**COVID-19 – The latest updates 03/21/22**

Since the COVID-19 pandemic began, Cigna has taken important steps to deliver timely accommodations to providers and customers, helping to ensure that customers have continued access to COVID-19 diagnostic services, testing, and treatment in safe settings.

**Facility-to-facility transfer authorization waiver**

Cigna currently waives the authorization requirement for direct emergent or urgent transfers from an acute inpatient facility to a second acute inpatient facility, skilled nursing facility, acute rehabilitation facility, or long-term acute care hospital for Cigna commercial and Cigna Medicare Advantage lines of business.

As previously communicated, this accommodation will end on March 31. Therefore, effective with patient transfers on and after April 1, authorizations will again be required for all lines of business.

**Credentialing accommodations**

Credentialing accommodations, which were previously set to expire on March 31, have been extended through April 30 and will be evaluated on a monthly basis.

Accommodations that are extended include:

• Implementing an accelerated credentialing process

• Allowing Cigna-participating commercial and behavioral health providers (and who have up-to-date credentialing) to provide in-person or virtual care in other states to the extent that the scope of the license and state regulations allow such care to take place. Providers can request additional states be loaded through the normal credentialing submission process and will not need additional credentialing.

**Virtual care**

As a reminder, effective with dates of service of March 13 and later, Cigna no longer reimburses virtual care services provided by urgent care centers when billed with a global S9083 code. Virtual care services rendered by urgent care centers (and other brick-and-mortar providers) remain reimbursable when covered and billed consistent with our R31 Virtual Care Reimbursement Policy (e.g., must bill codes on the list of covered services and be contracted to provide those services).

Other interim virtual care accommodations remain in place as previously communicated until further notice.

**Reimbursement policy update – Facility supply codes effective June 11**

We routinely review our coverage, reimbursement, and administrative policies for potential updates. In that review, we take into consideration one or more of the following: Evidence-based medicine, professional society recommendations, Centers for Medicare & Medicaid Services guidance, industry standards, and our other existing policies.

As a result of a recent review, we will update the way we process facility claims for supplies submitted with Healthcare Common Procedure Coding System (HCPCS) codes C1052, C2615, C9359, C9362, and T5999.

Effective for claims processed on or after June 11, 2022, we will expand our existing reimbursement policy, Facility Routine Services, Supplies and Equipment – (R12), to administratively deny claims submitted with these codes. Reimbursement for these supplies is included in the facility payment. Denials will include administrative appeal rights.

**Additional information**

For more information about our reimbursement policies, log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Reimbursement and Payment Policies > Reimbursement and Modifier Policies > Reimbursement Policies.