

Important COVID-19 update: Prior authorization and other policy adjustments (updated January 13, 2021)

Published: Jan 13, 2021 - Administrative

Please note that the following information applies to Anthem's Commercial health plans. Please review the Medicare specific site noted below for details about Medicare plans.

Commercial: [Provider News Home](#)

Medicare: [Medicare Advantage Provider News Archives](#)

COVID-19 Update: Anthem updates guidance on prior authorization requirements and other policy adjustments in response to unprecedented demands on health care providers

Anthem recognizes the intense demands facing doctors, hospitals and health care providers in the face of the COVID-19 crisis. Unless otherwise required under State and Federal mandates, Anthem health plans is making adjustments to assist providers in caring for members. These adjustments apply to members of all lines of business except as noted below, including self-insured plan members and in-network and out-of-network providers, where permissible. We encourage our self-funded customers to participate, although these plans may have an opportunity to opt out.

Medicare adjustments and suspensions may have different timeframes or changes where required by federal law.

Where permissible, these guidelines apply to Federal Employee Plan (FEP®) members. For the most up-to-date information about the changes FEP is making, go to <https://www.fepblue.org/coronavirus>.

Inpatient and respiratory care

- **Prior authorization requirements are suspended for patient transfers from acute IP hospitals to skilled nursing facilities effective December 21, 2020 through January 31, 2021.** These adjustments apply for our fully-insured and self-funded

employer, individual, Medicare and Medicaid plan members receiving care from in-network providers. While prior authorization is not required, we continue to require notification of the admission via the usual channels and clinical records on day two of admission to aid in our members' care coordination and management. Anthem reserves the right to audit patient transfers.

- **Prior authorization requirements suspended for patient transfers through May 30, 2020.** Prior authorization will be waived for patient transfers from acute IP hospitals to skilled nursing facilities, rehabilitation hospitals, long-term acute care hospitals, and Behavioral Health residential/intensive outpatient/partial hospitalization programs, and to home health including ground transport in support of those transfers. Although prior authorization is not required, Anthem requests voluntary notification via the usual channels to aid in our members' care coordination and management.
- **Extending the length of time a prior authorization issued on or before May 30, 2020, is in effect** for elective inpatient and outpatient procedures to 180 days. This will help prevent the need for additional outreach to Anthem to adjust the date of service covered by the authorization.
- **Concurrent review for discharge planning** will continue unless required to change by federal or state directive.
- **Prior authorization requirements are suspended for COVID-19 Durable Medical Equipment** including oxygen supplies, respiratory devices, continuous positive airway pressure (CPAP) devices, non-invasive ventilators, and multi-function ventilators for patients who need these devices for COVID-19 treatment, along with the requirement for authorization to exceed quantity limits on gloves and masks.
- **Respiratory services** for acute treatment of COVID-19 will be covered. Prior authorization requirements are suspended where previously required.

COVID-19 testing

Laboratory tests for COVID-19 at both in-network and out-of-network laboratories will be covered with no cost sharing for members.

Claims audits, retrospective review, peer to peer review and policy changes

Anthem will adjust the way we handle and monitor claims to ease administrative demands on providers:

- **Hospital claims audits** requiring additional clinical documentation will be limited through June 24, 2020, though Anthem reserves the right to conduct retrospective reviews on these findings with expanded lookback recovery periods for all lines of business except Medicare. To assist providers, Anthem can offer electronic submission of clinical documents through the provider portal.
- **Retrospective utilization management review** will also be suspended through June 24, 2020, and Anthem reserves the right to conduct retrospective utilization management review of these claims when this period ends and adjust claims as required.
- **Suspend peer to peer reviews** through June 24, 2020, except where required pre-denial per operational workflow or where required by State during this time period for all lines of business except Medicare.
- **Our Special Investigation programs** targeting provider fraud will continue, as well as other program integrity functions that help ensure payment accuracy.

Otherwise, Anthem will continue to administer claims adjudication and payment in line with our benefit plans and state and federal regulations, including claims denials where applicable. Our timely filing requirements remain in place, but Anthem is aware of limitations and heightened demands that may hinder prompt claims submission.

Provider credentialing

Through June 24, 2020, Anthem will process provider credentialing within the standard 15-18 days even if we are unable to verify provider application data due to disruptions to licensing boards and other agencies. We will verify this information when available.

If Anthem finds that a practitioner fails to meet our minimum criteria because of sanctions, disciplinary action etc., we will follow the normal process of sending these applications to committee review, which will add to the expected 15-18 day average timeline. We are monitoring and will comply with state and federal directives regarding provider credentialing.

Please note that the above information applies to Anthem's Commercial health plans. Please review the Medicare and Medicaid specific sites noted below for future administrative or policy adjustments we may make in response to the COVID-19 changes pandemic.

Commercial: [Provider News Home](#)

Medicare: [Medicare Advantage Provider News Archives](#)

164-0121-WP-CT

URL: <https://providernews.anthem.com/connecticut/article/important-covid-19-update-prior-authorization-and-other-policy-adjustments-7>

Featured In:

COVID-19 Information - Connecticut

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or WCIC; CompCare Health Services Insurance Corporation (CompCare) underwrites or administers the HMO policies and Wisconsin Collaborative Insurance Company (WCIC) underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Use of the Anthem websites constitutes your agreement with our Terms of Use.
