

## **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. 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 asking patients to verify their coverage prior to appointments.

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 its members. For additional information on payer telehealth policies and waivers, please consult [America's Health Insurance Plans](#) and the [American Medical Association](#).

### **Aetna**

<i>Testing</i>	<p>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.</p> <p>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.</p>
<i>Digital Services Coverage</i>	<p>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]).</p>
<i>Audio-only or Telephone-only Coverage</i>	<p>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.</p>
<i>Treatment Cost-share Waivers</i>	<p><u>Medicare Advantage</u> 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.</p>

	<p><u>Commercial</u> Through Dec. 31, 2020, 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.</p> <p><u>Medicaid</u> Waivers for Medicaid patients vary by state.</p>
<p><i>Coding/Billing COVID-related Office Visits/Telehealth Services</i></p>	<p>In-person office visits should be billed as they normally would.</p> <p><u>Medicare Advantage</u> 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.</p> <p><u>Commercial</u> Telemedicine visits for commercial patients should be billed using the Place of Service (POS) 02 – Telehealth and the GT or 95 modifier.</p> <p>For both in-person office visits and telemedicine visits, physicians should use the appropriate COVID-19 ICD-10 diagnosis code.</p>
<p><i>Coding/Billing Non-COVID- related Services</i></p>	<p>Physicians should bill as outlined above and use the ICD-10 diagnosis code that appropriately describes the visit.</p>
<p><i>Parity</i></p>	<p>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.</p>
<p><i>Payment Rate</i></p>	<p>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.</p>
<p><i>Network Participation</i></p>	<p>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.</p>
<p><i>Prior Authorizations</i></p>	<p>Aetna is providing flexibilities in its prior authorization protocols for inpatient admissions. Details are available <a href="#">here</a>.</p>

Links

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

<i>Testing</i>	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.
<i>Telemedicine Cost-share Waivers</i>	<p>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 Dec. 31, 2020.</p> <p>Through Dec. 31, 2020, Anthem will waive cost-share for telehealth visits, including visits for mental health and substance abuse disorders, and for Medicare and Medicaid plans, where permissible.</p> <p>Review the Anthem website or contact your provider relations representative for details on their cost-sharing waivers.</p>
<i>Digital Services Coverage</i>	Policies vary by state. Review the <a href="#">Anthem website</a> or contact your provider relations representative for more information.
<i>Audio-only or Telephone-only Coverage</i>	Anthem's policies vary by state. Review the <a href="#">Anthem website</a> or contact your provider-relations representative for more information.
<i>Treatment Cost-share Waivers</i>	Anthem will cover the cost-sharing for treatment of COVID-19. Physicians will be paid the in-network or Medicare rate. Review the <a href="#">Anthem website</a> or contact your provider relations representative for more information.
<i>Coding COVID-related Office Visits/Telehealth Services</i>	Anthem's policies vary by state. Review the <a href="#">Anthem website</a> or contact your provider relations representative for more information.
<i>Coding/Billing Non-COVID-related Services</i>	Anthem's policies vary by state. Review the <a href="#">Anthem website</a> or contact your provider relations representative for more information.
<i>Parity</i>	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 <a href="#">here</a> .
<i>Payment Rate</i>	Anthem's policies vary by state. Review the <a href="#">Anthem website</a> or contact your provider relations representative for more information.

<i>Network Participation</i>	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.
<i>Prior Authorizations</i>	From March 26 through Dec. 31, 2020, Anthem has suspended prior authorization requirements on durable medical equipment and respiratory services critical for the treatment of COVID-19, including oxygen supplies, respiratory devices, continuous positive airway pressure, CPAP devices, noninvasive ventilators, and multifunction ventilators for both Medicare Advantage and Commercial plans.

Links

- [Anthem COVID Information for Individual and Family, Medicare Advantage, Medicaid, Employers and Producers, and Providers](#)
- [Anthem reimbursement policies by state](#)

## Cigna

<i>Testing</i>	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).
<i>Telemedicine Cost-share Waivers</i>	Cigna is waiving out-of-pocket costs for telehealth screenings for suspected or likely COVID-19 exposure. This policy is effective through Oct. 31, 2020. Normal cost-sharing applies to telehealth visits not related to COVID-19.
<i>Digital Services Coverage</i>	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 until Oct. 31, 2020.
<i>Treatment Cost-share Waivers</i>	Through Oct. 31, 2020, Cigna will waive cost-share for COVID-19 treatments that are covered by Medicare or other applicable state regulations. 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.
<i>Coding COVID-related Office Visits/Telehealth Services</i>	<p>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.</p> <p>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.</p> <p>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.</p>
<i>Coding/Billing Non-COVID-Related Services</i>	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.
<i>Parity</i>	Physicians will be paid consistent with their typical face-to-face rate. Visits should be coded as outlined above to ensure payment at parity.
<i>Payment Rate</i>	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.

<i>Network Participation</i>	Telehealth claims will be paid for in-network physicians. Certain cost-share waivers only apply to in-network physicians. Cigna will pay non-participating physicians if they have a valid license and are practicing within the scope of that license and if the customer has out-of-network benefits or the services are related to COVID-19.
<i>Prior Authorizations</i>	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](#)

## 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	<p><u>Medicare Advantage</u> For its Medicare Advantage plans, Humana is waiving out-of-pocket costs for in-person office visits, telehealth services, including virtual check-ins (HCPCS G2012 and G2010) and online E/M visits (99421-99423 and HCPCS G2061-G2063) until Dec. 31, 2020. Humana will waive member cost-sharing for COVID-19 and non-COVID-19 visits for in-network physicians.</p> <p><u>Commercial</u> <u>Humana is waiving out-of-pocket costs for telehealth visits with in-network physicians, including audio-only telephone consultations and online visits for its commercial plans.</u></p> <p>Services provided by out-of-network physicians for non-COVID-19 visits are subject to member cost-sharing and will be processed in accordance with the patient's out-of-network benefit.</p>
Digital Services Coverage	Humana pays for virtual check-ins (HCPCS G2012 and G2010) and e-visits (CPT 99421-99423 and HCPCS G2061-G2063).
Audio-only or Telephone-only Coverage	Humana will temporarily accept audio-only visits. These visits should be submitted as telehealth visits and will be paid as telehealth visits. The applicable coding requirements must be satisfied for a 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 (CPT 99441-99443).
Treatment Cost-share Waivers	Until further notice, 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. This includes inpatient hospital admissions.
Billing/Coding COVID-related Office Visits/Telehealth Services	<p>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.</p> <p>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.</p>

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 in-network 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 and out-of-network providers. Certain cost-share waivers only apply to in-network physicians.
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](#)



## UnitedHealth Care

Testing	<p>UHC is waiving cost-sharing for 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 Jan. 20, 2021).</p>
Office Visit/Telemedicine Cost-share Waivers	<p><u>Medicare Advantage</u></p> <p>For its Medicare Advantage plans, UHC is waiving cost-sharing for COVID-19 and non-COVID-19-related primary care telehealth services (including virtual and e-visits) and primary care office –based professional services through Dec. 31, 2020. This policy applies to in-network and covered out-of-network services. Coverage is adjudicated in accordance with the patient’s benefit plan.</p> <p><u>Individual and Group Market Fully Insured Health Plans</u></p> <p>. For individual and group market fully insured plans, cost-sharing waivers for non-COVID-19 related telehealth visits ended Sept. 30, 2020. As of Oct. 1, 2020, benefits will be adjudicated in accordance with the patient’s benefit plan.</p> <p>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.</p>
Digital Services Coverage	<p>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.</p> <p>*E-visits are covered according to the patient’s benefit plan and UHC’s standard telehealth payment policy.</p>
Audio-only or Telephone-only Coverage	<p>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.</p> <p>Effective May 13, 2020, Medicare Advantage members, including dual-eligible special needs plan (DSNP) members, must use the audio-only E/M codes (CPT 99441-99443).</p>
Treatment Cost-share Waivers	<p><u>Medicare Advantage</u></p> <p>For its Medicare Advantage plans, COVID-19 treatment cost-share waivers are effective through Dec. 31, 2020, for in-network and out-of-network physicians.</p> <p><u>Individual and Group Market Fully Insured Health Plans</u></p> <p>Through Dec. 31, 2020, UHC will waive cost-share for treatment of patients with a COVID-19 diagnosis code for in-network visits. As of Oct.</p>

	<p>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.</p> <p>Medicaid cost-share waivers are subject to state regulations.</p> <p>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.</p>
Coding/Billing COVID-related Office Visits/Telehealth Services	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.
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. 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 Rate	Telehealth claims will be paid for in-network and out-of-network providers. Certain cost-share waivers only apply to in-network physicians.
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.

Link

- [United Healthcare COVID-19 Updates](#)
- [Summary of COVID-19 Dates by Program](#)
- [United Healthcare Member FAQ](#)
- [United Healthcare Telehealth Services: Care Provider Coding Guidance](#)