COVID-19 Private Payer Frequently Asked Questions

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The American Academy of Family Physicians is closely monitoring private payer policies regarding the COVID-19 pandemic. The following answers are based on information from each payer's website. We will update this page as we receive additional information. General information on telehealth billing and coding can be found on the AAFP's COVID-19: Telehealth Tools page.

The AAFP has compiled this information to the best of its abilities. Please reach out to your provider relations representatives to verify each payer's policy. Self-funded plans may opt out of some of these policies. Additionally, Medicaid policies are established at the state level. The AAFP recommends asking patients to verify their coverage prior to appointments. Coverage may vary based on the individual's benefit plan or applicable state mandates

Note: The AAFP is in frequent contact with payers to better understand their policies and to continue advocating for extended telehealth flexibilities. For additional information on payer telehealth policies and waivers, please consult America's Health Insurance Plans and the American Medical Association.

Aetna

Testing	Aetna is waiving member cost-sharing for diagnostic testing related to COVID-19. The policy covers the cost of the physician-ordered test and the physician visit that results in the ordering or administration of the COVID-19 test. This policy applies for all commercial, Medicare, and Medicaid lines of business. Aetna's cost-sharing waiver applies to diagnostic testing to determine treatment. Tests required by a member's employer or required for return to school are generally not covered. Routine testing for influenza, strep, or other respiratory infections without a COVID-19 test will be covered subject to applicable cost-sharing under the patient's benefit plan. Cost-sharing will be waived when if the test is ordered at the same visit at which a COVID-19 test is ordered or administered.
Digital Services Coverage	Aetna has added several CPT and HCPCS codes to its list of covered telehealth services, including online digital evaluation and management services (e-visits [CPT codes 99421-99423, HCPCS codes G2061-G2063]) and brief communication technology-based services (virtual check-in [HCPCS codes G2012 and G2010]). <u>Medicare Advantage</u> Cost-sharing is waived for covered real-time virtual primary care and specialist visits, regardless of diagnosis, offered by in-network providers until January 31, 2021. <u>Commercial</u>

	Cost-sharing is waived for covered behavioral health real-time virtual visits, regardless of diagnosis, offered by in-network providers until January 31, 2021.
Audio-only or Telephone-only Coverage	Aetna will cover telephone evaluation and management services (CPT 99441-99443). Aetna will also cover acute evaluation and management, as well as some behavioral health services rendered via telephone — a visual connection is not required until further notice. For specialty, most general medicine and some behavioral health visits still require a real-time audiovisual connection. As of September 30, 2020, payment rates for audio-only services have returned to the rates in place before March 5, 2020. Medicare Advantage Cost-sharing is waived for covered real-time virtual primary care and specialist visits, regardless of diagnosis, offered by in-network providers until January 31, 2021. Commercial Cost-sharing is waived for covered behavioral health real-time virtual visits, regardless of diagnosis, offered by in-network providers until January 31, 2021.
Treatment Cost-share Waivers	Medicare Advantage For Medicare Advantage patients, Aetna will waive and cover the cost-share for hospital stays as well as treatment of COVID-19 in a physician's office through Jan. 31, 2021. Commercial Through Jan. . 31, 2021, Aetna is waiving cost-sharing for inpatient admissions for treatment of COVID-19 or health complications associated with COVID-19 for commercial patients. Self-funded plans may opt out of this. Medicaid Waivers for Medicaid patients vary by state.
Coding/Billing COVID-related Office Visits/Telehealth Services	In-person office visits should be billed as they normally would. Medicare Advantage Telemedicine visits for Medicare Advantage patients should be billed using the POS the physician would have used if the service had been provided in person and include the 95 modifier. Cost-sharing is waived for covered real-time virtual primary care and specialist visits, regardless of diagnosis, offered by in-network providers until January 31, 2021. Commercial Telemedicine visits for commercial patients should be billed using the Place of Service (POS) 02 – Telehealth and the GT or 95 modifier.

	For both in-person office visits and telemedicine visits, physicians should use the appropriate COVID-19 ICD-10 diagnosis code.
Coding/Billing Non-COVID-related Services	Physicians should bill as outlined above and use the ICD-10 diagnosis code that appropriately describes the visit. Medicare Advantage Aetna is waiving cost-sharing for covered real-time virtual primary care and specialist visits, regardless of diagnosis, offered by in-network providers until January 31, 2021. Commercial Cost-sharing is waived for covered behavioral health real-time virtual visits, regardless of diagnosis, offered by in-network providers until January 31, 2021.
Parity	Aetna will pay visits delivered via telehealth at the same rate as in-person visits. Visits should be coded as outlined above to ensure payment parity.
Payment Rate	Aetna will pay the full allowed/contracted rate when cost-sharing has been waived. Visits should be coded as outlined above to ensure payment at the full allowed/contracted rate.
Network Participation	Telehealth claims will be paid for in-network and out-of-network physicians. Coverage for out-of-network physicians will depend on the patient's benefit/plan design for out-of-network benefits. Cost-share waivers only apply to in-network physicians.
Prior Authorizations	Aetna is providing flexibilities in its prior authorization protocols for inpatient admissions. Details are available here.

Aetna's current telehealth policy is available in Availity.

Links

- Aetna: COVID-19: Supporting our providers
- Aetna: COVID-19: Provider resources

Anthem

NOTE: Anthem is offered in 14 states (CO, CT, GA, IN, KY, ME, MO [excluding counties in the Kansas City area], NV, NH, OH, VA [excluding Northern Virginia suburbs of Washington, D.C.], and WI). Anthem payment policies vary by state. Please follow this link to determine telehealth and other policies for your state.

Testing	Anthem Affiliated health plans will waive cost-shares for fully insured employer, individual, Medicare, and Medicaid plan members. This includes co-pays, coinsurance, and deductibles for COVID-19 tests and visits

	associated with the COVID-19 test, including visits to determine if testing is needed.
Telemedicine Cost-share Waivers	For COVID-19 treatments via telehealth visits, Anthem affiliated health plans will cover and waive cost-share for telehealth and telephonic-only visits from in-network providers through Jan.. 31, 2021. Through Jan.. 31, 2021, Anthem will waive cost-share for telehealth visits for Medicare and Medicaid plans, where permissible. Review the Anthem website or contact your provider relations representative for details on their cost-sharing waivers.
Digital Services Coverage	Policies vary by state. Review the Anthem website or contact your provider relations representative for more information.
Audio-only or Telephone-only Coverage	Anthem's policies vary by state. Review the Anthem website or contact your provider-relations representative for more information.
Treatment Cost-share Waivers	Anthem will cover the cost-sharing for treatment of COVID-19 for in-network doctors, hospitals, and other health-care professionals. Physicians will be paid the in-network or Medicare rate. Review the Anthem website or contact your provider relations representative for more information.
Coding COVID-related Office Visits/Telehealth Services	Anthem's policies vary by state. Review the Anthem website or contact your provider relations representative for more information.
Coding/Billing Non-COVID-related Services	Anthem's policies vary by state. Review the Anthem website or contact your provider relations representative for more information.
Parity	Where required by state law, Anthem pays evaluation and management (E/M) services delivered via telemedicine at the same rate as in-person visits. A list of states with payment parity laws can be found here.
Payment Rate	Anthem's policies vary by state. Review the Anthem website or contact your provider relations representative for more information.
Network Participation	Members should review their benefit structure to determine whether telehealth services will be covered by out-of-network providers. For Medicare Advantage, Anthem states virtual care should be delivered by an in-network provider.
Prior Authorizations	**Prior authorization requirements are suspended for patient transfers from acute IP hospitals to skilled nursing facilities effective December 21, 2020 through January 31, 2021.**These adjustments apply for Anthem's

	fully insured and self-funded employer, individual, Medicare and Medicaid plan members receiving care from in-network providers. While prior authorization is not required, Anthem continues to require notification of the admission via the usual channels and clinical records on day two of admission.

Links

- Anthem COVID Information for Individual and Family, Medicare Advantage, Medicaid, Employers and Producers, and Providers
- Anthem reimbursement policies by state

Cigna

Beginning January 1, 2021, Cigna implemented a new Virtual Care Reimbursement Policy. The information below reflects the COVID-19 virtual care policies that are still in place. *Testing*	Cigna is waiving out-of-pocket costs for COVID-19 FDA-approved testing and diagnostic COVID-19-related laboratory tests (other than the COVID-19 test) and the related office visits. Cigna only covers diagnostic serology tests when medically necessary.
Telemedicine Cost-share Waivers	Cigna is waiving out-of-pocket costs for telehealth visits for screening for suspected or likely COVID-19 exposure. This policy is effective through Jan. . 21, 2021. Normal cost-sharing applies to telehealth visits not related to COVID-19.
Digital Services Coverage	Cigna will cover virtual check-ins (HCPCS code G2012). Cigna will waive cost-sharing for virtual check-ins for all visits, including non-COVID-19-related services until Jan. . 21, 2021.
Treatment Cost-share Waivers	Through Feb. . 15, 2021, Cigna will waive cost-share for COVID-19 treatments that are covered by Medicare or other applicable state regulations. Cigna will also waive cost-sharing for virtual or face-to-face visits for treatment of a confirmed COVID-19 case. Cigna will pay physicians Cigna's in-network rates or Medicare rates. This includes customers covered under Cigna's employer/union sponsored insured group health plans, Medicare Advantage, and Individual and Family Plans.
Coding COVID-related Office Visits/Telehealth Services	In-person office visits or telemedicine visits to screen a patient for suspected or likely COVID-19 exposure should be billed using the usual face-to-face evaluation and management code. Physicians must use the CS modifier and appropriate COVID-19 ICD-10 diagnosis code for Cigna to waive cost-sharing. Physicians should append the GQ, GT, or 95 modifier to telehealth claims and use the POS they would have used if the service had been provided in person. Physicians should continue billing the typical face-to-face POS that they normally would after PHE. Physicians should use the appropriate COVID-19 ICD-10 diagnosis code Z03.818, Encounter for observation exposure to other biological agents ruled out; or Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

	For virtual or face-to-face visits for treatment of confirmed COVID-19 cases should be billed using the appropriate COVID-19 ICD-10 diagnosis code U07.1, COVID-19, virus identified (lab confirmed). Append the GQ, GT, or 95 modifier for virtual services. Cost shar-ing is waived until February 15, 2021.
Coding/Billing Non-COVID-Related Services	Physicians should bill as outlined above and use the ICD-10 diagnosis code that appropriately describes the visit. The CS modifier should not be used for visits not related to COVID-19. Normal cost-sharing applies to non-COVID-19 visits.
Parity	Physicians will be paid consistent with their typical face-to-face rate. Visits should be coded as outlined above to ensure payment at parity. Visits billed with the POS 02 may result in reduced payment. Cigna's new virtual care policy calls for payment parity independent of the PHE.
Payment Rate	Cigna will pay the full allowed/contracted rate when cost-sharing has been waived. Visits should be coded as outlined above to ensure payment at the full allowed/contracted rate.
Network Participation	Telehealth claims will be paid for in-network physicians. Certain cost-share waivers only apply to in-network physicians.
Prior Authorizations	Prior authorizations are not required for evaluation, testing, or treatment for services related to COVID-19. Prior authorizations for treatment follow the same protocols as any other illness based on place of service. Generally, routine office visits, urgent care, and emergency visits do not require prior authorizations.

Links

- Cigna's response to COVID-19
- Coronavirus (COVID-19) Resource Center

Cigna's New Virtual Care Policy

Humana

Testing	Humana is covering with no out-of-pocket costs COVID-19-related testing, including the COVID-19 test and viral panels that rule out COVID-19. The cost-share waivers also apply to physician office visits or emergency department visits that result in the ordering or administration of a COVID-19 test.
Office Visits/Telemedicine Cost-share Waivers	Medicare Advantage For its Medicare Advantage plans, Humana is waiving out-of-pocket costs for in-person office visits, primary care, urgent care, and behavioral health telehealth services. for the 2021 plan year. Humana will waive member cost-sharing for COVID-19 and non-COVID-19 visits for in-network physicians. Commercial Humana is waiving out-of-pocket costs for any allowed telehealth or virtual service, provided and reported consistent with Humana's policy, through March 31, 2021.Services provided by out-of-network physicians are subject to member cost-sharing and will be processed in accordance with the patient's out-of-network benefit.
Digital Services Coverage	Humana pays for virtual check-ins (HCPCS codes G2012 and G2010) and e-visits (CPT codes 99421-99423 and HCPCS codes G2061-G2063). Medicare Advantage Humana is waiving out-of-pocket costs for virtual check-ins and e-visits. Commercial Effective January 1, 2021, employer group members' standard benefits and cost-sharing applies.
Audio-only or Telephone-only Coverage	Humana covers telephone E/M code (CPT codes 99441-99443). Medicare Advantage Humana is waiving out-of-pocket costs for virtual check-ins and e-visits. Commercial Effective January 1, 2021, employer group members' standard benefits and cost-sharing applies.
Treatment Cost-share Waivers	For Medicare Advantage, through the 2021 plan year, Humana will waive cost-share for all covered COVID-19-related medical treatment for confirmed cases of COVID-19 for in-network and out-of-network physicians, regardless of where the care takes place. Effective January 1, 2021, employer group members' standard benefits and cost-sharing will apply for COVID-19 treatment.
Billing/Coding COVID-related Office	In-person office visits and telemedicine visits should be billed using the usual face-to-face evaluation and management code. Physicians should append the CS modifier and use the appropriate COVID-19 ICD-10 diagnosis code to indicate the service was related to COVID-19 testing.

Visits/Telehealth Services	For telehealth visits, physicians should also append the -95 modifier and use the POS they would have used if the service had been provided in-person.
Coding/Billing Non-COVID-related Services	Physicians should bill as outlined above and use the ICD-10 diagnosis code that appropriately describes the visit. The CS modifier should not be used for visits not related to COVID-19. Cost-sharing waivers do not apply to non-COVID-19 services provided by an out-of-network physician.
Parity	Humana will temporarily pay for telehealth visits with innetwork physicians at the same rate as in-office visits. Visits should be coded as outlined above to ensure payment parity. Services billed with a Place of Service (POS) 02 may result in reduced payment or denied claims. Billing the typical POS will ensure physicians receive the same payment as they typically would for a face-to-face service.
Payment	Humana will pay the full allowed/contracted rate when cost-sharing has been waived. Visits should be coded as outlined above to ensure payment at the full allowed/contracted rate.
Network Participation	Telehealth claims will be paid for in-network providers.
Prior Authorizations	As of Oct. 24, 2020, Humana reinstated prior authorization requirements for COVID-19 diagnoses for Medicare Advantage and commercial plans. Medicaid and commercial plans will continue to follow state regulations and existing state executive orders as applicable.

Links

- Humana Provider Resources for COVID-19
- Telehealth - Expanding access to care virtually

Humana COVID Telehealth Policy

UnitedHealth Care

Effective January 1, 2021, UnitedHealth Care (UHC) modified their telehealth Commercial and Medicare Advantage telehealth policies. The information below represents UHC's current COVID-19 flexibilities.

Testing	UHC is waiving cost-sharing for medically appropriate COVID-19 testing and COVID-19-testing-related visits for in-network and out-of-network physicians. This policy applies to Medicare Advantage, Medicaid, and employer-sponsored plans and is effective through the end of the PHE (scheduled to end April 20, 2021). COVID-19 testing is covered when it is ordered by a physician or appropriately licensed health care professional for the purposes of diagnosis or treatment of COVID-19.UHC will cover testing for employment, education, public health, or surveillance purposes when required by applicable law. (
Office Visit/Telemedicine Cost-share Waivers	Medicare Advantage UHC is waiving cost-sharing for COVID-19 testing and testing-related visits for in- and out-of-network physicians through the end of the PHE. Cost-sharing for non-COVID-19 telehealth visits is determined by the patient's benefit plan. Many of UHC'S Medicare Advantage plans have $0 copayments for covered telehealth services in 2021.. Individual and Group Market Fully Insured Health Plans Beginning January 1, 2021, UHC covers in-network telehealth services in accordance with a patient's benefit plan and the UHC Telehealth Reimbursement Policy. During the PHE, UHC may cover additional codes on the CMS telehealth services list. Cost-sharing is waived for testing and testing-related visits for in- and out-of-network providers through the end of the PHE. Cost-sharing is adjudicated in accordance with the patient's benefit plan for in- and out-of-network visits related to COVID-19 treatment and non-COVID-19 visits. . Policies for self-funded plans vary. Providers can call UHC Provider Services at 877-842-3210 to find out if a member has a self-funded plan.
Digital Services Coverage	Medicare Advantage UHC covers virtual check-ins (HCPCS codes G2012,G2010, G2250-G2252) and e-visits (CPT codes 99421-99423 and HCPCS G2061-G2063) for its Medicare Advantage. Cost-sharing is waived as outlined above. Individual and Group Market Fully Insured Health Plans UHC covers e-visits (CPT codes 99421-99423 and 98970-98972) and virtual check-ins (HCPCS codes G2012, G2010, and G2250-G2252). Cost-sharing is waived as outlined above. UHC covers virtual check-ins for patients with an established relationship with the physician. The service must be initiated by the patient, and the patient must verbally consent to receive virtual check-in services.

Audio-only or Telephone-only Coverage	Medicare Advantage Medicare Advantage members, including dual-eligible special needs plan (DSNP) members, must use the audio-only E/M codes (CPT 99441-99443). Cost-sharing is waived as outlined above. Individual and Group Market Fully Insured Health Plans UHC will cover in-network telehealth services in accordance with the patient's benefit plan. During the PHE, UHC may cover additional codes on the CMS telehealth services list. Cost-sharing is waived as outlined above.
Treatment Cost-share Waivers	Medicare Advantage For its Medicare Advantage plans, COVID-19 treatment cost-share waivers are effective through Jan. . 31, 2021, for in-network and out-of-network physicians. Individual and Group Market Fully Insured Health Plans Through Jan.. 31, 2020, UHC will waive cost-share for COVID-19 in-patient treatment at in-network facilities. Treatment must be for a COVID-19 diagnosis with an appropriate admission or diagnosis code. As of Oct. 23, 2020, coverage for out-of-network visits is determined by the patient's benefit plan for its individual and group-market fully insured health plans. Implementation may vary for self-funded plans. Medicaid Medicaid cost-share waivers are subject to state regulations. Cost-share waivers apply to office visits, urgent care visits, emergency department visits, observation stays, inpatient hospital episodes, acute inpatient rehab, long-term acute care, and skilled nursing facilities.
Coding/Billing COVID-related Office Visits/Telehealth Services	Medicare Advantage During the PHE, physicians can bill with the place of service they would normally have billed had the provided the service in-person. Physicians should use the appropriate telehealth modifier as directed by CMS (95, GT, GQ, G0) Individual and Group Market Fully Insured Health Plans Beginning Jan. 1, 2021, eligible telehealth services will only be considered for payment when reported with place of service (POS) 02. Telehealth claims with any other POS code will not be eligible for payment. For dates of service prior to Jan. 1, 2021, office visits and telemedicine visits should be billed using the usual face-to-face evaluation and management code and include the appropriate COVID-19 ICD-10 diagnosis code. Telehealth modifiers (95, GT, or GQ) are not required, but are accepted as informational if reported on claims with eligible telehealth services.

	E-visits and virtual check-ins should not be billed using POS 02 or a telehealth modifier (95, GT, or GQ).
Coding/Billing Non-COVID-related	Physicians should bill as outlined above and use the ICD-10 diagnosis code that appropriately describes the visit.
Parity	Audio/video visits are paid at the physician's contracted rate. For most physicians, that is equal to the in-person visit rate. However, physicians should review their individual contracts and fee schedules to verify. Visits should be coded as outlined above to ensure payment at parity. Beginning Jan. 1, 2021, payment will align with the practice's current contract and applicable state law. This may result in a change in the payment rate, as some services may no longer be paid at parity with an in-person office visit. Review your current contract and fee schedule or contact your local provider relations representative for additional information. S
Payment Rate	
Network Participation	Telehealth claims will be paid for in-network and covered out-of-network services. Certain cost-share waivers only apply to in-network physicians.
Prior Authorizations	Prior authorizations are not required for COVID-19 testing or COVID-19 testing-related visits. Prior Authorizations may be extended or suspended for other services. Additional information is available on the UHC COVID-19 Prior Authorization Updates webpage.

Link

- United Healthcare COVID-19 Updates
- Summary of COVID-19 Dates by Program
- United Healthcare Resource Center
- United Healthcare Telehealth Services: Care Provider Coding Guidance