

Prior authorization (PA) policy changes related to COVID-19



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Updated 11/13/20

Major medical insurance plans/medical benefit managers

Plan	Effective Date(s)	Policies
<p>Aetna* *See Aetna's COVID-19 Communications Updates for state-specific information and detailed requirements</p>	<p>3/25/20 – 5/6/20 (initial notice); 5/29/20 (policy update); 8/13/20 (referrals)</p>	<ul style="list-style-type: none"> • <i>COVID-19 screening/testing/treatment:</i> Aetna has not issued a statement on PA requirements for COVID-19 testing or treatment • <i>Referrals:</i> As of 8/13/20, Aetna has suspended PCP referral requirements for <u>Medicare Advantage plans</u> <ul style="list-style-type: none"> ○ 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 • <i>Transfers:</i> 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 <ul style="list-style-type: none"> ○ 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 • <i>Admissions:</i> 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 <ul style="list-style-type: none"> ○ 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 • <i>Elective procedures:</i> 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 • <i>Extension of PA approval windows:</i> Beginning 4/27/20, Aetna is extending the duration of new PAs <ul style="list-style-type: none"> ○ PA requests for <u>commercial members</u> will be approved for 9 months instead of the standard 6 months (call Aetna for extension on existing 6-month approvals) ○ PA requests for <u>Medicare Advantage members</u> will be approved for up to 9 months, but not longer than the end of the plan year • <i>Lines of business:</i> Commercial and Medicare Advantage Part C plans

Summary of medical and prescription drug plan

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<p>BlueCross BlueShield Association*</p> <p>*Check with individual BCBS plans for additional information</p>	<p>3/6/20</p>	<p>All 36 BCBS plans</p> <ul style="list-style-type: none"> • <i>COVID-19 screening/testing</i>: PA waived for COVID-19 diagnostic tests • <i>COVID-19 treatment</i>: PA waived for “covered services that are medically necessary and consistent with CDC guidance for members if diagnosed with COVID-19” <ul style="list-style-type: none"> ○ Not clear what constitutes “medically necessary covered services” • <i>Lines of business</i>: Fully insured, individual, and Medicare members <p>Anthem (CA, CO, CT, GA, IN, KT, ME, MO, NH, NV, NY, OH, VA, WI) - additional policy updates Effective 3/27/20:</p> <ul style="list-style-type: none"> • <i>Transfers</i>: PA requirements suspended for patient transfers <ul style="list-style-type: none"> ○ As of 5/30/20, Anthem plans in certain states reinstated PA requirements for patient transfers* • <i>DME</i>: PA requirements suspended on durable medical equipment critical for treating COVID-19 <p>Effective 6/4/20:</p> <ul style="list-style-type: none"> • <i>Extension of existing PAs</i>: Anthem affiliates are temporarily extending PAs on elective inpatient and outpatient procedures issued before 5/30/20 <ul style="list-style-type: none"> ○ Duration of extension not specified and will vary by plan <p>*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)</p> <p>Health Care Services Corporation (IL, MT, NM, OK, TX) - additional policy updates Effective 4/2/20:</p> <ul style="list-style-type: none"> • <i>Transfers</i>: PA waived for transfers to in-network, alternative post-acute facilities <p>Effective 4/20/20:</p> <ul style="list-style-type: none"> • <i>Radiology</i>: HCSC is “reducing” PA requirements for chest CT scans for COVID-19 patients • <i>Extension of existing PAs</i>: Previously approved PAs for certain elective procedures, therapies, and home visit services extended until 12/31/20
<p>Centene</p>	<p>3/12/20 (screening, testing); 4/1/20 (treatment)</p>	<ul style="list-style-type: none"> • <i>COVID-19 screening/testing/treatment</i>: PA/step therapy not required for medically necessary COVID-19 screening, testing, or treatment services • <i>Lines of business</i>: Medicaid, Medicare, and Marketplace members

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<p>Cigna</p>	<p>3/17/20 (screening, testing, and treatment); 3/23/20 – 12/31/20 (transfers); 3/25/20 – 10/31/20 (elective outpatient services)</p>	<ul style="list-style-type: none"> • <i>COVID-19 screening/testing</i>: PA not required for COVID-19 evaluation/testing • <i>COVID-19 treatment</i>: PA not required for “medically necessary treatment” for COVID-19 <ul style="list-style-type: none"> ○ 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 • <i>Non-COVID-19 services</i>: As of 11/1/20, administrative claims denials for failure to secure required authorization (FTSA) are reinstated. On appeal, a provider’s inability 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.); FTSA denials will not be enforced on appeal if such extenuating circumstances apply • <i>Pre-admission testing</i>: Cigna will cover pre-admission or pre-surgical COVID-19 testing done in an outpatient setting until 1/21/21 <ul style="list-style-type: none"> ○ Pre-admission or pre-surgical COVID-19 testing should be billed separately using ICD-10 code Z01.812 in the primary position • <i>Transfers</i>: PA waived until 12/31/20 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 <ul style="list-style-type: none"> ○ Notification required on the next business day following the transfer ○ Coverage reviews for appropriate levels of care and medical necessity still apply to these admissions • <i>Extension of elective outpatient PAs</i>: Duration of PAs for all elective inpatient and outpatient services is temporarily increased from 3 months to 6 months <ul style="list-style-type: none"> ○ Effective 3/25/20 – 12/31/20 ○ 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 • <i>Extension of medication PAs</i>: Automatic 90-day extension of existing medication PAs set to expire between 4/1/20 and 6/1/20 • <i>Elective procedures</i>: PA requirements remain in place; Cigna continues to review PA requests • <i>Lines of business</i>: Commercial and Medicare Advantage plans

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eviCore	3/26/20 (communicated 5/12/20)	<ul style="list-style-type: none"> • <i>COVID-19 diagnosis/treatment</i>: 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 • <i>Transfers/Post-Acute Care</i>: to help preserve hospital space for COVID-19 patients, eviCore has made the following adjustments to the Post-Acute Care program: <ul style="list-style-type: none"> ○ Patients requiring skilled nursing facilities or other levels of care after an acute hospital stay “will receive automatic prior approval” <ul style="list-style-type: none"> ▪ Skilled nursing can also accept eviCore members directly from home or emergency dep’t ○ Ventilator patients requiring LTAC-level of care “will receive automatic prior approval” ○ “All other service types will be approved through a streamlined process” • <i>Extension of PAs for certain elective services</i>: Effective 3/26/20, the duration of PAs for the “majority of cases” is temporarily extended to 180 days <ul style="list-style-type: none"> ○ Does NOT apply to these programs: medical oncology, specialty drug, home health, post-acute care services, and select DME services ○ No PA extension on programs for which PA is already valid for 180+ days (e.g., medical oncology) ○ 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 - 10/24/20	Effective 10/24/20 : <ul style="list-style-type: none"> • All standard PA requirements and referral protocols are reinstated, including for diagnosis of COVID-19 as well as for non-COVID-19 services <ul style="list-style-type: none"> ○ 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 • <i>Lines of business</i>: 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)	<ul style="list-style-type: none"> • <i>COVID-19 screening/testing:</i> As of 6/1/20, UHC's online guidance no longer includes information on PA requirements for COVID-19 testing or treatment • <i>Extension of PAs for inpatient and outpatient medical services:</i> 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 <ul style="list-style-type: none"> ○ <u>Does not apply to PAs issued on or after 4/10/20</u> ○ 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 • <i>Extension of completed PAs for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS):</i> Approved PAs for <u>services completed on or after 10/1/19</u> are extended through 9/30/20 <ul style="list-style-type: none"> ○ Services completed before 10/1/19 require a new PA ○ As of 6/1/20, standard PA protocols for new DMEPOS orders are resumed • <i>Diagnostic radiology:</i> PA not required for diagnostic radiology (diagnostic imaging) of the chest for COVID-19 patients for the duration of the public health emergency <ul style="list-style-type: none"> ○ 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 • <i>Genetic/molecular testing:</i> 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: <ul style="list-style-type: none"> ○ 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 • <i>Lines of business:</i> Individual and Group Market, Medicare Advantage, and Medicaid plans

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Prescription drug plans/pharmacy benefit managers

Plan	Effective Date(s)	Policies
CVS	3/25/20	<ul style="list-style-type: none"> • <i>Extension of medication PAs:</i> Extension of existing PAs set to expire before 6/30/20 for “most” medications <ul style="list-style-type: none"> ○ 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		<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • <i>Extension of medication PAs:</i> One-time, 90-day extension of existing PAs set to expire on or before 5/1/20 for <u>medications taken on a chronic basis</u> • <i>Existing PA and renewal requirements remain in place for:</i> <ul style="list-style-type: none"> ○ Drugs with significant abuse potential ○ Drugs dosed for finite durations or intermittently (e.g., hepatitis or fertility agents) ○ Newly prescribed medications • Important: OptumRx selected <u>not</u> 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