

1. What has changed in the new 2023 CMS Billing and Coding Fee Schedule?

No new policy changes Cigna will continue to pay with Modifier 93 or 95 or FQ or GQ or GT appended to appropriate CPT and/or HCPCS procedure code(s) with Place of Service 02.

2. If the patient is located in a provider's office and the provider is distant or out of state, is the service paid for?

I do not understand why/when this scenario would present?

3. Where can practitioners and patients find information on billing codes/policies and specialties/services that are covered for telehealth?

Practitioners can find the most current information on Cigna's website for Health Care Professionals CignaforHCP.com. [Provider Resources> Coverage Policies on CignaforHCP> Medical Resources>Doing Business with Cigna> Virtual Care](#). Information for patient care can be found at Cigna.com under [Home >Individuals & Families> Member Guide> Virtual care \(telehealth\) options](#).

4. Where can telehealth encounters originate from? Do you provide reimbursement for originating site fees?

Cigna does not reimburse an originating site of service fee or facility fee for telehealth visits, including for code Q3014, as they are not a covered benefit. This code will only be covered where state mandates require it.

5. What restrictions are there on the types of practitioners/specialties that can bill for telehealth?

Virtual care services must be provided by a health care professional who is licensed, registered, or otherwise acting within the scope of his/her licensure.

6. Are any authorizations needed from your agency to deliver telehealth? From the client? Who submits these authorizations?

For authorization requirements, visit the following to look up specific codes: [CHCP - Resources - Precertification \(cigna.com\)](#). Cigna requires that referring (ordering or admitting) physicians request and obtain precertification for in-network services.

7. Are specialist consultations covered? If so, what can that look like (e.g., patient-to-specialist, specialist-to-specialist, PCM-to-specialist)?

Consultation codes are not accepted by Cigna 99242-99245.

8. What billing codes/modifiers are needed to be used for telehealth encounters?

Common codes included in the policy

- Outpatient E&M codes for new and established patients (99202-99215)
- Physical and occupational therapy E&M codes (97161-97168)
- Telephone-only E&M codes (99441-99443)
- Annual wellness visit codes (G0438 and G0439)

Modifier 93, 95, FQ, GT, or GQ must be appended to the virtual care code(s) and Place of Service (POS) 02. For a complete list of the services that will be covered, please review the [Virtual Care Reimbursement Policy](#).

9. Is telehealth reimbursed at the same rate as in-person services? In what cases is it not reimbursed at the same rate?

When all billing requirements are met, covered virtual care services will be reimbursed at 100% of face-to-face rates (i.e., parity). Please note that state and federal mandates, as well as customer benefit plan design, may supersede this guidance.

10. What mental health services are covered for telehealth?

See [Evernorth Provider - Resources - Covid 19: Interim Guidance](#) and the [Virtual Care Reimbursement Policy](#) for details.

11. What Allied Health (OT, PT, SLP, etc.) services are covered for telehealth? Can you address the new POS 10 for PT at home?

Certain PT, OT, and ST virtual care services remain reimbursable under the [Virtual Care Reimbursement Policy](#). Mid-level practitioners (e.g., physician assistants and nurse practitioners) can also provide services virtually using the same guidance. Reimbursement will be consistent as though they performed the service in a face-to-face setting.

12. Centers for Medicare and Medicaid Services (CMS) has updated its rules in terms of physiological monitoring. What is the difference between Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) coding?

13. Are there other impacts of the 2023 Omnibus bill passed in December of 2022 that affect telehealth billing and coding as a result of COVID-19? Can you explain the different PHE extension timelines between PHE and CMS?

14. Audio only telehealth provides access to underserved, low income and patients with limited connectivity. Do payers currently reimburse for audio only telehealth? Do you expect reimbursement for audio only telehealth to change?

Cigna will cover for services rendered via telephone only are considered interactive and will be reimbursed when the appropriate telephone only code is billed. [Virtual Care Reimbursement Policy](#)

15. If you had a crystal ball, do you think agencies will change the way they handle telehealth reimbursement after the pandemic?

I would say YES, this platform will continue to grow as employers look to control costs.

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