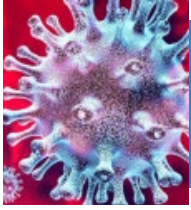


CIGNA Broadens Coverage for Virtual Care Allowing for Phone-only Services



This document is available to members as an informational resource. KMA expresses no opinion as to the feasibility, applicability, or impact to your particular practice. The guidance outlined below applies to Cigna plans only.

Cigna is making an exception during the COVID-19 emergency to allow providers to bill a standard face-to-face visit for all virtual care, i.e., telehealth services, including those provided by telephone-only. This policy applies to new and established patients. *(Cigna has released separate interim telehealth guidance for behavioral health services. Please see the corresponding link under “Additional Cigna Resources” below.)*

Here’s what you need to know

1. Telephonic-only Care:

- Telephonic-only visits are covered through May 31, 2020.
- NEW** • Cost shares are waived for visits to screen suspected or likely COVID-19 exposure as well as for treatment of a confirmed COVID-19 case.
- Standard cost shares apply for all **non COVID-19** related services.
- **Virtual screening telephone consults** (5-10 minutes) related to COVID-19 screening or other necessary consults are also covered with no cost shares for both COVID-19 and non COVID-19 related consults.
- State and federal mandates, as well as customer benefit plan designs, may supersede these guidelines.

2. Telehealth (video + audio)

- NEW** • Cost shares are waived for visits to screen suspected or likely COVID-19 exposure as well as for treatment of a confirmed COVID-19 case on services by a provider or through a virtual vendor.
- Standard cost shares apply for treatment of all **non COVID-19** related services by a provider or through a virtual vendor.
- Cigna will not make any requirements regarding the type of technology used (i.e., phone, video, FaceTime, Skype, etc. are all appropriate to use at this time).
- State and federal mandates, as well as customer benefit plan designs, may supersede these guidelines.

3. Coding Guidance

- NEW** • Providers should bill using a face-to-face evaluation and management code, append the GQ, GT, or 95 modifier to indicate virtual care, and use the POS that would be typically billed if the service was delivered face to face. Providers will be reimbursed consistent with their typical face-to-face rates. Billing a POS 02 may result in reduced payment or denied claims due to system limitations.
- NEW** • Providers are strongly encouraged to be cognizant when billing E/M level four and five codes for virtual services. These services will be reimbursed consistent with face-to-face rates but will be monitored to limit fraud, waste, and abuse.

- NEW** • Claims for inappropriate services that should not be performed virtually will be closely monitored and audited.
- Virtual screening telephone consults (brief, 5-10 minutes) can be billed using code G2012. Providers will be appropriately reimbursed for this amount of time.

Additional Cigna Resources:

- [Cigna's Response to COVID-19](#)
- [Cigna Behavioral Health Interim Telehealth Guidance](#)