

### Important Content Update Message



We are currently updating the OP Help Center content for the release of OP 20. We appreciate your patience as we continue to update all of our content. To locate the version of your software, navigate to: **Help tab > About**

# Cigna Telehealth Billing Rules (March 2020)

Last Modified on 03/31/2020 7:42 am EDT

In late March 2020, Cigna provided new guidance about how to bill for Telehealth services during the Covid Public Health Emergency. This document describes how to set up Office Practicum to bill according to those guidelines.

## Full Telehealth Visits (audio + visual)

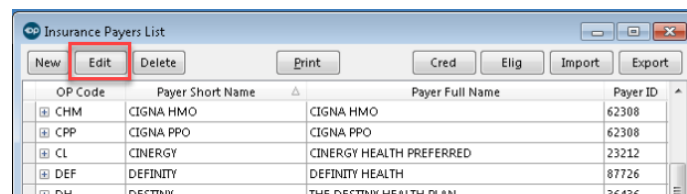
Like most other payers, Cigna accepts normal E&M codes from the **9920x** (new patient) or **9921x** (established) series for Telehealth, based on the level of services performed. Unlike most other payers, these visits should be qualified with the **GQ** Modifier and the provider's *normal* Place of Service (**Office=11**).

## Set up OP Cigna Payers:

1. Navigate to the Payer List: **Billing tab > Payers**.
2. Edit any payers associated with Cigna by following the below steps.
  - Select the payer and click the **Edit** button, the Basic Information window is displayed.



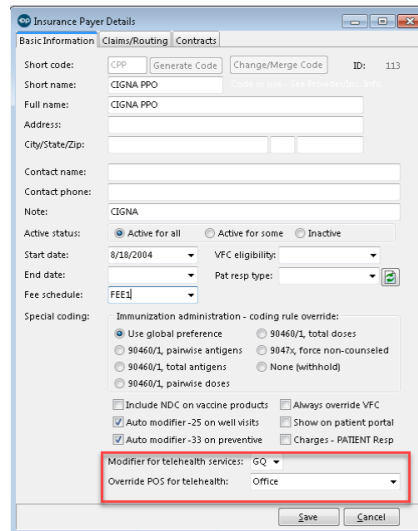
**Note:** At a minimum that will be any OP Payer with National Payor ID 62308, but it may include state Medicaid MSOs affiliated with Cigna. If you think the latter circumstance may apply, check with your state Medicaid system.



OP Code	Payer Short Name	Payer Full Name	Payer ID
CHM	CIGNA HMO	CIGNA HMO	62308
CPP	CIGNA PPO	CIGNA PPO	62308
CL	CINERGY	CINERGY HEALTH PREFERRED	23212
DEF	DEFINITY	DEFINITY HEALTH	87726
DH	DEFINITY	THE DEFINITY HEALTH PLAN	76436

- For each payer, set the Telehealth values at the bottom of the Insurance Payer Details Form as follows.

- **Modifier for telehealth services:** GQ
- **Override POS for telehealth:** Office



Insurance Payer Details

Basic Information | Claims/Routing | Contracts

Short code: CPP Generate Code Change/Merge Code ID: 113

Short name: CIGNA PPO Code (lookup, Fee, Promotional, etc):

Full name: CIGNA PPO

Address:

City/State/Zip:

Contact name:

Contact phone:

Note: CIGNA

Active status:  Active for all  Active for some  Inactive

Start date: 8/18/2004 VFC eligibility:

End date: Pat resp type:

Fee schedule: FEE1

Special coding: Immunization administration - coding rule override:

Use global preference  90460/1, total doses

90460/1, pairwise antigens  9047x, force non-counseled

90460/1, total antigens  None (withhold)

90460/1, pairwise doses

Include NDC on vaccine products  Always override VFC

Auto modifier -25 on well visits  Show on patient portal

Auto modifier -33 on preventive  Charges - PATIENT Resp

Modifier for telehealth services: GQ

Override POS for telehealth: Office

Save Cancel

- Click the **Save** button.

### Warning:



- If you fail to set these values, Cigna may either reject the claim or pay at a rate lower than the contracted rate for face-to-face visits. If you are reading this document prior to April 6, tell your billers to hold such claims until then. Otherwise, the new coding may not be recognized; if it is, you are unlikely to be paid the full contracted rate.
- This policy affects all Telehealth claims going back to March 2 date of service, and is in effect until canceled. At this writing, the effective end date will be no sooner than May 31, 2020.

## Telephone Visits (audio only)

Cigna has agreed to pay for short telephone visits conducted by contracted providers (i.e., not nurse triage). To ensure this care is recognized and paid correctly - which includes \$0 patient responsibility - you must bill such visits using **CPT G2012** instead of the usual **99441**. G2012 is not in OP and will need to be added following the below steps.

1. Navigate to the Payer List: **Billing tab > Procedure (CPT) Codes.**
2. Enter **G2012** in the Search box, select the **Complete list** radio button then click the **Search** button.
3. If it doesn't exist, click the **Edit** button to bring up the CPT Details Form.
4. Click the **Add** button and create a new CPT with the following values:

CPT-4: Physicians Current Procedural Terminology, 4th Edition

+    -    ✎    ✓    ✕

CPT Code:     TELEPHONE E/M SVC, PHYSICIAN, 5-10 MIN

NDC ID:     TELEPHONE E/M SERVICE, PHYSICIAN, NOT RELATED TO OTHER E/M, 5-10 MINUTES

Patient-friendly description:

Category:     Sort#:      Include in Frequently Used list

Cost:     Revenue code:

**Fee Schedules**

Fee1	<input type="text" value="\$50.00"/>	Fee6	<input type="text" value="\$0.00"/>	Fee11	<input type="text" value="\$0.00"/>	Fee16	<input type="text" value="\$0.00"/>
Fee2	<input type="text" value="\$0.00"/>	Fee7	<input type="text" value="\$0.00"/>	Fee12	<input type="text" value="\$0.00"/>	Fee17	<input type="text" value="\$0.00"/>
Fee3	<input type="text" value="\$0.00"/>	Fee8	<input type="text" value="\$0.00"/>	Fee13	<input type="text" value="\$0.00"/>	Fee18	<input type="text" value="\$0.00"/>
Fee4	<input type="text" value="\$0.00"/>	Fee9	<input type="text" value="\$0.00"/>	Fee14	<input type="text" value="\$0.00"/>	Fee19	<input type="text" value="\$0.00"/>
Fee5	<input type="text" value="\$0.00"/>	Fee 10	<input type="text" value="\$0.00"/>	Fee15	<input type="text" value="\$0.00"/>	Fee20	<input type="text" value="\$0.00"/>

Normally patient responsibility only

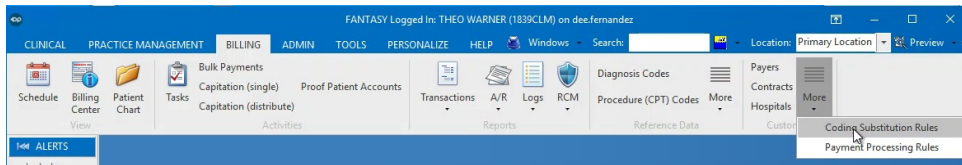
**Note:**



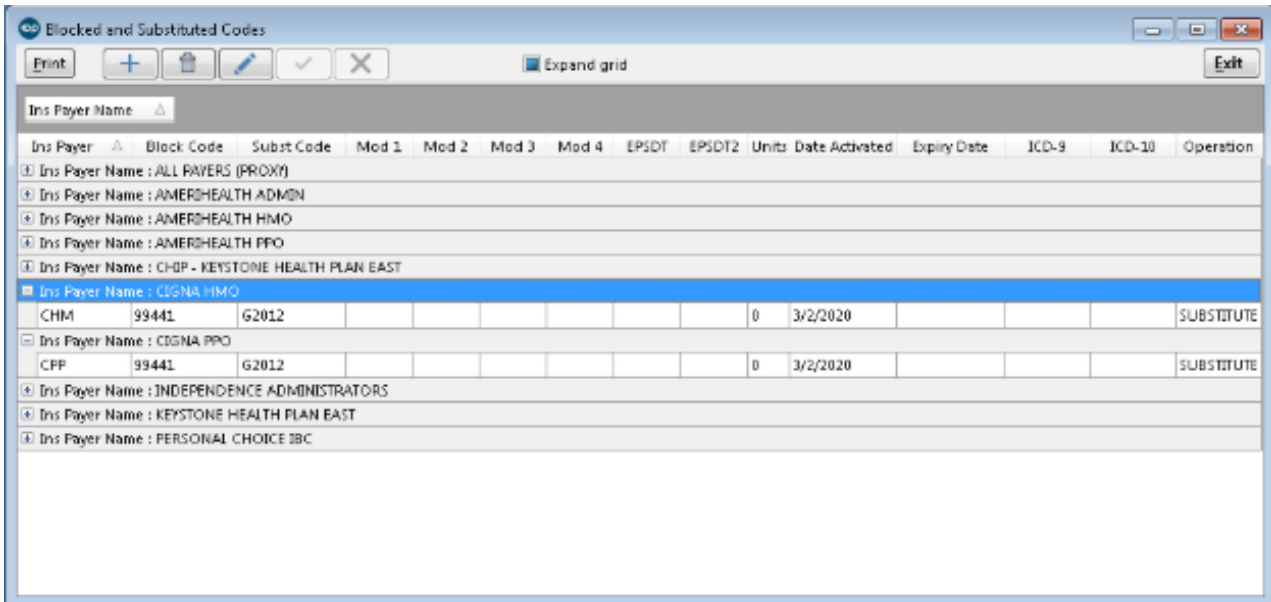
- The general description of this HCPCS code describes virtual care that may also include a series of asynchronous secure messages through your patient portal, but Cigna only refers to using it for telephone care.
- Fee1 is just a suggestion; set an appropriate rate for your practice.
- You may use different Categories, so choose the appropriate Category and Sort values for your practice.

We encourage practices to establish consistent workflows on the clinical side and let the billing staff be concerned about payer-level coding differences. Clinical staff should always use the standard 99441 code when they document 5-10 minutes of telephone care, irrespective of the eventual payer to which a claim will be sent. To encourage that behavior, we do not recommend checking the **Include in Frequently Used** list option. Instead, set up a Block-and-Substitute rule for each OP Payer you adjusted above.

1. Navigate to the Coding Substitution Rules: **Billing tab > More button (Customize group) > Coding Substitution Rules**. If you require additional information on Coding Substitution Rules, click [here](#).



2. Then for each payer, click the **Add** button and create a rule with the following properties:



Ins Payer	Block Code	Subst Code	Mod 1	Mod 2	Mod 3	Mod 4	EPSDT	EPSDT2	Units	Date Activated	Expiry Date	ICD-9	ICD-10	Operation
Ins Payer Name : ALL PAYERS (PROXY)														
Ins Payer Name : AMERHEALTH ADMIN														
Ins Payer Name : AMERHEALTH HMO														
Ins Payer Name : AMERHEALTH PPO														
Ins Payer Name : CHOP - KEYSTONE HEALTH PLAN EAST														
Ins Payer Name : CIGNA HMO														
CHM	99441	G2012							0	3/2/2020				SUBSTITUTE
Ins Payer Name : CIGNA PPO														
CPP	99441	G2012							0	3/2/2020				SUBSTITUTE
Ins Payer Name : INDEPENDENCE ADMINISTRATORS														
Ins Payer Name : KEYSTONE HEALTH PLAN EAST														
Ins Payer Name : PERSONAL CHOICE IBC														

**Note:** These rules tell the billing engine to substitute CPT 99441 to G2012 for all CHM and CPP claims as of March 2, 2020. Although this payment guideline is only guaranteed until May 31, we recommend not setting an Expiry Date since it is subject to future review. If Cigna chooses to extend coverage, which is likely, you wouldn't want to stop recoding this value too soon. Also note the modifier is blank; unlike full Telehealth visits, Cigna does not require a GQ modifier on CPT code G2012.

## COVID-19 Visits

For visits of any type related to suspected or confirmed COVID-19 exposure, Cigna provided guidance about correct Modifier and ICD coding. You don't have to change anything in OP to support this, but your doctors and billing staff should be aware of the recognized values when they create encounters and order labs:

### Screening for suspected or likely COVID-19 exposure:

- Normal E&M code with Modifier **CR**
- If virtual, add Modifier **GQ**

- ICD10 = **Z03.818** or **Z20.828**

### Treatment (including follow up) of confirmed COVID-19 case:

- Normal E&M code (Modifier **CR** not required on confirmed cases)
- If virtual, add Modifier **GQ**
- ICD10 = **B97.29** or **U07.1**

### Labs (other than COVID-19 test) for purpose of COVID-19 diagnosis:

- Normal lab CPT code with Modifier **CR**
- ICD10 = **Z03.818** or **Z20.828**

### Link to Cigna's response to COVID-19

Click [this link](#) for Cigna's Coronavirus (COVID-19) interim billing guidance for providers.

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