



Payer Changes Related to Prior Authorization

LeadingAge Ohio partner Access Advantage has shared that several payers have made changes to their prior authorization (PA) protocols.

Aultcare. Recently developed a policy to make it easier to access medical care virtually. The policy, applicable to all medically necessary services, will be implemented immediately and will be in place through May 31, 2020. This is an interim policy and is not a contractual change or material amendment. The policy includes PrimeTime Health Plan, Aultcare commercial and Self-Funded Plans. We've requested the new process information from Aultcare. If you need something in the meantime, please contact Aultcare Customer Service at 330-363-6360 (1-800-344-8858) or PrimeTime Health Plan at 330-363-7407 (1-800-577-5084).

MediGold. Medigold is expanding its policy for telehealth services. Per the Centers for Medicare and Medicaid Services (CMS) directive, MediGold will waive the CMS originating site restriction and will include other medical services to be covered through telehealth. Medigold has composed a COVID-19 FAQ document to help providers manage through this difficult time. ([Click Here](#))

Medical Mutual of Ohio (MMO). As of March 20, 2020 MMO has not relaxed PA requirements, but has put together a comprehensive FAQ document covering COVID-19 related concerns. ([Click Here](#))

Molina. Molina has implemented prior authorization extensions to include the following:

- Patients with a PA that is time-limited for a procedure that was found to be medically necessary and approved, may reschedule up to May 31, 2020.
- Patients who are not able to get to their physical therapy (PT), occupational therapy (OT) or speech therapy (ST) appointments may reschedule up to May 31, 2020. NOTE: No additional PT, OT, or ST visits may be approved but the same number of visits may be extended with the authorization not to expire before May 31, 2020.
- New procedures that were not previously approved and new physical therapy requests must go through the normal approval process at this time but once approved will not expire before May 31, 2020.
- Medical necessity review for inpatient stay and concurrent review will follow normal processes at this time.
- This includes eviCore authorizations. No action is required on your part for the PA extensions.

UnitedHealthcare (UHC). UHC continues to adopt measures that will reduce the administrative burden for physicians and facilities to help members more easily access the care they need. UHC has waived all member cost-sharing, including copays, coinsurance and deductibles, for COVID-19 diagnostic testing provided at approved locations, in accordance with the Centers for Disease Control and Prevention (CDC) guidelines for all commercial insured, Medicaid and Medicare members. Additionally, PA

requirements to post-acute care settings and transfer to new providers have been suspended through May 31, 2020. For the CDC website and guidelines ([Click Here](#)).

Other payer telemedicine information. Provided by a third party we believe to be reliable, however, due to urgency has not been vetted. For this information ([Click Here](#)).

Access Advantage has shared that they will continue to partner with managed care payers throughout the situation and provide updates accordingly.

Access Advantage shared a few final reminders:

- As always, remember to verify benefits and eligibility for each patient prior to providing non-emergent services to ensure coverage, as benefits are plan specific and all enrollees may not be eligible.
- CMS has removed the three-day waiver for transfers to nursing facilities.
- Telehealth visits should be billed with a place of service 02 with the appropriate modifiers.
- For a list of CMS-approved codes as of 3/17/2020 ([Click Here](#))

Also, *Aetna* has clarified its temporary changes in [Prior Authorization/Precertification and Admissions Protocols](#), as well. As noted above, Aetna urges providers to check back daily for any new updates.