Predetermination Reviews

Fax clinical information to 833-719-1603. Precertification is required if procedure is performed in an inpatient setting.

Blue Cross and Blue Shield of Florida will only provide manual predetermination reviews for the services listed below:

- Air Ambulance Service (fixed wing flights): A0430, A0435
- Automatic external defibrillator: K0606
- Durable medical equipment (DME) greater than $3,500 per line item
- Gender reassignment surgery
- Generic code used when no specific code is given
- Implantable defibrillator: 33270, 33271, 33272, 33273, 33274, 33275
- Lymphedema pumps: E0650, E0651, E0652
- Mobile Cardiac Outpatient Telemetry (MCOT): 93228, 93229
- Prosthesis over $3,500 per line item
- Unlisted codes (example: 76499 or 37799)

Predetermination requests for procedures not on list:

If a provider submits a predetermination request for a procedure not on the list, we will notify him or her that we do not offer a predetermination for that service.

BlueCross BlueShield of Florida

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