

# Aetna

[https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc\\_link](https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link)

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.

## **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.

**The following codes require an audiovisual connection or telephone:**

G2010 - Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment.

G2012 - Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

98966, 98967, 98968 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10; 11-20; or 21-30 minutes of medical discussion.

99441, 99442, 99443 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10; 11-20; or 20-30 minutes of medical discussion.

90791, 90792; GT or 95 - Psychiatric diagnostic interview examination

90832, 90833, 90834, 90836, 90837, 90838; GT or 95 - Individual psychotherapy

90839, 90840; GT or 95 - Psychotherapy for crisis; first 60 minutes; or each additional 30 minutes

90845; GT or 95 – Psychoanalysis

90846, 90847, 90853; GT or 95 - Family or group psychotherapy

90863; GT or 95 - Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services

96116; GT or 95 - Neurobehavioral status examination

**Behavioral Health**

**IOP Procedure codes - televideo only**

H0015 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.

H2012 Behavioral health day treatment, per hour.

S9480 Intensive outpatient psychiatric services, per diem.

**PHP Procedure codes - televideo only**

H0035 Mental health partial hospitalization, treatment, less than 24 hours.

H2036 Alcohol and/or other drug treatment program, per diem.

<https://www.aetna.com>

## Policy

This policy addresses  
Aetna Health Inc.'s guidelines for  
Texas.

Services provided through telehealth  
if the relevant standard of care  
are otherwise eligible  
services.

Providers must bill with appropriate  
asynchronous telehealth codes  
video telecommunication  
healthcare professional  
patient via an interactive  
for coverage: 0188T, C

We are not required to  
telecommunication in

- An audio-only telehealth

- A text only email
- A fax.

<https://www.aetna.com/health-care-professionals/claims-payment-reimbursement/texas-telemedicine.html>

Texas Health + Aetna Life Insurance Company and Texas Health + Aetna outline guidelines regarding payment for telehealth and telemedicine services in

which telemedicine are considered as if they were provided face-to-face when all standard of care requirements are met. Services are considered eligible if they are covered under the plan. There are no CPT codes specific to telemedicine

that require Place of Service 02 (Telehealth services) and/or modifier GT (via an asynchronous communications system) or 95 (via a synchronous interactive audio and video communications system) with an eligible CPT/HCPCS code. When physicians or other healthcare professionals report modifier GT, they certify that they rendered services to a patient via a synchronous audio and visual telecommunications system. HCPCS codes eligible for telehealth are G0406, G0425, G0459, G0508, Q3014, S9110 and T1014.

Services do not cover telehealth by only synchronous audio or asynchronous audio interaction, including:

- Telephone consultation;

| message; or