![Florida Blue - An Independent Licensee of the Blue Cross and Blue Shield Association]

Medicare Advantage Authorization Requests

Florida Blue's medical review department implemented *a new fax line for sending supporting documentation* for Medicare Advantage (BlueMedicare^{SM}) HMO and PPO member authorization requests.

- Providers should submit the initial authorization request electronically through Availity®[1] at www.availity.com or telephonically through Blue Express at (800) 397-7337. You can reduce errors and save time by adding your providers to Express Entry through the Manage Providers feature on Availity at www.availity.com.

    – When submitting an outpatient or inpatient authorization, be sure to submit the correct NPI in the Referred-To Provider and Referred-To Facility sections. The same NPI should not be used for these sections. Remember to use the correct individual provider NPI. For information about NPIs, please visit: https://nppes.cms.hhs.gov/NPPES/Welcome.do

    – If you submit an inquiry and include an authorization number, please use the appropriate number format of nine numeric digits that begin with 34 (i.e. 34xxxxxxx). If you do not know the authorization number or date of service, leave those sections blank.

- The treating physician or outpatient facility should then *fax the Certificate of Medical Necessity (CMN) or supporting documentation to our medical review department through our new dedicated fax line at (904) 301-1614* for Medicare Advantage BlueMedicare HMO and PPO members. Click here to access our CMN forms.

- Be sure to use the preservice fax cover sheet when faxing a CMN or supporting documentation to Florida Blue. Click on the following link to access the preservice fax cover sheet: http://www.bcbsfl.com/DocumentLibrary/mcg/Pre-Service_Fax_Cover_Sheet_Final.doc

Blue Medicare HMO Members

Notification of a referral is required for ALL BlueMedicare HMO products when the member requires treatment from specialists, including sub-specialty ophthalmology, with the exception of chiropractors, dermatologists, podiatrists and women's health specialists for routine and preventive services. BlueMedicare HMO members in South Florida counties (Broward, Miami-Dade and Palm Beach) who require ophthalmology services must be referred to Eye Management Inc. (EMI).

Note: Authorizations are required for all referrals to non-participating physicians and providers.

Non-Medicare Advantage Preservice Requests

Please continue to use the following fax numbers for non-Medicare Advantage preservice requests:

- Preservice statewide fax number: (877) 219-9448
- Non-Medicare pharmacy fax number: (904) 905-9849
- Transplants: (904) 357-6331

We will respond to urgent/expedited requests within 72 hours. Urgent/expedited requests must meet the following guidelines:

Expedited/urgent care is any request for medical care or treatment with respect to which the application of the time period for making non-urgent care determinations could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment; **OR**

In the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

Non-urgent requests will process within 14 days. Please check Availity for the status of your request before contacting us. Please remember not to resubmit an authorization request unless you are asked to do so. The following section provides helpful tips regarding how to reduce authorization and referral errors.

Use the Following Guidelines to Avoid Preservice Calls

If	Then
After creating a referral, the following ERROR message is received: "Duplicate Request Not Certified…"	A referral may already be on file. Use the Authorization/Referral **Inquiry** Option through Availity.
You receive an ERROR after inquiring about the status of an authorization or referral for a BlueCard[®] member…	Contact the member's home plan. You can validate the alpha prefix by using the link below. (**Inquiries** through Availity are not allowed for out-of-state Blue Plans) Pre-certification/Pre-authorizationInformationforOut-of-AreaMembers
You receive an ERROR for "Invalid/Missing Provider ID…"	Validate that the appropriate NPI was used (i.e., do not list Dr. Smith's NPI for **both** the Referred-To Provider and Referred-To Facility sections in Availity.)
You attempt to view a referral and receive the message "Authorization/Access Restrictions – Please Correct and Resubmit…"	You received that message because you can only view an authorization or referral that you created. You are not permitted to view authorizations or referrals for other providers.
After submitting an authorization request for a Federal Employee Program (FEP) member (ID begins with an R) you receive the following error message: "Invalid/Missing Subscriber/Insured ID…"	Validate that required fields include correct information: Last name, first name, date of birth and gender.

For additional information about the Medicare Advantage HMO and PPO authorization and referral process, please refer to the *Manual for Physicians and Providers* on our website at www.floridablue.com.

If you have questions, please call the Provider Contact Center at (800) 727-2227.