COVID-19 Private Payer Frequently Asked Questions

Last updated: 8 p.m. Central, 03/25/2020

The American Academy of Family Physicians (AAFP) is closely monitoring private payer policies regarding the COVID-19 pandemic. The following frequently asked questions are based on information on each payer’s respective websites. Policies are changing rapidly. The information contained in this document is current as of March 25, 2020, at 8 p.m. Central. We will update this page as we receive additional information. Your local provider representatives may have updated information.

While many payers have provided flexibilities and waivers, many items remain unclear. The AAFP is in frequent contact with each payer to better understand individual policies and to continue advocating for additional flexibility for our members. Areas of advocacy include:

- payment of all telehealth services for in-network providers, regardless of existing contract restrictions;
- coverage and waiving of out-of-pocket costs for telephone evaluation and management services (CPT 99441-99443);
- payment of all telehealth services at the same rate as in-person visits (i.e., parity);
- alignment with Medicare’s policy to waive geographic and originating site restrictions;
- coverage of all telehealth services, regardless of diagnosis;
- waiving out-of-pocket costs for all in-person visits related to COVID-19; and
- coverage and waiving of out-of-pocket costs for digital services.
  - Note: Digital services include online digital evaluation and management services (e-visits [CPT 99421-99423, HCPCS G2061-G2063]) and brief communication technology–based services (virtual check-in [HCPCS G2012 and G2010]).

1. Are payers covering COVID-19 testing for members?

   **Aetna:** Aetna is waiving copays and applying no cost-sharing for all diagnostic testing related to COVID-19. The policy covers the cost of the physician-ordered test and the physician visit that results in the COVID-19 test. This policy applies for all Commercial, Medicare, and Medicaid lines of business.

   **Anthem:** Anthem Affiliated health plans will waive cost shares for fully insured employer, individual, Medicare, and Medicaid plan members. This includes copays, coinsurance, and deductibles for COVID-19 tests and visits associated with the COVID-19 test, including visits to determine if testing is needed.

   **Cigna:** Cigna is waiving out-of-pocket costs for FDA-approved COVID-19 testing.

   **Humana:** Humana is covering, with no out-of-pocket costs, COVID-19 tests for patients who meet CDC guidelines at approved laboratory locations.

   **United Health Care (UHC):** UHC is waiving cost sharing for COVID-19 testing and cost sharing for COVID-19 testing–related visits, whether the testing-related visit is received in a health care provider’s office, an urgent care center, an emergency department, or through a telehealth visit. This policy applies to Medicare Advantage, Medicaid, and employer-sponsored plans.

2. Are plans waiving out-of-pocket costs for telemedicine visits?

   **Aetna:** Aetna is waiving member cost sharing for a covered telemedicine visit (general medicine, behavioral health, and dermatology), regardless of diagnosis. This policy applies to in-network providers.
**Anthem:** Anthem’s Affiliated health plans will waive member cost shares for telehealth visits, including visits for mental health or substance use disorders, for fully insured employer plans, individual plans, Medicare plans, and Medicaid plans, where permissible.

**Cigna:** Cigna is waiving out-of-pocket costs for telehealth screenings for COVID-19. This policy is effective through May 31, 2020.

**Humana:** Humana is waiving out-of-pocket costs for telemedicine visits for urgent care needs.

**UHC:** UHC is waiving member cost sharing for COVID-19 testing–related visits.

3. **Do payers cover digital services?**
   **Aetna:** 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 99421-99423, HCPCS G2061-G2063]) and brief, communication technology–based services (virtual check-in [HCPCS G2012 and G2010]). Cost sharing is waived for a covered telemedicine visit, regardless of diagnosis.

   **Anthem:** The AAFP is seeking more information on Anthem’s digital services policy.

   **Cigna:** Cigna will cover virtual check-ins (HCPCS G2012) and e-visits (CPT 99421). Cigna will waive cost sharing if the visit is related to COVID-19. For cases where there is concern about a possible exposure to COVID-19, it would be appropriate to assign ICD-10 Z03.818 (encounter for observation for suspected exposure to other biological agents ruled out). When there has been exposure to a confirmed case of COVID-19, it would be appropriate to assign ICD-10 Z20.828 (contact with and [suspected] exposure to other viral communicable diseases).

   **Humana:** The AAFP is seeking more information on Humana’s digital services policy.

   **UHC:** UHC pays for virtual check-ins (HCPCS G2012 and G2010) and e-visits (CPT 99421-99423 and HCPCS G2061-G2063) for its commercial, Medicare Advantage, and Medicaid plans.

4. **Do payers cover audio-only or telephone-only visits?**
   **Aetna:** Aetna will cover telephone evaluation and management services (CPT 99441-99443). Aetna will also cover acute evaluation and management services rendered via telephone; a visual connection is not required. General medicine and behavioral health visits still require a synchronous (real-time) audiovisual connection. Cost sharing is waived for a covered telemedicine visit, regardless of diagnosis.

   **Anthem:** The AAFP is seeking additional information regarding Anthem’s coverage of audio-only encounters.

   **Cigna:** The AAFP is seeking additional information regarding Cigna’s coverage of audio-only encounters.

   **Humana:** Humana will temporarily accept audio-only visits. These visits should be submitted as a telehealth visit and will be paid as a telehealth visit. Cost sharing is waived for all telehealth services for in-network providers.
**UHC:** UHC does not cover audio- or telephone-only services. Telehealth services must be provided through live, interactive audio, and visual transmission.

5. **Are telehealth services paid at the same rate as in-person visits (i.e., parity)?**

   **Aetna:** The AAFP is strongly advocating that all telehealth services be paid at the same level as in-person visits.

   **Anthem:** The AAFP is strongly advocating that all telehealth services be paid at the same level as in-person visits.

   **Cigna:** The AAFP is strongly advocating that all telehealth services be paid at the same level as in-person visits.

   **Humana:** Humana will temporarily reimburse for telehealth visits with in-network providers at the same rate as in-office visits.

   **UHC:** The AAFP is strongly advocating that all telehealth services be paid at the same level as in-person visits.

6. **Do I need to be contracted with each payer to provide telehealth services?**

   **Aetna:** The AAFP is strongly advocating for payers to automatically cover all telehealth services for in-network providers, regardless of existing contract restrictions.

   **Anthem:** The AAFP is strongly advocating for payers to automatically cover all telehealth services for in-network providers, regardless of existing contract restrictions.

   **Cigna:** The AAFP is strongly advocating for payers to automatically cover all telehealth services for in-network providers, regardless of existing contract restrictions.

   **Humana:** The AAFP is strongly advocating for payers to automatically cover all telehealth services for in-network providers, regardless of existing contract restrictions.

   **UHC:** The AAFP is strongly advocating for payers to automatically cover all telehealth services for in-network providers, regardless of existing contract restrictions.

7. **Are prior authorizations required for COVID-19 screenings?**

   **Aetna:** The AAFP is seeking additional information from Aetna on its prior authorization polices for COVID-19 screenings.

   **Anthem:** No. Beginning March 16, 2020, Anthem is removing prior authorization requirements for skilled nursing facilities (SNF) for the next 90 days. SNF providers should continue to notify Anthem of admission. Anthem is also extending the time a prior authorization is in effect for elective inpatient and outpatient procedures to 90 days. These policies apply across all lines of business.

   **Cigna:** 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.
**Humana:** Prior authorizations requirements are waived for Medicare Advantage and commercial Humana members with COVID-19-related diagnosis code(s). For acute inpatient services, Humana recommends notification to facilitate discharge planning. Medicaid waivers are handled at the state level. Medicare Part D prior authorization requirements have not changed.

**UHC:** Prior authorizations are not required for COVID-19 testing or COVID-19 testing–related visits. Effective March 24, 2020, through May 31, 2020, UHC is waiving prior authorizations for admissions to long-term acute care facilities, acute inpatient rehabilitation, and skilled nursing facilities. Admitting providers must still notify UHC within 48 hours of transfer. Length-of-stay reviews also remain in place.

**America’s Health Insurance Plans (AHIP)**

- [List of health insurance providers updates on COVID-19 coverage](#)

**Aetna**

- [What you need to know about the coronavirus (COVID-19) (Aetna Members)](#)
- [What you need to know about the coronavirus (COVID-19) (Aetna Providers)](#)

**Anthem**

- [Anthem Issues Updates Regarding COVID-19 Testing and Care to Support Affiliated Health Plan Members](#)

**Blue Cross Blue Shield Association**

- [COVID-19 and the Blues](#)
- [Making virtual care the new house call](#)

**Cigna**

- [Cigna’s response to COVID-19](#)

**Humana**

- [Telehealth - Expanding access to care virtually](#)

**United Health Care**

- [United Health Care COVID-19 Updates](#)
- [UnitedHealthcare Expands Access to Care, Support and Resources to Help People and Families Address COVID-19](#)
- [United Health Care Member FAQ](#)