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<th><strong>CIGNA</strong></th>
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</table>
| **Are expanded telehealth services offered for COVID-19 related services?** | YES  
>Aetna policy | YES  
>For Commercial, SHP, and MA | YES  
>Including Virtual check-ins and E-visits | YES | YES |
| **Is telehealth also covered for other medically necessary services?** | YES  
>Aetna has expanded coverage to include list of different codes that should be appended with a GT or 95 modifier  
>Some codes require an audiovisual connection | YES  
>For Commercial, SHP, and MA  
>For FEP, visit this link | YES  
>Providers can perform services for commercial members in a virtual setting and bill as if performed face-to-face  
>Includes OT, PT, ST | YES  
>With in-network providers  
>Must be medically necessary  
>Member Cost-shared waived  
>For new and established patients | YES  
>UHC will reimburse for services that are:  
>Recognized by CMS or AMA and appended by GT, GQ, or 95 modifier  
>Including PT, OT, ST |
| **Are Virtual Check-ins and E-Visits (e-visit) covered?** | YES  
>Established patients: Use 99421-99423 or G2061-G2063 with POS 02  
>New patients: Use unlisted CPT 99499, -GT modifier, and POS 02  
>For COVID-19 related encounters, add –CR modifier to the above coding criteria | YES  
>Establish patients  
>G2010, G2012, 99421-99423, G2061-G2063 | YES  
>Establish patients  
>G2010, G2012, 99421-99423, G2061-G2063 | YES  
>Through patient portal  
>Same requirements as virtual visits  
>Use 99421-99423 or G2061-G2063, as applicable |

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### PAYER TELEHEALTH TABLE: COMMERCIAL & MEDICARE ADVANTAGE PLANS

**Updated: 4/6/2020**

<table>
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<tr>
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| **Will telephonic (audio-only) be reimbursed?** | YES  
>For acute E/M care services (general med and behavioral require audiovisual) | YES  
>Use CR Modifier and POS 02 | YES  
>Using G2012  
>Append GQ modifier | YES  
>Provided through real-time interactive audio | YES  
>Except if denoted otherwise such as with PT/OT/ST |
| **Will reimbursement be paid in parity?** | YES | YES | YES | YES | Based on national reimbursement determinations and contracted rates *Coding/Billing Guidance* |
| **Is member cost-sharing waived for telehealth services?** | YES  
>For all general medical, behavioral, and dermatologic visits | Only for COVID-19 related services until June 1, 2020  
>For all other telehealth services, follow the member’s benefit plan | Only for COVID-19 related visits  
>Will apply to all other visits per benefit plan | YES  
>Waived for COVID-19 related services, regardless of provider network status  
>Waived for ALL other medically necessary telehealth services provided by a participating/in-network provider | YES  
>For all in-network medical, outpatient behavioral and PT/OT/ST until June 18th  
>For in-network & out-of-network COVID-19 related testing-related telehealth visits until national emergency is over |
| **Must be a participating provider to be reimbursed?** | YES | YES | Not specified | YES, however…  
>Humana will cover out-of-network telehealth claims related to COVID-19 | YES, however…  
>Covid-19 related telehealth visits will be covered for in- and out-of-network providers |
| **Patient must be an established patient?** | NO | NO | NO | Following CMS guidance | NO  
>Not during this time of a public health emergency |

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<th><strong>Who are the eligible providers to provide telehealth services?</strong></th>
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<td>Aetna is following CMS’ guidelines on eligible providers, which include: MD, NP, PA, Nurse-Midwife, CNS, RD, LCSW, CRNA, and Clinical psychologist</td>
<td></td>
<td>Providers performing and billing telehealth services must be eligible to independently perform and bill the equivalent face to face service in NC</td>
<td>Mid-level practitioners (e.g., PAs and NPs) can also provide services virtually using the same guidance. Reimbursement will be consistent as though they performed the service in a face-to-face setting.</td>
<td>Both participating/in-network primary and specialty providers can render care using telehealth services, provided that CMS and state-specific guidelines are followed</td>
<td>UHC is following CMS’ guidelines on eligible providers, which include: MD, NP, PA, Nurse-Midwife, CNS, RD, LCSW, CRNA, and Clinical psychologist</td>
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| **What Place of Service (POS) should be used?** | As you would an in-office visit | Place of Service (POS) code 02 for all telehealth services | Per Cigna, you should bill the POS that you typically would for a face-to-face visit. | Use what you normally would for a telehealth visit | Use POS that you would if it were an in-person visit |

| **Will the originating site requirement be waived?** | YES | YES | YES | YES | YES |

| **Are referrals required?** | Not specified >Suggest following the member’s benefit plan | Not specified >Suggest following the member’s benefit plan | Not specified >Suggest following the member’s benefit plan | It is encouraged to go through PCP for care coordination | >Not for primary care visits >Follow benefit plan guidelines for specialty visits |

| **What are the HIPAA compliant options to provide telehealth services?** | Aetna is following OCR guidance during this public health emergency | BCBSNC is following OCR guidance during this public health emergency | Cigna is following OCR guidance during this public health emergency | Humana is following OCR guidance during this public health emergency | UHC is following OCR guidance during this public health emergency |

| **What is the timeframe for these temporary changes?** | Effective March 25, 2020 through June 4, 2020 | Effective March 6, 2020 and will be reevaluated every 30 days *(currently extended to 5/5/20) | Effective March 17th through May 31, 2020 | Effective March 6, 2020 until further notice | Effective March 25th through June 18, 2020 |

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<td><strong>What lines of service do these changes apply?</strong></td>
<td>&gt;Commercial &gt;Medicare Advantage</td>
<td>&gt;Commercial &gt;State Health Plan &gt;Medicare Advantage</td>
<td>&gt;Commercial &gt;Medicare Advantage</td>
<td>&gt;Commercial &gt;Medicare Advantage</td>
<td>&gt;Commercial &gt;Medicare Advantage</td>
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<tr>
<td><strong>Where can the expanded telehealth services information be found?</strong></td>
<td>Aetna telehealth information Q&amp;A Telemedicine policy</td>
<td>BCBSNC updated telehealth policy Q&amp;A COVID-19 Provider Page</td>
<td>Cigna’s virtual care information</td>
<td>Humana telehealth guidance FAQs COVID-19 Provider Page</td>
<td>UHC telehealth information COVID-19 Provider Info</td>
</tr>
<tr>
<td><strong>Are telehealth services covered for behavioral health visits at this time?</strong></td>
<td>Yes, please check out this <a href="#">link</a> for specific information</td>
<td>BCBSNC Behavioral Health <a href="#">Info</a></td>
<td>Cigna behavioral telehealth guidance</td>
<td>Behavioral health is covered (in FAQs)</td>
<td>UHC Optum Behavioral Health <a href="#">Info</a></td>
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### ADDITIONAL RESOURCES:

**CMS Information for Medicare:**


**NC Medicaid:**


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