## 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*
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| **BlueCross BlueShield Association**<sup>*</sup> | 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  
  - 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  
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 |
| **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  
- **Lines of business:** Medicaid, Medicare, and Marketplace members |
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| Cigna | 3/17/20 (screening, testing, and treatment); 3/23/20 – 12/31/20 (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**: **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  
  o Pre-admission testing: Cigna will cover pre-admission or pre-surgical COVID-19 testing done in an outpatient setting until 1/21/21  
  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 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  
  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 – 12/31/20  
  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 |
### Summary of medical and prescription drug plan

**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 - 10/24/20 | **Effective 10/24/20**:  
- **All standard PA requirements and referral protocols are reinstated**, including for diagnosis of COVID-19 as well as for non-COVID-19 services  
  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  
- **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  
  o Does not apply to PAs issued on or after 4/10/20  
  o Applies to existing PAs for in-network and out-of-network medical, behavioral health, and dental services (including many provider-administered drugs)  
  o PAs for inpatient procedures will extend 90 days from the expected admission date  
  o PA still required for any additional visits or services beyond those approved in the initial PA  
  o Member eligibility should be re-confirmed before providing services  
  o 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  
  o Services completed before 10/1/19 require a new PA  
  o 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  
  o Notification requested for CPT® codes 71250, 71260, 71270 for Medicaid or commercial members with known/suspected COVID-19 diagnosis  
  o 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:**  
  o Post-acute care admissions, including long-term acute care facilities, acute inpatient rehabilitation, and skilled nursing facilities  
  o Site of service reviews  
  o Patient transfers to a new provider/similar sites of care (e.g., hospital or practice transfers)  
  o 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><strong>CVS</strong></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 “most” medications</td>
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<td>o Presumed 90-day extension (“if a current [PA] is set to expire on May 15, the expiration date will be extended to August 15”)</td>
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<td><strong>Express Scripts</strong></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><strong>OptumRx</strong></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 not to extend the one-time, 90-day extension of existing PAs; standard PA protocols are resumed for all medications requiring renewal after <strong>5/2/20</strong></td>
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