

# COVID-19 Telemedicine coverage FAQs for Aetna providers

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 [aetna.com/health-care-professionals/covid-faq/telemedicine.html.html](https://aetna.com/health-care-professionals/covid-faq/telemedicine.html.html)

## Telemedicine

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The use of telemedicine is encouraged as a first line of defense to limit potential COVID-19 exposure in physician offices. All member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services for their Commercial plans are active until January 31, 2021. Self-insured plans offer this waiver at their own discretion.<sup>1</sup> Cost share waivers for any in-network covered medical and behavioral health services telemedicine visit for Aetna Student Health plans are active until January 31, 2021.

Aetna is providing access to all Medicare Advantage members to telehealth through network providers who wish to see patients virtually, as well as offering access via Teladoc<sup>®</sup> and MinuteClinic Video Visit and E-Clinic visits. Medicare Advantage members should consider telehealth as an option to limit potential exposure to COVID-19 in physician offices.

Medicare Advantage members may use telemedicine for any reason, not just COVID-19 diagnosis. This means members can continue to receive clinical care from their providers, for example, discuss their diabetes care plan or schedule a sick visit, without having to leave their home and risk exposure to COVID-19.<sup>2</sup>

For Individual Aetna Medicare Advantage members, copays are waived for in-network telehealth visits for primary care and behavioral health through March 31, 2021. Cost share waivers for specialist telehealth visits expired on January 31, 2021 for all Medicare Advantage members. A telehealth visit with a specialist provider will now result in the same cost share as an in-person office visit.

Aetna Group Medicare retiree members should check to see their plan coverage.

Medicaid providers are encouraged to check with their state Medicaid agency for more information on regulations pertaining to telehealth guidelines.

In most cases, Aetna reimburses providers for telemedicine services, including behavioral health services, at the same rate as in-person visits. For providers with standard fee schedules, telephone-only services 99441 – 99443, when rendered between March 5, 2020 and September 30, 2020, were typically set to equal 99212 – 99214 (e.g. 99441 was set to

equate to 99212). This rate change did not apply to all provider contracts (e.g. some non-standard reimbursement arrangements). After September 30, 2020, telephone-only services resumed to pre-March 5, 2020 rates.

<sup>1</sup>Or as specified by state or federal regulation. Available in select states for select conditions. Other restrictions apply. To receive these services, you will be connected to a trusted third-party provider.

<sup>2</sup>Regulations regarding telehealth services and care package availability for Aetna Medicaid members vary by state and, in some cases, are changing in light of the current situation. Aetna Medicaid members with questions about their benefits are encouraged to call the member services phone number on the back of their ID cards.

Yes. For Commercial plans, Aetna will continue to cover limited minor acute care evaluation and care management services, as well as some behavioral health services rendered via telephone, until further notice.<sup>4</sup> Please see Aetna's telemedicine Policy for specific coverage.

<sup>3,4</sup>Or as specified by state or federal regulation.

Aetna's liberalized coverage of Commercial telemedicine services, as described in its telemedicine policy, will continue until further notice.<sup>5</sup>

All member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services for Commercial plans are active until January 31, 2021.<sup>6</sup> Aetna self-insured plan sponsors offer this waiver at their discretion.

Cost share waivers for any in-network covered medical and behavioral health services telemedicine visit for Aetna Student Health plans are active until January 31, 2021.

For Individual Aetna Medicare Advantage members, copays are waived for in-network telehealth visits for primary care and behavioral health through March 31, 2021. Cost share waivers for specialist telehealth visits expired on January 31, 2021 for all Medicare Advantage members. A telehealth visit with a specialist provider will now result in the same cost share as an in-person office visit.

Please refer to the [Telemedicine policy](#) for services covered.

<sup>5,6</sup>Or as specified by state or federal regulation.

For Commercial plans, the cost share waiver for any in-network covered telemedicine visit – regardless of diagnosis – began on the day of the CVS Health press release, March 6, 2020, and ended on June 4, 2020.<sup>7</sup> All member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services are active until January 31, 2021. Aetna self-insured plan sponsors offer this waiver at their discretion.

Cost share waivers for any in-network covered medical and behavioral health services telemedicine visit for Aetna Student Health plans are active until January 31, 2021.

For Individual Aetna Medicare Advantage members, copays are waived for in-network telehealth visits for primary care and behavioral health through March 31, 2021. Cost share waivers for specialist telehealth visits expired on January 31, 2021 for all Medicare Advantage members. A telehealth visit with a specialist provider will now result in the same cost share as an in-person office visit. Aetna Group Medicare retiree members should check to see their plan coverage.

<sup>7</sup>Or as specified by state or federal regulation.

## **Telemedicine coding, billing and rates**

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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 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. Urgent Care Centers should continue to use POS 20. All other facilities should continue to use their respective POS; CPTs and the telemedicine modifiers must be noted on the UB-04 and HCFA 1500 forms as the Rev Code will not be sufficient.

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 reimburse at the same rate.

Aetna will cover appropriate evaluation and management codes with a wellness diagnosis for those aspects of the visit done via telehealth. Preventative visit codes should be reserved for such time when routine in-office visits resume and the remaining parts of the well visit can be completed. Both services will be fully reimbursed, and the patient will not incur a cost share.

Yes. In or out of network benefit levels will apply, depending on the provider's network participation status.

Asynchronous telemedicine services such as email, fax, text and store and forward will not be covered unless state-mandated, included in a custom plan sponsor exception, or is a Medicare covered remote evaluation provided to our Medicare members.

Please note, for telephone only codes (98966-98968, G2010, G2012) there are reimbursement rates in the fee schedule that are not the same as E&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.

Yes. 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.

Also, Aetna is now covering some telephone services for commercial members; codes for those services are in our updated telemedicine policy, available on our provider portal [Availity](#).

Telemedicine will be covered within the capitation agreement, similar to an in-office visit.

Aetna's telemedicine policy is available to providers on the [Availity provider portal](#).

[Behavioral Health telemedicine codes \(PDF\)](#)

## Telemedicine platforms

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## Teledentistry

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## Help your patients find more telemedicine resources

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Looking for a referral to help one of your patients during this time? We are updating our online provider directory with providers who are offering telemedicine services.

[Find a provider](#)

You may also refer your patients to Teladoc®. Teladoc offers convenient and quality alternative care to Emergency Room and Urgent Care visits for non-emergency medical care.

Care is available 24/7/365 by web, phone and the Teladoc mobile app.\*

[Learn more about Teladoc](#)

\*Please have your patients confirm that their plan includes Teladoc.