

# Provider Newsletter

2019 Q3

## Florida Blue BlueExpress line for Authorizations and Referrals retired as of September 1, 2019

As of September 1, 2019, Florida Blue has retired their BlueExpress automated phone line used by some providers to request authorizations and referrals for their Florida Blue-covered patients. Providers should continue or begin submitting requests electronically at [www.availity.com](http://www.availity.com)

## Are you entering the “admission date” on your claims form?

All professional billed claims where the place of service code is equal to "21", "51" or "61" must have an admission date on the claim. If no admission date is received, the claim will deny as "Invalid/Missing Admission Date/Admission Hour."

## myBlue HMO and Medicare HMO Referrals

Primary care physicians are responsible for coordinating access to all medical services for Florida Blue Medicare HMO and myBlue members. This includes referrals to specialists, or services may not be covered. Please do not direct these members to EMI to obtain an authorization/referral.

## Urgent Request?

CMS defines expedited/urgent authorization request as- "applying the standard time for making a determination could seriously jeopardize the enrollee's health, life, or ability to regain maximum function."

If a provider would like priority in processing their case due to extenuating circumstances, i.e. Member appointment next day, please send the authorization and contact EMI at 1-800-329-1152.

## Don't miss a payment or receive an overpayment!

Please submit all assigned EMI member claims to EMI for processing. If the member is assigned to EMI, please DO NOT submit claims to Florida Blue for reimbursement.

## Availity

Availity is Florida Blue trusted information exchange partner enabling the movement of business and clinical information in real-time. Verify eligibility, Benefits, and more – all online and at your fingertips.

## Our Web Portal

Our Provider Web Portal is a dynamic web-based tool that allows you to:

- Request referrals
- Submit claims
- Verify eligibility
- Check the status of referrals and claims

Creating a user account is EASY! Simply complete the online form at <https://www.healthsystemone.com/pwp> and sign up today!!!

## Our Clinical Practice Guidelines

EMI uses Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines ( depending on the LOB) for Medical necessity determinations. These guidelines are based on appropriateness and medical necessity standards; each guideline is current and has references from the peer-reviewed medical literature, and other authoritative resources such as CMS Medicare. For any medical necessity Recommendation of Denial, the Medical Director shall make an attempt to contact the requesting provider for peer to peer consultation. The Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines are reviewed and approved by HS1 Medical Advisory committee annually, and are available in both electronic and hard copy format.

## Marjorie Auguste

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800-595-9631 x 4536  
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augustem@healthnetworkone.com

## Provider Relations

305-614-0100 option 2  
800-595-9631 option 2

## Authorizations

800-595-9631 option 1  
Fax: 305-614-0165  
Fax: 866-646-1772

## Claims

305-614-0133 option 3  
954-335-8130 option 3

## Changes?

Is your provider information is up to date with the network? If you have any changes to your practice, including but not limited to address, phone number or provider additions/terminations, please notify Marjorie Auguste, Provider Relations Representative.

## Payment Policy for ERG (92273 & 92274) and VEP/VER (95930) testing

EMI will pay for eletroretinogram (ERG) when one of the following conditions are present: unexplained visual loss, hereditary retinal degeneration/dystrophies, retinal vascular occlusion when the diagnosis is in doubt (not diabetic retinopathy or senile macular degeneration), drug toxicity (e.g. plaquenil) or occult macular degeneration when the diagnosis cannot be confirmed with prior fluorescein or ICG angiography.

EMI will pay for visual evoked potential (VEP) or visual evoked response (VER) when one of the following conditions are met: unexplained visual loss, multiple sclerosis, optic nerve or pathway disease, suspected functional visual loss. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be included with the claim submission.

## Eye Notes from the Medical Director

Dear Doctor:

As you know, an annual Diabetic Retinal Exam (DRE) should be part of every diabetic patient's preventive care regimen. In addition, the DRE is a measurement tool used by the National Committee for Quality Assurance (NCQA) to determine if a managed care organization is meeting the health care needs of their member population.

Florida Blue is working closely with their Primary Care Physicians and with their members to ensure that they are receiving the preventive services with an eye care professional.

When your patient is in the office we ask that you perform a complete eye exam and document appropriate retinal eye examinations. Please also ensure that you submit a HIPAA 5010 Compliant Claim when billing for these services.

It is also extremely important that you document the results of your findings in the patient's chart including No evidence of diabetic retinopathy. We have added this as a separate "diagnosis" (#36) on the Report of Ophthalmic Consultation.

In addition, a report of your findings should be communicated with the member's Primary Care Physician.

EMI has a simple template "Report of Ophthalmic Consultation" that you may use. If you need a copy of this form or if you have any questions regarding this information, please contact your Provider Relations Representative, Marjorie Auguste, at (800) 595-9631 x 4536.

Please feel free to contact me on my cell at 954-559-8687 with any questions, concerns, or problems.

With best regards,  
Alan Silbert, M.D.  
Medical Director, EMI