



COVID-19



Health Plan Prior Authorizations for Postponed Procedures During COVID-19 State of Emergency (As of 4/23/2020)

Aetna – Allina Joint Venture: Per email from health plan representative dated 4/21/20

If a Prior Authorization was obtained for a surgery that has been postponed due to the COVID-19 pandemic, will there be an extension on the prior authorization?

Pre-service requests are being approved for 9 months now instead of standard 6 months. If providers have already received an approval for 6 months and plan to go over they will need to call in to extend it the extra three months.

BCBS of MN: Per COVID-19 FAQ (updated 4/17/20)

How will Blue Cross and eviCore accommodate approved prior authorizations for non-urgent and elective services that have been postponed or delayed due to the COVID-19 outbreak?

eviCore and Blue Cross will be working to proactively extend prior authorizations for services that may be impacted by COVID-19.

- Blue Cross will extend PAs for 180 days for medical and surgical procedures requested on or after 1/1/2020 that are due to expire prior to 12/31/2020.
- eviCore will extend all PAs requested on or after 3/1/2020 for 180 days.
- The member and provider will receive a new letter with the extended approval time period. This information will also be reflected within the Auth/Referral Dashboard in the Availity portal. The extension process has started, however letters and authorizations will be updated and re-issued in a phased approach.
- Authorizations for any type of service not automatically extended by Blue Cross can be extended on a case by case basis.
- Starting March 26, Blue Cross and eviCore will also ensure all newly approved PAs will include at least a 180-day timeframe.



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HealthPartners: Per COVID-19 FAQ (updated 4/6/20)

For elective services postponed due to COVID-19, will HealthPartners extend existing prior authorizations through year-end or longer to accommodate rescheduling needs and to eliminate additional administrative work?

HealthPartners is extending most of our current authorizations for one year. If we experience a prolonged COVID-19 Public Health Emergency, we will look at further extensions.

Medica: Per Care Management – Email from health plan representative dated 4/21/20

If a Prior Authorization was obtained for a surgery that has been postponed due to the COVID-19 pandemic, will there be an extension on the prior authorization?

New/extended authorizations should not be needed as they are for a date span and usually run through the end of the year, so they should cover a long enough time period.

PreferredOne: Per COVID-19 FAQ (updated 4/17/20)

Will I need to acquire a new Prior Authorization for elective procedures that have been postponed?

All pre-service authorization or inpatient elective procedures that are approved in 2020, will have the date range of the authorization officially extended until at least 12/31/2020. Any new requests will follow PreferredOne's standard approval period of 12 months from the date of the request. There is no need to get updated authorization letters or request an extension. Upon admission, we do request that providers provide notification of admission, so we can make sure there will be no delays in claims payment.

United Healthcare: Per COVID-19 Prior Auth and Ongoing Patient Care Updates (updated 4/14/20)

Prior Authorization Extensions

The following prior authorization provisions apply to all Individual and Group Market health plans, and Medicaid and Medicare Advantage plans.

A 90-day extension, based on original authorization date, of open and approved prior authorizations with an end date or date of service between March 24, 2020 and May 31, 2020, for services at any care provider setting. For example, for a prior authorization with an original end date or date of service of April 30, 2020, the prior authorization would now extend through July 29, 2020.



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Applies to existing prior authorizations for medical, behavioral health and dental services. This includes existing prior authorizations for many provider-administered drugs.

Authorizations issued on or after April 10, 2020 will not be subject to extension.

Applies to in-network and out-of-network existing prior authorizations.

Prior authorizations for inpatient procedures will extend 90 days from the expected admission date.

Providers should re-confirm member eligibility before providing services, when authorized dates of service are extended, to help ensure that accurate coverage and benefits are applied.

If a prior authorization approves the number of visits or services, then providers must obtain a new prior authorization for additional units, visits or services beyond what was approved in the original authorization.

For example, if the original authorization approved 10 sessions of physical therapy, any sessions beyond 10 would require a new authorization.

UnitedHealthcare will also follow related state mandates where applicable. However, when UnitedHealthcare provisions exceed those required by states, UnitedHealthcare provisions will apply.

For example, if a state has mandated an extension of prior authorizations by 60 days and UnitedHealthcare has extended prior authorizations by 90 days, we will apply the 90-day time frame to the extension.

Providers can check the status of authorizations by using either the **Prior Authorization and Notification tool on Link Opens in a new window** or by visiting the website listed on the back of the member's ID card.