

FEATURE ARTICLES

COVID-19: Interim guidance for behavioral providers

During this time of heightened awareness of the novel Coronavirus, COVID-19, and its 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, and will continue to do so post-pandemic, 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 July 20, 2021, unless otherwise noted.

Please note:

- As federal guidelines continue to evolve in support of the COVID-19 pandemic, we are proactively extending applicable customer cost-share waivers and other enhanced benefits, through February 15, 2021 for treatment and July 20, 2021 for testing and testing-related services, unless otherwise mandated by the state. *This guidance is subject to change.*
- Cigna Behavioral Health will continue to reimburse for telehealth after July 20, 2021, unless otherwise noted.

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

As a general requirement, Cigna-participating outpatient providers must complete an attestation to deliver telehealth sessions. During this interim period, however, telehealth attestations are *not* required.

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. Cigna will allow commercial and behavioral providers who are participating with Cigna (and who have up-to-date credentialing) to provide in-person or virtual care in other states, through March 31, 2021, to the extent that the scope of the license and state regulations allow such care to take place. 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 with no additional credentialing.

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),* medication management, and Employee Assistance Program (EAP) services. Include the following information on your claim form:

- 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 **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 (Explain Unusual Circumstances)			
From		To				CPT/HCPCS			MODIFIER			
MM	DD	YY	MM	DD	YY							
01	02	20	01	02	20	02		CPT code	95			
						Enter "02" for Place of Service		Enter "95" Modifier				

For illustrative purposes only.

Facilities

Through at least July 20, 2021, facilities can render some or all of their services via telehealth (i.e. partial hospitalization program [PHP]), if appropriate. Please note that intensive outpatient program (IOP) telehealth services were covered prior to the pandemic, and will continue to be covered after July 20, 2021. 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)
- To provide telehealth services during this interim period, facilities do *not* need to submit an attestation, nor do they need to change their contracts.
- 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. If a facility has a clinic contract, attestations are *not* required during this interim period.

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 with no customer cost-share for all services (including non-COVID-19 related services) through July 20, 2021.

Effective for dates of service through July 20, 2021, Cigna will allow eConsults when billed with CPT codes 99446-99452 for all conditions. Cigna's claim systems are 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.

Cigna does not provide additional reimbursement for PPE-related costs, including supplies, materials, and additional staff time (e.g. CPT code 99072), 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.

Employee Assistance Program (EAP) session enhancement

Effective March 21, 2020 through September 30, 2020, Cigna doubled the available number of free sessions any EAP customer can use for stressors and concerns in response to the impact of COVID-19 on daily lives.

Normally, EAP sessions are available on a per issue basis throughout the year. Through this enhancement, Cigna has made available a second set of sessions (up to a maximum of 10 total) for the same issue.

Please note: If a customer did not use all of their sessions (authorized from March 21, 2020 through September 30, 2020), they have until the end of the plan year to exhaust the benefit for the respective issue. **Starting October 1, 2020, additional EAP sessions may be authorized in accordance with the standard plan provisions.**

Examples of stressors/concerns may include, but are not limited to:

- Loss of work
- Work demand/transition to work-at home
- Financial worries
- Work/life balance
- Family/marital conflict
- Caregiving
- Hospitalization of loved ones
- Anxiety, isolation, and loss of sleep

To confirm how many EAP sessions may be available to a customer, or to request an EAP code, call the number on back of the Cigna ID card. If your patient doesn't have a Cigna ID card, call Provider Services at **800.926.2273**.

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 July 20, 2021.

- **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 Cigna contacts you, alert us 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

- Continue to watch the Cigna for Health Care Professionals website for interim COVID-19 guidance (CignaforHCP.com > Behavioral Resources > Doing Business with Cigna > COVID-19: Interim Guidance).
- 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>.
- For more information about interim guidance for medical providers, visit CignaforHCP.com > Resources > Medical Resources > Doing Business with Cigna > Cigna's response to COVID-19.
- If you have questions about administering benefits for patients with Cigna coverage, email [mailto:Behprep@Cigna.com?Subject=COVID-19 interim guidance](mailto:Behprep@Cigna.com?Subject=COVID-19%20interim%20guidance).

* 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.

CONTACT US

Cigna Behavioral Health
Attn: Provider Relations
6625 W 78th Street, Suite 100
Bloomington, MN 55439
Telephone: 800.926.2273
Fax: 860.847.5207

Send us an email: behprep@cigna.com

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