



PULSE



Updates for Cigna-Participating Providers

COVID-19

September Updates

Since the COVID-19 pandemic began, we have 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.

Reimbursement update for COVID-19 antibody treatment bebtelovimab

Throughout the pandemic, the emergency use authorized monoclonal antibody drug bebtelovimab was purchased by the federal government and offered to providers for free. As a result, we did not reimburse for the drug itself when billed with Q0222.

However, on August 15, drug manufacturer Eli Lilly started commercial distribution of their COVID-19 monoclonal antibody therapy, bebtelovimab (175 mg), and the federal government will no longer purchase it. Therefore, effective with August 15 dates of service, Cigna will reimburse providers consistent with the Centers for Medicare & Medicaid Services rates for doses of bebtelovimab that they purchase directly from the manufacturer. Reimbursement for the administration of the injection will remain the same.

Reimbursement rates are as follows:

- Q0222 (175mg for the drug): \$2,394
- M0222 (administration in facility setting): \$350.50
- M0223 (administration in home setting): \$550.50

Virtual care billed by urgent care centers

As a reminder, we stopped reimbursing virtual care services provided by urgent care centers on March 13, 2022 when billed with a global S9083 code. However, due to feedback received from urgent care centers, we resumed reimbursing urgent care centers for virtual care services billed with a global S9083 code for all dates of service, effective August 13, 2022.

Virtual care services provided by urgent care centers with code S9083 that were that were denied between March 13, 2022 and August 13, 2022 will be automatically reviewed and adjusted to be covered, as applicable. Claims that are reimbursable as part of that review will be automatically

reprocessed to pay. There is no action needed by urgent care centers to have claims reviewed, reprocessed, or reimbursed.

Virtual care place of service requirement reminder

We now recommend providers bill virtual care services using place of service (POS) 02 in support of a recent change in some plan benefits that could reduce your patients' cost-share for virtual care. Please note that we recently updated our systems to ensure providers receive 100 percent of face-to-face reimbursement for covered virtual care services when using POS 02.

Please also note that we continue to request that providers do not bill POS 10 (or Modifiers 93 or FQ) for virtual care at this time. While POS 10 should not be denied nor reduce reimbursement, it will not reduce your patients' cost-share.

COVID-19 testing

As a reminder, to align with the current end date of the federal public health emergency (PHE) period, the cost-share waiver for diagnostic COVID-19 testing and testing-related services is in place through October 13 for individuals with Cigna commercial and Cigna Medicare Advantage benefit plans.

Finally, please note that the federal government recently announced that they suspended taking orders for free COVID-19 tests through COVIDTests.gov. This initiative previously allowed all households to order three sets of four at-home test kits with no cost. The last day for individuals to have placed new orders was September 2, 2022.

Get the most up-to-date information

Our dedicated [COVID-19 provider web page](#) will be updated soon to highlight these updates and more. You can also access the latest Cigna Medicare Advantage billing guidelines from this page. I encourage you to visit the site to get the latest information.

Thank you again for the quality care you provide and for all that you're doing to help our customers.

If you have questions about how Cigna is responding to COVID-19, please contact me directly anytime.