



POLICY INFORMATION			
Policy Number:	POL-PP- 249	Original Effective Date:	7/15/2024
Version Number:	03	Revision Date:	7/15/2025
Policy Status:	Active	Next Revision Date:	7/15/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL	FACILITY	DME	AMBULATORY SURGERY	LAB	OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COMMERCIAL	BLUE MEDICARE ADVANTAGE	ACA QHP¹	SMALL GROUP ACA	JAA²	FEP³	DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



Description/Application

Gold carding is part of the “[Prior Authorization and Utilization Reform Principles](#)” (PDF) that came out of an AMA-convened workgroup with 16 state and specialty medical societies, national provider associations and patient representatives. The GOLD CARD Act of 2023, H.R. 4968, has been introduced in the U.S. House of Representatives and has bipartisan support.

The bill incorporates a number of solutions the AMA is pushing for to reduce prior authorizations requests.

Policy

During the Covid public health emergency, Blue KC waived prior authorization for admission to Skilled Nursing Facilities. Blue KC is now formalizing this move with the creation of this Gold Card Payment Policy.

In line with the AMA’s effort to reduce the volume of prior authorization requests, Blue KC will no longer require a prior auth for admittance to skilled nursing or residential care facilities. Notice of admission will still be required per terms of facility contract and member certificate.

All skilled nursing facility admission are subject to concurrent review for ongoing medical necessity per Blue KC Utilization Management protocol.

Coding

N/A

Related Documents

N/A

References and Resources

[Patient Protection and Affordable Care Act](#)

Revision History

Version	Date	Summary of Revisions
001	07/15/2024	Initial version
002	8/26/2024	Residential treatment centers were added to Policy
003	07/15/2025	Annual review, no changes or updates were made to the policy