

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



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Updated 4/8/20

Major medical insurance plans

Plan	Effective Date(s)	Policies
Aetna	3/25/20 – 5/6/20	<ul style="list-style-type: none"> • <i>Transfers:</i> Initial PAs waived in the following scenarios: <ul style="list-style-type: none"> ○ Admissions to post-acute care facilities (including skilled nursing and extended acute rehabilitation) <ul style="list-style-type: none"> ▪ Facilities must notify Aetna of the admission within 48 hours and send medical records for concurrent review within 3 days (see Aetna notice for specific requirements) ○ Admissions to long-term acute care hospitals <ul style="list-style-type: none"> ▪ Facilities must notify Aetna of the admission within 48 hours • <i>Admissions</i> — PA waived for admissions to acute care facilities (<i>applies to AK, AR, AZ, CA, CO, CT, FL, GA, IL, IN, LA, MA, MD, MI, MN, NJ, NV, NY, OH, OR, PA, TN, TX, WA, Puerto Rico</i>): <ul style="list-style-type: none"> ○ Acute care facilities must notify Aetna of the admission within 48 hours ○ Changes will be effective per state declaration for commercial fully insured patients ○ Effective for 30 days (4/6/20 – 5/6/20) • <i>Lines of business:</i> Commercial and Medicare Advantage
Anthem (Link is for Anthem Georgia but reflects national policy)	3/26/20	<ul style="list-style-type: none"> • <i>COVID-19 screening/testing:</i> PA not required for COVID-19 screening/testing services • <i>Transfers:</i> PA requirements suspended for the following patient transfers: <ul style="list-style-type: none"> ○ All hospital inpatient transfers to lower levels of care (by land only) ○ Transfers to a long-term acute care hospital (no 21-day inpatient requirement) ○ Skilled nursing facilities (PA suspended for 90 days beginning 3/16/20) ○ Facilities should continue admission notifications to verify eligibility and benefits • <i>DME:</i> PA requirements on durable medical equipment suspended for patients diagnosed with COVID-19, including oxygen supplies, respiratory devices, and continuous positive airway pressure devices; no PA required to exceed quantity limits on gloves and masks • <i>Elective procedures:</i> Duration of PAs for elective inpatient and outpatient procedures extended to 90 days • <i>Respiratory services:</i> PA suspended for respiratory services for acute treatment of COVID-19 • <i>Lines of business:</i> All lines, including self-insured plan members

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<p>BlueCross BlueShield Association* *Check with individual BCBS plans for additional information</p>	3/6/20	<ul style="list-style-type: none"> • <i>COVID-19 screening/testing</i>: All 36 BCBS plans are waiving PA for COVID-19 diagnostic tests • <i>COVID-19 treatment</i>: All 36 BCBS plans are waiving PA 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>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 until 4/30/20
<p>Centene</p>	3/12/20	<ul style="list-style-type: none"> • <i>COVID-19 screening/testing</i>: PA/step therapy not required for COVID-19 screening/testing services • <i>Lines of business</i>: Medicaid, Medicare, and Marketplace members
<p>Cigna</p>	3/17/20 (screening, testing, and treatment); 3/23/20 – 5/31/20 (transfers)	<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>: 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 • <i>Transfers</i>: PA waived 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 • <i>Lines of business</i>: Commercial and Medicare Advantage plans
<p>Humana</p>	3/23/20; 4/1/20	<ul style="list-style-type: none"> • <i>COVID-19 screening/testing/treatment</i>: Effective 3/23/20, PA suspended on services with COVID-related diagnoses, excluding post-acute discharge, for both participating/in-network and non-participating/out-of-network providers • <i>Non-COVID-19 services</i>: Effective 4/1/20, “nearly all” PA requirements suspended for <u>participating/in-network providers</u> for non-COVID-19 related services, including inpatient (acute and post-acute) and outpatient treatment and referrals <ul style="list-style-type: none"> ○ Humana requests notification when patient is admitted to the hospital, even what PA is not required ○ Non-par/out-of-network providers must continue to follow referral requirements and submit PA requests per Humana’s policy ○ PA still required for transplants and genetic-related services • <i>Elective/nonemergent procedures and services</i>: Previously approved PAs extended to a 90-day approval timeframe, except for home health authorizations, which are extended for 60 days • <i>Medications</i>: PA still required for drug/pharmacy-related requests (Commercial, Part D, and Part B) • <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	<ul style="list-style-type: none"> • <i>COVID-19 screening/testing</i>: PA is not required for COVID-19 testing and COVID-19 testing-related visits • <i>Transfers to different level of care</i>: Suspension of PA requirements for admissions to post-acute care settings (long-term care acute facilities, acute inpatient rehabilitation, and skilled nursing facilities) <ul style="list-style-type: none"> ○ Admitting facility must notify UHC within 24 hours for weekday admissions or by 5 p.m. local time on the next business day for weekend and holiday admissions ○ Length of stay reviews still apply, including denials for days that exceed approved length ○ Discharges to home health will not require PA • <i>Transfers to similar site of care</i>: Suspension of PA when patient transfers to a similar site of care for the same service (e.g., hospital transfers or practice transfers) <ul style="list-style-type: none"> ○ For inpatient/post-acute admissions, admitting facility must notify UHC within 24 hours for weekday admissions or by 5 p.m. local time on the next business day for weekends/holidays ○ For other transfers, such as outpatient services, contact UHC using the phone number on the back of the member's ID card to transfer the existing PA • <i>Diagnostic radiology</i>: PA not required for diagnostic radiology (diagnostic imaging) of the chest for COVID-19 patients <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>DMEPOS</i>: For dates of delivery from 3/31/20 through 5/31/20, PA requirements are adjusted as follows: <ul style="list-style-type: none"> ○ PA suspended for COVID-19-related orders for a respiratory assist device or a ventilator (codes E0471, E0465, E0466, E0467) <ul style="list-style-type: none"> ▪ Notification is requested, and PA will be required after 5/31/20 ○ PA not required for COVID-19-related oxygen requests; exemption from current clinical criteria ○ Changes in face-to-face evaluation requirements for the ordering provider for DMEPOS PAs: <ul style="list-style-type: none"> ▪ New PAs required for services completed before 10/1/19; may be done through telehealth ▪ PAs for services completed 10/1/19 or later are extended through 9/30/20 ▪ For new DMEPOS PAs, face-to-face assessments may be done via telehealth ○ PA not required for DMEPOS repair when the claim uses the repair modifier • <i>Site of service reviews</i>: Suspension of reviews for site of service until 4/30/20 for certain surgical codes • <i>Lines of business</i>: Commercial (fully insured), Medicare Advantage, and Medicaid plans

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Prescription drug plans

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	<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