



An Independent Licensee of the Blue Cross Blue Shield Association

## Effective March 1, 2022: Preservice review requirements resume for post-acute care

Blue Cross® Blue Shield® of Arizona (BCBSAZ) **has discontinued** the waiver of post-acute care preservice reviews (the waiver expired February 28, 2022). Effective March 1, normal preservice review requirements have resumed for all patient transitions from acute care to post-acute care facilities and post-acute home nursing visits.

We are continuing our coverage of COVID-19 vaccines, tests, and treatment in accordance with public health emergency mandates, authorizations and guidance (including the [FDA](#), [NIH](#), [IDSA](#), [CDC](#), and [ADHS](#)). See below for the current list of BCBSAZ emergency measures.

TYPE OF WAIVER/ADJUSTMENT	LINE OF BUSINESS	TIME FRAME
Waiver of preservice review for all transitions from acute care to post-acute care facilities (SNF/EAR/LTAC) <b>You must notify BCBSAZ within 72 hours of admission and send medical records within three days for concurrent review</b> <i>Note: Transfers between post-acute facilities still require prior authorization</i>	<b>Most BCBSAZ commercial plans</b> (excludes self-funded groups with customized prior authorization requirements)  <b>Federal Employee Program® (FEP®) plans</b>  <b>BCBSAZ-administered Medicare Advantage (MA) plans</b> (not those administered by P3 Health Partners and Arizona Priority Care)	<b>EXPIRED FEBRUARY 28, 2022</b>
Waiver of preservice review for transitions to post-acute home nursing visits		
<b>NOTE:</b> For the duration of the public health emergency, the transfer of a patient <b>with, or suspected of having, COVID-19</b> from an emergency room to a different facility through the <b>ADHS Arizona Surge Line</b> does <i>not</i> require prior authorization (regardless of the receiving facility's network status). This applies to patients with benefit plans that are regulated by the Arizona Department of Insurance (e.g., fully insured BCBSAZ group and individual plans).		
Waiver of three-day prior hospitalization requirement for SNF stays	<b>Medicaid and traditional Medicare</b>	Duration of COVID-19 public health emergency
PCP referral waiver for <b>COVID-19 testing</b> (testing must be consistent with CDC guidelines)	<b>PCP Coordinated Care HMO plans</b>	
Waiver of <b>early refill limits on 30-day prescriptions</b> for maintenance medications	<b>FEP plans</b>	
Preservice review waiver for <b>COVID-19 testing and treatment</b> (consistent with CDC guidelines)		
Preservice review waiver for <b>COVID-19 testing</b> (testing must be consistent with CDC guidelines)	<b>ALL plans</b>	
MEMBER COST-SHARE WAIVERS	LINE OF BUSINESS	TIME FRAME
Member cost-share waiver for <b>in- and out-of-network telehealth services related to COVID-19 testing only</b>	<b>All BCBSAZ commercial plans and BCBSAZ-administered MA plans</b>	Duration of COVID-19 public health emergency
Member cost-share waiver for <b>COVID-19 testing</b> (testing must be consistent with CDC guidelines)	<b>ALL plans</b>	
Member cost-share waiver for <b>in-network telehealth services related to COVID-19 diagnosis codes only</b>	<b>FEP plans</b>	Duration of COVID-19 public health emergency
Member cost-share waiver for <b>COVID-19 treatment</b> (treatment must be consistent with CDC guidelines)		
<b>Note:</b> Self-funded employer groups and other BCBS Plans determine their own member-benefit coverage and waivers of cost-share and preservice-review requirements.		

For more information about our response to the COVID-19 pandemic, please visit our [COVID-19 updates page](#).

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