Major medical insurance plans/medical benefit managers

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| Aetna* | 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  
  - 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  

*See Aetna's [COVID-19 Communications Updates](#) for state-specific information and detailed requirements.
## Plan

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| BlueCross BlueShield Association* | 3/6/20            | **All 36 BCBS plans**  
  - **COVID-19 screening/testing:** PA waived for COVID-19 diagnostic tests  
  - **COVID-19 treatment:** PA waived for “covered services that are medically necessary and consistent with CDC guidance for members if diagnosed with COVID-19”  
    - Not clear what constitutes “medically necessary covered services”  
  - **Lines of business:** Fully insured, individual, and Medicare members |
| **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*  
  - **DME:** PA requirements suspended on durable medical equipment critical for treating COVID-19 |
| **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  
| **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  
  - **Lines of business:** Medicaid, Medicare, and Marketplace members |

*Check with individual BCBS plans for additional information
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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 |
### Prior Authorization (PA) Policy Changes Related to COVID-19

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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 |
### Plan: UnitedHealthcare

**Effective Date(s):** 3/24/20 – 5/31/20; 3/24/20 (diagnostic radiology)

**Policies:**

- **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**
- **Genetic/molecular testing:** Effective 10/1/20, PA and notification requirements are suspended for the following outpatient genetic and molecular tests for infectious agent detection: CPT® codes 87480, 87660, 87661
- **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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<td>CVS</td>
<td>3/25/20</td>
<td>• <em>Extension of medication PAs:</em> Extension of existing PAs set to expire before <strong>6/30/20</strong> for &quot;most&quot; medications</td>
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<td>o Presumed 90-day extension (&quot;if a current [PA] is set to expire on May 15, the expiration date will be extended to August 15&quot;)</td>
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<td>Express Scripts</td>
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<td>• Standard PA policies remain in place; Express Scripts is monitoring the COVID-19 situation and will update policies if or when the situation changes</td>
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<td>OptumRx</td>
<td>3/19/20; 5/2/20 (PA extension discontinued)</td>
<td>• <em>Extension of medication PAs:</em> One-time, 90-day extension of existing PAs set to expire on or before <strong>5/1/20</strong> for medications taken on a chronic basis</td>
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<td>• <em>Existing PA and renewal requirements remain in place for:</em></td>
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<td>o Drugs with significant abuse potential</td>
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<td>o Drugs dosed for finite durations or intermittently (e.g., hepatitis or fertility agents)</td>
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<td>o Newly prescribed medications</td>
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<td>• <strong>Important:</strong> OptumRx selected <strong>not</strong> 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</td>
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