

# Southwestern Health Resources



## COVID-19 PROVIDER ALERTS

July 17, 2020

*The following updates have been made to the [SWHR COVID-19 Resource Center](#), including the [comprehensive grid](#) outlining payer telemedicine information.*

### CIGNA

#### COVID-19 Coding Resources

[Cigna COVID-19 Coding Guidelines](#)

Effective **8-1-20**, Antibody testing will only be covered for ages 21 and younger.

#### Traditional Telemedicine Codes (e.g., 99201-99205; 99211-99215)

YES – Synchronous and **Audio-only temporarily – until December 31, 2020**. Bill with POS services WOULD have been rendered if not during PHE (i.e., POS 11).

Virtual and eConsults visits policy, as is today, has been extended out to **12/31/20**.

#### Cost-Sharing

Cigna is eliminating cost-sharing for all primary care, specialty care and behavioral health care in-office or telehealth visits for COVID-19 and non-COVID-19 care. This expansion applies to all U.S. customers enrolled in Cigna's Medicare Advantage and Individual and Family Plans, including those sold on the Individual Marketplace.

Cost Shared waivers – if the employer has chosen to participate in this for screening, diagnostic testing, and treatment it will be extended from **7/31/20 out to 10/31/20**.

#### Prior Authorization Changes Regarding COVID-19

[Prior authorization \(i.e., precertification\) is not required for evaluation, testing, or treatment for services related to COVID-19.](#)

Treatment is supportive only and focused on symptom relief. Prior authorization for treatment follows the same protocol as any other illness based on place of service and according to plan coverage. Generally, this means routine office, urgent care, and emergency visits do not require prior authorization. Delays in timely filing of claims or the ability to request an authorization due to COVID-19 would be considered an extenuating circumstance in the same way we view care in middle of a natural catastrophe (e.g., hurricane, tornado, fires, etc.). Cigna has only released relaxed PA requirements for Hospitals at this time.

Exception around Authorization Retro Review has been extended from **7/31/20 out to 10/31/20**.

## HUMANA

### **Prior Authorization Changes Regarding COVID-19**

Texas Specific - [Temporary suspension of authorization requirements for some services](#)

Humana is expanding our suspension of authorization requirements for Skilled Nursing Facility (SNF), Home Health and Long-term Acute Care (LTAC) for Medicare and commercial members for the entire state of Texas. Please provide notification of admission within 24 hours to allow Humana to track our members' progress and provide assistance with discharge planning. You will receive an approval when you submit the notification. This suspension will be in effect through **July 31, 2020** and applies to participating, in-network providers only.

#### **Important details:**

- Authorization suspensions are for the state of Texas will continue through July 31, 2020.
- This suspension applies to participating/in-network providers only.
- Humana will continue doing concurrent review for length of stay and appropriate level of care, including discharge planning for SNF, Home Health and LTAC. Please submit your concurrent reviews as you do today.
- Please continue to provide notification of admission within 24 hours to allow us to track our members' progress. You will receive an approval when you submit the notification.
- All other non-COVID-related services requiring prior authorization per the pre-authorization list will require prior authorization and are NOT included in the authorization suspension process.

**Please note:** We will continue to suspend all medical authorizations and referrals for COVID-related diagnoses for both in-network/participating and out-of-network/non-participating providers.