle</b> Ages 15+; does not accept Medicare	724 S. Beach Street, #3, Daytona Beach, FL 32114	Ph: 386-333-9622 Fax: 386-333-9778
<b>Palm Coast Recovery Center</b> Ages 18+; does not accept Medicare	160 Cypress Point Parkway, Suite B201, Palm Coast, FL 32164	Ph: 386-986-6514 Fax: 386-264-6336



## SUBSTANCE USE DISORDER – RESIDENTIAL

**PRIOR AUTHORIZATION IS REQUIRED.** The admitting facility must contact FHCP’s Case Management Department at **386-676-7187**. After hours and holidays, call the FHCP Call Center at **386-226-4542**. Fax records to **386-615-4038**.

<b>5 Palms</b> Ages 18+; does not accept Medicare	515 Tomoka Avenue, Ormond Beach, FL 32174	Ph: 386-463-2170 Fax: 386-463-2331
<b>SMA Behavioral Health Services, Inc.</b> Adult and Adolescent	<b>Adult:</b> 301 Justice Lane, Bunnell, FL 32110  <b>Adolescent:</b> 3875 Tiger Bay Road, Daytona Beach, FL 32124	<b>Both locations:</b> Ph: 800-539-4228 Fax: 386-236-3161
<b>EPIC Behavioral Healthcare</b>  Eligible FHCP Members ages 4 years and older who are Non-Medicare	<b>EPIC Behavioral Healthcare</b>  2323 N. State St., Unit 57, Bunnell, FL 32110	Ph: 386 -309-8083 Fax: 904 -824-0724

## SUBSTANCE USE DISORDER – SUBOXONE SERVICES

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician’s office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Krista Brinkerhoff, MD #089959</b> <b>Jacob Bryant, LCSW #093979</b> <b>Neil Nipper, MD #124965</b> Ages 18+ Health Information Management Fax: 386-481-5009	<b>Florida Health Care Plans Daytona Beach</b> 330 N. Clyde Morris Boulevard, Suite 10, Daytona Beach, FL 32114	Ph: 386-676-7175 Fax: 386-676-7134
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## SURGERY – CARDIOVASCULAR

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Be sure to include clinic notes, EKG, labs, or other appropriate documentation. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

Guidelines for TAVR evaluations are found under *TAVR*.

<b>Utpal S. Desai, MD #009810</b> <b>Patrick T. Mangonon, MD #059406</b> Ages 18+	<b>AdventHealth Medical Group Cardiovascular &amp; Thoracic Surgery</b> 305 Memorial Medical Parkway, Suite 308, Daytona Beach, FL 32117  120 Cypress Edge Drive, Suite 201, Palm Coast, FL 32164	<b>Both locations:</b> Ph: 386-231-3600 Fax: 386-231-3602
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## SURGERY – CARDIOVASCULAR

**THE PROVIDERS/LOCATIONS LISTED BELOW REQUIRE PRIOR AUTHORIZATION.** Please complete the "FHCP Referral Form" found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Robert Feezor, MD #060351</b> <b>Sohit K. Khanna, MD #048751</b> <b>Michael Yacoub, MD #075138</b> Ages 18+	<b>UF Health Heart &amp; Vascular Surgery at Halifax</b> 311 N. Clyde Morris Boulevard, Suite 100, Daytona Beach, FL 32114	Ph: 386-241-1040 Fax: 386-226-2593
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## SURGERY – COLON

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Harry H. Black, MD #001852</b> – All ages <b>Suh Yueh Lim, MD #101829</b> – Ages 18+ <b>Lars S. Nelson, MD #086285</b> – Ages 18+ <b>Joel Sebastien, MD #006578</b> – Ages 13+ Health Information Management Fax: 386-481-5009	<b>Florida Health Care Plans General Surgery</b> 201 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-238-3295 Fax: 386-238-3273
<b>Christian Birkedal, MD #011867</b> <b>Gregory Burgoyne, MD #082288</b> <b>Christopher Grove, MD #054519</b> Ages 8+ <i>EPN Triple Option members only</i>	<b>AdventHealth Medical Group General Surgery at Daytona Beach</b> 305 Memorial Medical Parkway, Suite 205, Daytona Beach, FL 32117  305 Memorial Medical Parkway, Suite 209, Daytona Beach, FL 32117  305 Memorial Medical Parkway, Suite 201, Daytona Beach, FL 32117	Ph: 386-231-3414 Fax: 386-231-3415  Ph: 386-231-3520 Fax: 386-231-3524  Ph: 386-231-3414 Fax: 386-231-3415
<b>Steven Bower, MD #010391</b>  Ages 18+	<b>AdventHealth Medical Group General Surgery at Palm Coast</b> 61 Memorial Medical Parkway, Suite 3806, Palm Coast, FL 32164	Ph: 386-586-1780 Fax: 386-586-1781

## SURGERY – GENERAL

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Harry H. Black, MD #001852</b> – All ages <b>Suh Yueh Lim, MD #101829</b> – Ages 18+ <b>Lars S. Nelson, MD #086285</b> – Ages 18+ <b>Joel Sebastien, MD #006578</b> – Ages 13+ <b>Caren Wilkie, MD #00002E</b> – Ages 13+ Health Information Management Fax: 386-481-5009	<b>Florida Health Care Plans General Surgery</b> 201 N. Clyde Morris Boulevard, Suite 100, Daytona Beach, FL 32114	Ph: 386-238-3295 Fax: 386-238-3273
<b>Abubaker Ali, M.D. #149840</b> <b>Steven Bower, MD #010391</b> <b>Marc Fernandez MD #048778</b> <b>Jessica Marshall, D.O. #133821</b> <b>Matthew Wideroff, M.D. #151551</b>  Ages 18+	<b>AdventHealth Medical Group General Surgery at Palm Coast</b> 61 Memorial Medical Parkway, Suite 3806, Palm Coast, FL 32164  61 Memorial Medical Parkway, Suite 3805, Palm Coast, FL 32164  61 Memorial Medical Parkway, Suite 1800-A Palm Coast, FL 32164  3 Advent Health Way, Suite 201 Palm Coast, FL 32137	Ph: 386-586-1780 Fax: 386-586-1781  Ph: 386-586-1605 Fax: 386-586-1607  Ph: 386-302-1365 Fax: 386-302-1366  Ph: 386-586-1810 Fax: 386-586-1841

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## SURGERY – GENERAL (Continued)

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Christian Birkedal, MD #011867</b> <b>Gregory Burgoyne, MD #082288</b> <b>Christopher Grove, MD #054519</b> Ages 8+ <i>EPN Triple Option members only</i>	<b>AdventHealth Medical Group General Surgery at Daytona Beach</b> 305 Memorial Medical Parkway, Suite 205, Daytona Beach, FL 32117  305 Memorial Medical Parkway, Suite 209, Daytona Beach, FL 32117  305 Memorial Medical Parkway, Suite 201, Daytona Beach, FL 32117	Ph: 386-231-3414 Fax: 386-231-3415  Ph: 386-231-3520 Fax: 386-231-3524  Ph: 386-231-3414 Fax: 386-231-3415
<b>The providers below are HECN, AND BETHUNE-COOKMAN UNIVERSITY providers.</b>		
<b>James T. Sutton, MD #009105</b> All ages	588 Sterthaus Drive, Ormond Beach, FL 32174	Ph: 386-672-9503 Fax: 386-672-0386

## SURGERY – HAND

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Scott Putney, MD #082298</b> Ages 18+	<b>Flagler Health+ Orthopedic Specialists</b> 145 City Place, Suite 201, Palm Coast, FL 32164	Ph: 888-481-2135 Fax: 386-627-7319
<b>Juan Castaneda, DO #011373</b> Ages 6+	<b>Hand &amp; Upper Extremity Surgery of Daytona Beach</b> 667 Beville Road, Suite B, South Daytona, FL 32119	Ph: 386-322-6882 Fax: 386-322-6848
<b>Christopher J. Matthews, MD #070986</b> All ages  It is not required to order imaging prior to the referral, as the practice will order; however, if imaging is available, send it with the patient.	<b>Orthopedic Clinic of Daytona Beach, PA</b> 1075 Mason Avenue, Daytona Beach, FL 32117  1890 LPGA Boulevard, Suite 240, Daytona Beach, FL 32117  17 Old Kings Road North, Suite K, Palm Coast, FL 32137	<b>All locations:</b> Ph: 386-255-4596 Fax: 386-254-6819
<b>Tamara Clancy, MD #006794</b> Ages 18+	<b>Volusia Hand Surgery Clinic</b> 315 Palm Coast Pkwy., Ste 4,, Palm Coast, FL 32137	Ph: 386-246-3063 Fax: 386-7880679

# SURGERY – NEUROLOGICAL (NEUROSURGERY)

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician’s office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. For urgent neurosurgery referrals, the requesting provider should call to speak to the physician of choice.

<b>Erinc Akture, MD #099806</b> <b>Wissam Elfallal, MD #097805</b> <b>Dennis Mark Murphy, MD #143848</b> <b>Jesna Sublett, MD #096451</b> <b>Gregory Velat, MD #056531</b> <b>Federico Vinas, MD #106957</b> Ages 18+	<b>AdventHealth Medical Group Neurosurgery at Daytona Beach</b> 305 Memorial Medical Parkway, Suite 505, Daytona Beach, FL 32117  305 Memorial Medical Parkway, Suite 303, Daytona Beach, FL 32117	<b>Both locations:</b> Ph: 386-231-3540 Fax: 386-231-3544
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## SURGERY - NEUROLOGICAL (NEUROSURGERY) – (Continued)

**THE PROVIDERS/LOCATIONS BELOW REQUIRE PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Silvia Baxter, MD</b> #094365 <b>Jason Blatt, MD</b> #074010 <b>Patrick Han, MD</b> #087120 <b>Rohit Khanna, MD</b> #006424 <b>Paul Krafft, MD</b> #120490 <b>Michael Munz, MD</b> #092585 <b>Ian Tafel, MD</b> #120481 Ages 18+	<b>UF Health Center for Neurosurgery at Halifax</b> 311 N. Clyde Morris Boulevard, Suite 550, Daytona Beach, FL 32114	Ph: 386-255-2340 Fax: 352-627-4802
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## SURGERY – ORAL

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

**For accidental dental injury services,** call FHCP Dental Daytona Beach at **386-238-3280**, and they will advise you whom to contact in network to arrange for treatment of the FHCP member.

## SURGERY – ORTHOPEDICS

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order, clinical, and therapy notes to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

For non-surgical orthopedics, see *ORTHOPEDICS – SPORTS MEDICINE*.

<b>Douglas K. Dew, MD #036977</b> All ages	50 Cypress Point Parkway, Suite C1-2, Palm Coast, FL 32137	Ph: 386-447-2210 Fax: 904-825-2303
<b>David Gay, MD #10N313</b> <b>Jeffrey Keen, MD #10U001</b> <b>Scott Putney, MD #082298</b> <b>Corey Rosenbaum, DO #051951</b> <b>Paul Suhey, DO #092419</b> Ages 18+	<b>Flagler Health+ Orthopedic Specialists</b> 145 City Place, Suite 201, Palm Coast, FL 32164	Ph: 888-481-2135 Fax: 386-627-7319
<b>Scott Silas, MD #002642</b> All ages	<b>Orthopedic Center of Volusia</b> 545 Health Boulevard, Daytona Beach, FL 32114	Ph: 386-274-5252 Fax: 386-274-5544
<b>James Bryan, MD #006073</b> <b>Richard K. Gaines, MD #10AB03</b> <b>Albert Gillespy, MD #004452</b> <b>Mark Gillespy, MD #004501</b> <b>Brian Hatten, MD #125572</b> <b>Kate Heinlein, MD #073915</b> <b>Jeffrey Martin, MD #107390</b> <b>Christopher Matthews, MD #070986</b> <b>Todd McCall, MD #10B922</b> <b>Brandon Simonetta, MD #137402</b> <b>Ross P. Smith, MD #083355</b> <b>Lindsay T. Lucas, MD #124604</b> <b>Dominic Marino, DO #135259</b> All ages	<b>Orthopedic Clinic of Daytona Beach</b> 1075 Mason Avenue, Daytona Beach, FL 32117  1890 LPGA Boulevard, Suite 240, Daytona Beach, FL 32117  17 Old Kings Road North, Suite K, Palm Coast, FL 32137	<b>All locations:</b> Ph: 386-255-4596 Fax: 386-254-6819

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## SURGERY – ORTHOPEDICS (Continued)

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order, clinical, and therapy notes to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

For non-surgical orthopedics, see *ORTHOPEDICS – SPORTS MEDICINE*.

<b>Denis Alter, MD #005138</b> <b>Michael Campbell, MD #124182</b> <b>David Gay, MD # 156115</b> <b>Benjamin Lindbloom, MD #088857</b> <b>Raymond Weiland, DO #088081</b> <b>Joseph Palmer, D.O. #151114</b>  Ages 16+	<b>AdventHealth Medical Group Orthopedics &amp; Sports Medicine</b> 61 Memorial Medical Parkway, Suite 2801, Palm Coast, FL 32164  21 Hospital Drive, Suite 110, Palm Coast, FL 32164  3 AdventHealth Way, Ste. 101, Palm Coast, FL 32137  3 AdventHealth Way, Ste.	Ph: 386-232-9210 Fax: 386-586-1939  Ph: 386-586-1910 Fax: 386-586-1912  Ph: 386-302-1380 Fax: 386-302-1381  Ph: 386-232-9381 Fax: 386-586-4412
The providers below are HECN, and BETHUNE-COOKMAN UNIVERSITY providers.		
<b>Normal Seltzer, MD #003476</b>	<b>Halifax Orthopedic Clinic</b> 614 N. Peninsula Drive, Daytona Beach, FL 32118	Ph: 386-257-2602 Fax: 386-257-2329

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## SURGERY – ORTHOPEDICS (Continued)

**THE PROVIDERS/LOCATIONS BELOW REQUIRE PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Jason Arellano, MD #088554 Andrew Hayden, MD #097591 J. Richard Rhodes, MD #008855 Ages 18+	UF Health Surgical Specialists at the Medical Center of Deltona at Halifax 3400 Halifax Crossings Boulevard, Suite 200, Deltona, FL 32725	Ph: 386-457-6384 Fax: 386-457-6385
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## SURGERY – PLASTIC

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Richard V. Cashio, Jr. MD #10B744</b> Ages 18+	61 Memorial Medical Parkway, Suite 2802, Palm Coast, FL 32164	Ph: 386-313-1982 Fax: 386-313-1985
<b>Jillian Morrison, MD #072389</b> Dermatological & breast reconstruction surgeries <b>David Plank, MD #060592</b> Dermatological surgery only All ages	<b>Mid Florida Dermatology and Plastic Surgery</b> 802 Sterthaus Drive, Suite C, Ormond Beach, FL 32174	Ph: 407-299-7333 Ph: 888-318-3183 Fax: 407-293-2049 Helpline: 407-581-4171
<b>Sergio Zamora, MD #006299</b> All ages	1890 LPGA Boulevard, Suite 150, Daytona Beach, FL 32117	Ph: 386-274-5557 Fax: 386-274-5527

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## SURGERY – PLASTIC – (Continued)

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Rachel Cohen-Shohet, MD</b> #099031 <b>Noah Prince, MD</b> #092286 Ages 18+	<b>UF Health Plastic Surgery Aesthetics Center at Halifax</b> 311 N. Clyde Morris Boulevard, Suite 500, Daytona Beach, FL 32114	Ph: 386-425-2639 Fax: 386-425-7702
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## SURGERY – RECTAL

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>David Meese, MD #004013</b> <b>Andrew Ritter, MD #003473</b> <b>John Tolland, MD #006725</b> <b>Kathleen Williams, MD #009804</b> <b>Robert Yu, MD #082709</b> All ages	<b>Colon &amp; Rectal Surgery Associates, PA</b> 550 Memorial Circle, Suite H, Ormond Beach, FL 32174  1185 Dunlawton Avenue, Suite 100, Port Orange, FL 32127	Ph: 386-672-0017 Fax: 386-672-1512  Ph: 386-756-7066 Fax: 386-672-1512
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## SURGERY – THORACIC

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Be sure to include clinic notes, test results, or other appropriate documentation. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

Guidelines for TAVR evaluations are found under *TAVR*.

<b>Utpal S. Desai, MD #009810</b> Ages 18+	<b>AdventHealth Medical Group Cardiovascular &amp; Thoracic Surgery</b> 305 Memorial Medical Parkway, Suite 308, Daytona Beach, FL 32117	Ph: 386-231-3600 Fax: 386-231-3602
<b>John A. Walsh, MD #011584</b> Ages 18+	14 Office Park Drive, Suite 7, Palm Coast, FL 32137	Ph: 386-302-5064 Fax: 386-302-5093

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## SURGERY – THORACIC – (Continued)

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

Sohit, K. Khanna, MD #048751 Ages 18+	<b>UF Health Heart &amp; Vascular Surgery at Halifax</b> 311 N. Clyde Morris Boulevard, Suite 100, Daytona Beach, FL 32114	Ph: 386-226-2662 Fax: 386-226-2593
	<b>UF Health Surgical Specialists at Halifax Medical Center of Deltona</b> 3400 Halifax Crossing Boulevard, Suite 200, Deltona, FL 32725	Ph: 386-457-6384 Fax: 386-457-6385



## SURGERY – VASCULAR

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Be sure to include clinic notes, test results, or other appropriate documentation. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Stephen Minor, MD #10P1580</b> Ages 18+ See also <i>Peripheral Vascular Intervention</i>	<b>Florida Health Care Plans Daytona Beach</b> 350 N. Clyde Morris Boulevard, 2 <sup>nd</sup> Floor, Daytona Beach, FL 32114	Ph: 386-238-3289 Fax: 386-238-3296
<b>Utpal S. Desai, MD #009810</b> <b>Ravi Dhanisetty, MD #100457</b> <b>Patrick T. Mangonon, MD #059406</b> <b>Willythssa Pierre-Louise, MD #089352</b> Ages 18+	<b>AdventHealth Medical Group Cardiovascular &amp; Thoracic Surgery</b> 305 Memorial Medical Parkway, Suite 308, Daytona Beach, FL 32117  120 Cypress Edge Drive, Suite 201, Palm Coast, FL 32164	<b>Both locations:</b> Ph: 386-231-3600 Fax: 386-231-3602
<b>James T. Sutton, MD #009105</b> All ages	588 Sterthaus Drive, Ormond Beach, FL 32174	Ph: 386-672-9503 Fax: 386-672-0386
<b>John A. Walsh, MD #011584</b> Ages 18+	14 Office Park Drive, Suite 7, Palm Coast, FL 32137	Ph: 386-302-5064 Fax: 386-302-5093

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## SURGERY – VASCULAR – (Continued)

**THE PROVIDERS/LOCATIONS BELOW REQUIRE PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found [Referrals, Prior Authorizations, and Orders](#). Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Robert Feezor, MD #060351</b> <b>Sohit, K. Khanna, MD #048751</b> <b>Michael Yacoub, MD #075138</b> Ages 18+	<b>UF Health Heart &amp; Vascular Surgery at Halifax</b> 311 N. Clyde Morris Boulevard, Suite 100, Daytona Beach, FL 32114	Ph: 386-226-2662 Fax: 386-226-2593
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## SURGICAL FACILITIES

**REQUIRES PRIOR AUTHORIZATION.** Schedule the surgery with the hospital/surgical center, arrange for pre-op, and notify the member. The requesting surgeon should then complete the “Request for Surgical & Special Procedure Form” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling. The surgeon will only be notified if the surgery is *not* approved.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>FHCP Ambulatory Surgical Center #048538</b>	<b>Florida Health Care Plans Ambulatory Surgical Center</b> 2777 Enterprise Road, Orange City, FL 32763	Ph: 386-481-6285 Fax: 386-481-6885
<b>Alliance Specialty Surgical Center #069215</b> Ages 18+	1545 Hand Avenue, Suite A2, Ormond Beach, FL 32174	Ph: 386-274-2977 Fax: 386-274-2997
<b>Atlantic Surgery Center #00YH63</b>	541 Health Boulevard, Daytona Beach, FL 32114	Ph: 386-248-8221 Fax: 386-248-8226
<b>East Coast Surgery Center #065070</b>	1871 LPGA Boulevard, Daytona Beach, FL 32117	Ph: 386-366-8181 Fax: 386-366-8182

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## SURGICAL FACILITIES - (Continued)

<b>Halifax Health #00Y007</b>	303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-254-4000
<b>Halifax Health Atlantic Campus #00Y007</b>	400 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-239-5000
<b>Halifax Health Twin Lakes Surgery Center #00Y007</b>	1890 LPGA Boulevard, Daytona Beach, FL 32117	Ph: 386-425-3232 Fax: 386-425-3238
<b>AdventHealth Palm Coast #00Y015</b>	60 Memorial Medical Parkway, Palm Coast, FL 32168	Ph: 386-586-4402 Fax: 386-917-5576
<b>AdventHealth Daytona Beach #00Y004</b>	301 Memorial Medical Pkwy., Daytona Beach, FL 32117	Ph: 386-676-6105 Fax: 386-676-6498

## SUTURE & STAPLE REMOVAL

**Prior authorization from FHCP Central Referrals is not needed.** Appointments can be made by the physician's office, or the member can walk in during business hours.

<b>Florida Health Care Plans EHCC Daytona Beach</b>	350 North Clyde Morris Boulevard, 1 <sup>st</sup> Floor, Daytona Beach, FL 32114	Ph: 386-238-3221 Fax: 386-235-3232
<b>Florida Health Care Plans EHCC Ormond Beach</b>	461 S. Nova Road, Ormond Beach, FL 32174	Ph: 386-671-4337 Fax: 386-671-1127

## TAVR EVALUATION

**REQUIRES PRIOR AUTHORIZATION.** The requesting provider should complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

## TERTIARY CARE CENTERS

**REQUIRES PRIOR AUTHORIZATION.** The requesting provider should complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

## TRANSPLANTS

**REQUIRES PRIOR AUTHORIZATION. Do not make arrangements for the services without prior authorization.** The requesting provider should complete the “FHCP Referral Form” found [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

# ULTRASOUND

Prior authorization from FHCP Central Referrals is not needed. Call the selected FHCP Ultrasound Department listed below to schedule, then confirm the appointment date/time with the member. Send the provider's order to the appropriate location via fax.

## EXCEPTIONS REQUIRING PRIOR AUTHORIZATION INCLUDE:

- BREAST MRI
- SESTAMIBI SCAN (ENDOCRINOLOGISTS AND CARDIOLOGISTS CAN ORDER WITH NO PRIOR AUTHORIZATION)
- STEREOTACTIC BREAST BIOPSY
- CT COLONOSCOPY (VIRTUAL COLONOSCOPY)
- PILL CAMERA
- GENETIC TESTING
- HIDA (CHOLESCINTIGRAPHY) SCANS
- PET SCANS

**PLEASE SEE PRIOR AUTHORIZATION INSTRUCTIONS FOR THE TESTS NOTED ABOVE UNDER THEIR HEADING WITHIN THIS GUIDE**

Obstetrical (OB) and breast ultrasounds are not performed at FHCP Ultrasound Departments.

Florida Health Care Plans	<b>FHCP Daytona Beach Ultrasound Department</b> 350 N. Clyde Morris Boulevard, 1 <sup>st</sup> Floor, Daytona Beach, FL 32114	<b>Phone for all locations:</b> 386-238-3270 Fax: 386-238-3256
Florida Health Care Plans	<b>FHCP Palm Coast Parkway Ultrasound Department</b> 309 Palm Coast Parkway, Palm Coast, FL 32137	Fax: 386-446-0324
Florida Health Care Plans	<b>FHCP Palm Coast City Place Ultrasound Department</b> 145 City Place Parkway, Palm Coast, FL 32137	Fax: 386-302-0980



## ULTRASOUND-GUIDED NEEDLE BREAST BIOPSY

**Prior authorization from FHCP Central Referrals is not needed for the providers immediately below.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office.

## UNLISTED PROVIDERS OR FACILITIES

### ANY PROVIDER, HOSPITAL, OR OTHER FACILITY NOT LISTED IN THIS DIRECTORY (OUT OF FHCP NETWORK) REQUIRES PRIOR AUTHORIZATION.

The requesting provider should complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation, including the provider’s/facility’s name, location, and phone number, to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

A referral to a non-participating or supplemental provider *may be approved* under the following circumstances:

- A particular skill or service is not available from an FHCP provider or an FHCP network provider.
- An FHCP provider or FHCP network provider is not available or accessible with established availability timeframe for prompt service.
- An FHCP provider or FHCP network provider is not geographically accessible to our member.

## URGENT CARE SERVICES – See first: *EXTENDED HOURS CARE CENTERS*

**Prior authorization from FHCP Central Referrals is not needed.** FHCP members may utilize these facilities when FHCP Extended Hours Care Centers (EHCC) and the member's primary care physician (PCP) are unavailable for medical services. Urgent Care providers should attempt to direct the member to the member's primary care physician (PCP) or an FHCP Extended Hours Care Center (EHCC) if available prior to initiating treatment.

<b>MediQuick Urgent Care Centers</b> Ages 4+	6 Office Park Drive, Palm Coast, FL 32137	Ph: 386-447-6615 Fax: 386-447-1266
	140 Pinnacles Drive, Palm Coast, FL 32164	Ph: 386-597-2829 Fax: 386-313-1923
<b>Ormond Beach Urgent Care #10P504</b> All ages	126 S. Nova Road, Ormond Beach, FL 32174	Ph: 386-673-9949 Fax: 386-673-9952
<b>PrimeCare at Twin Lakes</b> Ages 6 months+	1890 LPGA Boulevard, Suite 130, Daytona Beach, FL 32117	Ph: 386-274-2212 Fax: 386-274-1508
<b>Twilight Pediatrics</b> Ages Newborn to 21 Closed holidays	1688 W. Granada Boulevard, Suite 1A, Ormond Beach, FL 32174	Ph: 386-615-4414 Fax: 386-615-8466
<b>Halifax Health Express Care Clinics</b> All ages  <b>HECN Members Only</b>	<b>Halifax Health Express Care Ormond Beach</b> 1688 W. Granada Boulevard, Suite 2A, Ormond Beach, FL 32174	Ph: 386-425-4460 Fax: 386-425-4461
	<b>Halifax Health Express Care Daytona Beach Shores</b> 3048 South Atlantic Avenue, Daytona Beach Shores, FL 32118	Ph: 386-845-5450 Fax: 386-845-5454

## UROGYNECOLOGY

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Julie Schneider, MD #011823</b> Ages 22+	<b>AdventHealth Medical Group Urogynecology at Ormond Beach</b> 335 Clyde Morris Boulevard, Suite 240, Ormond Beach, FL 32174	Ph: 386-231-6172 Fax: 386-676-6173
<b>Jason R. Thompson, MD #138267</b> Ages 18+	<b>Florida Urogynecology &amp; Reconstructive Surgery, PA</b> 6885 Belfort Oaks Place, Suite 210, Jacksonville, FL 32216	Ph: 904-652-0373 Fax: 904-652-0378

## UROLOGY

**Prior authorization from FHCP Central Referrals is not needed for the providers immediately below.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. Patient should bring any radiological films to their appointment.

<b>Anthony Cantwell, MD #000599</b> <b>Jeffrey Dann, MD #010952</b> <b>Evan M. Fynes, MD #043681</b> <b>Samuel Lawindy, MD #057351</b> <b>Mathew Merrell, MD #009320</b> <b>Terrance Regan, MD #001842</b> Ages 18+	<b>Advanced Urology Institute</b> 545 Health Boulevard, Daytona Beach, FL 32114  61 Memorial Medical Pkwy., Ste. 3803, Palm Coast, FL 32164	Ph: 386-239-8500 Fax: 386-239-8530  Ph: 386-445-8530 Fax: 386-446-5087
<b>Michael Pirkowski, MD #128846</b>  Radiation Oncology / Established Patients Only	<b>The Florida Urology Center, P.A.</b> 21 Hospital Dr., Ste. 250 Palm Coast, FL 32164	Ph: 386-673-1500 Fax: 386-673-6014

## VACUUM-ASSISTED CLOSURE DEVICES

Please refer to the *WOUND CARE* section of this document for instructions.

## VARICOSE VEIN TREATMENT

**THE BELOW PROVIDERS HAVE BEEN SPECIFICALLY DESIGNATED AS VARICOSE VEIN TREATMENT PROVIDERS.**

**REQUIRES PRIOR AUTHORIZATION.** The requesting provider should complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP’s Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Utpal S. Desai, MD #009810</b> <b>Ravi Dhanisetty, MD #100457</b> <b>Patrick T. Mangonon, MD #059406</b> <b>Willythssa Pierre-Louis, MD #089352</b> Ages 18+	<b>AdventHealth Group Cardiovascular &amp; Thoracic Surgery</b> 305 Memorial Medical Parkway, Suite 308, Daytona Beach, FL 32117  120 Cypress Edge Drive, Suite 201, Palm Coast, FL 32164	<b>Both locations:</b> Ph: 386-231-3600 Fax: 386-231-3602
<b>Robert Feezor, MD #060351</b> <b>Sohit, K. Khanna, MD #048751</b> <b>Michael Yacoub, MD #075138</b> Ages 18+	<b>UF Health Heart &amp; Vascular Surgery at Halifax</b> 311 N. Clyde Morris Boulevard, Suite 100, Daytona Beach, FL 32114	Ph: 386-226-2662 Fax: 386-226-2593

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## VARICOSE VEIN TREATMENT – (Continued)

<b>John A. Walsh, MD #011584</b>	14 Office Park Drive, Suite 7, Palm Coast, FL 32137	Ph: 386-302-5093
<b>Kyle Herron, MD #091608</b> Ages 18+	<b>Atlantic Foot &amp; Ankle Associates – Upperline Health Vein Center</b> 1890 LPGA Boulevard, Suite 230, Daytona Beach, FL 32117  21 Hospital Drive, Suite 170, Palm Coast, FL 32164  11 Florida Park N., Palm Coast, FL 32137	Ph: 386-274-3336 Fax: 386-274-3660  Ph: 386-586-7373 Fax: 386-586-7346  Ph: 386-445-4734 Fax: 386-445-8411

## VESTIBULAR TESTING, TREATMENT, AND REHABILITATION

See *OUTPATIENT REHABILITATION: BALANCE AND VESTIBULAR THERAPY*

### VIDEONYSTAGMOGRAPHY (VNG TESTING)

**Prior authorization from FHCP Central Referrals is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol. Patient should bring any radiological films to their appointment.

**An office visit with the specialist, as well as an audiological evaluation, is normally required prior to VNG testing being scheduled.** Please see the *HEARING/AUDIOLOGY SERVICES* section of this document for more information.

<b>Atlantic Hearing, Balance &amp; Tinnitus Center</b> All ages	1400 Hand Avenue, Suite M, Ormond Beach, FL 32174	Ph: 386-756-8225 Fax: 386-767-0742
<b>Mirza Beg, MD #037398</b> <b>Alyn Benezette, DO #003692</b> Established patients only. Ages 16+	<b>Coastal Neurology</b> 725 W. Granada Boulevard, Suite 22, Ormond Beach, FL 32137	Ph: 386-788-2300 Fax: 386-944-6622



# WEIGHT MANAGEMENT PROGRAMS

**Prior authorization from the FHCP Central Referrals Department is not needed.** Providers should send a referral order through the EHR or by completing the “FHCP Diabetes & Nutritional Counseling Form” found at [Referrals, Prior Authorizations, and Orders](#). Completed form with ICD-10 code should be faxed to FHCP Diabetes & Nutritional Education at

**386-238-3228.** FHCP members may call **386-676-7133** Mon-Fri from 9am to 5pm to reserve seating.

<b>Eat Right Move Right</b> Adult weight-management program BMI of 27 or higher = no charge <i>Individual classes available depending upon need.</i>	<b>Florida Health Care Plans Daytona Beach</b> 330 N. Clyde Morris Boulevard, Suite 9, Daytona Beach, FL 32114 <i>Classes available at multiple locations.</i>	Ph: 386-676-7133 Fax: 386-238-3228
<b>Halifax Fitness Center</b> Ages 18+ with a BMI of 30 or higher. Member may self-refer.	303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114	Ph: 386-254-4031 Fax: 386-947-2982

For information on the Bariatric Program, call **386-254-4223**, or see the **BARIATRIC SURGERY** section of this document.

## WOUND CARE

**Prior authorization for the two providers listed here is not needed.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office. The specialty office will advise you of their scheduling protocol.

<b>Florida Health Care Plans</b> All ages Health Information Management Fax: 386-481-5009	<b>FHCP Daytona Beach Wound Care Department</b> 320 N. Clyde Morris Boulevard, Suite D, Daytona Beach, FL 32114	Ph: 386-238-3200, Ext. 3563 Fax: 386-481-6137
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## WOUND CARE

**The provider(s) below REQUIRE PRIOR AUTHORIZATION.** The requesting provider should complete the "FHCP Referral Form" found at [Referrals, Prior Authorizations, and Orders](#). Fax the form and supporting documentation to FHCP's Central Referrals Department at **386-238-3253**. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** Non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as *urgent requests*. Physician offices should **call FHCP Central Referrals Department at 386.238.3230** to discuss urgent cases with a clinician, rather than faxing the request.

<b>Nautilus Wound Care at Halifax Health Medical Centers</b>	303 N. Clyde Morris Boulevard, Daytona Beach, FL 32114  1041 Dunlawton Avenue, Port Orange, FL 32127	<b>All locations:</b> Ph: 386-425-4267 Fax: 386-425-4879
<b>Donald Covington, MD #093237</b> <b>Stephen Levine, MD #079004</b> Ages 18+	<b>Center for Advanced Wound Healing</b> 311 N. Clyde Morris Boulevard, Suite 70, Daytona Beach, FL 32114  <b>HECN Members Only</b>	<b>Ph: 386-425-4267</b> <b>Fax: 386-425-4879</b>

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## WOUND CARE: HYPERBARIC OXYGEN (HBO) THERAPY & VACUUM-ASSISTED DEVICES

**REQUIRES PRIOR AUTHORIZATION.** Please complete the “FHCP Referral Form” found at [Referrals, Prior Authorizations, and Orders](#) tab. Attach documentation supporting medical necessity. Fax the form and supporting documentation to FHCP’s Central Referrals Department at 386-238-3253. The FHCP Central Referrals Department will review the request and, if approved, will forward the referral and clinical information to the provider for scheduling.

**Routine requests:** non-urgent and elective procedures should not be scheduled until approval is obtained to avoid patient financial responsibility. Please submit requests to FHCP Central Referrals Department as soon as possible, as it may take up to 14 calendar days for determination of authorization.

**Urgent requests:** Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function all are classified as urgent requests. Physician offices should call FHCP Central Referrals Department at 386.238.3230 to discuss urgent cases with a clinician, rather than faxing the request.

## X-RAYS – PLAIN FILMS

**Prior authorization from FHCP Central Referrals is not needed for the providers immediately below.** The requesting provider will send an order to the specialist. Appointments can be made by the physician's office, or the member can call to schedule after the order has been received by the specialty office.

<b>Florida Health Care Plans Daytona Beach (N)</b> Patients weighing 600 pounds and under	350 N. Clyde Morris Blvd, Daytona Beach, FL 32114	Ph: 386-238-3200 Ext 3229 Fax: 386-238-3292
<b>Florida Health Care Plans Palm Coast Parkway (N)</b> Patients weighing 600 pounds and under	309 Palm Coast Parkway, Palm Coast, FL 32137	Ph: 386-447-9685 Fax: 386-446-3222
<b>Florida Health Care Plans Palm Coast City Place (N)</b> Patients weighing 450 pounds and under	145 City Place, Palm Coast, FL 32164	Ph: 386-736-7948 Fax: 386-734-4571

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## X-RAYS – STAT READINGS

**Prior authorization from the FHCP Central Referrals Department is not needed.** The requesting Provider should call the listed facility directly to schedule an appointment.

<b>Florida Health Care Plans Daytona Beach (N)</b> Patients weighing 600 pounds and under	350 N. Clyde Morris Blvd, Daytona Beach, FL 32114	Ph: 386-238-3200 Ext 3229 Fax: 386-238-3292
<b>Florida Health Care Plans Palm Coast Parkway (N)</b> Patients weighing 600 pounds and under	309 Palm Coast Parkway, Palm Coast, FL 32137	Ph: 386-447-9685 Fax: 386-446-3222
<b>Florida Health Care Plans Palm Coast City Place (N)</b> Patients weighing 450 pounds and under	145 City Place, Palm Coast, FL 32164	Ph: 386-736-7948 Fax: 386-734-4571
<b>Florida Health Care Plans Port Orange (N)</b> Patients weighing 485 pounds and under	740 Dunlawton Avenue, Suite 200, Port Orange, FL 32127	Ph: 386-763-1000 Fax: 386-763-0507

**Legend:**

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

*Out of pocket costs may vary, depending on location or benefit plan.*

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## X-RAYS – STAT READINGS & Plain Films not performed at FHCP - (Continued)

Prior authorization from the FHCP Central Referrals Department is not needed. The requesting Provider should call the listed facility directly to schedule an appointment.

<b>Palm Coast Imaging #005448 (N)</b> Will not schedule SNF patients	3 Pine Cone Drive, #101, Palm Coast, FL 32137	Ph: 386-274-6000 Fax: 386-446-1866
<b>Town Center Imaging #10P733 (N)</b> Will not schedule SNF patients	21 Hospital Drive, Suite 130, Palm Coast, FL 32164	Ph: 386-446-5200 Fax: 386-446-1866
<b>AdventHealth Palm Coast #00Y015 (H)</b>	60 Memorial Medical Parkway, Palm Coast, FL 32168	Ph: 386-437-2211 Fax: 386-917-5576
<b>Twin Lakes Imaging Center #10P735 (N)</b> <i>Will not schedule SNF patients.</i>	1890 LPGA Blvd., Suite 110, Daytona Beach, FL 32124	Ph: 386-274-5454 Fax: 386-274-5440

**Legend:**

- (H) – Outpatient hospital department or facility
- (N) – Outpatient non-hospital department or facility

*Out of pocket costs may vary, depending on location or benefit plan.*

For changes or corrections to any information found in this document,  
please email [ProviderRelations@fhcp.com](mailto:ProviderRelations@fhcp.com)



*Setting the Standard in Affordable Coverage & Quality Care*