

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



**Disclaimer:** The information and guidance provided in this document is believed to be current and accurate at the time of posting, but it is not intended as, and should not be construed to be, legal, financial, medical, or consulting advice. Physicians and other qualified health care practitioners should exercise their professional judgment in connection with the provision of services and should seek legal advice regarding any legal questions. References and links to third parties do not constitute an endorsement or warranty by the AMA and AMA hereby disclaims all express and implied warranties of any kind.

Updated 2/5/21

## Major medical insurance plans/medical benefit managers

Plan	Effective Date(s)	Policies
<p><b>Aetna*</b>                      *See Aetna's <a href="#">COVID-19 Communications Updates</a> for state-specific information and detailed requirements</p>	<p><a href="#">3/25/20</a> – 2/15/21</p>	<ul style="list-style-type: none"> <li>• <i>COVID-19 screening/testing/treatment:</i> Aetna has waived member cost-sharing for COVID-19 diagnostic testing and treatment, but has not issued a statement on PA requirements</li> <li>• <i>Admissions:</i> Effective 12/14/20 thru 2/15/21, PA is waived for admissions to Skilled Nursing Facilities (SNF) from post-acute care hospitals                             <ul style="list-style-type: none"> <li>○ SNFs are required to notify Aetna of admissions within 48 hours and send medical records for concurrent review within 3 days</li> <li>○ PA waiver does NOT apply to transfers between facilities or level of care changes within a SNF</li> <li>○ Long-Term Care Hospitals (LTACH) and Inpatient Acute Rehabilitation (IRF) admissions still require PA, unless prohibited by state regulation</li> </ul> </li> <li>• <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                             <ul style="list-style-type: none"> <li>○ As of 12/15/20, PA requests are being approved until the end of the plan year</li> <li>○ Authorization may be extended for 6 months beyond the plan year if continued eligibility can be confirmed</li> </ul> </li> <li>• <i>Lines of business:</i> Commercial and Medicare Advantage Part C plans</li> </ul>

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

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

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

Plan	Effective Date(s)	Policies
<a href="#">Cigna</a>	3/17/20 (screening, testing, and treatment); 3/23/20 – 3/31/21 (transfers; elective outpatient services)	<ul style="list-style-type: none"> <li>• <i>COVID-19 screening/testing</i>: PA is not required for COVID-19 testing; cost-share waiver for COVID-19 diagnostic testing and related office visits in place through <b>4/20/21</b></li> <li>• <i>COVID-19 treatment</i>: PA not required for “medically necessary treatment” for COVID-19                         <ul style="list-style-type: none"> <li>○ 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</li> </ul> </li> <li>• <i>Transfers</i>: 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                         <ul style="list-style-type: none"> <li>○ Notification required on the next business day following the transfer</li> <li>○ Coverage reviews for appropriate levels of care and medical necessity still apply to these admissions</li> </ul> </li> <li>• <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"> <li>○ Effective <b>3/25/20 – 3/31/21</b></li> <li>○ 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</li> </ul> </li> <li>• <i>Elective surgeries and admissions</i>: PA requirements remain in place; Cigna continues to review PA requests</li> <li>• <i>Non-COVID-19 services</i>: <b>As of 11/1/20, administrative claims denials for failure to secure required authorization (FTSA) are reinstated</b>; 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</li> <li>• <i>Lines of business</i>: Commercial and Medicare Advantage plans</li> </ul>

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

Plan	Effective Date(s)	Policies
<a href="#">eviCore</a>	3/26/20 ( <a href="#">communicated 5/12/20</a> )	<ul style="list-style-type: none"> <li>• <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</li> <li>• <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"> <li>○ 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"> <li>▪ Skilled nursing can also accept eviCore members directly from home or emergency dep’t</li> </ul> </li> <li>○ Ventilator patients requiring LTAC-level of care “will receive automatic prior approval”</li> <li>○ “All other service types will be approved through a streamlined process”</li> </ul> </li> <li>• <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"> <li>○ <b>Does NOT apply to these programs</b>: medical oncology, specialty drug, home health, post-acute care services, and select DME services</li> <li>○ No PA extension on programs for which PA is already valid for 180+ days (e.g., medical oncology)</li> <li>○ 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</li> </ul> </li> </ul>
<a href="#">Humana</a>	3/23/20 – 10/24/20	<ul style="list-style-type: none"> <li>• Effective <b>10/24/20</b>, Humana reinstated standard PA requirements and referral protocols for Medicare Advantage and commercial lines</li> <li>• <b>Humana is now issuing temporary suspension of certain authorization requirements on a state-by-state basis.</b> See Humana’s <a href="#">state-specific COVID-19 information page</a> for details</li> <li>• <i>Lines of business</i>: Commercial employer-sponsored (fully insured and select self-funded plans), Medicare Advantage, and Medicaid plans</li> </ul>

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

Plan	Effective Date(s)	Policies
<a href="#">UnitedHealthcare</a>	3/24/20 – 1/31/21	<ul style="list-style-type: none"> <li>• <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</li> <li>• <i>Admissions/transfers:</i> <b>Effective 1/31/21, PA requirements for admission to in-network SNFs are reinstated</b> <ul style="list-style-type: none"> <li>○ State-specific variations and regulations may apply</li> <li>○ PA still waived for transfers to a similar site of care (e.g., hospital transfers or practice transfers)</li> <li>○ Admission notification is still required during this time, and UHC may retrospectively review services rendered after 1/31/21</li> </ul> </li> <li>• <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 (currently scheduled to end 4/20/21)           <ul style="list-style-type: none"> <li>○ Notification requested for CPT® codes 71250, 71260, 71270 for Medicaid or commercial members with known/suspected COVID-19 diagnosis</li> <li>○ PA continues to be required for <b>all other chest CTs</b></li> </ul> </li> <li>• <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</li> <li>• <i>DMEPOS:</i> <b>Standard PA protocols for new DMEPOS orders are resumed, including PA requirements for COVID-19 related oxygen requests</b></li> <li>• <i>Extension of PAs for inpatient and outpatient medical services:</i> <b>UHC is no longer issuing a 90-day extension of existing PAs for medical services</b></li> <li>• <i>Lines of business:</i> Individual and Group Market, Medicare Advantage, and Medicaid plans</li> </ul>

## Prescription drug plans/pharmacy benefit managers

Plan	Effective Date(s)	Policies
<a href="#">CVS</a>	3/25/20 – 6/30/20	<ul style="list-style-type: none"> <li>• CVS has <u>not</u> renewed the one-time, 90-day extension of existing PAs; standard PA protocols are resumed for medication PAs set to expire after 6/30/20</li> </ul>
<a href="#">Express Scripts</a>		<ul style="list-style-type: none"> <li>• Standard PA policies remain in place; Express Scripts is monitoring the COVID-19 situation and will update policies if or when the situation changes</li> </ul>
<a href="#">OptumRx</a>	3/19/20 – 5/2/20	<ul style="list-style-type: none"> <li>• OptumRx has <u>not</u> renewed the one-time, 90-day extension of existing PAs; standard PA protocols are resumed for all medications requiring renewal after 5/2/20</li> </ul>