March 31, 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:

• 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.

• 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.

• 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.

Community Support
To provide additional support for the medical community:

• 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.

• 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.

• 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.


Thank you for your continued partnership.

Cigna
NOTE: 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 and guidance around the COVID-19.

Here are some important releases & guidance to reference:


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](https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page) Website.
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. Our claims processing systems will be able to accept this coding guidance on 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. The following codes should be used for reimbursement:

<table>
<thead>
<tr>
<th>Code</th>
<th>Customer cost-share</th>
<th>Description and Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>87635</td>
<td>Waived</td>
<td>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. No CMS pricing has been released for this code at this time.</td>
</tr>
</tbody>
</table>
**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 your 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](https://www.labcorp.com/information-labcorp-about-coronavirus-disease-2019-covid-19).

**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 of SARS-CoV-2 and customer cost-share (*if applicable depending on the customer’s benefit plan*) will be waived when one of the following ICD10 diagnosis codes is billed:

<table>
<thead>
<tr>
<th>Code</th>
<th>Use</th>
<th>Customer cost-share</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z03.818</td>
<td>Screening</td>
<td>Waived</td>
<td>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 <strong>this is ruled out</strong> after evaluation.</td>
</tr>
<tr>
<td>Z20.828</td>
<td>Screening</td>
<td>Waived</td>
<td>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.</td>
</tr>
</tbody>
</table>
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 for more information on this benefit or to locate a provider.

Effective March 6, 2020, providers can be reimbursed for virtual visits, telemedicine and telehealth services not related to SARS-CoV-2 screening 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.

If the service is to screen for SARS-CoV-2, customer cost-share (if applicable depending on the customer’s benefit plan) is waived. Use one of the diagnosis codes listed below.

<table>
<thead>
<tr>
<th>Code</th>
<th>Use</th>
<th>Customer cost-share (if applicable depending on the customer’s benefit plan)</th>
<th>Description</th>
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<tr>
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</tr>
</tbody>
</table>

Qualified providers who are permitted to furnish Medicare telehealth services during the Public Health Emergency include physicians and certain non-physician practitioners such as nurse practitioners, physician assistants and certified nurse midwives. Other practitioners, such as certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals may also furnish services within their scope of practice and consistent with Medicare benefit rules that apply to all services.


Use the guidelines below for telehealth, virtual check-ins and E-visit services. Additional information on applicable HCPS/CPT codes can be located on the Medicare Telemedicine Health Care Provider Fact Sheet located at: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
<table>
<thead>
<tr>
<th>Type of service</th>
<th>Description</th>
<th>HCPCS/CPT CODE</th>
<th>Patient/Provider Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Telehealth Visits</td>
<td>A visit with a provider that uses telecommunication systems between a provider and patient. This requires audio and video.</td>
<td><a href="#">99201-99215</a> (office or other outpatient visits, new or established patients)</td>
<td>New or established patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="#">G0425-G0427</a> (Telehealth consultations, emergency department or initial inpatient)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="#">G0406-G0408</a> (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals of SNFs)</td>
<td></td>
</tr>
<tr>
<td>Virtual check-in</td>
<td>A brief (5-10) minute check-in/conversation with the provider to determine whether office visit or other service is needed. This can be done over the telephone only.</td>
<td><a href="#">G2012</a> or <a href="#">G2010</a></td>
<td>Established patients</td>
</tr>
<tr>
<td>E-visits</td>
<td>A communication between a patient and their provider through an online patient portal.</td>
<td><a href="#">99421</a> <a href="#">99422</a> <a href="#">99423</a> <a href="#">G2061</a> <a href="#">G2062</a> <a href="#">G2063</a></td>
<td>Established patients</td>
</tr>
</tbody>
</table>
Reimbursement for treatment of confirmed cases of COVID-19

**NEW AS OF 3/31/2020:** Effective 3/30/2020, 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 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 following codes should be used for treatment once COVID-19 is confirmed.

<table>
<thead>
<tr>
<th>Code</th>
<th>Use</th>
<th>Customer cost-share</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B97.29</td>
<td>Treatment</td>
<td>Waived</td>
<td>Other coronavirus as the cause of diseases classified elsewhere.</td>
</tr>
</tbody>
</table>

**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 at 100% 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/outreachffsprovpartprovguidance/email-archive/2020-02-20#_Toc32923423) codes specifically for testing SARS-CoV-2, the virus that causes novel coronavirus (COVID-19). Starting April 1, 2020, laboratories performing the test can bill Medicare and other health insurers for services that occurred after February 4, 2020, using the newly created HCPCS codes outlined in the billing guidelines document attached. |
| Q. When can providers begin to submit testing claims for SARS-CoV-2? | A. We will begin to accept these codes for claims with dates of service on or after February 4, 2020. It has been requested, that laboratories hold any claims using these codes until April 1, 2020 to ensure proper reimbursement. |
| Q. How much will providers be reimbursed for SARS-CoV-2 testing performed by commercial labs, such as LabCorp and Quest? | A. CMS has recently released a fee schedule to determine pricing for SARS-CoV-2 testing which varies by state. ([https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf](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. Neither LabCorp nor Quest will collect specimens directly from patients. All suspected SARS-CoV-2 specimens will be collected by a provider at a health care facility or physician office and sent to a CDC-approved laboratory to perform the actual test. |
All cost-share *(if applicable depending on the customer’s benefit plan)* is waived for the commercial laboratory testing of SARS-CoV-2.

**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 AS OF 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 are waived until 5/31/2020.

**Q. NEW AS OF 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 (U07.1 or B97.29).

**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. NEW AS OF 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 May 31, 2020. Currently, the customer cost-share *(if applicable to the customer’s benefit plan)* is waived until May 31, 2020. If this changes, this document will be updated accordingly.

**Q. Will cost-sharing be waived for physician visits related to SARS-CoV-2 testing or screening?**  
**A.** Yes. Both in and out-of-network physician visits related to SARS-CoV-2 testing or screening *(regardless of place of service)* are covered until 5/31/2020.
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 customers 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. If SARS-CoV-2 testing is needed, the provider should take a specimen and send it to a testing center (e.g., commercial laboratory). Providers can use the diagnosis codes outlined in the billing guidelines attached 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. What are the plans to sustain pharmacy inventories in the event of a drug shortage?**

**A.** We are well prepared to ensure we can meet the medication needs of our customers to ensure 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.

**Q. NEW AS OF 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.** Yes. Physicians who bill for a virtual visit for the duration of the COVID-19 Public Health Emergency will be reimbursed using the following CMS guidelines:

- Starting March 6, 2020, telehealth virtual visits can take place at a patient’s residence. The Medicare waiver no longer requires that the patient reside in a rural area or be present in a medical facility to receive telehealth visits. Reference the telehealth, virtual check-ins and E-visit services section in the Billing Guidelines document.
- Medicare beneficiaries will be able to receive office visits, mental health counseling and preventive health virtually.
- These visits will be reimbursed depending on the place of service.
- 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 for more information on this benefit or to locate a provider.

**Q. Who are the Qualified Providers who are permitted to furnish these telehealth services under the new law?**

**A.** Qualified providers who are permitted to furnish Medicare telehealth services during the Public Health Emergency include physicians and certain non-physician practitioners such as nurse practitioners, physician assistants and certified nurse midwives. Other
practitioners, such as certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals may also furnish services within their scope of practice and consistent with Medicare benefit rules that apply to all services.

Q. Can hospitals, nursing homes, home health agencies or other healthcare facilities bill for telehealth services?
A. Billing for Medicare telehealth services is limited to professionals. (Like other professional services, Critical Access Hospitals can report their telehealth services under CAH Method II). If a beneficiary is in a health care facility (even if the facility is not in a rural area or not in a health professional shortage area) and receives a service via telehealth, the health care facility would only be eligible to bill for the originating site facility fee, which is reported under HCPCS code Q3014. But the professional services can be paid for.

Q. Are there additional resources available in regards to Telemedicine services to support providers?

Q. What codes should providers use for billing telehealth services?
A. Providers should reference the attached billing guidelines document for needed virtual, telemedicine and telehealth HCPS/CPT codes.

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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.