

WELCOME!

FIRST COAST ADVANTAGE BILLING & CLAIMS HANDOUTS



Attachment 3
PROCEDURE CODES THAT REQUIRE PRIOR AUTHORIZATION AND PRICING

Procedure Code	Procedure Long Name
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT
E1065	POWER ATTACHMENT (TO CONVERT ANY WHEELCHAIR TO MOTORIZED WHEELCHAIR, E.G., SOLO
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS
E1902	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH DEVICE
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED
J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
K0009	OTHER MANUAL WHEELCHAIR/BASE
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS
L8615	HEADSET / HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE
L8617	TRANSMITTER COIL FOR USE WITH COCHLEAR IMPLANT DEVICE
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR OTHER THAN EAR LEVEL, REPLACEMENT, EACH
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH
L8690	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED
S2411	FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME
V2799	VISION SERVICE, MISCELLANEOUS
V5299	HEARING SERVICE, MISCELLANEOUS
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)

- Volume IX
- Issue 2
- Spring 2009

Florida Medicaid Provider Bulletin

AGENCY FOR HEALTH CARE ADMINISTRATION



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PSN

Reminder to Fee-for-Service (FFS) Provider Service Network (PSN) Providers

Medicaid providers who render services to Medicaid FFS PSN enrollees must submit their electronic and paper claims to the PSN for review and authorization of payment, unless other arrangements have been made between the provider and the particular PSN. Without prior authorization from the PSN, Providers should not submit electronic PSN member claims directly via the EDS secure Web Portal to the Medicaid fiscal agent, or mail paper claims directly to the Medicaid fiscal agent. Unless appropriate arrangements have been made with the PSN, claims submitted directly to the Medicaid fiscal agent will be denied due to missing PSN authorization.

Providers must still file PSN member claims within the 12-month filing limit. Be sure to allow ample time to submit the claim to the PSN for review so it can be forwarded to the Medicaid fiscal agent prior to exceeding the 12-month filing limit.

In order to process claims in a timely manner, please follow the claims submission guidelines established by each PSN. Please also include all necessary information on the claim and ensure the information is accurate. Paper claims are required to be submitted on an original claim form. Some common errors on paper claims include: wet signatures missing from CMS-1500 claim forms, and missing or incorrect financial class codes on the UB-04 claim forms.

Providers shall submit only those claims for services that are covered by the PSN to the PSN for payment authorization. A list of PSN covered services can be found in the PSN model contracts, which are located on the Agency's website at the following link: <http://ahca.myflorida.com/Medicaid/psn/index.shtml>. Please contact the FFS PSN directly if you are experiencing any claims processing or payment issues.

The above information applies only to FFS PSN providers. Capitated PSN providers should contact the capitated PSN directly for specific information regarding their service authorization and claims submission requirements.

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