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

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Updated 1/25/21

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<th>Plan</th>
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<tr>
<td><strong>Aetna</strong></td>
<td>3/25/20 – 2/15/21</td>
<td>• <strong>COVID-19 screening/testing/treatment:</strong> Aetna has waived member cost-sharing for COVID-19 diagnostic testing and treatment, but has not issued a statement on PA requirements&lt;br&gt;• <strong>Admissions:</strong> Effective 12/14/20 thru 2/15/21, PA is waived for admissions to Skilled Nursing Facilities (SNF) from post-acute care hospitals&lt;br&gt;  o SNFs are required to notify Aetna of admissions within 48 hours and send medical records for concurrent review within 3 days&lt;br&gt;  o PA waiver does NOT apply to transfers between facilities or level of care changes within a SNF&lt;br&gt;  o Long-Term Care Hospitals (LTACH) and Inpatient Acute Rehabilitation (IRF) admissions still require PA, unless prohibited by state regulation&lt;br&gt;• <strong>Elective procedures:</strong> 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&lt;br&gt;  o As of 12/15/20, PA requests are being approved until the end of the plan year&lt;br&gt;  o Authorization may be extended for 6 months beyond the plan year if continued eligibility can be confirmed&lt;br&gt;• <strong>Lines of business:</strong> Commercial and Medicare Advantage Part C plans</td>
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**Major medical insurance plans/medical benefit managers**

*See Aetna’s COVID-19 Communications Updates for state-specific information and detailed requirements*
# Prior authorization (PA) policy plan changes related to COVID-19

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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  
  - 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 |
| | | *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](https://providernews.anthem.com/state) (e.g., [https://providernews.anthem.com/georgia](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 not required for medically necessary COVID-19 screening, testing, or treatment services  
- **Lines of business:** Medicaid, Medicare, and Marketplace members |
## Summary of medical and prescription drug plan
### Prior authorization (PA) policy changes related to COVID-19

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| Cigna | 3/17/20 (screening, testing, and treatment); 3/23/20 – 3/31/21 (transfers; elective outpatient services) | - **COVID-19 screening/testing**: PA is not required for COVID-19 testing; cost-share waiver for COVID-19 diagnostic testing and related office visits in place through 4/20/21  
- **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  
  o **Transfers**: PA waived until 3/31/21 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 – 3/31/21  
    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 surgeries and admissions**: PA requirements remain in place; Cigna continues to review PA requests  
  - **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  
  - **Lines of business**: Commercial and Medicare Advantage plans |
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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,** Humana reinstated standard PA requirements and referral protocols for Medicare Advantage and commercial lines  
  • **Humana is now issuing temporary suspension of certain authorization requirements on a state-by-state basis.** See Humana’s [state-specific COVID-19 information page](#) for details  
  • **Lines of business:** Commercial employer-sponsored (fully insured and select self-funded plans), Medicare Advantage, and Medicaid plans |
### Summary of medical and prescription drug plan

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| UnitedHealthcare | 3/24/20 – 1/31/21 | - **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  
- **Admissions/transfers:** Effective 12/18/20 thru 1/31/21, select PA requirements are waived for in-network hospitals and SNFs:  
  o PA requirements suspended for in-network SNF admissions  
  o PA requirements suspended for transfers to a new provider/similar sites of care  
  o **Note:** Admission notification is still required, and services rendered during this time may be subject to retrospective review after 1/31/21  
- **DMEPOS:** For orders involving COVID-19-related oxygen requests, oxygen can be delivered without PA and does not need to meet clinical criteria  
- **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  
- **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  
|               |                   |   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”) |
| 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*:  
|               |                   |     o Drugs with significant abuse potential  
|               |                   |     o Drugs dosed for finite durations or intermittently (e.g., hepatitis or fertility agents)  
|               |                   |     o 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 |