



April 6, 2020

Dear Valued Provider,

As the 2019-Novel Coronavirus (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 Medicare Advantage customers, as well as our communities.

## Our Commitment

We know it's more important than ever 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. Therefore, the following measures have been implemented:

- **Cost Share** Customer cost-share (*if applicable depending on the customer's benefit plan*) for SARS-CoV-2 testing, COVID-19 screening, office visits, virtual care, treatment and hospital admissions is waived until 5/31/2020.
- **Authorizations** Customer authorizations and referrals (*if required by the customer's benefit plan*) are waived in accordance with the National Emergency Declaration guidelines subject to plan limitations until further notice or the declaration ends. Reference the Utilization Management (UM) guidelines for more information.
- **Telehealth** Our telehealth, virtual check-ins and E-visit policy have expanded to make it easier for customers to be treated virtually by in-network and out-of-network providers.
- **Increasing Available Care** An accelerated credentialing and onboarding process has been implemented which allows providers performing critical COVID-19 related services the ability to join our network quicker while still meeting the standard credentialing and onboarding requirements. This new process will help increase care during times of high demand.

## Community Support

To provide additional support for the medical community:

- **Delivering Care** Hundreds of Cigna on-staff clinicians, including physicians and nurse practitioners have been deployed to join the team of healthcare professionals at MDLive, a leading telehealth company and Cigna network partner. Medical professionals from Cigna and its subsidiaries will help increase capacity by delivering much-needed care to patients.
- **Early Intervention Tool** We are partnering with Buoy Health, an artificial-intelligence powered navigation platform to provide a free, web-based interactive triage tool which will help customers quickly receive information on the severity of their symptoms and recommendations on next steps for care. The symptom checker can be accessed by any customer and will be available at: [www.Cigna.com](http://www.Cigna.com).

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- **Mental Health Resources** Cigna behavioral health experts are also staffing a free COVID-19 support line (1-866-912-1687) available 24/7 to the general public to help assist individuals to manage stress, fear, and anxiety while building resiliency.

## **Billing Guidelines and Frequently Asked Questions**

To allow accurate and timely reimbursement for COVID-19 related services, we request claims be submitted using specific codes as published by the Centers for Medicare & Medicaid Services (CMS). Using the attached recommended billing guidelines will facilitate proper payment and help avoid errors and reimbursement delays. Frequently asked questions are also attached for your reference. In order to make your review easier, recent updates are noted.

We encourage you to view Cigna's recent announcement regarding the company's response to the virus: (<https://www.cigna.com/newsroom/news-releases/2020/cigna-waives-customer-cost-sharing-for-covid-19-treatment-and-deploys-clinical-teams-to-increase-virtual-care-capacity>).

Thank you for your continued partnership.

Cigna

# COVID-19 MEDICARE ADVANTAGE BILLING & REFERRAL GUIDELINES FOR PROVIDERS

Updated as of April 6, 2020

*These guidelines apply to Medicare Advantage and Medicare-Medicaid customers. Using these recommended billing guidelines and codes will facilitate proper payment and help avoid errors and reimbursement delays.*

*References made throughout this document in regards to referrals and cost-share are only applicable if required by the customer's benefit plan.*

## Background Information

In December 2019, a new kind of coronavirus was identified as the cause of various cases of pneumonia in China. In February 2020, the World Health Organization designated the disease COVID-19. The virus that causes COVID-19 is designated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

CMS has released several memorandums, provider toolkits and guidance around the COVID-19.

To keep up to date with the important work CMS is doing in response to COVID-19, please visit the <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page> Website.

## Increasing Available Care

**NEWLY ADDED 4/1/2020:** We recognize these are times of high demand for quality healthcare. In order to support the healthcare needs of our customers and help alleviate pressure to our existing network providers, we have implemented an accelerated initial credentialing process for providers performing critical COVID-19 related services. This process will help to ensure we are able to meet our customers' needs by onboarding critically needed providers into the network quicker.

This accelerated initial credentialing process will be available until **June 30, 2020**. It is requested that providers identify that this is a COVID-19 application upon submission of the request. Standard credentialing and onboarding requirements for plan participation apply.

CMS has also established a free hotline for providers to enroll and receive temporary Medicare billing privileges. Reference the CMS Medicare Provider Enrollment Hotline FAQ for details: <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>

## Screening Guidelines

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. If the clinician determines SARS-CoV-2 testing is needed, the patient should be referred to a physician's office or a specimen collection center for specimen collection. Any physician, nurse practitioner, or physician assistant who has an approved testing kit can administer the test (i.e., specimen collection). The specimen is sent to an approved CLIA certified laboratory to be tested. Results are communicated to the provider within a few days for customer notification.

If you determine a patient needs to be tested for SARS-CoV-2 and your office is not able to conduct the test, work with your local health department or an affiliated hospital to determine where patients can go in their community to get tested. Many hospitals have a specimen collection center at or adjacent to the hospital or other health care facility. These centers include a specially designated area to collect specimens from potentially infected patients.

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 <https://www.labcorp.com/information-labcorp-about-coronavirus-disease-2019-covid-19>.

## Interim Authorization Guidelines

Note that the guidelines below apply during the emergency declaration period. State and federal mandates may supersede these guidelines.

- **Referrals:** All referrals (*if required by customer's benefit plan*) are waived.
- **Durable Medical Equipment:** Documentation of face to face, physician order, and medical necessity is not required to obtain replacements of DME that is lost, destroyed, irreparably damaged or rendered unusable.
- **Elective Surgeries and Procedures (Outpatient and Inpatient):** As more healthcare providers are increasingly being asked to assist with the COVID-19 response, we ask that you consider whether non-essential surgeries and procedures can be delayed so that personal protective equipment (PPE), beds, and ventilators can be preserved. In order to assist providers with this request, routine procedure requests will be extended to six (6) months to allow for rescheduling of needed tests. Eligibility should be confirmed prior to scheduling. Also note that medical necessity review is still required.

In addition to the modifications listed above, initial clinical review has been waived for the following:

- Home Health Requests
- SNF Admissions

- LTAC Admissions
- Inpatient Rehab Admissions

Admission notification still applies in order for us to concurrently review and provide discharge/transition of care planning support.

## Out-of-Network Services

The National Emergency Declaration made by the President of the United States will remain effective until further notice. If we do not receive further notification, it will end on **4/12/2020**. In alignment with the National Emergency Declaration:

- All referral requirements (*if required by customer's benefit plan*) are waived.
- Authorizations are not required nor will be processed for services requested or delivered by non-contracted providers during this period.
- **UPDATED AS OF 3/31/2020:** Customer cost-share (*if applicable depending on the customer's benefit plan*) for COVID-19 related services provided by out-of-network providers is waived until 5/31/2020.
- Please continue to inform us of admissions to Inpatient Acute Care, Skilled Nursing Facilities, Acute Inpatient Rehabilitation and Long-Term Acute Care facilities in order for us to assist in customer discharge planning and transitions of care.

## Interim Billing Guidelines for COVID-19

Note that state and federal mandates may supersede these guidelines. We are able to process claims using this coding guidance as of **April 1, 2020** for dates of service on or after February 4, 2020.

### Testing for SARS-CoV-2.

Testing is covered. Providers will be reimbursed for SARS-CoV-2 testing and customer cost-share (*if applicable depending on the customer's benefit plan*) will be waived.

**NEWLY ADDED 4/6/2020:** As of today, customers should not be encouraged to utilize commercial at home testing kits that are not distributed by a CLIA certified laboratory. Non-CLIA certified laboratory testing is not covered.

The following codes should be used for reimbursement:

These codes will be reimbursed according to the CMS fee schedule: <a href="https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf">https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf</a>		
Code	Customer cost-share	Description and Reimbursement
<b>U0001</b>	Waived	This HCPC code is used for the tests developed by the Center of Disease Control and Prevention (CDC). 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel.
<b>U0002</b>	Waived	This HCPC code is used by laboratories performing non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19). 2019-nCoV Coronavirus, SARS COV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets).
<b>87635</b>	Waived	This new CPT code became available on March 13, 2020. 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. <i>NOTE: CMS has not released pricing for this code at this time.</i>

### In-Person Office Visits, Urgent Care and Emergency Room Visits.

Providers will be reimbursed for in person office visits, virtual visits, and urgent visits for **screening** and testing of SARS-CoV-2 as well as treatment of COVID-19. Customer cost-share (*if applicable depending on the customer's benefit plan*) will be waived when the applicable ICD10 diagnosis codes are billed. Reference the diagnosis code table for applicable codes.

## Telehealth, Virtual Check-Ins and E-Visit Services

Customers are encouraged to use their telehealth benefit as applicable with providers who partner with MDLive for telehealth services. Customers can contact MDLive at 1-866-918-7836 or visit the MDLive website at [www.MDLive.com/CignaMedicare](http://www.MDLive.com/CignaMedicare) for more information on this benefit or to locate a provider.

Providers do not have to be enrolled with or affiliated with MDLive in order to perform telehealth services to customers.

- **Non-COVID-19 Related Services:** Providers can be reimbursed for virtual visits, telemedicine and telehealth services not related to COVID-19 according to applicable benefits regardless of the place of service. Customer cost-share (*if applicable depending on the customer's benefit plan*) applies for these visits.
- **COVID-19 Related Services:** Providers can be reimbursed for virtual visits, telemedicine and telehealth services related to COVID-19 according to applicable benefits regardless of the place of service. Customer cost-share (*if applicable depending on the customer's benefit plan*) is waived for these visits.

**NEWLY ADDED 4/6/2020:** To view the list of covered telehealth services, visit: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>.

CMS has also published the following documents to outline telehealth services:

- Medicare Telehealth Frequently Asked Questions released by CMS on March 17, 2020 by visiting for details: <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>
- Medicare Telemedicine Health Care Provider Fact Sheet located at: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

## Treatment of Confirmed COVID-19 Cases

**NEWLY ADDED 3/31/2020:** Customer cost-share (*if applicable depending on the customer's benefit plan*) for COVID-19 treatment (inpatient and outpatient) for in-network and out-of-network providers is waived until 5/31/2020.

This applies to treatment with dates of service (DOS) of 2/3/2020 to 5/31/2020. Covered treatment includes all services covered under Medicare and applicable state regulations for the management of a COVID-19 diagnosis.

- In-network providers will be reimbursed consistent with their fee schedules for services rendered.
- Out-of-network providers will be reimbursed 100% of Medicare or Medicaid allowable depending on the customer's benefit plan.

When COVID-19 is confirmed, the applicable ICD-10 codes should be used for treatment.

## Diagnosis Codes to Use for Screening & Treatment (NEWLY ADDED 4/6/2020)

Code	Use	Customer cost-share	Description
Z03.818	Screening	Waived	Encounter for observation for suspected exposure to other biological agents ruled out. To be used for cases where there is a concern about a possible exposure to COVID-19, but <b>this is ruled out</b> after evaluation.
Z20.828	Screening	Waived	Contact with and (suspected) exposure to other viral communicable diseases. Should be used for cases where there is an actual exposure to someone who is confirmed to have COVID-19.
B97.29	Treatment	Waived	Other coronavirus as the cause of diseases classified elsewhere.
U07.1	Treatment	Waived	2019-nCoV acute respiratory disease. New code with implementation date of 4/1/2020.
B34.2	Treatment	Waived	Coronavirus infection, unspecified
B97.2	Treatment	Waived	Coronavirus as the cause of diseases classified elsewhere
B97.29	Treatment	Waived	Other coronavirus as the cause of diseases classified elsewhere
B97.21	Treatment	Waived	SARS-associated coronavirus as the cause of diseases classified elsewhere
J12.81	Treatment	Waived	Pneumonia due to SARS-associated coronavirus

**\*\*If these codes are not used, regular plan benefits apply.**



# COVID-19 MEDICARE ADVANTAGE PROVIDER FAQ

These FAQs apply to Medicare Advantage and Medicare-Medicaid patients.

## SARS-CoV-2 TESTING

### Q. Will the SARS-CoV-2 laboratory test be covered?

A. Yes. Laboratory tests for SARS-CoV-2 are covered similar to a preventive benefit for fully-insured plans – thereby customer cost-share (*if applicable depending on the customer's benefit plan*) is waived. SARS-CoV-2 testing will be **covered** for both **in-network** and **out-of-network** labs until 5/31/2020.

### Q. Will the office visits for SARS-CoV-2 test be covered?

A. Yes. Customer cost-share (*if applicable depending on the customer's benefit plan*) for physician visits for testing (both in-network and out-of-network) is waived until 5/31/2020.

### Q. How does a laboratory submit a claim for testing?

A. CMS has created [Healthcare Common Procedure Coding System](https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-02-20#_Toc32923423) codes specifically for testing SARS-CoV-2, the virus that causes novel coronavirus (COVID-19). ([https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-02-20#\\_Toc32923423](https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-02-20#_Toc32923423))

Laboratories performing the test can bill Medicare and other health insurers for services that occurred after **February 4, 2020**, using the HCPCS codes outlined in the billing guidelines document attached.

### Q. When can laboratory providers begin to submit testing claims for SARS-CoV-2?

A. As of 4/1/2020, we can accept these codes for claims with dates of service on or after **February 4, 2020**.

### Q. How much will providers be reimbursed for SARS-CoV-2 testing performed by commercial labs, such as LabCorp and Quest?

A. CMS has released a [fee schedule](https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf) to determine pricing for SARS-CoV-2 testing which varies by state. (<https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf>)

### Q. When will a commercial laboratory test kit be available?

A. A commercial laboratory test for SARS -CoV-2 testing is now available through many commercial laboratories, including Laboratory Corporation of America (LabCorp) and Quest Diagnostics (Quest). A health care provider must order the test.

### Q. Are there any prior authorizations required for SARS-CoV-2 lab testing?

A. No. Prior authorization is not required for SARS-CoV-2 lab testing.

**Q. Will cost-sharing be waived for diagnostic testing with a Respiratory Viral Profile (RVP) prior to a provider ordering a SARS-CoV-2 testing?**

- A.** No. Cost-share (*if applicable depending on the customer's benefit plan*) is only waived for the commercial laboratory testing of SARS-CoV-2. Cost-share is not waived for other laboratory testing at this time.

## COVID-19 MEDICAL TREATMENT

**Q. Will cost-sharing be waived for customers with costs related to COVID-19 treatment?**

- A. UPDATED 3/31/2020:** Yes. We are committed to our patients receiving the appropriate treatment should they become infected with COVID-19. Treatment of COVID-19 is covered according to the benefit plans and provider contracts as appropriate. Depending on the customer's benefit plan, applicable deductibles and cost-sharing related to treatment for COVID-19 for in-network providers is waived until 5/31/2020.

**Q. NEWLY ADDED 3/31/2020: What is considered COVID treatment?**

- A.** Treatment is any care given at any location (hospital, doctor's office, urgent care, virtual care, skilled nursing facility, etc.) that contains a COVID-19 diagnosis code as listed in the Billing Guidelines.

**Q. NEWLY ADDED 3/31/2020: Are any medications covered under treatment of COVID-19?**

- A.** Currently there are no medications covered under Medicare Part D for the treatment of COVID-19. However, this is a fluid situation and the Medicare rules may change as the circumstances necessitate. If and when notice is received from CMS that certain drugs are covered, the medications will be covered under the customer's Part D benefit.

**Q. NEWLY ADDED 3/31/2020: What happens if a customer is diagnosed with COVID-19 on a date of service after May 31, 2020?**

- A.** After 5/31/2020, regular customer benefits apply, however, as the COVID-19 pandemic situation continues to evolve, we are monitoring new developments. At this time, we are not able to predict what the situation will be as of 5/31/2020. Currently, the customer cost-share (*if applicable to the customer's benefit plan*) is waived until 5/31/2020. If this changes, this document will be updated accordingly.

**Q. What will providers be reimbursed for providing services related to COVID-19 screening and treatment?**

- A.** In-network providers will be reimbursed consistent with their fee schedules for services rendered. Out-of-network providers will be reimbursed 100% of Medicare or Medicaid allowable depending on the customer's benefit plan.

**Q. How should providers bill for rendered services related to COVID-19, such as treatment and screening?**

**A.** Providers seeing patients for typical cough, cold, and flu-like symptoms should bill per usual standards. Providers can use the diagnosis codes outlined in the Billing Guidelines document.

**Q. Where should customers with COVID-19 symptoms be steered, (e.g. an urgent care center or emergency room for screening and testing instead of an office visit)?**

**A.** Per the CDC, customers should contact their primary care provider or use telehealth if they have or suspect to have COVID-19 symptoms. Both primary care physicians and telehealth providers should work with the state's public health department and the CDC to determine if the patient needs to be tested for SARS-CoV-2.

**Q. Will providers who cannot submit claims or request authorizations on time because of staffing shortages be penalized?**

**A.** Every effort will be made to accommodate facilities and provider groups who are adversely affected by COVID-19. We may request to review the care that was provided for medical necessity post-service.

## PHARMACY

**Q. Are prescription refill limits/requirements being lifted?**

**A.** Our focus is to help customers stay on track with their medication. As part of our normal business practice, retail pharmacists can enter a submission clarification code to allow early refills using their professional judgement. Cigna/Express Scripts communicated a reminder of the process to pharmacies in light of COVID-19.

**Q. NEWLY ADDED 4/6/2020: Are there any drug shortages?**

**A.** Our Express Scripts pharmacy network team has been keeping in close daily contact with pharmacies to monitor volumes and supply. Due to a national shortage, patients utilizing albuterol inhalers on a chronic basis may need to switch to albuterol solution via a nebulizer until supplies can be replenished. As there may be a risk of spreading virus laden droplets to other household members, an albuterol inhaler, if available, might still be a more appropriate choice for patients infected with COVID-19 illness.

**Q. NEWLY ADDED 3/31/2020: What if a pharmacy asks me about early refill overrides, signature pad or other related questions?**

**A.** Please direct pharmacies to the Express Scripts Pharmacist Resource Center at <https://PRC.Express-Scripts.com> or dial 1-800-922-1557 for further assistance.

## COVID-19 Virtual Policy

**Q. In lieu of having an office visit, can providers that are not contracted through MDLive for telehealth services get reimbursed for virtual care services?**

**A. UPDATED AS OF 4/3/2020:** Yes. Physicians who bill for a virtual visit for the duration of the COVID-19 Public Health Emergency will be reimbursed according to their contracted rate if in-network or Medicare allowable if out-of-network.

**Q. What codes should providers use for billing telehealth services?**

**A. UPDATED AS OF 4/3/2020:** Providers should reference the CMS telehealth codes on the following website: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>.

## Business Continuity

**Q. What are the contingency plans to ensure appropriate staffing for customer service, claim review, authorization requests, etc.?**

**A.** We have been actively engaged in business continuity planning to better protect our employees and serve our customers and plan participants during an emergency situation. Maintaining business operations is a core area of planning.

- We have 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.
- We have 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.
- Travel guidelines and restrictions have been developed and implemented to minimize the spread of the virus within the employee population and to generally minimize the spread of the virus from region to region, or country to country.