



An Independent Licensee of the Blue Cross Blue Shield Association

Starting June 1, post-acute care admissions once again require prior authorization

Blue Cross® Blue Shield® of Arizona (BCBSAZ) will discontinue certain voluntary support measures on May 31, 2021. We will continue all mandatory waivers required by CMS, the Federal Employee Program® (FEP®), and executive orders. See the table below for the May 31 expiration information in red.

As of June 1, we will again require prior authorization for all post-acute care facility admissions, home nursing visits, and DME items. We'll also resume notification and concurrent review requirements for acute care inpatient hospitalizations and begin requiring prior authorization for COVID-19 treatment. If required authorization is not obtained, claims may be denied and penalties applied.

TYPE OF WAIVER/ADJUSTMENT	LINE OF BUSINESS	TIME FRAME
Concurrent review waiver for inpatient acute care hospitalizations Penalties for unscheduled admission notification or recertification are also waived.	Most BCBSAZ commercial plans (excludes self-funded groups with customized precertification requirements); Federal Employee Program® (FEP®) plans; BCBSAZ-administered Medicare Advantage (MA) plans (not those administered by P3 Health Partners and Arizona Priority Care)	Effective July 3, 2020, through May 31, 2021
Preservice review waiver for all transitions from acute care to post-acute care facilities (SNF/EAR/LTAC) You must notify BCBSAZ within 72 hours of admission and send medical records within three days for concurrent review.		EXCEPTION: For the duration of the public health emergency, a transfer of a patient with, or suspected of having, COVID-19 from an emergency room to a different facility through the ADHS Arizona Surge Line does <i>not</i> require precertification (regardless of the receiving facility's network status)
Preservice review waiver for post-acute care home nursing visits and DME items	BCBSAZ individual and fully insured group plans and BCBSAZ-administered MA plans	Effective July 3, 2020, through May 31, 2021
Preservice review time frame limit adjustment (these have been expanded to be valid for 90 days past the approval date); excludes pharmacy authorizations		Reinstated July 3, 2020, through May 31, 2021
Waiver of three-day prior hospitalization requirement for SNF stays	Medicaid and traditional Medicare	Duration of COVID-19 public health emergency as per CMS guidelines (NO CHANGE)
PCP referral waiver for in-network services related to COVID-19 diagnoses and treatment (consistent with CDC guidelines for COVID-19 treatment)	PCP Coordinated Care HMO plans	Effective through May 31, 2021
PCP referral waiver for services related to COVID-19 testing (consistent with CDC guidelines for COVID-19 treatment)		Duration of COVID-19 public health emergency (NO CHANGE)
PCP referral waiver for all services	BCBSAZ-administered MA plans	Effective through May 31, 2021
Waiver of early refill limits on 30-day prescriptions for maintenance medications		
Waiver of early refill limits on 30-day prescriptions for maintenance medications	FEP plans	Duration of COVID-19 public health emergency as per FEP guidelines (NO CHANGE)
Preservice review waiver for COVID-19 testing and treatment (consistent with CDC guidelines)		
Preservice review waiver for COVID-19 treatment (treatment must be consistent with CDC guidelines)	ALL plans, except FEP (see above), certain self-funded group plans, and those from other BCBS Plans	Effective through May 31, 2021
Preservice review waiver for COVID-19 testing (testing must be consistent with CDC guidelines)		Duration of COVID-19 public health emergency (NO CHANGE)

MEMBER COST-SHARE WAIVERS	LINE OF BUSINESS	TIME FRAME
Member cost-share waiver for in-network tele-everything services for all diagnosis codes	BCBSAZ individual and fully insured group plans, and BCBSAZ-administered MA plans (Note: MA plans do not cover teledentistry)	Duration of COVID-19 public health emergency (NO CHANGE)
Member cost-share waiver for in-network tele-everything services for COVID-19 diagnosis codes only	FEP plans	March 6, 2020, throughout COVID-19 public health emergency as per FEP guidelines (NO CHANGE)
Member cost-share waiver for COVID-19 testing and treatment (must be consistent with CDC guidelines)		
Member cost-share waiver for in-network COVID-19 treatment (treatment must be consistent with CDC guidelines)	ALL plans except FEP (see above), certain self-funded group plans, and those from other BCBS Plans	Effective through May 31, 2021
Member cost-share waiver for COVID-19 testing (testing must be consistent with CDC guidelines)		Duration of COVID-19 public health emergency (NO CHANGE)
Note: Self-funded employer groups and other BCBS Plans determine their own member-benefit coverage and waivers of cost-share and preservice-review requirements.		

Arizona Priority Care and P3 Health Partners are separate, independent companies that provide services to BCBSAZ Medicare Advantage providers and members.

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