

Commercial COVID-19 telehealth coding policies

This guide covers telehealth policies for several major payors and provides links to their current policies. Before reporting telehealth services, it is important to check the policies of your local plans.

	 Pays for telehealth?	 Pays for telephone calls?	Telephone reimbursement parity with telehealth rates?
	Yes , G2061, G2062, G2063, 99421, 99422 and 99423 for physicians. 98970, 98971 and 98972 for qualified non-physicians.	Yes , minor acute evaluation and management services, and care services can be rendered via telephone. They are reported with G2010, G2012, 99441, 99442 and 99443 for physicians and 98966, 98967 and 98968 for non-physicians. However, for general medicine and behavioral health visits, a synchronous audiovisual connection is still required.	Not addressed.

Overview: Until June 4, 2020, Aetna will waive member cost sharing for a covered telemedicine visit regardless of diagnosis. Cost sharing will be waived for all virtual visits through the Aetna-covered Teladoc® offerings and in-network providers. Self-insured plan sponsors will be able to opt-out of this program at their discretion. Aetna has added telemedicine Healthcare Common Procedure Coding System (HCPCS) codes. All telemedicine services not noted will be covered according to Aetna’s current policy. All other telemedicine coverage is stated in the Aetna Telemedicine policy which is available to providers on the NaviNet and Availity portals.

	 Pays for telehealth?	 Pays for telephone calls?	Telephone reimbursement parity with telehealth rates?
	Yes , see your specific plan for coding guidance.	This information is not available on Anthem’s national site. See your specific plan for information.	Not addressed.

Overview: For 90 days from its March 17 announcement, Anthem’s affiliated health plans will waive any member cost share for telehealth visits, including visits for mental health, for fully insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible. Cost sharing will be waived for members using Anthem’s telemedicine service, LiveHealth Online, as well as care received from other telehealth providers delivering virtual care. Self-insured plan sponsors will have the choice to participate in this program.

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 <p>BlueCross BlueShield</p>	<p><u>Yes</u>, generally. Blue Cross Blue Shield Association provides an interactive map that leads to individual Plan resources: https://www.bcbs.com/coronavirus-updates. The map will be continuously updated by Blue Cross Blue Shield Association as new information becomes available.</p>	<p>Each local BCBS company makes its own decision. See the interactive map link.</p>	<p>Not addressed.</p>

Overview: Independent and locally-operated BCBS companies across the country and the Blue Cross and Blue Shield Federal Employee Program® (FEP®) have decided to waive cost-sharing for treatment of COVID-19 through May 31. This includes coverage for testing and treatment administered, including for inpatient hospital stays. Participating BCBS companies will reimburse healthcare providers at in-network or Medicare rates as applicable and consistent with relevant state regulations. These actions will apply to fully-insured, individual, and Medicare members. All 36 independently-operated Blue Cross Blue Shield (BCBS) companies are expanding coverage for telehealth services for the next 90 days from its March 19, 2020, announcement. Read the announcement [here](#).

	 Pays for telehealth?	 Pays for telephone calls?	Telephone reimbursement parity with telehealth rates?
 <p>Cigna</p>	<p><u>Yes</u>, if the virtual visit is not related to COVID-19, the ICD-10 code for the visit should be billed and reimbursement will be made according to applicable benefits and related cost share. However, Cigna does not specifically state it will cover telehealth not related to COVID-19.</p>	<p><u>No</u>, not generally. Cigna only pays for phone calls for COVID-19 in the following circumstances and only using virtual check-in code G2012: For cases where there is a concern about a possible exposure to COVID-19 or for cases where there is an actual exposure to someone who is confirmed to have COVID-19.</p>	<p>Not addressed.</p>

Overview: Cigna will waive customer cost sharing for telehealth screenings for COVID-19 through May 31, 2020. However, Cigna does not specifically state in its [COVID-19 Interim Billing Guidance for Providers](#) that telehealth not related to concern over exposure to COVID-19 is covered.

	 Pays for telehealth?	 Pays for telephone calls?	Telephone reimbursement parity with telehealth rates?
	Yes . Effective March 23, 2020, Humana announced that it will follow CMS telehealth or state-specific requirements that apply to telehealth coverage for its insurance products. This policy will be reviewed periodically for changes based on the evolving COVID-19 public health emergency and updated CMS or state specific rules based on executive orders.	Yes . For providers or members who don't have access to secure video systems, Humana will temporarily accept telephone (audio-only) visits. These visits can be submitted and reimbursed as telehealth visits.	Yes , telephone (audio-only) visits can be submitted and reimbursed as telehealth visits.

Overview: Humana will temporarily reimburse for telehealth visits with participating/in-network providers at the same rate as in-office visits. In order to qualify for reimbursement, telehealth visits must meet medical necessity criteria, as well as all applicable coverage guidelines. Humana is waiving member cost share for all telehealth services delivered by participating/in-network providers. Both participating/in-network primary and specialty providers can render care using telehealth services, provided that CMS and state-specific guidelines are followed. For telehealth visits with a specialist, members are encouraged to work with their primary care physician to facilitate care coordination.

	 Pays for telehealth?	 Pays for telephone calls?	Telephone reimbursement parity with telehealth rates?
	Yes , for Medicare Advantage, Medicaid and comprehensive medical commercial members. May not apply to self-funded plans.	Yes , for Individual and Group Market health plans, Medicaid and Medicare Advantage members, UnitedHealthcare has waived audio-video requirements and will reimburse telehealth services provided through live, interactive audio-visual or audio-only transmission to new or existing patients whose medical benefit plans cover telehealth services, unless otherwise permitted by state law.	Yes , telephone (audio-only) visits can be submitted and reimbursed as telehealth visits, unless otherwise permitted by state law.

Overview: UnitedHealthcare is temporarily waiving the CMS and state-based originating site restrictions, where applicable, for Medicare Advantage, Medicaid and comprehensive medical commercial members. Care providers will be able to bill for telehealth services performed while a patient is at home. This change will apply immediately and be effective until June 18, 2020. It may be effective longer if it's determined necessary. This may not apply to self-funded plans.