COVID-19 utilization management changes
For Blue Cross’ PPO (commercial), Medicare Plus BlueSM PPO,
BCN HMOSM (commercial) and BCN AdvantageSM members
Revised Aug. 7, 2020

In this document
Acute care and post-acute care admissions ................................................................. 2
Clinical review requirements return July 1 ............................................................... 2
Turnaround time on post-acute care determinations ............................................... 2
Elective and non-urgent services .............................................................................. 3
Duration of global referrals for BCN HMO members ............................................ 3
Duration of authorization approvals ....................................................................... 3
Benefit period extended for PT, OT and ST during the COVID-19 pandemic ......... 4
For elective services and referrals, keep existing approvals active and on file .......... 5
Laboratory testing .................................................................................................... 6
Laboratory network restrictions are lifted ................................................................. 6
Pharmacy .................................................................................................................. 6
Blue Cross has extended authorization dates on select medical and pharmacy benefit drugs for commercial members ............................................................... 6
Blue Cross has extended authorization dates on select medical and pharmacy benefit drugs for Medicare Advantage members ................................................. 7

In this document, we outline the utilization management changes we’ve put in place to make it easier for providers — both contracted and noncontracted — to deliver testing and treatment services related to coronavirus, or COVID-19, to Blue Cross Blue Shield of Michigan and Blue Care Network members.

The information in this document will be updated as needed and applies to members covered by these lines of business, unless otherwise noted:

- Blue Cross’ PPO (commercial)
- BCN HMO (commercial)
- Medicare Plus Blue PPO
- BCN Advantage

Earlier COVID-19-related messages on the topics below are still available on our coronavirus webpage. You can access that page through Provider Secured Services and on our public website at bcbsm.com/coronavirus (click For Providers).
Acute care and post-acute care admissions

Clinical review requirements return July 1
Initially published June 30, 2020, as a Provider Alert

Effective July 1, 2020, several temporary changes put in place during the COVID-19 pandemic have now ended.

Clinical review is again required for the services listed below. Effective July 1, 2020, you must submit clinical documentation when requested along with your authorization requests following the standard processes used prior to the pandemic for:

- Acute care admissions with COVID-19-related diagnoses (submit through the e-referral system)
- CT scans of the chest to rule out pneumonia diagnosis associated with COVID-19 for procedure codes *71250, *71260 and *71270 (submit to AIM Specialty Health®)
- The first three days of admission to a skilled nursing facility for members transferred from acute care (submit to Blue Cross or BCN for commercial members through the e-referral system or by fax and to naviHealth for Medicare Plus Blue and BCN Advantage members)

Turnaround time on post-acute care determinations
Initially published May 26, 2020, as a web-DENIS message
Republished May 29, 2020, as an updated web-DENIS message

naviHealth will make a same-day determination on all Medicare Advantage post-acute care requests received by 4 p.m. that day. This applies to admissions to skilled nursing facilities, long-term acute care hospitals and inpatient rehabilitation settings. In addition, for certain admissions to SNFs, naviHealth will implement an expedited review process.

Due to increased workloads, naviHealth is no longer able to make a determination on these requests within two hours.

Both Blue Cross / BCN Utilization Management (for commercial members) and naviHealth (for Medicare Advantage members) will continue to assist providers in locating post-acute care providers, especially for difficult transitions.
Elective and non-urgent services

Duration of global referrals for BCN HMO members

Published Aug. 5, 2020, as a web-DENIS message

Blue Care Network is implementing another utilization management change aimed at supporting our providers during the COVID-19 emergency.

Here’s what’s changing for global referrals submitted for BCN HMO (commercial) members on or after March 13, 2020:

- For referrals with end dates in 2020, the end date will automatically be extended to Dec. 31, 2020.

- For referrals with end dates after Dec. 31, 2020, the end date specified in the e-referral system will apply.

This applies to global referrals submitted by both in-state and out-of-state providers. This doesn’t apply to BCN Advantage, Medicare Plus Blue PPO or Blue Cross’ PPO members, because global referrals are not required for those members.

Duration of authorization approvals

Initially published May 26, 2020, as part of a web-DENIS message
Republished May 29, 2020, as part of an updated web-DENIS message

Any elective and non-urgent outpatient service authorization request approved on or after the dates listed below will be valid through Dec. 31, 2020:

- Blue Cross / BCN Utilization Management: March 13, 2020
- AIM Specialty Health: April 6, 2020
- eviCore healthcare: March 26, 2020
- TurningPoint Healthcare Solutions, LLC: June 1, 2020

Exception: For authorizations approved with an end date that goes beyond Dec. 31, 2020, the end date identified in the authorization letter will be honored.

This applies to authorizations approved for both in-state and out-of-state providers. This doesn’t apply to Flexlink® groups for which a third-party administrator makes authorization determinations. Contact the third-party administrator on the back of the member’s ID card for instructions.
COVID-19 utilization management changes

For Blue Cross’ PPO (commercial), Medicare Plus BlueSM PPO, BCN HMOSM (commercial) and BCN AdvantageSM members

Revised Aug. 7, 2020

Benefit period extended for PT, OT and ST during the COVID-19 pandemic

Published April 17, 2020, as a web-DENIS message

We’re extending the benefit period for completing physical, occupational and speech therapy (and physical medicine services by chiropractors). Here’s what this means:

- Members whose plans stipulate a benefit period now have 180, not 60, consecutive days within which they must complete therapies that have already been authorized.

- The 180-day count starts on the date of the first treatment.

We’re doing this so it will be easier for these members to start or resume their therapies once COVID-19 shelter-in-place restrictions are lifted.

This is different from — and in addition to — the extension of the length of time authorizations are valid, which we communicated in an April 8, 2020, web-DENIS message. In that message, we said that therapy authorizations are now valid for 180 days. This 180-day count starts on the date the authorization is approved. This applies to all Blue Cross and BCN members for whom therapy requires authorization.

Here are the details about the benefit period change.

Reason for extending the benefit period

Some plans require that members complete their PT, OT and ST (and physical medicine services by chiropractors) within a benefit period of 60 consecutive days. The 60-day period typically starts with the date of the first treatment.

However, many members who are required to shelter in place may not currently be able to participate in therapy within the required time period.

Extension of benefit period

Members whose plans currently impose a 60-consecutive-day benefit period now have 180 consecutive days within which they must complete their therapies. Here are examples:

- **According to the 60-day benefit period**, a member with a 60-calendar-day benefit period may receive therapy from April 18, 2020, through June 17, 2020. The benefit is exhausted after June 17, 2020.

COVID-19 utilization management changes
For Blue Cross’ PPO (commercial), Medicare Plus BlueSM PPO, BCN HMOSM (commercial) and BCN AdvantageSM members
Revised Aug. 7, 2020

What action to take

For members whose therapies do not require authorization, no action is required. Those members will automatically be allowed 180 days to complete their therapies, starting from the first treatment date.

For members whose therapies require authorization by eviCore healthcare, here’s what to do:

- For therapies authorized before March 26, you must request an extension of the 60-day benefit period specifically because of COVID-19. eviCore will extend the benefit period to 180 days, with the 180-day count starting on the date of the first treatment.

- For therapies authorized on or after March 26, the benefit period will automatically be set to 180 days, with the 180-day count starting on the date of the first treatment.

Additional information

This change:

- Applies to in-state and out-of-state providers for all Blue Cross’ PPO, BCN HMO, Medicare Plus Blue PPO and BCN Advantage members whose plans have a 60-consecutive-day benefit period for therapies

- Doesn’t affect quantity limits, which still apply

- Is temporary, for the duration of the COVID-19 emergency, and is subject to revision upon further notice

- Is in addition to the extension of the length of time authorizations are valid, which we announced in the April 8 web-DENIS message

All therapies must be medically necessary and must be authorized, if the member’s plan requires authorization.

For elective services and referrals, keep existing approvals active and on file

If providers or facilities cancel elective services and plan to reschedule for the future, there is no need to contact Blue Cross or BCN to cancel or void authorizations or referrals. In addition:

- You can contact us at a later date to update the dates of service once the services are rescheduled.

- If you’ve already gone through the clinical review process, we recommend keeping the authorization active and on file to prevent unnecessary delays in the future.
Laboratory testing

Laboratory network restrictions are lifted

For COVID-19 testing only, Blue Cross’ PPO, Medicare Plus Blue, BCN HMO and BCN Advantage will pay for testing from any laboratory provider in Michigan regardless of network status.

Read about this and other COVID-19-related information on laboratory testing in the document COVID-19 patient testing recommendations.

Pharmacy

Blue Cross has extended authorization dates on select medical and pharmacy benefit drugs for commercial members

Published April 16, 2020, as a web-DENIS message

To support our health care workers during the COVID-19 pandemic and ensure that members’ access to medications isn't disrupted, Blue Cross Blue Shield of Michigan and Blue Care Network made changes to our prior authorization process.

For authorizations scheduled to expire between March 1 and June 1, 2020, we’ve extended the authorization end dates for select medical and pharmacy benefit drugs for Blue Cross’ PPO (commercial) and BCN HMO℠ (commercial) members. August 1, 2020, is the new expiration date for these authorizations.

This change ensures continuity of care for members. It also helps ease the administrative burden on health care providers.

Exceptions: Short-course treatments are not eligible for authorization extensions. These include, but are not limited to, the following drugs:

- CAR-T therapies (Kymriah® and Yescarta®)
- Diclegis®
- Gene therapy (Luxturna® and Zolgensma®)
- Hepatitis C treatment drugs
- Xiaflex®
- Xifaxin®
COVID-19 utilization management changes
For Blue Cross’ PPO (commercial), Medicare Plus Blue℠ PPO, BCN HMO℠ (commercial) and BCN Advantage℠ members
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In addition, Blue Cross’ PPO and BCN HMO members can refill their prescriptions early. We’re taking this extra precaution so members will have enough medication to stay healthy.

Blue Cross has extended authorization dates on select medical and pharmacy benefit drugs for Medicare Advantage members
Published April 16, 2020, as a web-DENIS message

To support our health care workers during the COVID-19 pandemic and ensure that members’ access to medications isn’t disrupted, Medicare Plus Blue PPO and BCN Advantage made changes to our prior authorization process.

• For medical benefit drugs: For authorizations that are scheduled to expire between April 1 and May 31, 2020, we’ve extended the authorization end dates for select medical drugs for Medicare Plus Blue and BCN Advantage members. August 31, 2020, is the new expiration date for these authorizations.

  Exceptions for medical benefit drugs: Certain treatments are not eligible for authorization extensions. These include, but are not limited to, the following drugs:
  • Remicade®
  • Xiaflex®
  • Non-preferred hyaluronic acid products such as Genvisc® 850 and Hyalgan®

• For pharmacy benefit drugs: All active prior authorizations for Medicare Plus Blue and BCN Advantage members that are scheduled to expire between April 1 and August 31, 2020, have been extended for 90 days. For example, if a member’s authorization was set to expire on May 1, it will be extended to July 30, and if an authorization was set to expire on July 1, it will be extended to Sept. 29.

In addition, Medicare Plus Blue and BCN Advantage members can refill their pharmacy prescriptions early. We’re taking this extra precaution so members will have enough medication to stay healthy.

These changes ensure continuity of care for members. They also help ease the administrative burden on health care providers.

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