



Cigna's response to COVID-19

Cigna Coronavirus (COVID-19) Interim Billing Guidance for Providers for Commercial Customers

As the COVID-19 pandemic continues to spread throughout the United States, we appreciate that providers across the country are on the front line to offer dedicated care to our customers and help protect local communities.

We also know it's more important than ever for Cigna to be committed to our customers' health and make it as easy as possible for you to focus on delivering safe, efficient, and quality care.

To honor this commitment, Cigna recently announced that we will:

- Waive customer cost-sharing related to COVID-19 screening, testing and treatment through May 31, 2020
 - The treatments that Cigna will cover for COVID-19 are those covered under Medicare or other applicable state regulations. We will reimburse health care providers at Cigna's in-network rates or Medicare rates, as applicable. This policy applies to customers in the United States who are covered under Cigna's employer/union sponsored insured group health plans, insured plans for US based globally mobile individuals, Medicare Advantage and Individual and Family Plans (IFP). Cigna will also administer the waiver to self-insured group health plans and the company encourages widespread participation, although these plans will have an opportunity to opt-out of the waiver option.
- Waive customer cost-sharing for telehealth screenings for COVID-19 through May 31, 2020
- Make it easier for customers to be treated virtually for routine medical examinations by providers
- Provide free home delivery of up to 90-day supplies for Rx maintenance medications available through the Express Scripts Pharmacy and 24/7 access to pharmacists
- Make it easier for hospitals to transfer patients to long term acute care hospitals (LTACHs), skilled nursing facilities (SNFs), and acute rehabilitation facilities (AR) to help manage the demands of increasingly high volumes of COVID-19 patients
- Support Cigna doctors and nurse practitioners who wish to support their medical communities
- Support customers with a free, interactive, COVID-19 risk assessment tool

To further this commitment, we are providing this COVID-19 billing and reimbursement guidance to help ensure you can keep delivering the care you need to – in the office, at a facility, or virtually – all while getting properly reimbursed for the services you provide our customers.

Please note that we continue to proactively gather answers to key questions you may have, and will update information on this page as soon as it is available.

[Expand/Collapse All FAQs](#)

Interim Billing Guidelines for Coronavirus (COVID-19)

Virtual Care Guidelines

- In an effort to remove barriers for our customers to access timely and safe care, while ensuring that providers can continue to deliver necessary services in necessary settings, Cigna will allow providers to bill a standard face-to-face visit for all virtual care services, including those not related to COVID-19.
- This means that providers can perform services for commercial Cigna customers in a virtual setting and bill as though the services were performed face-to-face.
- Providers should bill using a face-to-face evaluation and management code, append the GQ modifier, and use the POS that would be typically billed if the service was delivered face to face.¹
- Providers will be reimbursed consistent with their typical face-to-face rates.
- Providers can also bill code G2012 for a 5-10 minute phone conversation, and Cigna will waive cost-share for the customer. This will allow for quick telephonic consultations related to COVID-19 screening or other necessary consults, and will offer appropriate reimbursement to providers for this amount of time.²
- Customer cost-share will apply as outlined below.²

Cigna claims processing systems will be able to accurately and timely administer claims when health care providers follow the below coding guidance. Claims will be processed consistent with these rules beginning April 6, 2020 for dates of service on or after March 2, 2020 and until at least May 31, 2020.³

1. QualCare Workers' Compensation providers should not use a GQ modifier.

2. Not applicable to QualCare Workers' Compensation.

3. Effective dates for QualCare Workers' Compensation are being determined. We will provide updates as the information becomes available.

General billing guidance for COVID-19 related services

Please note that we will update this grid soon to include updated billing guidance for COVID-19 treatment to ensure that customer cost-share is waived as appropriate.

<u>Service</u>	<u>Code(s) to bill</u>	<u>Comments</u>
Virtual screening telephone consult (5-10 minutes)	G2012	<ul style="list-style-type: none"> • Effective through at least May 31, 2020 • Must be performed by a licensed provider • Cost-share will be waived
Virtual or face-to-face visit for screening for suspected or likely COVID-19 exposure	Usual face-to-face E/M code <ul style="list-style-type: none"> • ICD10 code Z03.818 or Z20.828 • Modifier CR on CMS1500 claims • Condition code DR on UB04 claims • Append with GQ modifier for virtual care 	<ul style="list-style-type: none"> • Effective through at least May 31, 2020 • Cost-share will be waived
Virtual or face-to-face visit for treatment of a confirmed COVID-19 case	Usual face-to-face E/M code <ul style="list-style-type: none"> • ICD10 code B97.29 or U07.1 • Append with GQ modifier for virtual care 	<ul style="list-style-type: none"> • Normal cost-share applies • Cigna will reimburse usual face-to-face rates
COVID-19 laboratory testing	U0001, U0002, and 87635	<ul style="list-style-type: none"> • Laboratory test must be FDA-approved/authorized • Reimbursement at 100% of Medicare • Cost-share will be waived
Diagnostic COVID-19 related laboratory tests (other than COVID-19 test)	Usual codes <ul style="list-style-type: none"> • ICD10 code Z03.818 or Z03.828 • Modifier CR on CMS1500 claims • Condition code DR on UB04 claims 	<ul style="list-style-type: none"> • For other laboratory tests when COVID-19 may be suspected • Cost-share will be waived • Paid per contract
General billing guidance for <u>non</u> -COVID-19 related services		
<u>Service</u>	<u>Code(s) to bill</u>	<u>Comments</u>
Virtual screening telephone consult (5-10 minutes)	G2012	<ul style="list-style-type: none"> • Effective through at least May 31, 2020 • Must be performed by a licensed provider • Cost-share will be waived for all services (including non COVID-19 related services)
Non COVID-19 virtual visit (i.e., telehealth)	Usual face-to-face E/M code <ul style="list-style-type: none"> • Append with GQ modifier • POS service normally billed See important notes below	<ul style="list-style-type: none"> • Exception during public health emergency • Effective through at least May 31, 2020 • Cigna will reimburse usual face-to-face rates • Services can be performed by phone, video, or both • Standard cost-share will apply
Non-COVID-19 laboratory tests	Usual laboratory codes	<ul style="list-style-type: none"> • Paid per contract • If coded with Z codes, cost-share will be waived

In-office visit not related to COVID-19

Usual face-to-face E/M codes • Normal cost-share will apply

Important notes

- Please note that state and federal mandates may supersede the preceding guidelines.
 - Billing a POS 02 or GT/95 modifier for virtual services may result in reduced payment or denied claims due to current system limitations. While we understand CMS guidance is to bill for a POS 02 for virtual care services, billing a typical place of service will ensure providers receive the same reimbursement as they typically get for a face-to-face visit.
 - While we encourage providers to bill consistent with an office visit – and understand that certain services can be time consuming and complex even when provided virtually – we strongly encourage providers to be cognizant when billing level four and five codes for virtual services. While we will reimburse these services consistent with face-to-face rates, we will monitor the use of level four and five services to limit fraud, waste, and abuse.
 - Mid-level practitioners (e.g., physician assistants and nurse practitioners) can also provide services virtually using the same guidance. Reimbursement will be consistent as though they performed the service in a face-to-face setting.
 - Cigna will not make any requirements as it relates to these services being for a new or existing patient.
 - Cigna will not make any requirements regarding the type of technology used (i.e., phone, video, FaceTime, Skype, etc. are all appropriate to use at this time).
 - We are actively working on guidance for e-consults (e.g., provider-to-provider televisits) and inpatient virtual consults, and will share that information when it is available.
 - We are actively working on billing guidance for urgent care centers, and will share that information when it is available.
 - Physical, occupational, and speech therapists have different billing guidance for virtual care services. Please see the detailed guidance below.
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Virtual care for physical, occupational, and speech therapy services

Provider Frequently Asked Questions for Coronavirus (COVID-19)

Virtual care services

COVID-19 Laboratory Testing

COVID-19 Medical Treatment

Q: Will Cigna waive customer co-pay and cost-sharing requirements for services related to COVID-19 physician visits?

Yes. All customer co-pay and cost-share for any screening, testing and treatment related to COVID-19 will be waived. This includes:

- The initial COVID-19 screening (virtually, in an office, or at an emergency room, urgent care center, “drive thru” specimen collection center, or other facility)
- Testing (i.e., specimen collection by clinician)
- Laboratory test (i.e., performed by state, hospital, or commercial laboratory)
- Treatment (the treatments that Cigna will cover for COVID-19 are those covered under Medicare or other applicable state regulations. We will reimburse health care providers at Cigna’s in-network rates or Medicare rates, as applicable. This policy applies to customers in the United States who are covered under Cigna’s employer/union sponsored insured group health plans, insured plans for US based globally mobile individuals, Medicare Advantage and Individual and Family Plans (IFP). Cigna will also administer the waiver to self-insured group health plans and the company encourages widespread participation, although these plans will have an opportunity to opt-out of the waiver option. Additional information will be shared as it is available.)

The visit will be covered without customer cost-share if the provider determines that the visit was consistent with COVID-19 screening and evaluation purposes. The provider will need to code appropriately to indicate COVID-19 related screening, testing, or treatment.

Q: Are there any prior authorizations required for COVID-19 treatment?

No. Prior authorization (i.e., precertification) is not required for evaluation, testing, or treatment for services related to COVID-19. Treatment is supportive only and focused on symptom relief.

Prior authorization for treatment follows the same protocol as any other illness based on place of service and according to plan coverage. Generally, this means routine office, urgent care, and emergency visits do not require prior authorization.

Q: Are referral requirements to see other physicians, specialists, or facilities being waived?

Yes. Effective immediately, primary care physician referrals for specialist office visits are being waived temporarily through May 31, 2020 for Individual & Family Plan (IFP) and SureFit plans. Suspending the referral requirement will allow providers and Clinical Intake teams to better focus on COVID-19 critical care needs during this time. Claims will not be denied due to lack of referral for these services.

If a provider calls or faxes in a referral for an IFP or SureFit plan customer, they will receive a message back saying “Cigna is waiving the referral requirement through May 31, 2020.”

Please note that HMO and other network referrals are still required, so providers should continue to follow the normal process that is in place today.

Q: Are CVS MinuteClinics offering screening and testing (i.e., specimen collection) for COVID-19?

No. CVS MinuteClinics are not currently screening or testing for COVID-19. Additionally, in order to support efforts to reduce the spread of COVID-19, and in line with CDC and State Health Department guidance for infection control and prevention, MinuteClinic announced that they will be making the following temporary changes related to patient triage:

- MinuteClinic will remain open. However, they will no longer accept walk-in patients.
- All patients must make an appointment on-line on the MinuteClinic web site or the CVS Pharmacy app.
- Patients making an appointment will be pre-screened outside of the clinic to determine if the clinic is the right site of care for their symptoms. If the pre-screen identifies the patient to be at risk for COVID-19, they will receive guidance on how to access care in a different health care setting.
- MinuteClinic also recently eliminated waiting rooms, all locations and are requiring patients to wait in their personal vehicle or outside the store until the provider texts or calls them in for their scheduled visit.

Q: What behavioral health resources does Cigna offer customers who may experience anxiety or other behavioral health-related issues as a result of COVID-19?

Cigna recommends using our Employee Assistant Program (EAP) or other behavioral health services, when available. EAP clinicians are available 24-hours a day, seven days a week.

In addition, many Cigna behavioral health providers offer telehealth services. Patients can visit myCigna.com to search for behavioral health providers who offers these services. Patients are also encouraged to ask their current behavioral health provider if they will begin extending virtual and telehealth services to their patients. We also provide behavioral health telehealth services through Amwell or MDLive.

For individuals who do not have health benefits or employee assistance program benefits through Cigna but could benefit from talking with a qualified representative, the toll-free number, 866.912.1687, will be open 24 hours a day, seven days a week, for as long as necessary. The service is open to anyone, free of charge, to help people manage their stress and anxiety so they can continue to address their everyday needs. Callers may also receive referrals to community resources to help them with specific concerns, including financial and legal matters.

Q: Is Cigna making a recommendation on where customers with COVID-19 symptoms should be steered (e.g. an urgent care center or emergency room for screening and testing instead of an office visit)?

Per the CDC, we recommend customers call ahead to their primary care provider or use telehealth if they develop a fever or symptoms of a respiratory illness, such as coughing or difficulty breathing, or have been in close contact with a person known to have coronavirus, or if they live in, or have recently visited, an area with ongoing spread.

Both primary care physicians and telehealth providers will work with the state's public health department and the CDC to determine if they need to be tested for coronavirus.

Q: Will providers who can't submit claims or request authorizations or file claims on time because of staffing shortages be penalized?

Cigna will make every effort to accommodate facilities and provider groups who are adversely affected by COVID-19, as appropriate.

We may request to review the care that was provided for medical necessity post-service.

Prior authorization is not required for evaluation, testing, or medically necessary treatment of Cigna customers related to COVID-19. For other services that do require authorization, we will not deny administratively for failure to secure authorization (FTSA) if the care was emergent, urgent, or if extenuating circumstances applied. Delays in timely filing of claims or the ability to request an authorization due to COVID-19 would be considered an extenuating circumstance in the same way we view care in middle of a natural catastrophe (e.g., hurricane, tornado, fires, etc.).

Facilities and authorizations

State Mandates

Q: How is Cigna complying with state mandates related to COVID-19, such as customer cost share, virtual care policies, testing covered at 100%?

Cigna health plans comply with all state mandates as applicable. We are actively reviewing all COVID-19 state mandates and will continue to share more details around coverage, reimbursement, and cost-share as it is available.

Cigna business continuity

Cigna Behavioral Health

Interim Telehealth Guidance

Cigna Dental

Interim Communication to Providers