

Florida Blue - BlueCard Only

Clinical Document Requirements by HCPC

HCPC	Physician Signed Detail Written Order	History & Physical	Itemized Invoice	Physician Clinical Notes	Reason for Repair	Physician Signed Plan of Care	Wound Assessment	Nursing/OT/PT Visit Notes	Description of the Item Billed/Delivered
A4230	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
A6550	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
A9274	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
E0652	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
E0784	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
E1399	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
E2402	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
E2510	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
J1459	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
J1561	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
J1569	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
J1745	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
K0108	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
L1846	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
L2999	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
L5301	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
L5999	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
S9123	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
S9124	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
S9501	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	