CIGNA

Virtual Care Guidelines

In an effort to remove barriers for our customers to access timely and safe care, while ensuring that providers can continue to deliver necessary services in necessary settings, Cigna will allow providers to bill a standard face-to-face visit for all virtual care services, including those not related to COVID-19.

This means that providers can perform services for commercial Cigna customers in a virtual setting and bill as though the services were performed face-to-face.

Providers should bill using a face-to-face evaluation and management code, append the GQ modifier, and use the POS that would be typically billed if the service was delivered face to face.[1]

Providers will be reimbursed consistent with their typical face-to-face rates.

Providers can also bill code G2012 for a 5-10 minute phone conversation, and Cigna will waive cost-share for the customer. This will allow for quick telephonic consultations related to COVID-19 screening or other necessary consults, and will offer appropriate reimbursement to providers for this amount of time.[2]

Customer cost-share will apply as outlined below.[2]

Cigna claims processing systems will be able to accurately and timely administer claims when health care providers follow the below coding guidance. Claims will be processed consistent with

1. QualCare Workers' Compensation providers should not use a GQ modifier.
2. Not applicable to QualCare Workers' Compensation.
3. Effective dates for QualCare Workers' Compensation are being determined. We will provide updates as the information becomes available.

General billing guidance for COVID-19 related services

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

Service	Code(s) to bill
Virtual screening telephone consult (5-10 minutes)	G2012

Virtual or face-to-face visit for screening for **suspected** or likely COVID-19 exposure	Usual face-to-face E/M code ICD10 code Z03.818 or Z20.828 Modifier CR on CMS1500 claims Condition code DR on UB04 claims Append with GQ modifier for virtual care
Virtual or face-to-face visit for treatment of a **confirmed** COVID-19 case	Usual face-to-face E/M code ICD10 code B97.29 or U07.1 Append with GQ modifier for virtual care
COVID-19 laboratory testing	U0001, U0002, and 87635
Diagnostic COVID-19 related laboratory tests (other than COVID-19 test)	Usual codes ICD10 code Z03.818 or Z03.828 Modifier CR on CMS1500 claims Condition code DR on UB04 claims

General billing guidance for non-COVID-19 related services

Service	Code(s) to bill
Virtual screening telephone consult (5-10 minutes)	G2012

Non COVID-19 virtual visit (i.e., telehealth)	Usual face-to-face E/M code Append with GQ modifier POS service normally billed See important notes below
Non-COVID-19 laboratory tests	Usual laboratory codes
In-office visit not related to COVID-19	Usual face-to-face E/M codes

Important notes

Please note that state and federal mandates may supersede the preceding guidelines.

Billing a POS 02 or GT/95 modifier for virtual services may result in reduced payment or denied clai limitations. While we understand CMS guidance is to bill for a POS 02 for virtual care services, billing ensure providers receive the same reimbursement as they typically get for a face-to-face visit.

While we encourage providers to bill consistent with an office visit – and understand that certain se and complex even when provided virtually – we strongly encourage providers to be cognizant when codes for virtual services. While we will reimburse these services consistent with face-to-face rates, four and five services to limit fraud, waste, and abuse.

Mid-level practitioners (e.g., physician assistants and nurse practitioners) can also provide services guidance. Reimbursement will be consistent as though they performed the service in a face-to-face

Cigna will not make any requirements as it relates to these services being for a new or existing patie Cigna will not make any requirements regarding the type of technology used (i.e., phone, video, Fac appropriate to use at this time).

We are actively working on guidance for e-consults (e.g., provider-to-provider televisits) and inpatie share that information when it is available.

We are actively working on billing guidance for urgent care centers, and will share that information Physical, occupational, and speech therapists have different billing guidance for virtual care services guidance below.

na/medicalDbwcCOVID-19.html

atment to ensure that customer

Comments
Effective through at least May 31, 2020
Must be performed by a licensed provider

Cost-share will be waived

Effective through at least May 31, 2020
Cost-share will be waived

Normal cost-share applies
Cigna will reimburse usual face-to-face rates

Laboratory test must be FDA-approved/authorized
Reimbursement at 100% of Medicare
Cost-share will be waived

For other laboratory tests when COVID-19 may be suspected
Cost-share will be waived
Paid per contract

Comments

Effective through at least May 31, 2020

Must be performed by a licensed provider

Cost-share will be waived for all services (including non COVID-19 related services)

Exception during public health emergency

Effective through at least May 31, 2020

Cigna will reimburse usual face-to-face rates

Services can be performed by phone, video, or both

Standard cost-share will apply

Paid per contract

If coded with Z codes, cost-share will be waived

Normal cost-share will apply

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n billing level four and five
we will monitor the use of level

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setting.

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eTime, Skype, etc. are all

ent virtual consults, and will

when it is available.

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