

# INTERIM TELEHEALTH GUIDANCE

## Cigna Behavioral Health

During this time of heightened awareness of the novel Coronavirus, COVID-19, and its recent 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, we have made some temporary revisions to telehealth requirements to support continuity of care during this unique situation. The following changes are effective March 17, 2020 through May 31, 2020.

### 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. **Please note that regardless of your attestation status, it is expected that you use a secure platform to deliver services and follow all Health Insurance Portability and Accountability Act (HIPAA) requirements.**

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. You are required to follow federal and/or state guidance as it evolves for the delivery of telehealth. 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.

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 Technology® (CPT®) code in Field 24-D for the service(s) provided
- Modifier **95\*\*** in Field 24-D to specify telehealth (see sample claim on page 2)
- Place of Service **02** in Field 24-B (see sample claim form on page 2)



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					
1	01	02	20	01	02	20	02		CPT code	95
2										

Enter "02" for Place of Service
Enter "95" Modifier

*For illustrative purposes only.*

If you are rendering services as part of a facility (i.e., intensive outpatient program [IOP], partial hospitalization program [PHP], inpatient), expanded use of telehealth to include psychiatric evaluations, group, or family therapy is permitted at this time, in accordance with current legislative telehealth guidance. Use applicable revenue codes and normal billing procedures. Excluded physician services may be billed separately using the **95** modifier (see above) in cases where the contracted facility rate is not inclusive of psychiatric evaluation charges. There is no separate billing required for therapy sessions, as they are already included in the contracted facility rate. Medical Necessity Criteria for the level of care being delivered must continue to be met.

#### Additional resources

- 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>
- If you have additional questions about providing behavioral telehealth sessions to patients with Cigna coverage, call Provider Services at 800.926.2273

\* 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.



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