

Effective immediately: Preservice review waiver is reinstated for post-acute care admissions

 pages.azblue.com/COVID-19-emergency-measures-update---AUG-2021.html

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In response to the recent surge in severe COVID-19 cases, Blue Cross® Blue Shield® of Arizona (BCBSAZ) has reinstated the preservice review waiver for post-acute care admissions, effective August 12, 2021, until further notice. We're also continuing all mandatory waivers required by CMS, the Federal Employee Program® (FEP®), and executive orders—see the list below.

 [In This Issue](#)

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Notification or prior authorization is still required for all acute care hospitalizations. The only exception is for transfers facilitated through the [ADHS Arizona Surge Line](#) for patients with, or suspected of having, COVID-19.

TYPE OF WAIVER/ADJUSTMENT	LINE OF BUSINESS	TIME FRAME
<p>Preservice review waiver for all transitions from acute care to post-acute care facilities (SNF/EAR/LTAC)</p> <p>You must notify BCBSAZ within 72 hours of admission and send medical records within three days for concurrent review.</p>	<p>Most BCBSAZ commercial plans (excludes self-funded groups with customized prior authorization requirements)</p> <p>Federal Employee Program® (FEP®) plans</p> <p>BCBSAZ-administered Medicare Advantage (MA) plans (not those administered by P3 Health Partners and Arizona Priority Care)</p>	<p>REINSTATED 08/12/2021 until further notice</p>
<p>NOTE: 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 prior authorization (regardless of the receiving facility's network status). This applies to patients with benefit plans that are regulated by the Arizona Department of Insurance (e.g., fully insured BCBSAZ group and individual plans).</p>		
Waiver of three-day prior hospitalization requirement for SNF stays	Medicaid and traditional Medicare	Duration of COVID-19 public health emergency
PCP referral waiver for services related to COVID-19 testing (consistent with CDC guidelines for COVID-19 treatment)	PCP Coordinated Care HMO plans	Duration of COVID-19 public health emergency
Waiver of early refill limits on 30-day prescriptions for maintenance medications	FEP plans	Duration of COVID-19 public health emergency
Preservice review waiver for COVID-19 testing and treatment (consistent with CDC guidelines)		
Preservice review waiver for COVID-19 testing (testing must be consistent with CDC guidelines)	ALL plans except: FEP (see above), certain self-funded group plans, and those from other BCBS Plans	Duration of COVID-19 public health emergency
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
Member cost-share waiver for in-network tele-everything services for COVID-19 diagnosis codes only	FEP plans	March 6, 2020, through duration of COVID-19 public health emergency
Member cost-share waiver for COVID-19 testing and treatment (must be consistent with CDC guidelines)		
Member cost-share waiver for COVID-19 testing (testing must be consistent with CDC guidelines)	ALL plans except: FEP (see above), certain self-funded group plans, and those from other BCBS Plans	Duration of COVID-19 public health emergency
<p>Note: Self-funded employer groups and other BCBS Plans determine their own member-benefit coverage and waivers of cost-share and preservice-review requirements.</p>		

For more information about our response to the COVID-19 pandemic, please visit our [COVID-19 updates page](#).

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

In This Issue:

- [COVID-19 emergency measures update](#)
- [MA care coordination improves quality, outcomes](#)
- [Act now to prevent dental claim rejections](#)
- [Earn a BCBSAZ grant for diabetes prevention](#)
- [Scheduling COVID-19 shots and mammograms](#)
- [What's new for fees and code edits](#)

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