

CIGNA SPECIAL COVERAGE FOR COVID-19

Client-Level Snapshot

COVID-19 Diagnostic Testing and Treatment

Provider and Service	Previous Coverage Standard <i>(actual plan designs vary)</i>	Interim Coverage	Interim Coverage Duration <i>(Dates of Service)</i>	ASO Plan Opt- Out	Claim Coding
Virtual – Contracted Vendors (MDLive & AmWell) <ul style="list-style-type: none"> Virtual consultations, with or without video Includes Medical and Behavioral 	Telehealth visit cost share (often same as PCP)	No customer cost share	March 2 nd – October 31 st 2020	<i>Required under Federal mandate – Family First Act</i>	Standard billing codes with diagnosis code Z20.828 or Z03.818
Virtual – All Health Care Providers <ul style="list-style-type: none"> Brief screening or consultation, 5-10 minutes, with or without video Includes Medical and Behavioral 	Virtual Medical visit not covered except where state mandated	Allow virtual visit No customer cost share for in-network and out-of-network (including for lock-in plans)	March 2 nd – October 31 st 2020	<i>Required under Federal mandate – Family First Act</i>	G2012
Virtual or Face-to-Face – Office Visit <ul style="list-style-type: none"> Virtual screening or consultation longer than 10 minutes, with or without video, in lieu of a face-to-face visit Face-to-face visit Includes Medical and Behavioral 	Virtual Medical visit not covered except where state mandated Face-to-face visit: Customer cost share applies based on place of service	Allow virtual visit No customer cost share for in-network and out-of-network (including for lock-in plans)	<i>Diagnosis:</i> March 2 nd – October 31 st 2020 <i>Treatment:</i> February 4 th – October 31 st 2020	<i>Required under Federal mandate – Family First Act</i> ASO plans may opt-out each time 100% coverage is extended	<ul style="list-style-type: none"> Evaluation and management code with diagnosis code Z20.828, Z03.818, B97.29, or U07.1. For virtual, append the GQ, GT, or 95 modifier. Do not use POS 02. CMS1500 claims: Modifier CR UB04 claims: Condition Code DR
Virtual or Face-to-Face – Outpatient, Emergency Room, Inpatient <ul style="list-style-type: none"> Facility Professional Services 	Customer cost share applies based on place of service Virtual Medical visit not covered except where state mandated	No customer cost share for in-network and out-of-network (including for lock-in plans) Allow virtual visit	<i>Diagnosis:</i> March 2 nd – October 31 st 2020 <i>Treatment:</i> February 4 th – October 31 st 2020	<i>Required under Federal mandate – Family First Act</i> ASO plans may opt-out each time 100% coverage is extended	<ul style="list-style-type: none"> Standard face-to-face codes with diagnosis code Z20.828, Z03.818, B97.29, or U07.1. For virtual, append the GQ, GT, or 95 modifier. Do not use POS 02 CMS1500 claims: Modifier CR UB04 claims: Condition Code DR
Lab Diagnostic Testing <ul style="list-style-type: none"> FDA-approved diagnostic testing for COVID-19 virus Other lab tests directly related to COVID-19 diagnosis and treatment 	Customer cost share applies same as any other lab based on place of service	No customer cost share for in-network and out-of-network (including for lock-in plans)	March 2 nd – October 31 st 2020	<i>Required under Federal mandate – Family First Act</i>	COVID-19 Diagnostic Testing: <ul style="list-style-type: none"> U0001, U0002, 87635 Other Labs: <ul style="list-style-type: none"> Usual lab codes with diagnosis code Z20.828, Z03.818, B97.29, or U07.1 CMS1500 claims: Modifier CR UB04 claims: Condition Code DR
Pharmacy <ul style="list-style-type: none"> No medications for treatment are approved and released by the FDA yet 	Customer cost share applies based on plan	No change Customer cost share applies based on plan	NA	NA	Standard claim coding

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All Other Conditions Not Directly Related to COVID-19 - Consultations, Health Issues, Condition Management, Therapy

Provider and Service	Previous Coverage Standard (actual plan designs vary)	Interim Coverage	Interim Coverage Duration (Dates of Service)	ASO Plan Opt- Out	Claim Coding
Virtual – Contracted Vendors (MDLive & AmWell) <ul style="list-style-type: none"> Virtual consultations, with or without video Includes Medical and Behavioral 	Telehealth visit cost share applies (often same as PCP)	No change Telehealth visit cost share applies (often same as PCP)	NA	NA	Standard claim coding
Virtual – All Health Care Providers <ul style="list-style-type: none"> Brief screening or consultation, 5-10 minutes, with or without video Includes Medical and Behavioral 	Virtual Medical visit not covered except where state mandated	Allow virtual visit No customer cost share for in-network and out-of-network (including for lock-in plans)	March 2 nd – October 31 st 2020	ASO plans may opt-out each time 100% coverage is extended	G2012
Virtual or Face-to-Face – Office Visit, Outpatient, Inpatient, Other <ul style="list-style-type: none"> Virtual screening or consultation longer than 10 minutes, with or without video, in lieu of a face-to-face visit Face-to-face visit Includes Medical and Behavioral 	Virtual Medical visit not covered except where state mandated Face-to-face visit: Customer cost share applies based on place of service	Allow virtual visit No change - Customer cost share applies based on place of service	March 2 nd – October 31 st 2020	NA	<ul style="list-style-type: none"> Standard face-to-face codes. For virtual, append the GQ, GT, or 95 modifier. Do not use POS 02.
Virtual or Face-to-Face – Physical, Occupational, and Speech Therapy <ul style="list-style-type: none"> Virtual therapy when medically appropriate, with or without video as appropriate, in lieu of a face-to-face visit Face-to-face visit 	Virtual therapy not covered Face-to-face visit: Customer cost share applies based on place of service	Allow virtual visit No change - Customer cost share applies based on place of service	March 2 nd – October 31 st 2020	NA	<ul style="list-style-type: none"> Standard face-to-face codes covered by CMS for virtual care and listed on the Fee Schedule. For virtual, append the GQ, GT, or 95 modifier. Do not use POS 02.
Employee Assistance Program (EAP) <ul style="list-style-type: none"> Consultation - standard available services 	5 visits	10 visits	March 2 nd – Sept 30, 2020	NA	Standard claim coding

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Other Service Enhancements

- ▶ Provide free home delivery of up to 90-day supplies for Rx maintenance medications available through the Express Scripts Pharmacy and 24/7 access to pharmacists.
- ▶ Extend prior authorizations to 90 days on covered medications for customers with an active Cigna Pharmacy prior authorization for traditional or specialty medications with an expiration date between April 1 – June 1, 2020 (and not eligible for site-of-care review).
- ▶ Make it easier for hospitals to transfer patients to long term acute care hospitals (LTACHs), skilled nursing facilities (SNFs), and acute rehabilitation facilities (AR) to help manage the demands of increasingly high volumes of COVID-19 patients.
- ▶ Support customers with a free, interactive, COVID-19 symptom risk assessment tool.

Notes:

- ▶ Plan design and state and federal mandates may supersede these guidelines.
- ▶ Coverage for all other medically necessary treatment and medication not listed above are covered according to the plan design.
- ▶ Virtual medical services typically are excluded under most plans except where state mandated. The temporary change is to allow all providers to render face-to-face visits virtually. Reimbursement is the same as the face-to-face rate.
- ▶ Behavioral: Virtual behavioral services have been covered for several years, via synchronous video and audio. Until 10/31/2020, Cigna is waiving the requirement for video.

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