



Simply Healthcare Plans
Better Health
Clear Health Alliance

Bulletin

11/30/2016

Procedure Code Requirement
for Outpatient Hospital
Claims

Procedure Code Requirement for Outpatient Hospital Claims!

Procedure Code Requirement for Outpatient Hospital Claims Effective October 14, 2016, the Florida Medicaid Management Information System (FMMIS) will begin checking for the presence of appropriate procedure codes on detail line items of institutional claims (UB-04) containing outpatient hospital services. The procedure code requirement is applicable for outpatient hospital claims that include a date of service on or after October 14, 2016.

There will be a grace period from October 14, 2016, until December 29, 2016.

Beginning December 30, 2016, FMMIS will begin denying outpatient hospital claims and encounters that do not include appropriate procedure codes.

Simply Healthcare Plans will follow the AHCA guidelines and will deny claims that do not include procedure codes on every claim line.

For questions regarding this policy change, please visit the AHCA website at <https://ahca.myflorida.com> or your Provider Relations Representative.

For questions on how to bill institutional claims for outpatient hospital services, please contact your Provider Relations Representative or call our Provider Service line at 1-877-915-0551, Prompt # 4.

Frequently Asked Questions •••

When does this change become effective?

- Beginning December 30, 2016, FMMIS will begin denying outpatient hospital claims that do not include appropriate procedure codes.

When will the procedure code requirement dates of service take effect?

- Date of service on or after October 14, 2016

How can I obtain information regarding the Procedure Code change?

- <https://ahca.myflorida.com>

What if I need assistance?

- You may contact your local Provider Relations Representative or call our Provider Services team at 1-877-915-0551, Option 1

Our goal is to "simply" provide excellent service to our partners.

Contact Us

Provider Services: (877) 915-0551

Eligibility Verification, Prompt # 1

Referrals and Authorizations, Prompt # 2

Claims Status, Prompt # 3

Provider Relations, Prompt # 4

Pharmacy Department, Prompt # 5

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