

Preservice review waiver to expire February 28

 pages.azblue.com/February-28-Preservice-review-waiver-expires---FEB-2022.html

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Blue Cross® Blue Shield® of Arizona (BCBSAZ) **will discontinue** waiving post-acute care preservice reviews February 28. As of March 1, normal preservice review requirements will resume for patient transitions from acute care to post-acute care facilities and post-acute home nursing visits.

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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) You must notify BCBSAZ within 72 hours of admission and send medical records within three days for concurrent review <i>Note: Transfers between post-acute facilities still require prior authorization</i>	Most BCBSAZ commercial plans (excludes self-funded groups with customized prior authorization requirements) Federal Employee Program® (FEP®) plans BCBSAZ-administered Medicare Advantage (MA) plans (<i>not</i> those administered by P3 Health Partners and Arizona Priority Care)	EXPIRES FEBRUARY 28, 2022
Waiver of preservice review for transitions to post-acute home nursing visits		
NOTE: For the duration of the public health emergency, the transfer of a patient with, or suspected of having, COVID-19 from an emergency room to a different facility through the ADHS Arizona Surge Line 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	Medicaid and traditional Medicare	Duration of COVID-19 public health emergency
PCP referral waiver for COVID-19 testing (testing must be consistent with CDC guidelines)	PCP Coordinated Care HMO plans	
Waiver of early refill limits on 30-day prescriptions for maintenance medications	FEP plans	
Preservice review waiver for COVID-19 testing and treatment (consistent with CDC guidelines)		
Preservice review waiver for COVID-19 testing (testing must be consistent with CDC guidelines)	ALL plans	
MEMBER COST-SHARE WAIVERS	LINE OF BUSINESS	TIME FRAME
Member cost-share waiver for in- and out-of-network telehealth services related to COVID-19 testing only	All BCBSAZ commercial plans and BCBSAZ-administered MA plans	Duration of COVID-19 public health emergency
Member cost-share waiver for COVID-19 testing (testing must be consistent with CDC guidelines)	ALL plans	
Member cost-share waiver for in-network telehealth services related to COVID-19 diagnosis codes only	FEP plans	Duration of COVID-19 public health emergency
Member cost-share waiver for COVID-19 treatment (treatment must be consistent with CDC guidelines)		
Note: 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](#).

Arizona Priority Care and P3 Health Partners are separate, independent companies that provide services to BCBSAZ Medicare Advantage providers and members.

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Our members can take a digital ID card with them wherever they go with the MyBlue AZSM mobile app.

