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 respective website. Policies are changing rapidly. 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 having patients verify their coverage prior to their visit. Coverage may vary based on the individual’s benefit plan or applicable state mandates.

*Note:*

While many payers have provided flexibilities and waivers, much remains unclear. The AAFP is in frequent contact with payers to better understand their policies and to continue advocating for additional flexibilities for our members.

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

   **Aetna: Yes,** Aetna is waiving co-pays 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 ordering or administration of the COVID-19 test. This policy applies for all Commercial, Medicare, and Medicaid lines of business.

   **Anthem: Yes,** 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: Yes,** 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).

   **Humana: Yes,** 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 the test.

   **United Healthcare: Yes,** 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: Yes,** 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: Yes,** 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.


   **Humana: Yes,** Humana is waiving out-of-pocket costs for telemedicine visits. Humana will waive member cost-sharing for COVID-19 and non-COVID-19 visits for in-network physicians. Services provided by out-of-network providers for non-COVID-19 visits are subject to member cost-sharing.

   **UHC: Yes,** UHC is waiving member cost-sharing for COVID-19 and non-COVID-19 telemedicine visits for in-network physicians.

3. **Do payers cover digital services?**

   **Aetna: Yes,** 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, when provided by an in-network physician. Cost-sharing waivers do not apply to non-COVID-19 services provided by an out-of-network physician.

   **Anthem:** Anthem’s policies vary by state. Review the [Anthem website](https://www.anthem.com) or contact your provider relations representative for more information. **Cigna: Yes,** Cigna will cover virtual check-ins (HCPCS G2012). Cigna will waive cost-sharing for virtual check-ins for all visits, including non-COVID-19-related services. Cost-sharing waivers do not apply to non-COVID-19 services provided by an out-of-network physician. 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: Yes,** Humana pays for virtual check-ins (HCPCS G2012 and G2010) and e-visits (CPT 99421-99423 and HCPCS G2061-G2063). Humana will cover in- and out-of-network telehealth services related to COVID-19, including virtual check-ins and
Medicare e-visits. For telehealth services related to COVID-19, Humana will waive member cost-share for the services, regardless of the provider’s network status. Member cost-share waivers will also apply to all in-network telehealth claims not related to COVID-19. Cost-share waivers do not apply to non-COVID-related out-of-network claims, which will be processed in accordance with the plan’s out-of-network benefit.

**UHC:** Yes, 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. UHC will waive cost-sharing for virtual check-ins and e-visits, regardless of diagnosis, when provided by an in-network physician. Cost-sharing waivers do not apply to non-COVID-19 services provided by an out-of-network physician.

4. **Do payers cover audio-only or telephone-only visits?**

   **Aetna:** Yes, 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 real-time audiovisual connection. Cost-sharing is waived for a covered telemedicine visit, regardless of diagnosis, when provided by an in-network physician.

   **Anthem:** Anthem’s policies vary by state. Review the [Anthem website](https://www.anthem.com) or contact your provider-relations representative for more information.

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

   **Humana:** Yes, 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. Humana also covers telephone E/M services (CPT 99441-99443). The applicable coding requirements must be satisfied for the visit. Physicians should determine whether they can complete all required elements of their normal E/M service via audio-only or whether the services should be submitted as a telephone E/M code.

   **UHC:** Yes, UHC is waiving the audio-video requirement for telehealth services. Physicians can bill for telehealth services using audio-video or audio-only communication. Physicians should bill the appropriate office visit E/M and use the place of service that would have been used if the service had been provided in-person and append modifier -95.

5. **Are payers waiving cost-sharing for COVID-19 treatment?**

   **Aetna:** Yes, Aetna is waiving cost-sharing for inpatient admissions at all in-network and out-of-network facilities for treatment of COVID-19 or health complications associated with COVID-19. 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.
Anthem: Yes, Anthem will cover the cost-sharing for treatment of COVID-19. Physicians will be paid at the in-network or Medicare rate. Review the Anthem website or contact your provider relations representative for more information.

Cigna: Yes, Cigna will waive cost-share for COVID-19 treatments covered by Medicare or other applicable state regulations. Cigna will pay physicians at Cigna's in-network rates or Medicare rates.

Humana: Yes, Humana will waive cost-share for all covered COVID-19-related medical treatment for in-network and out-of-network physicians. This includes inpatient hospital admissions.

UHC: Yes, UHC will waive cost-share for treatment of patients with a COVID-19 diagnosis code. 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.

6. How do I code a COVID-19-related office visit or telemedicine visit?
Aetna: Office visits should be billed as they normally would. Telemedicine visits for commercial patients should be billed using the Place of Service (POS) 02 – Telehealth and the GT or 95 modifier. 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. For both office visits and telemedicine visits, physicians should use the appropriate COVID-19 ICD-10 diagnosis code.

Anthem: Anthem’s policies vary by state. Review the Anthem website or contact your provider relations representative for more information.

Cigna: 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 should use the 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. 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.

Office visits or telemedicine visits for treatment of a patient with a confirmed diagnosis of COVID-19 should be billed using the usual face-to-face evaluation and management code. Physicians should use the ICD-10 diagnosis code U07.1, COVID-19. Physicians should append the GQ, GT, or 95 modifier to telehealth claims use the POS they would have used if the service had been provided in-person.

Humana: 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 services were
related to COVID-19 testing. 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.

**UHC:** 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. For telehealth visits, physicians should append the -95 modifier and use the POS they would have used if the service had been provided in-person.

**7. How do I bill office visits and telemedicine visits not related to COVID-19?**

**Aetna:** Physicians should bill as outlined above and use the ICD-10 diagnosis code that appropriately describes the visit. Cost-sharing waivers do not apply to non-COVID-19 services provided by an out-of-network physician.

**Anthem:** Anthem’s policies vary by state. Review the [Anthem website](#) or contact your provider relations representative for more information.

**Cigna:** 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.

**Humana:** 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.

**UHC:** Physicians should bill as outlined above and use the ICD-10 diagnosis code that appropriately describes the visit. Cost-sharing waivers do not apply to non-COVID-19 services provided by an out-of-network physician.

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

**Aetna:** Yes, 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 at parity.

**Anthem:** 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](#).

**Cigna:** Yes, Physicians will be paid consistent with their typical face-to-face rate. Visits should be coded as outlined above to ensure payment at 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.
**Humana:** Yes, Humana will temporarily pay for telehealth visits with in-network physicians at the same rate as in-office visits. Visits should be coded as outlined above to ensure payment at 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.

**UHC:** Yes, 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. 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.

**Will my payment be reduced if cost-sharing is waived?**

**Aetna:** No, 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.

**Anthem:** Anthem’s policies vary by state. Review the [Anthem website](#) or contact your provider relations representative for more information.

**Cigna:** No, 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.

**Humana:** No, 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.

**UHC:** No, UHC 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.

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

**Aetna:** Telehealth claims will be paid for in-network and out-of-network providers. Certain cost-share waivers only apply to in-network physicians.

**Anthem:** Telehealth claims will be paid for in-network and out-of-network providers. Certain cost-share waivers only apply to in-network physicians.

**Cigna:** Telehealth claims will be paid for in-network and out-of-network providers. Certain cost-share waivers only apply to in-network physicians.

**Humana:** Telehealth claims will be paid for in-network and out-of-network providers. Certain cost-share waivers only apply to in-network physicians.

**UHC:** Telehealth claims will be paid for in-network and out-of-network providers. Certain cost-share waivers only apply to in-network physicians.
10. Are prior authorizations required for COVID-19 screenings?

Aetna: No, Aetna is providing flexibilities in its prior authorization protocols for inpatient admissions. Details are available here.

Anthem: No, beginning March 16, 2020, Anthem is removing prior authorization requirements for skilled nursing facilities (SNF) for the next 90 days. SNFs 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. Anthem has suspended prior authorization requirements for patient transfers and for the use of medical equipment critical to COVID-19 treatment.

Cigna: No, 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.

Humana: No, 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: No, 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 46 hours of transfer. Length of stay reviews also remain in place.

11. Are payers providing advance payments or financial support to practices?

On April 7, the nation’s largest private payer, UnitedHealth Group, announced that it would accelerate payments and other financial support to health care providers to address the short-term financial pressure caused by the COVID-19 emergency. Similarly, two Blue Cross Blue Shield plans have announced related policies to physicians affected by the pandemic.

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)
- Aetna: COVID-19: Supporting our providers
- Aetna: COVID-19: Telemedicine FAQs
- Aetna: Billing and coding FAQs
- Aetna: COVID-19: Patient coverage FAQs
- Aetna: COVID-19: Provider resources
Anthem
• Anthem Issues Updates Regarding COVID-19 Testing and Care to Support Affiliated Health Plan Members
• Anthem Simplifies Care Provider Protocols to Help Deliver Safe, Effective and Timely COVID-19 Care

Blue Cross Blue Shield Association
• COVID-19 and the Blues
• Making virtual care the new house call

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

Humana
• Humana Provider Resources for COVID-19
• Telehealth - Expanding access to care virtually
• Humana: Frequently Asked Questions to Support Physicians Working with Humana
• Humana Claims Payment Policy: COVID-19 Telehealth and Other Virtual Care Services (PDF)

United Healthcare
• United Healthcare COVID-19 Updates
• UnitedHealthcare Expands Access to Care, Support and Resources to Help People and Families Address COVID-19
• United Healthcare Member FAQ
• United Healthcare Telehealth Services: Care Provider Coding Guidance

Other
• Center for Connected Health Policy: COVID-19 Related State Actions