

# Reminder! As of June 1, post-acute care admissions require prior authorization

 [pages.azblue.com/Prior-authorization-requirements-resume-June-1---May-2021.html](https://pages.azblue.com/Prior-authorization-requirements-resume-June-1---May-2021.html)

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As highlighted in our [April newsletter](#), Blue Cross® Blue Shield® of Arizona (BCBSAZ) will discontinue certain voluntary COVID-19 support measures on May 31, 2021. We will continue to follow other mandatory waivers required by CMS, the Federal Employee Program® (FEP®), or executive order for the duration of the public health emergency.

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**As of June 1, BCBSAZ will once again require prior authorization** for all post-acute care facility admissions, home nursing visits, and DME items. Prior authorization will also be required for COVID-19 treatment. If the prior authorization is not obtained, claims may be denied. We will also resume concurrent reviews for acute care inpatient hospitalizations.

See May 31 expiration information below in red.

TYPE OF WAIVER/ADJUSTMENT	LINE OF BUSINESS	CURRENT TIME FRAME
Concurrent review waiver for inpatient acute care hospitalizations <b>Penalties for unscheduled admission notification or precertification are also waived.</b>	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 or Arizona Priority Care)	<b>Effective July 3, 2020, through May 31, 2021</b>  <b>EXCEPTION:</b> For the duration of the public health emergency, a transfer of a patient <b>with, or suspected of having, COVID-19</b> 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 all transitions from acute care to post-acute care facilities (SNF/EAR/LTAC) <b>You must notify BCBSAZ within 72 hours of admission and send medical records within three days for concurrent review.</b>		
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	<b>Effective July 3, 2020, through May 31, 2021</b>
Preservice review time frame limit adjustment (these have been expanded to be valid for 90 days past the approval date); excludes pharmacy authorizations		<b>Reinstated July 3, 2020, through May 31, 2021</b>
Waiver of three-day prior hospitalization requirement for SNF stays	Medicaid and traditional Medicare plans	Duration of COVID-19 public health emergency as per CMS guidelines (NO CHANGE)
PCP referral waiver for in-network services related to <b>COVID-19 diagnoses and treatment</b> (consistent with CDC guidelines for COVID-19 treatment)	PCP Coordinated Care HMO plans	<b>Effective through May 31, 2021</b>
PCP referral waiver for services related to <b>COVID-19 testing</b> (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	<b>Effective through May 31, 2021</b>
Waiver of early refill limits on 30-day prescriptions for maintenance medications		
Waiver of <b>early refill limits on 30-day prescriptions</b> for maintenance medications	FEP plans	Duration of COVID-19 public health emergency as per FEP guidelines (NO CHANGE)
Preservice review waiver for <b>COVID-19 testing and treatment</b> (consistent with CDC guidelines)		
Preservice review waiver for <b>COVID-19 treatment</b> (treatment must be consistent with CDC guidelines)	ALL plans, except FEP (see above), certain self-funded group plans, and those from other BCBS Plans	<b>Effective through May 31, 2021</b>
Preservice review waiver for <b>COVID-19 testing</b> (testing must be consistent with CDC guidelines)		Duration of COVID-19 public health emergency (NO CHANGE)

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

## Questions?

If you have questions about the May 31 expirations, contact your [provider liaison](#) or call Provider Partnerships at 602-864-4231 or 1-800-232-2345, ext. 4231.

We appreciate all you are doing to help patients understand the [value of COVID-19 vaccination](#).

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

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