

Update: Service Facility NPI or Florida Blue Service Facility ID Required for Professional Claims

To enhance claim processing efficiency and ensure compliance with the No Surprises Act (NSA), we have implemented a new requirement for professional claims billed in a facility setting. This applies to all participating and non-participating Florida Blue providers.

Effective immediately, professional claims for all Florida Blue and Truli for Health lines of business except for Medicare crossover and Medicaid, must include the **Service Facility National Provider Identifier (NPI)**, a unique 10-digit number. **For paper claims only**, it must include the **Service Facility NPI or the Florida Blue Service Facility ID**, a unique three-digit number. This update applies to all hospital and facility professional claims. It is crucial to accurately determine the facility's participation status. To foster seamless and efficient claims processing, the Service Facility information is required when Place of Service codes 19, 21, 22, 24, 51, 52 and 61 are billed.

How to Report the Service Facility NPI or Florida Blue Service Facility ID

For uninterrupted claim processing, please follow these guidelines:

- **Electronic Claims:** Report the Service Facility Location Name and NPI in **loop 2310C** of the 837P provisional claim format.
- **Paper Claims:** Report the Service Facility Location Name and NPI **or** Florida Blue Service Facility ID in the CMS 1500 claim form **field 32** (name and address), **32a** (NPI number), **32b** (qualifier/taxonomy code).

Important: Our **electronic claims** processing system, Availity Essentials™, will be updated soon to require the Service Facility NPI. Once updated, claims submitted with an invalid Service Facility NPI, incorrect information, or reported with an individual or provider group NPI, will be rejected at the point of entry, and the professional claim will need to be resubmitted with the missing and correct information. Please be sure to enter this information in the appropriate field as indicated above.

The edit message code will be AP0677 with the rejection message: Florida Blue requires the Service Facility NPI in 2310C/NM109 for electronic professional claims when the Place of Service indicates a facility. Please resubmit with the Service Facility NPI.

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Frequently Asked Questions

1) What is the Service Facility?

For physician and professional ancillary provider claims representing services performed or ordered in a hospital or facility setting, the Service Facility is the hospital or facility.

2) If I do not have the Service Facility NPI or Florida Blue ID for my claim, can I use my NPI?

No. When our **electronic** claims system in Availity Essentials is updated, your claim will be denied if you do not use the Service Facility NPI. Contact the facility's billing department or use the [National Plan and Provider Enumeration System \(NPPES\) directory](#) for the correct information prior to filing your claim. For participating providers only, you may find the Service Facility NPI information in our [Florida Blue provider directory](#) and [Truli provider directory](#).

3) If we are not onsite at the facility when performing the professional component, (e.g., reading the results of a test performed in a hospital), should we bill our own address and NPI or Florida Blue ID in the Service Facility section?

No, the Service Facility information is based on the facility where the test was performed.

4) Why do we need to include the Service Facility NPI or Florida Blue Service Facility ID?

We need to know the Service Facility information to be compliant with the NSA. We also need this information to successfully apply the facility authorization to all associated professional claims.

5) Where can I find more details about this change?

Refer to our Manual for Physicians and Providers' Claim Submission and Billing Guidelines sections. You will find these guidelines in both sections.

Additionally, you can find more details in the national provider billing guidelines, ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, **Health Care Claim: Professional (837)**, from X12.org.

We appreciate your cooperation and understanding regarding this new requirement. We are confident this update will help reduce claim processing disruptions and improving overall efficiency.

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