

Mandatory Prior Authorization Process for Certain Designated Hospital Outpatient Procedures Effective October 1, 2025 Site of Care Review Process

For most Florida Blue, Florida Blue HMO, and Truli for Health (Truli) plans, a service will not be considered medically necessary in a particular location of service if the service can be provided in an alternative location of service at less cost with equivalent therapeutic or diagnostic results.

Starting October 1, 2025, certain designated hospital outpatient procedures will be reviewed to determine if the **hospital outpatient site of service** meets this comparative effectiveness criteria for coverage. The initial designated hospital outpatient procedures are set out in the Appendix to this bulletin (the “Designated Outpatient Procedures”), which may be amended from time to time.

All Florida Blue, Florida Blue HMO, and Truli plans with this comparative effectiveness coverage requirement will also require the Designated Outpatient Procedures be submitted and receive a prior authorization in order to be covered. Florida Blue will review any such requests for Designated Outpatient Procedures to be performed in a hospital outpatient location of service to determine if the service can be provided in an alternative location of service at less cost with equivalent therapeutic or diagnostic results. If utilization of a hospital outpatient location of service does not meet these criteria or qualify for an exception, the request for a prior authorization will be denied.

While this Site of Care Review Process related to comparative effectiveness will not begin until October 1, 2025, all standard prior authorization requirements for non-emergency services for Florida Blue HMO and Truli members still apply. It should be noted that, if applicable to the service requested, Florida Blue, Florida Blue HMO, and Truli will conduct a medical necessity review of the underlying procedure prior to the Site of Care Review and will deny any request for services that do not meet our medical coverage guidelines criteria.

The ambulatory surgery center (ASC) is an alternative site of care that will help reduce out-of-pocket costs for our members, your patients, and promote greater cost efficiencies overall, ensuring members continue to receive high-quality care in the most cost-effective location. The ASC is a well-accepted location for safe procedures and may even offer your patients more convenience with shorter wait times and driving distances. Services performed at an ASC are **not** included in the Site of Care Review Process, but prior authorization requirements may apply depending upon the requirements of the member’s plan.

This applies to Truli, and most Florida Blue and Florida Blue HMO commercial plans. Plans included and excluded are noted in the questions and answers section below.

Providers will submit authorization requests for the Designated Outpatient Procedures. If the site of care in the authorization request is an outpatient hospital, a prior authorization request

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must be submitted via Availity Essentials™, as additional requirements must be met for the procedure to be covered. Some exceptions may apply.

After we complete the initial prior authorization review, we will contact you and your patient if the requested site of care is not approved. **We recommend you advise the member on the approved site of care decision, as well.**

Additional information is included in the following questions and answers. If you need further assistance, please call our Provider Contact Center at 1-800-727-2227.

Questions and Answers

Mandatory Prior Authorization Process for Certain Designated Hospital Outpatient Procedures - Site of Care Review Process

What is a Site of Care Review?

The Site of Care Review is an extension of Florida Blue, Florida Blue HMO, and Truli's current prior authorization program and will be incorporated into the prior authorization review process. If the site of care in the authorization request is an outpatient hospital, a prior authorization request must be submitted via Availity, as additional requirements must be met for the designated outpatient procedure to be covered. Procedures at an ASC will **not** be included in the Site of Care Review Process, but prior authorization requirements may apply depending upon the member's benefit plan design.

How can I access the site of care Medical Coverage Guideline (MCG)?

The site of care MCG will be available on Florida Blue's website starting September 15, 2025. You can access the MCG at Florida Blue.com, *For Providers, Medical and Pharmacy Policies*, then *Medical Policies (Medical Coverage Guidelines)*. You can enter Site of Care Outpatient Procedures in the search field.

What outpatient procedure codes are included in the Site of Care Review?

A list of the designated outpatient procedure codes is included below, in the Appendix.

When is the Site of Care Review effective?

This Site of Care Review will be effective October 1, 2025. We encourage you to make site of care changes before scheduling the designated outpatient procedure. Members with approved authorizations can continue to receive treatment at the outpatient location until the authorization expires.

Where can patients receive their outpatient procedure?

The ASC is an alternative site of care. Patients can receive the outpatient procedure in an ASC – a well-accepted location for these procedures, which may offer your patients these benefits:

- Lower out-of-pocket costs
- More convenience with shorter wait times
- Shorter driving distances

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When can an outpatient hospital be used?

An outpatient department of a hospital can be used if the designated outpatient procedure meets the definition of medical necessity and criteria as described in the site of care MCG.

Does the site of care MCG provide any exceptions?

An outpatient department of a hospital may be approved due to any of the following situations:

- No geographically accessible ASC or other alternative location of service has the necessary equipment for the procedure.
- No geographically accessible ASC or other alternative location of service is available where the member's physician has privileges.
- The ASC or other alternative location's guidelines regarding the member's health conditions prevent the use of such provider.

How do I submit an authorization request?

In-network providers must use the Availity self-service tools to request authorizations and attach clinical documents to the authorization request. Using Availity can reduce the wait time for medical reviews to be completed. Faxes sent with authorization requests from our in-network providers will be returned and will need to be resubmitted to Availity. In-network providers must also use the Availity Authorization/Referral Inquiry tool for all authorization status requests. The Florida Blue Utilization Management call center will not enter authorization requests manually on behalf of providers. The call center will not provide authorization status information to providers.

What Florida Blue products are included?

The following products are included in the Site of Care Review for designated outpatient procedures:

Florida Blue Products Included
BlueOptions SM (PPO and Network Blue)
BlueChoice (PPO)
BlueSelect (PPO)
BlueCare [®] (HMO)
SimplyBlue (HMO)
myBlue (HMO)

What Florida Blue products are excluded?

Medicare Advantage, Federal Employee Program[®], State Account, BlueCard[®], Administrative Services Only, and grandfathered plans are excluded from the Site of Care Review for designated outpatient procedures.

How can I get more information?

If you have questions about the Site of Care Review, please call the Florida Blue Provider Contact Center at 1-800-727-2227 between 7 a.m. and 4 p.m. ET, Monday through Friday.

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APPENDIX

Designated Outpatient Procedures

Procedure Code	Description
11770	Excision of pilonidal cyst or sinus; simple
11772	Excision of pilonidal cyst or sinus; complicated
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); without ultrasound guidance
20680	Removal of implant; deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate)
21320	Closed treatment of nasal bone fracture with manipulation; with stabilization
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater
21933	Excision, tumor, soft tissue of back or flank, subfascial (e.g., intramuscular); 5 cm or greater
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
23430	Tenodesis of long tendon of biceps
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)

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24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
25000	Incision, extensor tendon sheath, wrist (e.g., De Quervains disease)
25111	Excision of ganglion, wrist (dorsal or volar); primary
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed
26055	Tendon sheath incision (e.g., for trigger finger)
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26160	Excision of lesion of tendon sheath or joint capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28285	Correction, hammertoe (e.g., interphalangeal fusion, partial or total phalangectomy)
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method

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28298	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method
28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of slap lesion
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (e.g., humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body(ies))
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (e.g., humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body(ies))
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (e.g., medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29882	Arthroscopy, knee, surgical; with meniscus repair (medial or lateral)
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29893	Endoscopic plantar fasciotomy
29914	Arthroscopy, hip, surgical; with femoroplasty (i.e., treatment of cam lesion)

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29916	Arthroscopy, hip, surgical; with labral repair
30140	Submucous resection inferior turbinate, partial or complete, any method
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
31535	Laryngoscopy, direct, operative, with biopsy
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiologic supervision and interpretation necessary to perform the angioplasty
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein
38500	Biopsy or excision of lymph node(s); open, superficial
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)
42440	Excision of submandibular (submaxillary) gland
42826	Tonsillectomy, primary or secondary; age 12 or over
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45380	Colonoscopy, flexible; with biopsy, single or multiple
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance

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45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
46200	Fissurectomy, including sphincterotomy, when performed
46255	Hemorrhoidectomy, internal and external, single column/group
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
49505	Repair initial inguinal hernia, age 5 years or older; reducible
49650	Laparoscopy, surgical; repair initial inguinal hernia
50590	Lithotripsy, extracorporeal shock wave
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
52000	Cystourethroscopy (separate procedure)
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
52204	Cystourethroscopy, with biopsy(s)
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of minor (less than 0.5 cm) lesion(s) with or without biopsy
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; small bladder tumor(s) (0.5 up to 2.0 cm)
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; medium bladder tumor(s) (2.0 to 5.0 cm)
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

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52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
54360	Plastic operation on penis to correct angulation
54530	Orchiectomy, radical, for tumor; inguinal approach
54640	Orchiopexy, inguinal or scrotal approach
55040	Excision of hydrocele; unilateral
55700	Biopsy, prostate; needle or punch, single or multiple, any approach
56620	Vulvectomy simple; partial
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C
58561	Hysteroscopy, surgical; with removal of leiomyomata
58562	Hysteroscopy, surgical; with removal of impacted foreign body
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
64718	Neuroplasty and/or transposition; ulnar nerve at elbow
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel
65426	Excision or transposition of pterygium; with graft
65756	Keratoplasty (corneal transplant); endothelial
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation
67036	Vitrectomy, mechanical, pars plana approach
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation

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67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (e.g., macular pucker)
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (e.g., for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (i.e., air, gas or silicone oil)
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
67113	Repair of complex retinal detachment (e.g., proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material

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