

INTERIM COVID-19 GUIDANCE FOR NON-PARTICIPATING BEHAVIORAL PROVIDERS

Cigna Behavioral Health

During this time of heightened awareness of the novel Coronavirus, COVID-19, and its recent classification by the World Health Organization (WHO) as a global pandemic, we want to keep you up to date on how Cigna Behavioral Health is working to help support you and your patients with Cigna coverage.

Many behavioral providers have contacted us about delivering telehealth sessions. While we have been reimbursing for telehealth since 2017, we have made some temporary revisions to telehealth requirements, and to other guidelines, to support continuity of care during this unique situation. The following changes are effective March 17, 2020 through at least December 31, 2020 (unless otherwise noted).

Please note: We are reviewing all new regulations as quickly as possible and will continue to revise the guidance below, as necessary.

Coverage of behavioral telehealth sessions

Behavioral telehealth sessions are available to patients with Cigna coverage and are administered in accordance with their behavioral health benefits. Prior to rendering services, you should verify behavioral health benefits and eligibility for all plan types, including services administered by a third-party administrator, by calling the number on the back of the patient's ID card. An "S" identifier on the bottom left of the card can help you identify which of your patients have services administered by a third-party administrator.

Expectations for providing telehealth sessions

While telephonic sessions are not typically covered in accordance with our Medical Necessity Criteria, we are making an exception during this interim period. You may provide telephonic sessions to patients who do not have access to technology to participate in telehealth sessions, as appropriate.

Best practice standards indicate that providers be licensed in the state(s) where they practice and where their patient is located at the time of service. During this interim period, we understand that special considerations may need to be made, as some individuals may be displaced. We are aware that state-specific licensing requirements for the delivery of telehealth may be waived and/or loosened during this time. You are required to follow federal and/or state guidance as it evolves for the delivery of telehealth. If you have questions about licensing mandates, please contact the appropriate state licensing board(s).

Billing guidance

Behavioral providers who meet telehealth requirements (see above) may deliver services via telehealth.

Individual providers and outpatient clinics

If you are an individual provider or an outpatient clinic, you may use telehealth for outpatient therapy, applied behavior analysis (ABA),* and medication management. While we understand that you may not submit claims for your patients with Cigna coverage, we ask that you consider doing so during this time. Include the following information on your claim form:

* 1 Medical Necessity Criteria for the level of care being delivered must continue to be met.

** The "GT" modifier has been retired by the Centers for Medicare & Medicaid Services (CMS), but it still acceptable on claim forms.

Any reference to the products, services, information or websites of third parties is provided for informational purposes only and should not be construed as an endorsement by Cigna of the products, services, information, or websites of such third parties. Cigna neither reviews nor controls the content and accuracy of these references or websites, and therefore will not be responsible for their content or accuracy.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.



- Appropriate Current Procedural Terminology (CPT®) code in Field 24-D for the service(s) provided
- Modifier **95**** in Field 24-D to specify telehealth (see sample claim below)
- Place of Service (POS) **02** in Field 24-B (see sample claim form below)

24.	A						B	C	D	
	DATE(S) OF SERVICE						Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES	
	From			To					(Explain Unusual Circumstances)	
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	
1	01	02	20	01	02	20	02		CPT code	95
2										

Enter "02" for Place of Service
Enter "95" Modifier

For illustrative purposes only.

Facilities

During this interim period, facilities can render some or all of their services via telehealth (i.e., intensive outpatient program [IOP], partial hospitalization program [PHP]), if appropriate. Acceptable telehealth formats include virtual sessions via video or telephone (in accordance with current legislative guidance).

- If a facility normally bills services on a UB04 claim form, they must include the following on their claim:
 - Appropriate Revenue Code for the service rendered
 - Appropriate CPT or Healthcare Common Procedure Coding System (HCPCS) code for the service rendered
 - Modifier **95****
- If routine outpatient services are normally billed on a CMS1500 claim form, the following must be included:
 - Modifier **95**** in Field 24-D to specify telehealth (see sample claim above)
 - **02** in Place of Service in Field 24-B (see sample claim above)
- Prior to rendering services, please call the number on back of the patient's Cigna ID card to verify eligibility and authorization requirements. At this time there are no procedural changes.
- A facility does *not* need to contact us if telehealth services are being provided to a patient with Cigna coverage who already has an authorization in place. Current authorizations cover telehealth sessions.

Other interim billing guidance for all behavioral providers

Please note: Providers can also use HCPCS 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, outside the context of evaluation and management (E&M) services, and will offer appropriate reimbursement for this amount of time. Cigna will cover code G2012 through December 31, 2020.

* 1 Medical Necessity Criteria for the level of care being delivered must continue to be met.

** The "GT" modifier has been retired by the Centers for Medicare & Medicaid Services (CMS), but it still acceptable on claim forms.



Any reference to the products, services, information or websites of third parties is provided for informational purposes only and should not be construed as an endorsement by Cigna of the products, services, information, or websites of such third parties. Cigna neither reviews nor controls the content and accuracy of these references or websites, and therefore will not be responsible for their content or accuracy.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Effective for dates of service through December 31, 2020, Cigna will allow eConsults when billed with CPT codes 99446-99452 for all conditions. Cigna's claim systems will be able to accurately process claims with these codes as of May 1, 2020. In addition to the applicable CPT code, providers will need to bill with an appropriate ICD-10 code and POS **02** for virtual services. Cost-share will be waived for both COVID-19 and non-COVID-19 eConsults through December 31, 2020.

Please note: Cigna does not offer additional reimbursement for PPE-related costs because office visit (E&M) codes include overhead expenses, such as necessary personal protective equipment (PPE). Separate codes providers may use to bill for supplies are generally considered incidental to the overall primary service and are not reimbursed separately. Contracted providers can't balance bill customers for non-reimbursable codes.

Accelerated credentialing

If you are not a participating provider with Cigna Behavioral Health and would like to be considered for accelerated initial credentialing, please send an email, including your need, to the appropriate Cigna contracting team (see below). Cigna will allow accelerated initial credentialing through October 31, 2020.

- **Individual providers.** Complete the [Cigna Behavioral Health Provider Application](#) available at the Cigna for Health Care Professionals website ([CignaforHCP.com](#) > Resources > Behavioral Resources > Doing Business with Cigna > [Credentialing](#)). When you receive your first outreach from Cigna, alert them of your accelerated request.
- **Clinics.** Email your accelerated request to BehavioralContracting@Cigna.com.
- **Facilities.** Email your accelerated request to ProviderFacilityRecruitment@Cigna.com.

If you apply for accelerated initial credentialing, you will receive status updates from our contracting team.

Additional resources

- For the foreseeable future, the following platform is available, free of charge, to behavioral providers to deliver telehealth sessions:
<https://www.psychiatryrecruitment.org/articles/telepsychiatry-software-and-covid-19>
- For more information about the delivery of telehealth in relation to COVID-19, visit:
<https://info.americantelemed.org/covid-19-news-resources>

* 1 Medical Necessity Criteria for the level of care being delivered must continue to be met.

** The "GT" modifier has been retired by the Centers for Medicare & Medicaid Services (CMS), but it still acceptable on claim forms.

Any reference to the products, services, information or websites of third parties is provided for informational purposes only and should not be construed as an endorsement by Cigna of the products, services, information, or websites of such third parties. Cigna neither reviews nor controls the content and accuracy of these references or websites, and therefore will not be responsible for their content or accuracy.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

