Changes to authorization durations for elective and non-urgent procedures, including PT, OT and ST, during the COVID-19 pandemic

Note: The information in this message has been superseded by a message posted April 20, 2020.

Due to the COVID-19 pandemic, the federal government has mandated that providers postpone all elective and non-urgent procedures.

As a result and to reduce your administrative burden, we’re making the following changes to authorization requests for elective procedures, including physical, occupational and speech therapy.

- For requests that have already been approved: The approvals will be valid for 180 days from the date on which the authorization was approved.

This change applies to authorization requests that were approved on or after the following dates:

- **Blue Cross or BCN utilization management**: March 13, 2020
- **AIM Specialty Health**: April 6, 2020
- **eviCore healthcare**: March 26, 2020
- For requests that are received between now and May 31, 2020: If approved, authorizations will be valid for 180 days. (This includes authorization requests submitted to TurningPoint Healthcare Solutions on or after May 1, 2020, for musculoskeletal surgical and other related procedures with dates of service on or after June 1, 2020.)

These changes are in effect through May 31, 2020, and apply to in-state and out-of-state providers, for all lines of business, including Blue Cross’ PPO, BCN HMO, Medicare Plus Blue PPO and BCN Advantage.

**Exception:** These changes don’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.