



Reimbursement Policy

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Reimbursement Policy NumberR33

COVID-19 Interim Billing Guidelines

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Related Policies

[CP0557 COVID-19: In Vitro Diagnostic Testing](#)

INSTRUCTIONS FOR USE

*This Reimbursement Policy is intended to supplement certain **standard** benefit plans. Reimbursement terms in agreements with participating health care providers may supersede the information in this policy. Proprietary information of Cigna. Copyright ©2020 Cigna*

Overview

These billing guidelines pertain to services rendered during the COVID-19 pandemic, are in effect from March 2, 2020 until October 31, 2020 with the exception of virtual care services which will remain in effect until 12/31/2020.

Adhering to these guidelines will help facilitate accurate and timely reimbursement. Billing guidelines for Cigna Behavioral Health administered benefit plans and Cigna Medicare and Medicaid health benefit plans are available on www.cignaforhcp.com.

Reimbursement Policy

Cigna will reimburse services rendered during the COVID-19 pandemic as outlined below:

The following ICD10 codes should be billed in the primary position when they are the reason for the encounter:

- **U07.1 when COVID-19 has been confirmed.**

Note: Effective August 1, 2020, U07.1 must be billed to waive cost-share for confirmed COVID-19 diagnosis.

- **Z03.818 for suspected COVID-19**
- **Z20.828 for exposure to COVID-19**
- **Z01.812 for preadmission or pre-surgical testing for COVID-19**
- **Z02.79 for return to work testing**
- **Z02.0 for return to school testing or school admission**

In Vitro Diagnostic Testing

Cigna will reimburse COVID-19 in vitro diagnostic laboratory testing without copay or cost-share when a diagnosis of COVID-19 is being considered and these tests will be used as part of an evaluation.

In order to bill these codes, the laboratory test must be developed and administered in accordance with the specifications outlined by the FDA Emergency Use Authorization (EUA) or through State regulatory approval. In addition, Cigna may request the appropriate CLIA certification or waiver and the manufacturer and name of the test being performed.

Cigna will not reimburse for laboratory tests that are not performed. If specimen collection is performed, then the appropriate code for specimen collection should be billed.

Self-contained testing kits where both the specimen collection and performance of the test are done in the home setting are not eligible for reimbursement

Note: see Coverage Policy CP0557 COVID-19: In Vitro Diagnostic Testing for medical necessity coverage criteria.

Virtual Care: Reimbursement for Virtual Care Services will remain in place until 12/31/2020

While we encourage providers to bill consistent with an office visit and understand that certain services can be time-consuming and complex even when provided virtually, we strongly encourage providers to be cognizant when billing level four and five codes for virtual services. While we will reimburse these services consistent with face-to-face rates, we will monitor the use of level four and five services to limit fraud, waste, and abuse.

It is expected that the service billed is reasonable to be provided in a virtual setting. Cigna will closely monitor and audit claims for inappropriate services that should not be performed virtually (including but not limited to: acupuncture, all surgical codes, anesthesia, radiology services, laboratory testing, administration of drugs and biologics, infusions or vaccines, EEG or EKG testing).

Cigna is not requiring a specific type of technology to be used during this pandemic (i.e., phone, video, FaceTime, Skype, etc.).

Cigna requests Place of Service (POS) 02 not be billed. Instead, please bill the POS which is normally billed if the service was rendered face-to-face (F2F). E.g., 11.

Cigna will not require customers to be established patients in order for virtual care reimbursement to occur.

In Vitro Diagnostic Laboratory Testing

86328	Immunoassay for infectious agent antibody(ies), qualitative or semi quantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R

COVID-19 Related Diagnostic Laboratory Testing: Cost-share will be waived when billed as follows:

<p>Diagnostic COVID-19 related laboratory tests (other than COVID-19 tests listed above): bill appropriate code for the test performed including but not limited to: Influenza: 87275, 87276, 87279, 87804 Respiratory Syncytial Virus: 87280, 87420, 87634, 87807</p>	<ul style="list-style-type: none"> • ICD10 code Z03.818 or Z20.828 • Modifier CS 	<p>For other laboratory tests when COVID-19 may be suspected</p> <p>Cost-share will be waived</p> <p>Modifier CR will also be accepted as will condition code DR on UB04 claim forms</p>
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Specimen Collection:

Cigna will reimburse specimen collection for COVID-19 tests when one of the following codes is billed and no other code is billed on the claim:

Code	Code Description	Other
C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), any specimen source	<p>Cost-share is waived</p> <p>Reimbursement will be provided only for hospital outpatient claims billed on a UB04 claim form with POS 19 and 22</p>
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	Cost-share is waived
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source	Cost-share is waived

Virtual Services

COVID-19 Related Virtual Services:

Code	Code Description	Modifier	ICD-10 code	Other
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the	N/A	Z03.818 or Z20.828	<p>Virtual screening telephone call (5-10 minutes) for screening for suspected or likely COVID-19 exposure</p> <p>Place Of Service (POS) which is normally billed if the service was rendered face-to-face (F2F). E.g., 11</p>

	previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion			Cost-share waived Note: Cigna will reimburse G2012 for both new and established patients
Usual face-to-face code	Modifier CS and either 95 or GT or GQ	Z03.818 or Z20.828		Virtual visit for screening for suspected or likely COVID-19 exposure Place Of Service (POS) which is normally billed if the service was rendered face-to-face (F2F). E.g., 11 Cost-share waived Modifier CR will also be accepted as will condition code DR on UB04 claim forms
Usual face-to-face code	Modifier CS and either 95 or GT or GQ	U07.1		Virtual visit for treatment of confirmed COVID-19 <ul style="list-style-type: none"> • Cost-share is waived only when providers bill ICD10 code U07.1 • Please note that billing B97.29 will no longer waive cost-share. Effective August 1, 2020, U07.1 must be billed to waive cost-share for confirmed COVID-19 diagnosis. Place Of Service (POS) which is normally billed if the service was rendered face-to-face (F2F). E.g., 11 Modifier CR will also be accepted as will condition code DR on UB04 claim forms
COVID-19 Related Inter-professional Telephone/Internet/Electronic Health Record Consultations				

99446, 99447, 99448, 99449, 99451 or 99452: Inter professional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional	CS	ICD-10 code which would be billed if the service was F2F	Place Of Service (POS) which is normally billed if the service was rendered face-to-face (F2F). E.g., 11 Cost share will be waived Modifier CR is also accepted
COVID-19 Related Virtual Urgent Care			
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Modifier CS and either 95 or GT or GQ	Z03.818 or Z20.828 Virtual screening telephone call (5-10 minutes) for screening for suspected or likely COVID-19 exposure Place Of Service (POS) which is normally billed if the service was rendered face-to-face (F2F). E.g., 20 Cost-share waived Modifier CR will also be accepted as will condition code DR on UB04 claim forms Note: Cigna will reimburse G2012 for both new and established patients
S9083	Global fee urgent care centers	Modifier CS and either 95 or GT or GQ	Z03.818 or Z20.828 for suspected or likely COVID-19 exposure U07.1 Virtual visit for treatment of confirmed COVID-19 Place Of Service (POS) which is normally billed if the service was rendered face-to-face (F2F). E.g., 20 Cost-share is waived only when providers bill ICD10 code U07.1 <ul style="list-style-type: none"> Please note that billing B97.29 will no longer waive cost-share. Effective August 1, 2020, U07.1 must be billed to waive cost-share for confirmed COVID-19 diagnosis. Modifier CR will also be accepted as will condition code DR on UB04 claim forms
COVID-19 Related Virtual Home Health Care			
Service code which would be billed if the service was rendered face to face (F2F)	Modifier CS or CR and	U07.1	Virtual home health visit for treatment of a confirmed COVID-19 case

	either 95 or GT or GQ		<p>Cost-share is waived only when providers bill ICD10 code U07.1</p> <ul style="list-style-type: none"> Please note that billing B97.29 will no longer waive cost-share. Effective August 1, 2020, U07.1 must be billed to waive cost-share for confirmed COVID-19 diagnosis. <p>Place Of Service (POS) which is normally billed if the service was rendered face-to-face (F2F). E.g., 12</p>
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Non-COVID-19 Related Virtual Services:

Code	Code Description	Modifier	ICD-10 code	Other
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	N/A	ICD-10 code which would be billed if the service was F2F	<p>Virtual telephone visit (5-10 minutes)</p> <p>Place Of Service (POS) which is normally billed if the service was rendered face-to-face (F2F). E.g., 11</p> <p>Cost-share waived</p> <p>Note: Cigna will reimburse G2012 for both new and established patients</p>
	Service code which would be billed if the service was rendered face-to-face (F2F)	GQ or GT or 95 modifier	ICD-10 code which would be billed if the service was F2F	<p>Place Of Service (POS) which is normally billed if the service was rendered face-to-face (F2F). E.g., 11</p> <p>Exception during public health emergency</p> <p>Reimbursement will be the same as usual face-to-face rates</p> <p>Services can be performed by phone, video, or both</p> <p>Standard cost-share will apply</p>
Non-COVID-19 Related Physical/Occupational and Speech Therapy				

Service code which would be billed if the service was rendered face-to-face (F2F)	GT or GQ or 95		Service code which would be billed if the service was rendered face-to-face (F2F)	
Non-COVID-19 Related Urgent Care				
Code	Code Description	Modifier	ICD-10 Code	Other
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	95 or GT or GQ	ICD-10 code which would be billed if the service was F2F	<p>Virtual telephone visit (5-10 minutes)</p> <p>Place Of Service (POS) which is normally billed if the service was rendered face-to-face (F2F). E.g., 20</p> <p>Cost-share will be waived</p> <p>Note: Cigna will reimburse G2012 for both new and established patients</p>
S9083	Global fee urgent care centers	95 or GT or GQ	ICD-10 code which would be billed if the service was F2F	<p>Place Of Service (POS) which is normally billed if the service was rendered face-to-face (F2F). E.g., 20</p> <p>Standard cost-share will apply</p>
Non-COVID-19 Related Virtual Home Health Care				
Code	Code Description	Modifier	ICD-10 Code	Other
	Service code which would be billed if the service was rendered face-to-face (F2F)	95 or GT or GQ	ICD-10 code which would be billed if the service was F2F	<p>Reimbursement will be the same as usual face-to-face rates</p> <p>Place Of Service (POS) which is normally billed if the service was rendered face-to-face (F2F). E.g., 12</p> <p>Standard cost-share will apply</p>

Non-Virtual Visits for COVID-19

Code	Code Description	Modifier	ICD-10 Code	Other
	Service code which would be billed if the service was rendered face-to-face (F2F)	CS on CMS1500 or UB04	U07.1	<p>Cost-share is waived only when providers bill ICD 10 code U07.1</p> <ul style="list-style-type: none"> Please note that billing B97.29 will no longer waive cost-share. Effective August 1, 2020, U07.1 must be billed to waive cost-share for confirmed COVID-19 diagnosis. <p>Modifier CR will also be accepted as will condition code DR on UB04 claim forms</p>

COVID-19 Inpatient and Outpatient Billing on UB04

Cigna will waive cost share for inpatient admissions and outpatient services when COVID-19 is the primary reason for the admission/service and when the following is met:

- ICD-10 code U07.1 is billed in the primary position. Cost-share is waived only when providers bill ICD10 code U07.1.
Note: Effective August 1, 2020 ICD10 code U07.1 must be billed to waive cost-share for confirmed COVID-19 diagnosis
- Condition Code DR is billed
- Modifier CS is billed
- If the service was virtual, the following must be included on the claim in addition to the guidance mentioned above: Rev Code 780, the procedure code for the service rendered and modifier 95, GT or GQ.

Coding

Interprofessional Telephone/Internet/Electronic Health Record Consultation:

CPT® Code	Code Description
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review

99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes

ICD-10 Codes for Suspected or Likely Exposure to COVID-19

ICD-10 Code	Code Description
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases

ICD-10 Codes for Confirmed COVID-19 Diagnosis

ICD-10 Code	Code Description
U07.1	COVID-19

ICD-10 Code for Preadmission or Pre-Surgical Testing

ICD-10 Code	Code Description
Z01.812	Encounter for pre-procedural laboratory exam

ICD-10 Code for Return to School or School Admission

ICD-10 Code	Code Description
Z02.0	Encounter for examination for admission to educational institution

ICD-10 Code for Return to Work Testing

ICD-10 Code	Code Description
Z02.79	Encounter for issue of other medical certificate

Modifiers (CMS 1500 and UB04 claim forms)

Modifier	Code Description
95	Synchronous Telemedicine Service Rendered via a Real-Time Interactive Audio and Video Telecommunications System
GT	Via interactive audio and video telecommunication systems
GQ	Via asynchronous telecommunications system
CR	Catastrophe/disaster related
CS	Cost-sharing for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test

Condition Code (UB04 claim form)

Condition Code	Code Description
DR	Disaster related

Policy History/Update

Date	Change/Update
07/28/2020	Policy updated to include: addition of ICD10 code for return/admission to school testing, reference to medical coverage policy for in vitro diagnostic testing, extension date for policy to October 31, 2020 for all services except virtual services. Reimbursement for virtual services will remain in effect until 12/31/2020. Removed B97.29 as allowed to waive cost share. Effective 08/01/2020, only U07.1 will waive cost-share for confirmed COVID-19.
05/21/2020	Policy updated with ICD-10 codes for use when billing testing for return to work and pre-surgical/preadmission; added guidance for inter-professional consultation code billing; clarified virtual care services must be appropriate to render virtually; added C9083 to the specimen collection table; updated the end date for these guidelines to 07/31/2020.
04/24/2020	Policy effective date

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