

[AETNA](#)

Commercial, Medicare, Medicaid

Overview

Through June 4, 2020

Waive cost-sharing for any diagnosis through Teladoc or in-network providers

- G2061-G2063 Qualified nonphysician online assessment (time based)
- 98970-98972 Qualified nonphysician online digital E/M service (time based)
- 99421-99423 Online digital E/M service (time based)
- G2010
- G2012
- 98966-98968 Telephone Assessment (time based)
- 99441-99443 Telephone E/M (time based)
- Numerous psychiatric/behavioral codes

ICD-10 Reporting Codes

Reporting codes related to COVID-19 include:

- Code U07.1, 2019-nCoV acute respiratory disease, will be implemented into ICD-10-CM with the update effective April 1, 2020. Until then, providers must use available ICD-10 codes and guidance.

Exposure to COVID-19

- Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out). Used for cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation.
- Z20.828 (Contact with and (suspected) exposure to other viral communicable diseases). Used for cases where there is an actual exposure to someone who is confirmed to have COVID-19.

Signs and Symptoms

- For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:
 - R05 (Cough)
 - R06.02 (Shortness of breath)
 - R50.9 (Fever, unspecified)

Pneumonia

- For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes:
 - J12.89 (Other viral pneumonia)
 - B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

Bronchitis

- Acute bronchitis confirmed as due to COVID-19, assign codes:
 - J20.8 (Acute bronchitis)
 - B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
- Bronchitis not otherwise specified (NOS) due to the COVID-19 should be coded using codes:
 - J40 (Bronchitis, not specified as acute or chronic)
 - B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

Lower Respiratory Infection

- Assign the following codes if the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS:
 - J22 (Unspecified acute lower respiratory infection)
 - B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
- Assign the following codes if the COVID-19 is documented as being associated with a respiratory infection, NOS:
 - J98.8 (Other specified respiratory disorders)
 - B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

ARDS

ARDS due to COVID-19 should be assigned the codes:

- J80 (Acute respiratory distress syndrome)
- B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

Other

- Diagnosis code B34.2 (Coronavirus infection, unspecified) would in general not be appropriate for the COVID-19, because the cases have universally been respiratory in nature, so the site would not be “unspecified.”
- If the provider documents “suspected”, “possible” or “probable” COVID-19, do not assign code B97.29. Assign a code(s) explaining the reason for encounter (such as fever, or Z20.828).

Telehealth

For the next 90 days, until June 4, 2020, Aetna will waive member cost sharing for a covered telemedicine visit regardless of diagnosis. Aetna members are encouraged to use telemedicine to limit potential exposure in physician offices. 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.

For the 90-day period, Aetna has added the following HCPCS codes below. 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.

Visit the Aetna website for [FAQs for members](#) and the CVS Health website for [company press releases](#).

Telemedicine

The following codes require an audiovisual connection:

- **G2061, G2062, G2063** - Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes; 11 – 20 minutes; or 21 or more minutes
- **H0015 GT or 95** - Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
- **H0035 GT or 95** - Mental health partial hospitalization, treatment, less than 24 hours.
- **H2012 GT or 95** - Behavioral health day treatment, per hour.
- **H2036 GT or 95** - Alcohol and/or other drug treatment program, per diem
- **S9480 GT or 95** - Intensive outpatient psychiatric services, per diem
- **97151 GT or 95** - Behavior identification assessment, administered by a QHP, face to face with patient and/or guardians administering assessments and discussing findings and recommendations. Includes non-face-to-face analyzing of past data, scoring/interpreting the assessment, and preparing the report/treatment plan.
- **97155 GT or 95** - Adaptive behavior treatment with protocol modification, administered by QHP, which may include simultaneous direction of a technician working face to face with a patient.
- **97156 GT or 95** - Family adaptive behavior treatment guidance administered by QHP, with parent/guardian
- **97157 GT or 95** - Multiple-family group adaptive behavior treatment guidance, administered by QHP, with multiple sets of parents/guardians
- **98970, 98971, 98972** - Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10; 11-20; or 21 or more minutes.
- **99421, 99422, 99423** - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10; 11-20; or 21 or more minutes.

Billing Telemedicine

Telemedicine is defined as two-way real-time audiovisual interactive audio and visual communication. (Jan 1, 2020 update)

POS 02 for telemedicine

As of March 6, 2020, claims should be billed with one of the following modifiers

Modifier GT or 95