

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

March 30, 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 review of emergency room care for medical necessity
- No precertification for home health care services
- No authorization required for emergency ground or rotary transportation
- Payment of claims in a timely manner
- Prompt assistance with discharge planning
- 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

Please note that we are also delaying implementation of various initiatives originally scheduled to begin over the next several weeks, such as site of care review for high-tech radiology.

What is changing?

The following policies apply to participating providers and are effective from the date noted to May 31, 2020.

Topic	Change	Effective date
Audits	Waive record submission requirements for audits such as Healthcare Effectiveness Data and Information Set (HEDIS), except where required by the Centers for Medicare & Medicaid Services (CMS) and states. Working with America's Health Insurance Plans (AHIP), CMS, and states to influence requirements.	March 17, 2020
Claims	Suspend retrospective reviews for medical necessity of inpatient hospital admissions and emergency services for the first 72 hours.	Applicable to admissions beginning March 15, 2020 and onward
	Relax timely claim filing requirement by an additional 90 days.	



	Waive requirement to submit a new precertification request when the customer already has an approved request for the same service and is referred to another similar participating provider (e.g., getting CT scan at another facility).	
	Requests for additional information usually require a response within 90 days. Ordinarily, if information is not submitted, the claim is denied. This timeframe is now extended for an additional 90 days. If you receive a denial notice, please disregard and submit additional information within 180 days from the original request.	
Cost-share	Cover COVID-19 screening and testing without any customer cost-share.	March 2, 2020
Inpatient level of care	<p>Waive precertification requirement for urgent transfer of patients from acute inpatient site of care to:</p> <ul style="list-style-type: none"> • SNF • AR • Long-term acute care hospital (LTACH) <p>Concurrent review for continued stay at these facilities will begin on the first business day after transfer.</p> <p><i>Please note that precertification rules may be applicable to elective transfers in some areas.</i></p>	March 23, 2020
Prior authorization	Increase the window of medical precertification authorization duration from 90 days to 180 days for all services.	March 24, 2020
	Extend drug prior authorizations for an additional 90 days on drugs that were previously approved. Includes both pharmacy and medical benefit covered medications.	Authorizations that have end dates March 24, 2020 or later
	Suspend administrative denials for Failure to Secure Authorization (FTSA). Claims will be reviewed post-service for medical necessity.	Dates of service March 25, 2020 and onward
	Suspend administrative denials for FTSA if a previously approved service is obtained outside of authorization window but within three months of expiration of authorization.	For services with date of authorization February 1, 2020 and onward
Virtual care	<p>All 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.</p> <p>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.</p> <p>Providers will be reimbursed consistent with their typical face-to-face rates.</p>	March 2, 2020

	Allow reimbursement of select virtual physical, occupational, and speech therapy services when appended with a GQ modifier. These services will be reimbursed consistent with standard rates.	March 25, 2020
Provider credentialing	Accelerate the credentialing process for COVID-19 related applications, and reimburse providers as in-network upon receipt of a completed application.	April 1, 2020

What is not changing?

- 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 COVID-19 toll-free administrative line (1.855.287.8400)

Supports patients, providers, and administrators with administrative, benefit, or claim related questions.

Dedicated websites

Additional information is being updated daily on [Cigna.com](https://www.cigna.com), [myCigna.com](https://www.mycigna.com), and [CignaforHCP.com](https://www.cignaforhcp.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.