



# NOVEL CORONAVIRUS (COVID-19) INFORMATION FOR KEY PROVIDERS MEDICARE BUSINESS

June 2, 2020

**As the COVID-19 pandemic continues to spread throughout the United States, we recognize and appreciate that health care providers and facilities across the country are on the front line to offer dedicated care to our customers and help protect local communities.**

We also know it's more important than ever for Cigna to be committed to our customers' health and make it as easy as possible for you to focus on delivering safe, efficient, quality care.

**To honor this commitment, we continue to support providers and facilities by ensuring there is:**

- No authorization required for emergency department visits
- No post-service medical necessity review of emergency room care
- No authorization required for emergency ground or rotary transportation
- Payment of claims in a timely manner
- Prompt assistance with discharge planning
- No authorization required for emergent transport to nearby facilities capable of treating customers covered without authorization
- No authorization required for transport between facilities such as hospitals and skilled nursing facilities (SNFs) and hospitals and acute rehab (AR) centers
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## What has changed?

| Topic  | Change  |
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| <b>Cost-share</b>  | Cover COVID-19 screening, testing and treatment without any customer cost-share until <b>12/31/2020</b> .   |
| <b>Inpatient Prospective Payment System (IPPS) Hospitals- DRG Payment Increase</b> | <p>Effective 1/27/2020, Cigna will increase the weighting factor of the assigned Medicare DRG by 20% for members hospitalized with a COVID-19 diagnosis and discharged during the COVID-19 Public Health Emergency (PHE) period. Discharges of an individual diagnosed with COVID-19 will be identified by the presence of the following ICD-10 diagnosis codes:</p> <ul style="list-style-type: none"> <li>• B97.29- (Other coronavirus as the cause of diseases classified elsewhere) for discharges occurring on or after January 27, 2020, and on or before March 31, 2020.</li> <li>• U07.1- (2019-nCoV acute respiratory disease) for discharges occurring on or after April 1, 2020, through the duration of the COVID-19 public health emergency period.</li> </ul> |



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|  | Cigna will reprocess claims submitted for discharges occurring 1/27/2020 or after that have the applicable COVID-19 diagnosis codes. This increase will apply to contracted and non-contracted facilities.  |
| <b>In-Network PCP, Specialist and Behavioral Health Cost-Share</b> | Effective 6/1, Cigna is eliminating cost-share for all primary care, specialty care, and behavioral health care in-office or telehealth visits for non-COVID-19 related care. The cost-share waiver only applies to <b>services received by in network providers</b> with DOS 6/1/2020- 12/31/2020.   |
| <b>Initial Clinical Review</b>                                     | Initial clinical review is waived for the services listed below <b>until 7/31/2020</b> . Admission notification still applies in order for us to concurrently review and provide discharge/transition of care planning support. <ul style="list-style-type: none"> <li>▪ Home Health Requests</li> <li>▪ SNF Admissions</li> <li>▪ LTAC Admissions</li> <li>▪ Inpatient Rehab Admissions</li> </ul>   |
| <b>Elective Surgeries &amp; Procedures</b>                         | 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.  |
| <b>DME</b>   | 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. All other authorization requirements for contracted providers apply unless specifically outlined in the Additional Authorization Guidelines Outside of PHE section below. <b><i>The face to face waiver applies until 7/24/2020.</i></b>   |
| <b>Virtual care</b>  | All providers, including PT/OT and ST providers, may conduct a face-to-face visit virtually and bill as a standard face-to-face visit including those not related to COVID-19.<br><br>Reference the List of covered telehealth services: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a><br><br>Providers should bill using a face-to-face evaluation and management code and use the POS that would be typically billed if the service was delivered face-to-face.<br><br><b>Note:</b> Providers will be paid at the non-contracted provider FFS rate and customer will be assessed the in-patient cost-share. Post successful completion of initial credentialing, provider can be paid at the negotiated rate. |



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| <b>Provider credentialing</b> | Accelerate the initial credentialing process for COVID-19 related applications. This accelerated initial credentialing process will be available until July 31, 2020. It is requested that providers identify that this is a COVID-19 application upon submission of the request for credentialing. |
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## What has not changed?

- Hospital claim payment review unless outlined above
- Concurrent review of inpatient hospital and subacute services (Select exceptions apply based on state mandates and benefit plan designs)
- Notification requirements pertaining to inpatient admissions and discharges (Please note that Cigna clinicians can assist with safe discharge planning)
- Precertification requirements for scheduled elective surgeries or admissions
- Prior authorization for fixed wing air ambulance transport

## Patient and physician resources

Cigna has taken steps to ensure patients, providers, and administrators have access to resources that support their personal health and well-being, and provide answers to their COVID-19 administrative questions during this challenging and confusing time.

### **24-hour toll-free help line (1.866.912.1687)**

Connect people directly with qualified clinicians who can provide support and guidance for topics like stress and anxiety. This resources is free of charge for all customers, clients, providers, and the members of the communities we serve.

### **Dedicated websites**

Additional information is being updated daily on <https://medicareproviders.cigna.com/>.

We appreciate and applaud the heroic work being done by our physician partners and health care delivery systems during these tough times. Please know that we are closely monitoring this rapidly evolving situation, and will continue to partner with health care systems to ensure that you are equipped to meet the accelerated demands you are facing during this unprecedented time.