

COVID-19 utilization management changes

For Blue Cross PPO¹ (commercial), Medicare Plus BlueSM PPO,
BCN HMOSM (commercial) and BCN AdvantageSM members

March 19, 2020

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 plans:

- Blue Cross' PPO (commercial)
- BCN HMOSM (commercial)
- Medicare Plus BlueSM PPO
- BCN AdvantageSM

For inpatient admissions with COVID-19-related diagnosis codes, Blue Cross and BCN require only plan notification, not clinical review

Effective immediately, Blue Cross and BCN require only plan notification for inpatient admissions involving the COVID-19-related diagnosis codes listed in the table below when they are submitted through the e-referral system. We will not require clinical review and you won't need to submit clinical information.

For requests that must be faxed, continue to submit those by fax. They will also be approved without clinical review.

Important! Even though all these authorization requests will be approved, you must continue to submit them so that an authorization is in our system when we pay the claim.

Diagnosis code	Description
B97.29	Other coronavirus as the cause of diseases classified elsewhere
J12.89	Other viral pneumonia
J20.8	Acute bronchitis due to other specified organisms
J22	Unspecified acute lower respiratory infection
J40	Bronchitis, not specified as acute or chronic
J80	Acute respiratory distress syndrome
J98.8	Other specified respiratory disorders
R05	Cough
R06.02	Shortness of breath
R50.9	Fever, unspecified
U07.1	2019-nCoV acute respiratory disease

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.

AIM Specialty Health implemented an updated guideline for advanced imaging

Effective March 13, 2020, AIM implemented an updated guideline for advanced imaging for services involving COVID-19 diagnoses.

You can access the guideline by logging in to the [AIM provider portal](#) and accepting the HIPAA disclaimer.

Note: As part of these changes, AIM is not requiring clinical review for CT scans of the chest when used to assess for COVID-19. You must continue to submit notification to AIM for this service so that an authorization is in our system when we pay the claim.

This applies to the following procedure codes:

- *71250
- *71260
- *71270

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](#).