

CIGNA CORONAVIRUS (COVID-19) INTERIM BILLING GUIDANCE FOR PROVIDERS

Updated as of March 17, 2020

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 to remove the barriers you face in delivering safe, efficient, and quality care.

To honor this commitment, Cigna recently [announced](#) that we will:

- Waive customer cost-sharing for office visits related to COVID-19 screening and testing through May 31, 2020
- 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 in-network physicians
- 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

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.

To allow accurate and timely reimbursement for COVID-19 related services, Cigna is requesting that health care providers submit claims using specific codes that our claim systems will recognize. If these recommended codes are used it will facilitate proper payment and help avoid errors and reimbursement delays.

Please note that this billing guidance document will continually be updated. Please check this document daily for updates, clarifications, and additional frequently asked questions.

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Interim Billing Guidelines for Coronavirus (COVID-19)

Updated March 17, 2020

- Please note that state and federal mandates may supersede these guidelines.
- These guidelines apply to fully insured clients and those self-funded clients who have chosen to follow these guidelines
- Cigna claims processing systems will be able to accept this coding guidance on April 6, 2020 for dates of service on or after March 2, 2020.
- Cigna will reimburse in person visits, phone calls, real-time synchronous virtual visits, and testing for COVID-19 without copay or cost share for all individuals covered under a fully-insured Cigna medical benefit plan and when billed according to the following guidelines:

Testing for COVID-19

- a. Cigna will reimburse COVID-19 testing without customer copay or cost-share.
- b. Kits approved through the CDC and/or the FDA approval process are eligible for reimbursement and should be billed with one of the following codes: HCPCS code U0001 (CDC kit), HCPCS codes U0002, or CPT code 87635 (FDA).
- c. This billing requirement and associated reimbursement applies to services submitted on CMS1500 or UB04 claim forms and all electronic equivalents

Phone calls for COVID-19 (e.g.: 5-10 min virtual visit with or without video with the licensed health care provider)

- a. HCPCS code G2012 will be reimbursed without customer copay or cost-share
- b. In agreement with CDC recommendations one of the following ICD10 diagnosis codes should be billed:
 - For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, it would be appropriate to assign the code Z03.818: Encounter for observation for suspected exposure to other biological agents ruled out.
 - For cases where there is an actual exposure to someone who is confirmed to have COVID-19, it would be appropriate to assign the code Z20.828: Contact with and (suspected) exposure to other viral communicable diseases.
 - This billing requirement and associated reimbursement applies to claims submitted on CMS 1500 claim forms or its electronic equivalent only.

All other virtual visits

- a. CPT® code 99241 will be reimbursed for all other synchronous real-time virtual visits when billed with Place of Service 11.
- b. If the visit is related to COVID-19, the above-mentioned ICD10 diagnosis codes (Z03.818 or Z20.828) are required to be billed and reimbursement will be without customer copay/cost-share.
- c. If the virtual visit is not related to COVID-19, the ICD10 code for the visit should be billed and reimbursement will be made according to applicable benefits and related cost share.
- d. No virtual care modifier should be billed
- e. This billing requirement and associated reimbursement applies to services submitted on CMS1500 claim forms or its electronic equivalent only.

COVID-19 in person office visits, urgent care and emergency room visits

- a. Cigna will reimburse in person office visits, urgent care and other outpatient visits for COVID-19 without customer cost share when one of the following appropriate ICD10 diagnosis code is billed:
 - For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, it would be appropriate to assign the code Z03.818: Encounter for observation for suspected exposure to other biological agents ruled out.
 - For cases where there is an actual exposure to someone who is confirmed to have COVID-19, it would be appropriate to assign the code Z20.828: Contact with and (suspected) exposure to other viral communicable diseases.
 - This billing requirement and associated reimbursement applies to claims submitted on CMS1500 or UB04 claim forms and all electronic equivalents

Reimbursement for treatment of confirmed cases of COVID-19

Should be billed with ICD10 code B97.29: Other coronavirus as the cause of diseases classified elsewhere. Customer cost share applies to these claims.

Testing	
Code	Description
U0001	2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
U0002	2019-nCoV Coronavirus, SARS COV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets)
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
Virtual Visits	
Code	Description
99241	Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care providers, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care provider who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion



PROVIDER FREQUENTLY ASKED QUESTIONS FOR CORONAVIRUS (COVID-19)

Updated as of March 17, 2020

Key information

- In December 2019, a new kind of coronavirus, COVID-19, was identified as the cause of various cases of pneumonia in Wuhan City, Hubei Province of China. The virus is present in many locations around the world, including in the United States.
- On March 5, 2020, Cigna posted a [press release](#) announcing we will waive all co-pays and customer cost-share for COVID-19 testing.
- On March 13, 2020, Cigna posted a new [press release](#) announcing we will waive customers' out-of-pocket costs for COVID-19 testing-related visits with in-network providers, whether at a doctor's office, urgent care clinic, emergency room or via telehealth, through May 31, 2020.
- Due to the speed at which information related to COVID-19 is being released, this document will continually be updated as appropriate.

Key policy guidance at-a-glance

The following information applies when providers correctly bill using the guidance on the previous pages.

- Customers can receive in-network COVID-19 screening (office visit or virtual), testing (i.e., specimen collection by clinician), and laboratory testing (i.e., performed by state, hospital, or commercial laboratory) at no cost-share through May 31, 2020.
- Customers can receive COVID-19 related virtual care at no cost-share through May 31, 2020 (e.g., telephonic screening) when seeing their usual provider through our own contracted provider network or through our vendor network (e.g., Amwell or MDLive).
- Customers can receive non-COVID-19 related virtual care from their provider through May 31, 2020 (e.g., oncology follow-up visit), covered and reimbursed at standard office visit rates and customer cost-share.
- Non COVID-19 related in-office and virtual care remains at standard cost share, billing, and reimbursement requirements.

Questions and Answers

COVID-19 LABORATORY TESTING

Q. Will Cigna cover the laboratory test for COVID-19?

Yes. To help remove any barriers to receive testing, Cigna is committed to covering the laboratory test for COVID-19 similar to a preventive benefit for fully-insured plans – thereby waiving co-pays, coinsurance, or deductibles for customers.

This includes customers enrolled in Cigna's employer-sponsored plans in the United States, Medicare Advantage, Medicaid, and the Individual & Family plans available through the Affordable Care Act. Organizations that offer Administrative Services Only (ASO) plans will also have the option to cover coronavirus testing as a preventive benefit.

Q: What is a typical process for a patient to get screened and tested for COVID-19?

Per the CDC, as well as state and local public health departments, it is recommended that patients first be screened virtually (i.e., by phone or video) by a clinician for potential COVID-19 symptoms.

Typical COVID-19 testing decision factors include:

- Local epidemiology of COVID-19
- The clinical course of illness
- Fever (subjective or confirmed)
- Symptoms of acute respiratory illness (e.g., cough, difficulty breathing) and risk factors (e.g., travel history, exposure to a COVID-10 patient)
- Any close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
- History of travel from affected geographic areas within 14 days of symptom onset

Getting tested after screening:

- After a positive screen, the clinician will refer a patient to a physician's office, urgent care center, hospital, "drive thru" specimen collection center, or other facility that is equipped to collect specimens in order to test for COVID-19
- Any physician, nurse practitioner, or physician assistant who has an approved testing kit may properly administer the test (i.e., specimen collection)
- The test is sent by the provider to an approved laboratory, where the specimen is tested for COVID-19
- The laboratory communicates the results to the provider within a few days, who communicates the results to the patient

Providers are also encouraged to test for other causes of respiratory illness, including infections such as influenza.

Q: What is a specimen collection center? What is the benefit of referring patients to one instead of a physician's office?

A specimen collection center is found at or adjacent to a hospital or other health care facility, and typically includes a specially designated area to collect specimens from potentially infected patients. These centers continue to be set up throughout the country by local health systems as a safer, quicker, and more efficient way of screening and testing patients.

Specimen collection centers set up to screen and test patients for COVID-19 typically employ health care personnel who adhere to CDC recommendations for [infection prevention and control](#) (IPC). This includes specialized equipment to prevent the spread of the virus.

Q: How does a provider properly collect the specimen for commercial laboratory testing?

Commercial laboratories have reported that many tests have not been able to be performed by the laboratory due to improper specimen collection.

Providers should follow the guidance below from a commercial laboratory to ensure that they properly collect and ship the COVID-19 specimens:

- [LabCorp Specimen Collection and Shipping Instructions for COVID-19 Testing](#)
- [LabCorp Specimen Collection Visual Demonstration for COVID-19 Testing](#)

For more information, please visit [LabCorp's website](#).

Q: If a patient screens positive for risk of COVID-19, but their local provider cannot perform the test – and do not know where else to refer the patient – what should the provider do?

If a provider determines their patient needs a COVID-19 test, but is not able to conduct the test themselves, providers should work with their local health department or an affiliated hospital to determine where their patients can go in their community to get tested. Providers are encouraged to call ahead and work with their patient to take proper isolation precautions when referring them for testing.

We recognize that the availability of COVID-19 testing kits varies based on location and may not currently meet the demand. National commercial labs with testing capabilities (e.g., LabCorp and Quest) are currently reaching out to local offices for more information on education and workflows. We are closely monitoring the availability of test kits, and will share more information as it becomes available.

Additionally, commercial laboratories like LabCorp have noted that they can supply physicians with test kits and will pick up the specimen. For more information, please visit [LabCorp's website](#).

Q. When will a commercial laboratory test kit be available and who has it?

A commercial laboratory test for COVID-19 is now available. A health care provider must order the test for COVID-19.

As of March 11, in addition to the CDC and state health agencies, commercial laboratories LabCorp and Quest are offering testing for COVID-19. Additional laboratories – including local hospital systems – are also beginning to test. Providers should contact LabCorp or Quest – or their local hospital system – to confirm specific testing information and locations.

Q: Can the specimen collection be done at a patient service center, such as a local LabCorp or Quest location?

No. LabCorp and Quest will not collect specimens directly from patients. Collecting the specimen can only be done by a physician, physician assistant, or nurse practitioner in a physician's office, specimen collection center, urgent care center, hospital, or other facility that is equipped to collect specimens. Laboratory patient service centers are not equipped to collect specimens.

Q: When does a public health facility run a test versus that same test being sent to a commercial laboratory like LabCorp or Quest?

There are currently three ways to get COVID-19 tests: through a public health facility, commercial laboratory (e.g., LabCorp and Quest), or hospital. Public health departments are primarily focused on large epicenter outbreaks and public health emergency situations, while providers, virtual care providers, and health systems are typically more focused on individual patients with risk concerns or symptoms.

Depending on the person's identification, acuity, and location, they may get any one of these tests. All approved tests that are sent to an approved laboratory can properly be tested for the presence of COVID-19.

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

No. Prior authorization is not required for COVID-19 testing.

COVID-19 MEDICAL TREATMENT

Q: Will Cigna waive customer co-pay and cost-sharing requirements for in-network services related to COVID-19 screening and treatment?

Yes. All customer co-pay and cost-share for any in-network screening, diagnosis, 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)

Even if the test results come back negative for COVID-19, or the provider does not believe the patient needs to be tested for COVID-19, the visit will still be covered without customer cost-share if the patient initially displays COVID-19 related symptoms (e.g., fever, cough, and difficulty breathing) or there is a concern of exposure. The provider will need to code appropriately to indicate COVID-19 related screening.

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?

Referral requirements will remain the same as for any other illness according to plan coverage.

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.

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In addition, many Cigna behavioral health providers offer telehealth services. Patients can visit [myCigna.com](https://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.).

COVID-19 VIRTUAL CARE

Q: Will Cigna allow in-network providers to provide virtual care?

Yes. We are making it easier for customers to be treated virtually by their physicians who have the ability to offer virtual care. All providers can deliver virtual care to Cigna customers when the services are billed consistently with the guidance on pages 3-5. We are implementing this enhanced measure through May 31, 2020 to protect our customers by mitigating exposure risks and alleviating transportation barriers.

We are also working on a permanent Virtual Care Reimbursement Policy that will continue to allow providers in our network to offer virtual care after June 1, 2020. More information about this policy will be shared with providers in the coming months. In the meantime, our COVID-19 virtual care guidance will remain in effect until at least May 31, 2020.

Q: How will Cigna cover virtual care for COVID-19 related services?

When providers follow the billing guidance on pages 3-5, we will cover virtual care as follows:

- For COVID-19 related screening (i.e., quick phone or video consult):
 - By contracted physician in Cigna's network: No cost-share for customer
 - By virtual vendor (e.g., Amwell or MDLive): No cost-share for customer
- For non-COVID-19 related services (e.g., oncology visit, routine follow-up care)
 - By contracted physician in Cigna's network: Reimbursable at standard office visit rates.
 - By virtual vendor (e.g., Amwell or MDLive): Reimbursable at standard rates currently in place today.

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

Q: What are Cigna's contingency plans to ensure appropriate staffing for customer service, claim review, authorization requests, etc.?

Cigna has been actively engaged in business continuity planning to better protect our employees and serve our customers and plan participants during an emergency situation.

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Maintaining business operations is a core area of planning:

- Cigna has a matrix of call and claim and health care facilitation centers in multiple locations around the United States and abroad. The systems capability in place gives the company the flexibility to re-route calls to other facilities as necessary in order to help ensure business continuity. We have employed this system for natural disasters such as hurricane season or during other weather-related facilities closures.
- Cigna has systems capability and flexibility, with the option to further expand these capabilities as warranted, to allow many of our employees to work from home in the event of an outbreak. Depending on the circumstances, we may encourage that practice in the event of any widespread disease.
- Cigna travel guidelines and restrictions have been developed and implemented to minimize the spread of the virus within the Cigna employee population and to generally minimize the spread of the virus from region to region, or country to country.

Q: What are Cigna/Express Scripts plans to sustain pharmacy inventories in the event of a drug shortage?

Cigna recently announced that we would 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.

Additionally, we are well prepared to ensure we can meet the medication needs of our members so they can stay healthy. Our drug sourcing teams have a long-established risk monitoring tool that maps the origins of drug products around the globe and allows us to monitor supplies and adjust our inventory procurement to mitigate shortages. We have been monitoring this situation for several weeks, and have made adjustments to our procurement to ensure we have adequate inventories to meet demands.

Our business continuity team has been monitoring the COVID-19 situation for several weeks, and has been planning for potential scenarios. Our Chief Clinical Officer, Dr. Steve Miller, is leading a COVID-19 readiness center that will continue to monitor all aspects of this situation and ensure we can help our employees, clients, and customers be prepared.

Ensuring the health and safety of our employees, clients, and members is our top priority, and we are committed to communicating more information as it is available.

Q: Who do I contact if I have more information?

If you have additional questions about how Cigna is responding to COVID-19, please call Cigna Customer Service at 1.800.88Cigna (882.4462) or contact your local provider services representative or contractor, if applicable.

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