



March 25, 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.

To honor this commitment, effective immediately, the following measures have been implemented:

- Customer cost-sharing for office visits for COVID-19 screening and SARS-CoV-2 testing is waived until 5/31/2020.
- Customer authorizations and referrals 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.
- We have expanded our telehealth, virtual check-ins and E-visit policy to make it easier for customers to be treated virtually by in-network and out-of-network providers.

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 these recommended codes will facilitate proper payment and help avoid errors and reimbursement delays. Please see the attached **Billing Guidelines and Frequently Asked Questions** for further information on screening, testing and treatment of COVID-19.

We also 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-covers-cost-of-coronavirus-tests-for-customers>).

Note that these guidelines may change, to keep updated on rapidly changing information, please visit the Cigna Medicare Professionals website for the most up to date information (<https://medicareproviders.cigna.com/>).

Thank you for your continued partnership.

Cigna

COVID-19 MEDICARE ADVANTAGE BILLING & REFERRAL GUIDELINES FOR PROVIDERS

Updated as of March 25, 2020

These guidelines apply to Medicare Advantage and Medicare-Medicaid customers.

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). The virus is present in many locations around the world, including in the United States.

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

Here are some important releases & guidance to reference:

- 3/10/2020: CMS issued a memorandum to help Medicare Advantage and Part D Plans respond to COVID-19 (<https://www.cms.gov/files/document/hpms-memo-covid-information-plans.pdf>)
- 3/13/2020: The President declared a National Emergency in response to COVID-19. In response, CMS released a provider fact sheet for reference at: <https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>.
- 3/18/2020: CMS Released Recommendations on Adult Elective Surgeries, Non-Essential Medical, Surgical, and Dental Procedures During COVID-19 Response. (<https://www.cms.gov/newsroom/press-releases/cms-releases-recommendations-adult-elective-surgeries-non-essential-medical-surgical-and-dental>)

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.

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.

NOTE: These guidelines may change, to keep updated on rapidly changing information, please visit the Cigna Medicare Professionals website for the most up to date information (<https://medicareproviders.cigna.com/>).

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 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

Out-of-network services adhere to CMS rules. 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 are waived.
- In alignment with the National Emergency Declaration, authorizations are not required nor will be processed for services requested or delivered by non-contracted providers during this period.
- Please continue to inform us of admissions to Inpatient Acute Care, Skilled Nursing Facilities, Acute Inpatient Rehabilitation and Long-Term Acute Care facilities so that we may 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.

Check the Cigna Medicare Professionals website

(<https://medicareproviders.cigna.com/>) for the most up to date information.

Testing for SARS-CoV-2.

Testing is covered. Providers will be reimbursed for SARS-CoV-2 testing and customer cost-share will be waived. The following codes should be used for reimbursement:

Code	Customer cost-share	Description and Reimbursement
U0001	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. This code will be reimbursed according to the CMS fee schedule: https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf .
U0002	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). This code will be reimbursed according to the CMS fee schedule: https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf
87635	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. No CMS pricing has been released for this code at this time.

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 assistance 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>.

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 will be waived when one of the following ICD10 diagnosis codes is billed:

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 this is ruled out 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.

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 applies for these visits.

If the service is to screen for SARS-CoV-2, customer cost-share is waived. Use one of the diagnosis codes listed below.

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 this is ruled out 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.

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.

CMS also outlines two other remote processes for patient communication. They are virtual check-ins and E-visits. Reference the 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>

Use the guidelines below for telehealth, virtual check-ins and E-visit services. Additional information on applicable HCPCS/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>

VIRTUAL VISITS – TELEMEDICINE SERVICES			
Type of service	Description	HCPCS/CPT CODE	Patient/Provider Relationship
Medicare Telehealth Visits	A visit with a provider that uses telecommunication systems between a provider and patient	<ul style="list-style-type: none"> • 99201-99215 (office or other outpatient visits, new or established patients) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals of SNFs) 	New or established patients
Virtual check-in	A brief (5-10) minute check-in/conversation with the provider to determine whether office visit or other service is needed.	G2012 or G2010	Established patients
E-visits	A communication between a patient and their provider through an online patient portal	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	Established patients

Reimbursement for treatment of confirmed cases of COVID-19

Providers will be reimbursed consistent with their fee schedules for services, including office sick visits, labs, inpatient stays, etc. When COVID-19 is confirmed, the following codes should be used for treatment once COVID-19 is confirmed. **Customer cost-share applies.**

Code	Use	Customer cost-share	Description
B97.29	Treatment	Applies	Other coronavirus as the cause of diseases classified elsewhere.
U07.1	Treatment	Applies	2019-nCoV acute respiratory disease. New code with implementation date of 4/1/2020.

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. To help remove any barriers to receive testing, laboratory tests for SARS-CoV-2 are covered similar to a preventive benefit for fully-insured plans – thereby customer cost-share 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 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]

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 release 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.

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 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 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. No. 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. **At this time, deductibles and cost-sharing for customers related to treatment for COVID-19 are not being waived.** This may change in the future, refer to our provider website for the most up to date information: <https://medicareproviders.cigna.com/>

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 at 100%.

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

A. Providers will be reimbursed consistent with their fee schedules for services, including office sick visits, labs, inpatient stays, etc.

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 should 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.

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.
- 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?

A. Yes. For other frequently asked questions around Telehealth, reference the [Medicare Telehealth Frequently Asked Questions \(FAQs\)](https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf) released by CMS on March 17, 2020. [https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf]

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 HCPCS/CPT 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.