## Major medical insurance plans/medical benefit managers

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| **Aetna**<sup>*</sup> | 3/25/20 – 5/6/20 (initial notice); 5/29/20 (policy update); 8/13/20 (referrals) | - **COVID-19 screening/testing/treatment:** Aetna has not issued a statement on PA requirements for COVID-19 testing or treatment  
- **Referrals:** As of 8/13/20, Aetna has suspended PCP referral requirements for Medicare Advantage plans such as:  
  - This policy change is to address circumstances where PCP offices are closed due to COVID-19  
  - Standard PCP referral requirements remain in place for commercial plans  
- **Transfers:** Effective 5/31/20, standard PA protocols are reinstated for post-acute and long-term care hospital admissions, except in selected states and territories where there is an executive order or DOI mandate in place  
  - PA is still waived for admissions to post-acute facilities in AK, MA, NY, PR, and RI  
  - In locations with continued PA waivers, post-acute care facilities must notify Aetna of the admission within 48 hours and send medical records for concurrent review within 3 days  
- **Admissions:** Effective 5/7/20, standard PA protocols are reinstated for all inpatient admissions, except in selected states and territories where there is an executive order or DOI mandate in place  
  - PA is still waived for admissions to acute care facilities in AK, AR, DE, GA, MA, NV, NY, PR and RI  
  - In locations with continued PA waivers, acute care facilities are encouraged to notify Aetna of the admission within 48 hours  
  - Changes will be effective per state declaration for commercial fully insured patients  
  - Effective dates and timelines vary by state/territory  
- **Elective procedures:** Aetna continues to require PA and to review PA requests for elective procedures; providers are responsible for complying with applicable state directives that restrict elective procedures  
- **Extension of PA approval windows:** Beginning 4/27/20, Aetna is extending the duration of new PAs  
  - PA requests for commercial members will be approved for 9 months instead of the standard 6 months (call Aetna for extension on existing 6-month approvals)  
  - PA requests for Medicare Advantage members will be approved for up to 9 months, but not longer than the end of the plan year  
- **Lines of business:** Commercial and Medicare Advantage Part C plans |
### Plan

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<td><strong>BlueCross BlueShield Association</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td>3/6/20</td>
<td><strong>All 36 BCBS plans</strong>&lt;br&gt;• COVID-19 screening/testing: PA waived for COVID-19 diagnostic tests&lt;br&gt;• COVID-19 treatment: PA waived for “covered services that are medically necessary and consistent with CDC guidance for members if diagnosed with COVID-19”&lt;br&gt;  ○ Not clear what constitutes “medically necessary covered services”&lt;br&gt;• Lines of business: Fully insured, individual, and Medicare members</td>
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*Check with individual BCBS plans for additional information*

| **Anthem** (CA, CO, CT, GA, IN, KT, ME, MO, NH, NV, NY, OH, VA, WI) - additional policy updates | Effective 3/27/20: | 
|-----------------------------------------------------------------|-----------------|-----------------|
| • Transfers: PA requirements suspended for patient transfers     | • **Important:** As of 5/30/20, Anthem plans in certain states reinstated PA requirements for patient transfers* |
|  ○ Duration of extension not specified and will vary by plan    | • DME: PA requirements suspended on durable medical equipment critical for treating COVID-19 |

Effective 6/4/20:

• **Extension of existing PAs:** Anthem affiliates are temporarily extending PAs on elective inpatient and outpatient procedures issued before 5/30/20
  ○ Duration of extension not specified and will vary by plan

*Contact Anthem for more information about the applicability of PA waivers in your state. Anthem plans typically communicate details about PA waivers on state-specific provider news pages, accessible at https://providernews.anthem.com/state (e.g., https://providernews.anthem.com/georgia)*

| **Health Care Services Corporation** (IL, MT, NM, OK, TX) - additional policy updates | Effective 4/2/20: | 
|---------------------------------------------------------------------------------|-----------------|-----------------|
| • Transfers: PA waived for transfers to in-network, alternative post-acute facilities | | |

Effective 4/20/20:

• **Radiology:** HCSC is “reducing” PA requirements for chest CT scans for COVID-19 patients
  • **Extension of existing PAs:** Previously approved PAs for certain elective procedures, therapies, and home visit services extended until 12/31/20

| **Centene** | 3/12/20 *(screening, testing)*; 4/1/20 *(treatment)* | **COVID-19 screening/testing/treatment:** PA/step therapy not required for medically necessary COVID-19 screening, testing, or treatment services<br>• Lines of business: Medicaid, Medicare, and Marketplace members |

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Updated 8/18/20
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| **Cigna** | 3/17/20 (screening, testing, and treatment); 3/23/20 – 10/31/20 (transfers); 3/25/20 – 10/31/20 (elective outpatient services) | • **COVID-19 screening/testing:** PA not required for COVID-19 evaluation/testing  
• **COVID-19 treatment:** PA not required for “medically necessary treatment” for COVID-19  
  o PA for COVID-19 treatment follows the same protocols as any other illness based on place of service and plan coverage; PA generally not required for routine office, urgent care, and emergency visits  
• **Non-COVID-19 services:** Cigna will not deny claims for other services that require PA for failure to secure authorization if the care was emergent, urgent, or involved extenuating circumstances; delays in the timely filing of claims or the ability to request PA due to COVID-19 will be treated as extenuating circumstances in the same way as during a natural catastrophe (e.g. hurricane, tornado, fires, etc.)  
• **Pre-admission testing:** Cigna will cover pre-admission or pre-surgical COVID-19 testing done in an outpatient setting  
  o Pre-admission or pre-surgical COVID-19 testing should be billed separately using ICD-10 code Z01.812 in the primary position  
• **Transfers:** PA waived until 10/31/20 for the transfer of non-COVID-19 patients from acute inpatient hospitals to in-network long-term acute care hospitals and other subacute facilities, including skilled nursing facilities and acute rehab centers  
  o Notification required on the next business day following the transfer  
  o Coverage reviews for appropriate levels of care and medical necessity still apply to these admissions  
• **Extension of elective outpatient PAs:** Duration of PAs for all elective inpatient and outpatient services is temporarily increased from 3 months to 6 months  
  o Effective 3/25/20 – 10/31/20  
  o PA decisions made between 1/1/20 and 3/24/20 will be assessed when the claim is received, and will be payable if it is within 6 months of the original authorization  
• **Extension of medication PAs:** Automatic 90-day extension of existing medication PAs set to expire between 4/1/20 and 6/1/20  
• **Elective procedures:** PA requirements remain in place; Cigna continues to review PA requests  
• **Lines of business:** Commercial and Medicare Advantage plans |
Plan | Effective Date(s) | Policies
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eviCore | 3/26/20 (communicated 5/12/20) | • **COVID-19 diagnosis/treatment**: When COVID-19 is known or suspected in a patient, the following CPT® codes for chest CTs “can be authorized when requested”: CPT® codes 71250, 71260, 71270
• **Transfers/Post-Acute Care**: to help preserve hospital space for COVID-19 patients, eviCore has made the following adjustments to the Post-Acute Care program:
  o Patients requiring skilled nursing facilities or other levels of care after an acute hospital stay “will receive automatic prior approval”
    ▪ Skilled nursing can also accept eviCore members directly from home or emergency dep’t
  o Ventilator patients requiring LTAC-level of care “will receive automatic prior approval”
  o “All other service types will be approved through a streamlined process”
• **Extension of PAs for certain elective services**: Effective 3/26/20, the duration of PAs for the “majority of cases” is temporarily extended to 180 days
  o **Does NOT apply to these programs**: medical oncology, specialty drug, home health, post-acute care services, and select DME services
  o No PA extension on programs for which PA is already valid for 180+ days (e.g., medical oncology)
  o eviCore is working with clients on an ad hoc basis to extend end dates as needed for existing authorizations that were approved prior to 3/26/20

Humana | 3/23/20; 4/1/20 (PA extension); 5/22/20 (PA reinstated) | • **COVID-19 screening/testing/treatment**: PA is suspended on referrals and services with COVID-related diagnoses for both participating/in-network and non-participating/out-of-network providers
• **Non-COVID-19 services**: **Effective 5/22/20, all standard PA and referral protocols are reinstated**
  o For Medicaid and Commercial lines, Humana will continue to monitor and comply with state rules where an executive order exists to suspend authorizations and referrals
  o **Reminder of PA extension for PAs not completed**: Humana applied a 90-day extension to the expiration date on PAs approved before 4/1/20
• **Lines of business**: Commercial employer-sponsored (fully insured and select self-funded plans), Medicare Advantage, and Medicaid plans
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| UnitedHealthcare| 3/24/20 – 5/31/20; 3/24/20 (diagnostic radiology) | - COVID-19 screening/testing: As of 6/1/20, UHC’s online guidance no longer includes information on PA requirements for COVID-19 testing or treatment  
  - Extension of PAs for inpatient and outpatient medical services: 90-day extension, based on the original authorization date, of existing PAs with an end date or date of service between 3/24/20 and 5/31/20  
    - Does not apply to PAs issued on or after 4/10/20  
    - Applies to existing PAs for in-network and out-of-network medical, behavioral health, and dental services (including many provider-administered drugs)  
    - PAs for inpatient procedures will extend 90 days from the expected admission date  
    - PA still required for any additional visits or services beyond those approved in the initial PA  
    - Member eligibility should be re-confirmed before providing services  
    - When UHC provisions exceed an applicable state mandate, UHC provisions apply  
  - Extension of completed PAs for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS): Approved PAs for services completed on or after 10/1/19 are extended through 9/30/20  
    - Services completed before 10/1/19 require a new PA  
    - As of 6/1/20, standard PA protocols for new DMEPOS orders are resumed  
  - Diagnostic radiology: PA not required for diagnostic radiology (diagnostic imaging) of the chest for COVID-19 patients for the duration of the public health emergency  
    - Notification requested for CPT® codes 71250, 71260, 71270 for Medicaid or commercial members with known/suspected COVID-19 diagnosis  
    - PA continues to be required for all other chest CTs  
  - Effective 6/1/20, standard prior authorization protocols are resumed for the following programs:  
    - Post-acute care admissions, including long-term acute care facilities, acute inpatient rehabilitation, and skilled nursing facilities  
    - Site of service reviews  
    - Patient transfers to a new provider/similar sites of care (e.g., hospital or practice transfers)  
    - DMEPOS ordering and delivery, including reinstatement of PA for respiratory assist devices and oxygen related to COVID-19  
  - Lines of business: Individual and Group Market, Medicare Advantage, and Medicaid plans |
**Prescription drug plans/pharmacy benefit managers**

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| CVS             | 3/25/20           | - Extension of medication PAs: Extension of existing PAs set to expire before **6/30/20** for “most” medications  
|                 |                   |   - Presumed 90-day extension (“if a current [PA] is set to expire on May 15, the expiration date will be extended to August 15”)          |
| Express Scripts |                   | - Standard PA policies remain in place; Express Scripts is monitoring the COVID-19 situation and will update policies if or when the situation changes |
| OptumRx         | 3/19/20; 5/2/20 (PA extension discontinued) | - Extension of medication PAs: One-time, 90-day extension of existing PAs set to expire on or before **5/1/20** for medications taken on a chronic basis  
|                 |                   |   - Existing PA and renewal requirements remain in place for:  
|                 |                   |     - Drugs with significant abuse potential  
|                 |                   |     - Drugs dosed for finite durations or intermittently (e.g., hepatitis or fertility agents)  
|                 |                   |     - Newly prescribed medications  
|                 |                   | - **Important:** OptumRx selected not to extend the one-time, 90-day extension of existing PAs; standard PA protocols are resumed for all medications requiring renewal after **5/2/20** |