What's new for prior authorization in 2023

pages.azblue.com/2023-revisions-to-prior-auth-requirements---DEC-2022.html

We want to call your attention to some important changes in the Blue Cross® Blue Shield® of Arizona (BCBSAZ) prior authorization landscape for 2023. Please be sure your clinical support teams receive this information.

➕ In This Issue

Visit our new **prefix page** for important 2023 updates

Standard prior authorization requirements have been updated

The BCBSAZ standard prior authorization requirements do *not* apply to Federal Employee Program® (FEP®) plans, employer group plans with customized requirements, employer group plans using a third-party administrator or utilization management vendor, BlueCard® (out-of-area) plans, and Medicare Advantage plans.

We're revising our standard prior authorization requirements effective for dates of service on or after January 1, 2023. The standard requirements apply to most of our commercial plans for services and medications covered under medical benefits. For 2023, this includes our PCP Coordinated Care HMO (PCP-HMO) plans.

Here's what you need to know:

1. **About the BCBSAZ standard list revisions**
   - Many codes will no longer require prior authorization.
   - For certain services, the list will include the full range of related codes rather than just one or two.
   - Some of the eviCore program codes will require prior authorization only for delegated members (not *all* members).
   - We have enhanced the list to show which medications require a site-of-service review in addition to prior authorization.
   - The BCBSAZ pharmacy benefit manager (PBM) will administer prior authorization for certain drugs that are included on the list and may be covered under the member's pharmacy benefit. Be sure to reference the complete pharmacy resource lists at azblue.com/pharmacy.
2. **PCP-HMO plans will use the standard requirements**
   To help streamline our prior auth requirements, the PCP-HMO plans will begin using the BCBSAZ standard code list for service dates on or after January 1, 2023.

See the 2023 Prior Authorizations code lists for a preview of the standard list. We have posted this document in the azblue.com/providers secure portal (go to "Practice Management > Prior Authorization").

eviCore program to include PCP-HMO plans

Starting January 1, 2023, all members with PCP-HMO plans will be included in our commercial eviCore program. The member ID prefixes for these plans are FLH, FQL, NNG, NNJ, XAH, PMK, and XHK.

For more information about our eviCore program, see our overview. For the clinical guidelines and code lists, visit our eviCore webpage.

New options for prior authorization requests

We have made several updates to our prior authorization request options for 2023.

1. **Arizona standardized request forms**
   The two state-mandated Arizona standardized request forms will be available for online submission (includes a status dashboard). There is one form for healthcare services and a second form for medications, DME, and medical devices. You will find a link to the forms in the secure portal at "azblue.com/providers > Practice Management > Prior Authorization."

2. **Options for submitting a request**
   You can submit requests for members with BCBSAZ commercial plans using the online Arizona standardized request forms. We will also accept requests through these other online tools:
   - *PCP-HMO plans* – For the quickest turnaround times, we recommend using the PCP-HMO prior auth request tool. *Although this tool is different from the Arizona standardized request forms,* **BCBSAZ will accept PCP-HMO requests made through this tool as valid.** Note: The PCP-HMO tool will be updated for 2023 (it will look different from the current tool but will collect the same type of information).
   - *eviCore program (for delegated members)* – For the greatest efficiency, we recommend using eviCore's online request/status tool, which you can access directly at eviCore.com/provider or via the azblue.com secure portal at "Practice Management > Prior Authorization > BCBSAZ Members-Request Online: eviCore." *Although the eviCore tool is different from the Arizona standardized forms,* **BCBSAZ will accept prior auth requests submitted through eviCore's online tool as valid.**

   Note: Requests for Medicare Advantage (MA), BlueCard (out-of-area), and FEP plans are not in-scope for the Arizona standardized request forms. Here are the options for these plans:
   - For MA plans: Use the MA fax form.
   - For BlueCard plans: Use the online BlueCard "router" tool to connect with the member's BCBS Plan for prior auth requirements and requests.
   - For FEP plans: Call 602-864-4102 or 1-800-345-7562.

3. **Phone requests (including after-hours assistance for urgent issues)**
   Call the numbers listed below. Extended hours include weekday evenings (4:30 – 8 p.m.), and weekends and holidays (8 a.m. – 4:30 p.m.). Follow the prompts to leave a message for the nurse on call to request immediate services or discharge planning.
   - For most BCBSAZ plans: 602-864-4320 or 1-800-232-2345
   - For PCP-HMO plans: 1-844-807-5106
   - For the State of Arizona employer group plans: 1-866-287-1980
   - For FEP plans: 602-864-4102 or 1-800-345-7562
   - For Medicare Advantage plans: 1-888-905-1172

Online resources for prior authorization

Visit the secure provider portal at azblue.com/providers for prior authorization resources in the "Practice Management" menu (see a partial list below). The Arizona standard online form will be available as soon as possible.

PCP COORDINATED CARE HMO PLANS
Prior Auth Requests (Non-Standard Online Option)
Prior Auth Requests (Non-Standard Fax Option)

PRIOR AUTHORIZATION
BCBSAZ Plans–Prior Auth Code Lists 2022
BCBSAZ Plans–Prior Auth Code Lists 2023
BCBSAZ Plans–Prior Auth Lookup
BCBSAZ Plans–Prior Auth Summary Lists
BCBSAZ Plans–Requests: AZ Standard Online

BCBSAZ Plans–Requests: eviCore
BCBSAZ Plans–Requests: Medicare Advantage
BCBSAZ Plans–Requests: PCP-HMO Only
BCBSAZ Plans–Resources: eviCore
BCBSAZ Plans–Resources: Pharmacy
BlueCard (Out-of-Area) Plans

For additional prior authorization resources supporting Medicare Advantage plans, visit the secure MA provider portal at azbluemedicare.com/login and click on the "Prior Authorization" tab.

Good news! BCBSAZ Preferred Authorization Program to launch in 2023

We are developing a preferred authorization program to offer automatic authorization approvals to network providers with proven clinical expertise and a strong track record of adhering to evidence-based clinical criteria. We are excited to launch this merit-based program sometime in 2023 and will be in touch soon with more information.

For more information about prior authorization requirements and resources, see the 2023 Provider Operating Guide, Section 11. If you have questions about the 2023 updates, contact your provider liaison or call us at 602-864-4231 or 1-800-232-2345, ext. 4231.

---

eviCore healthcare® is a separate, independent company contracted with BCBSAZ to provide utilization management services to BCBSAZ providers and members. eviCore healthcare is a registered service mark of CareCore National, LLC.

BCBSAZ member ID cards are available for download via eligibility and benefits search results.