



# AMERICAN ACADEMY OF OTOLARYNGOLOGY- HEAD AND NECK SURGERY

## Private Payer Coverage of COVID-19 Testing, Treatment, and Telehealth Services During COVID-19

*Updated 4.29.20*

Insurer	Patient Copay for Telehealth Services	Insurer Reimbursing Telehealth Services Same as In-person Visit?	Other Telehealth Details	Will Insurer Waive Cost-sharing for Coronavirus Testing and Treatment?
<a href="#">Aetna</a>	<ul style="list-style-type: none"> <li>• \$0, for any reason</li> <li>• Waiving cost-sharing for audio-visual and audio-only in-network services until June 4, 2020</li> </ul>	<ul style="list-style-type: none"> <li>• Yes, in- or out-of-network benefit levels will apply, depending on the provider’s network participation status</li> </ul>	<ul style="list-style-type: none"> <li>• Minor acute E/M services and care services via audio-only are covered</li> <li>• For general health visits and behavioral health visits, audio-visual connection is required</li> <li>• Self-insured plans will be able to opt out of this program</li> <li>• For telephone-only codes (99441-99443, 98966-98968, G2010, G2012), there are reimbursement rates in the fee schedule that are not the same as E&amp;M office visits 99201-99215. They are telephone-only visits and do not equate to an office visit and, as such, will not equate to an office visit reimbursement rate</li> </ul>	<ul style="list-style-type: none"> <li>• Waiving member cost-sharing until June 1, 2020, including self-insured plans</li> <li>• Waiving inpatient admissions at in-network facilities until June 1, 2020</li> </ul>



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			<ul style="list-style-type: none"> <li>• Physicians may provide care from any location if they abide by Aetna’s telemedicine policy. Per CMS guidance, physicians should continue to bill using their currently enrolled location. Physicians should not use their home address. This applies to both commercial and Medicare claims</li> <li>• For commercial members, non-facility telemedicine claims must use POS 02 with the GT or 95 modifier. Fee schedules have been updated so claims with approved telemedicine CPT codes and modifiers with POS 02 will be reimbursed at the same rate as an</li> </ul>	



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			<p>equal office visit. For example, a telemedicine service 99213 GT with POS 02 will reimburse the same as a face-to-face in-office visit 99213. Facilities should continue to use their respective POS; CPTs and the telemedicine modifiers must be noted on the UB-04 form as the Rev Code will not be sufficient</p> <ul style="list-style-type: none"> <li>• For Medicare members, POS 02 or POS 11, or the POS equal to what it would have been had the service been furnished in-person, along with the 95 modifier indicating that the service rendered was actually performed via telehealth, may be utilized and will</li> </ul>	



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			reimburse at the same rate	
<a href="#">Anthem</a>	<ul style="list-style-type: none"> <li>• \$0, for any reason</li> </ul>	<ul style="list-style-type: none"> <li>• Depends on state rules</li> </ul>	<ul style="list-style-type: none"> <li>• Waiving cost-sharing for audio-visual and audio-only services until June 14, 2020</li> <li>• Audio-visual member cost-sharing will be waived for Medicare and Medicaid where permissible.</li> <li>• For cost-sharing to be waived, members must use Anthem’s authorized telemedicine service, “Live Health Online”</li> <li>• Audio-only in-network cost-sharing will be waived including for fully-insured plans; Medicare and Medicaid were permissible.</li> <li>• Self-insured plans will be able to opt out of this program</li> </ul>	<ul style="list-style-type: none"> <li>• Waiving member cost-sharing</li> <li>• If diagnosed, cost-sharing is waived until May 31, 2020</li> <li>• Waiving prior authorizations for testing and treatment</li> </ul>



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			<ul style="list-style-type: none"> <li>• For telehealth services rendered by a professional provider, report the CPT/HCPCS code with Place of Service “02” and also append either modifier 95 or GT</li> <li>• For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT</li> </ul>	
<p><a href="#">BCBSA</a> *includes all independent locally operated BCBS companies and BCBS Federal Employee Program (FEP)</p>	<ul style="list-style-type: none"> <li>• All 36 independently-operated BCBS companies and the Blue Cross and Blue Shield Federal Employee Program® (FEP®) are expanding coverage for telehealth services until June, 17, 2020. The</li> </ul>	<ul style="list-style-type: none"> <li>• Depends on state rules</li> </ul>	<ul style="list-style-type: none"> <li>• Expanding telehealth offerings and “nurse/provider” hotlines</li> </ul>	<ul style="list-style-type: none"> <li>• Yes, BCBSA for 90 days, BCBS FEP until 5/31/20</li> <li>• Waiving prior authorizations</li> </ul>



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	<p>expanded coverage includes waiving cost-sharing for telehealth services for fully-insured members and applies to in network telehealth providers who are providing appropriate medical services</p>			
<p><a href="#">Cigna</a></p>	<ul style="list-style-type: none"> <li>Standard customer cost-share for non COVID-19 related visits until May 31, 2020</li> </ul>	<ul style="list-style-type: none"> <li>yes</li> </ul>	<ul style="list-style-type: none"> <li>Providers can perform services for commercial Cigna customers in a virtual setting and bill as though the services were performed face-to-face</li> <li>Providers should bill using a face-to-face code, append the GQ, GT or 95 modifier, and use the POS that would be typically billed if the service was delivered face to face (e.g., POS 11)</li> </ul>	<ul style="list-style-type: none"> <li>Waiving cost-sharing until May 31, 2020</li> <li>Prior authorizations waived for COVID-19 evaluations, testing, or treatment</li> <li>Prior authorizations waived for the transfer of COVID-19 patients</li> </ul>



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			<ul style="list-style-type: none"> <li>Providers can bill code G2012 for a 5 - 10-minute phone conversation, and Cigna will waive cost-share for the customer. This will allow for quick telephonic consultations related to COVID-19 screening or other necessary consults and will offer appropriate reimbursement to providers for this amount of time</li> </ul>	
<a href="#">Humana</a>	<ul style="list-style-type: none"> <li>Waiving member cost-sharing for audio-visual and audio-only telehealth services by participating/in-network “providers” for 90 days starting March 10, 2020</li> </ul>	<ul style="list-style-type: none"> <li>Humana is reimbursing the full amount allowed for all covered telehealth and other virtual services outlined in this policy rendered by an in-network provider. This includes any member cost-sharing that would have otherwise applied</li> </ul>	<ul style="list-style-type: none"> <li>Humana strongly recommends that a provider submit a charge for a telehealth service with the place of service (POS) code that would have been reported had the service been furnished in-person</li> </ul>	<ul style="list-style-type: none"> <li>Waiving out-of-pocket costs for testing and treatment</li> <li>Prior authorization not required for those who test positive for COVID-19</li> </ul>



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		<ul style="list-style-type: none"> <li>• Humana is reimbursing an office visit furnished via telehealth by an in-network practitioner at the same rate as an in-person office visit</li> </ul>	<ul style="list-style-type: none"> <li>• Humana requires a provider to report a telehealth or other virtual service with modifier 95 to identify that the service was furnished via telecommunications-based technology</li> <li>• If a provider has already submitted a claim to Humana, before the publication of this policy, for a telehealth service provided during the PHE with POS code 02, it is not necessary to submit a corrected claim</li> <li>• Humana will apply waivers and calculate reimbursement as stated in this policy to such claims. Similarly, if a provider has already submitted a claim to Humana, before the</li> </ul>	





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			<p>publication of this policy, for a virtual service provided during the PHE without modifier 95, it is not necessary to submit a corrected claim; Humana will apply waivers as stated in this policy to such claims</p>	
<p><a href="#">UnitedHealthCare</a></p>	<ul style="list-style-type: none"> <li>Waiving cost-sharing for audio-visual and audio-only telehealth services with in-network providers until June 18, 2020</li> </ul>	<ul style="list-style-type: none"> <li>Services provided through live, interactive audio-visual or audio-only to new and existing patients whose medical cover telehealth services will be reimbursed based on national reimbursement determinations, policies, and contracted rates</li> </ul>	<ul style="list-style-type: none"> <li>From March 31, 2020 until June 18, 2020, UnitedHealthcare has expanded the services that can be covered using telehealth, as well as through a virtual check-in for Medicare Advantage, Medicaid, and Individual and Group Market health plan members. A list of reimbursable codes that can be used during the waiver period can be found under the Billing</li> </ul>	<ul style="list-style-type: none"> <li>Waiving costs for COVID-19 testing provided at approved locations and ordered by a health care provider</li> <li>Waiving member COVID-19 treatment cost-sharing until May 31, 2020</li> </ul>



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			Guidance section of <a href="#">Telehealth</a> or <a href="#">Virtual Check-Ins</a> .	