

January 5, 2021



Authorizations and Claims

At Blue Shield of California and Blue Shield of California Promise Health Plan, we continue to do all we can during the COVID-19 public health emergency to support the health, safety and well-being of our members. We also want to keep you informed as you courageously provide care on the front lines.

Please check this section frequently to stay informed. We will update the content as new information becomes available by replacing this document with a new date.

Prior authorizations, patient transfers and DME coordination for network hospitals

We are committed to reducing administrative burden for our network facilities during the COVID-19 pandemic. The updated prior authorization requirements and concurrent reviews outlined below apply to Blue Shield of California Health Plan members receiving inpatient care. We have specified which policies apply only to COVID-19 care.

The following requirements have been updated to include changes implemented on December 17, 2020 that will continue through March 31, 2021.

Authorization expiration

- New and existing prior authorizations for elective procedures have been extended from the usual 120 days to 180 days to support provider operations.

Hospital admissions for Non-COVID-19 patients

No prior authorization is required in order for the member to be admitted, but the hospital must continue to notify the plan of admissions within the required timeframe, after which normal concurrent review timelines will occur.

Prior authorizations, transfers and DME coordination, cont'd.

Hospital admissions for suspect or positive COVID-19-related admissions

No prior authorization is required in order for the member to be admitted, but the hospital must continue to notify the plan of admissions within the required timeframe.

- Diagnosed inpatient COVID-19 cases in ICU on a ventilator, with telemetry, in medical/surgical level of care and on high flow O2 combined with other current COVID-19 treatments, such as plasma and remdesivir, are authorized at current level of care. Based on the described criteria, the first 7 days are approved, and the next review date will take place after those 7 days.
- After the first 7 days, concurrent review of available medical records will resume in accordance with the usual process.
- We are also working closely with our facilities to only request medical records when it is absolutely necessary.

Transfer to lower clinical level of care

- Once patients are medically stable for transfer to a lower level of clinical care or to their home, additional days will be approved at the current level of care if COVID-19 re-test results are needed prior to their transfer.
- Transfer to lower levels of care, i.e., skilled nursing facility (SNF) or other long term acute care facilities (LTACs), or if necessary, acute rehabilitation facilities (ARU), will not require a prior authorization if the destination for the transfer is a participating Blue Shield facility. The initial admission date is approved without review of medical records.

Discharge Planning

- Blue Shield is available to assist in discharge planning. The hospital is expected to notify us when a Blue Shield or Blue Shield Promise member is being discharged.
- Local ambulance/gurney van/Uber/Lyft rides for local transfer to lower levels of care do not require a prior authorization.

Prior authorizations, transfers and DME coordination, cont'd.

Durable Medical Equipment

- Prior authorization is waived for routine durable medical equipment (DME) for which Blue Shield or Blue Shield Promise has authorization responsibility. This includes only the routine items listed below that are needed to safely discharge patients to their homes.
 - Walker
 - Manual wheelchair
 - Semi-electric hospital bed
 - Oxygen
 - Wound care supplies

Contact Information

- A fax line is open 24/7 to receive notifications of inpatient admissions:
 - Admissions for Blue Shield members: (844)295-4637.
 - Admissions for Blue Shield Promise members: (619) 219-3301.
- Staff are on call 24/7 at (800) 468-9935 to respond to provider inquiries about patient placement for Blue Shield and Blue Shield Promise members.
- Our Nurse Helpline is available to all members 24/7. The number is listed on the back of each member's health plan ID card.

Claims

We strongly urge you to consider sending electronic claims—now more than ever—as another way to reduce exposure between those who send the claims and vendors and team members who handle the claims received.

In addition to the ongoing benefits of submitting claims electronically, moving to non-manual solutions may be one way you and your practice can pitch in to reduce exposure through the type of unnecessary contact that postal mail may generate.

We would sincerely appreciate your consideration of using the tools available to you to contribute to our efforts to keep our team members and business associates as safe as possible.

What are my options for submitting electronic claims?

Visit our Provider Connection website to [enroll](#) in electronic data interchange with Blue Shield for submitting electronic claims.

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