

CIGNA'S VIRTUAL CARE REIMBURSEMENT POLICY

Helping you stay connected to your patients

At Cigna, we're committed to helping you build and maintain strong connections with your patients. After all, the stronger their connection with you as their provider, the better supported they'll be in improving their health, well-being, and peace of mind.

That's why, effective January 1, 2021¹, we're implementing a new Virtual Care Reimbursement Policy for commercial medical services that ensures participating providers in the Cigna medical network² can continue to deliver care how, when, and where it best meets your patients' needs.

The following information provides an overview of how the new policy works. To view additional details, visit **CignaforHCP.com/virtualcare**.

Together, all the way.



Reimbursed services

Our new Virtual Care Reimbursement Policy provides continued reimbursement for a variety of services that are typically performed in an office setting, but can safely and effectively be performed virtually.

Common services included in the policy

- > Routine check-ups
- General wellness visits
- New patient exams
- Behavioral assessments

Common codes included in the policy

- Outpatient E&M codes for new and established patients (99202-99215)
- Physical and occupational therapy E&M codes (97161-97168)
- > Telephone-only E&M codes (99441-99443)
- Annual wellness visit codes (G0438 and G0439)

Reimbursement requirements

The following general requirements must be met for Cigna to consider reimbursement for a virtual care visit:

- Services must be on the list of eligible codes contained in our Virtual Care Reimbursement Policy.
- Claims must be submitted on a CMS-1500 form or electronic equivalent.
- Modifier 95, GT, or GQ must be appended to the virtual care code(s).
- Billing POS 02 for virtual services may result in reduced payment or denied claims. Therefore, providers should bill a typical face-to-face place of service (e.g., POS 11) to ensure they receive the same reimbursement as they typically get for a face-to-face visit.
- Except for the noted phone-only codes, services must be interactive and use both audio and video internet-based technologies (i.e., synchronous communication).³

If all requirements are met, services will be reimbursed at the same rate as face-to-face visits to ensure you can continue to receive fair reimbursement as we recover from COVID-19.4

Billing example

Service performed: Office or other outpatient visit for the evaluation and management of a new patient

CPT code billed: 99202

Modifier appended to billed code: 95, GT, or GQ

Place of service billed: 11

Technology used: Audio and video

Reimbursement received (if covered): 100% of

face-to-face rate

Customer cost-share: Applies consistent with

face-to-face visit



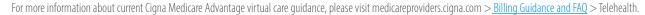
Let's make sure we stay connected, too.

If you have questions or feedback about our virtual care reimbursement policy, please contact your provider representative or call Cigna Customer Service anytime at

800.88Cigna (800.882.4462).

- 1. Our <u>interim COVID-19 virtual care guidelines</u> remain in place until December 31, 2020. If it is necessary to extend that interim coverage without change based on unforeseen COVID-19 circumstances, our new Virtual Care Reimbursement Policy may be implemented at a later date. If this happens, we will communicate these updates as necessary. Please know that we are committed to ensuring continued access to virtual care for you and your patients
- 2. This Virtual Care Reimbursement Policy only applies to services provided to commercial medical customers, including those with Individual & Family Plans (IFP). Cigna Behavioral Health and Cigna Medicare Advantage customers continue to have covered virtual care services through their own separate benefit plans.





- 3. All synchronous technology used must be secure and meet or exceed federal and state privacy requirements.
- 4. State and federal mandates, as well as customer benefit plan design, may supersede this guidance.

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