



**An Analysis of Private Payer  
Telehealth Coverage**  
During the COVID-19 Pandemic

# An Analysis of Private Payer Telehealth Coverage During the COVID-19 Pandemic



## TABLE OF CONTENTS

Executive Summary .....	1
Introduction .....	2
Methods .....	3
Private Payer COVID-19 Telehealth Coverage .....	4
<i>Expanded Telehealth Services</i> .....	5
<i>Cost-Sharing Waivers</i> .....	5
<i>Pay Parity</i> .....	6
<i>Out-of-Network</i> .....	7
Conclusion .....	8
References .....	9
Appendix A: Private Payer Temporary Telehealth Coverage Policies During the Public Health Emergency (PHE).....	11
Private Payer Sources Reference Page .....	14

# An Analysis of Private Payer Telehealth Coverage During the COVID-19 Pandemic



## EXECUTIVE SUMMARY

**A pandemic caused by the spread of the novel coronavirus (COVID-19) has placed renewed focus on the United States' (U.S.) insurance-based health care system.**<sup>1</sup> Private health insurance is the primary

source of health coverage for health care consumers in the U.S., covering 68% of Americans in 2019.<sup>2</sup> In the years leading up to the pandemic, private payer telehealth laws gained momentum across the U.S. These laws are typically enacted at the state level and seek to regulate the telehealth coverage policies of insurance carriers licensed to sell health insurance within a given state.<sup>3</sup> A recent Center for Connected Health Policy (CCHP) report from 2017 found that private payer telehealth laws have been one of the most common legislative reforms made by states over the last decade.<sup>3</sup> The most recent edition of CCHP's comprehensive State Telehealth Laws and Reimbursement Policies report revealed that 43 states and the District of Columbia (D.C.) have some form of private payer law as of October 2020.<sup>4</sup>

However, while existing private payer laws have laid the groundwork for greater telehealth access, most are not designed to respond to the pressing challenges posed by a global pandemic. Existing private payer laws vary considerably in scope and many of these laws include language that affords insurers broad flexibility in determining telehealth coverage policies in a way that limits their full potential.<sup>3</sup> For instance, some states only require insurance carriers to ensure telehealth service parity – coverage for a telehealth service that would be covered in-person under the consumer's existing plan – but do not explicitly require parity in reimbursement rates between telehealth and in-person services.<sup>5</sup>

Given the impact that COVID-19 has had on providers and patients, policymakers have taken a second look at existing private payer policies. As a result, the health insurance industry has been expected to play a larger role in ensuring that consumers have access to telehealth services.

This report builds on our previous COVID-19 research and resources by detailing the efforts that major U.S. health insurance carriers took to expand telehealth access in response to the pandemic. The eligibility windows for these policy changes ranged from March 2020 through January 2021. In addition, this report briefly details the regulatory efforts undertaken by states to ensure that consumers have access to telehealth services during the pandemic. To do this, CCHP staff analyzed telehealth coverage policies for the largest U.S.-based health insurers and private payer laws and regulations developed in response to the pandemic in all 50 states and D.C. We focused our analysis on private payer policies that were implemented from the outset of the public health emergency (PHE) declaration through November 25, 2020. It is important to note that just as the pandemic continues to evolve, many of the policies presented here will continue to evolve in 2021 and even after a vaccine becomes widely available. Below is a summary of key findings from our review:

- All of the national insurance carriers we examined voluntarily expanded telehealth coverage for their commercial health plans on a temporary basis during the PHE.
- Payers typically issued blanket expansions for all covered or medically necessary services under a member's existing coverage plan.

# An Analysis of Private Payer Telehealth Coverage During the COVID-19 Pandemic



- Nearly all major insurers (6 of 7) explicitly indicated that they waived cost-sharing for COVID-19 telehealth treatment services.
- Most private payers (6 of 7) also extended cost share waivers to non-COVID telehealth services, typically for primary or urgent care or behavioral health visits.
- Four major insurers agreed to cover limited out-of-network telehealth services, with at least 1 major payer (Anthem Blue Cross Blue Shield) waiving cost share obligations for out-of-network telemedicine visits through Spring 2020.
- Most private payers (6 of 7) agreed to reimburse providers at the in-person rate, including for audio-only services.
- Private payers set varying expiration dates for their temporary telehealth policies. The majority of these expansions were set to expire by the end of 2020, while a limited number of payers extended their expansions through the end of January 2021.

## INTRODUCTION

**At the outset of the pandemic in March 2020, the largest U.S. health insurers announced that they would waive cost-sharing obligations for COVID-19 tests and treatment, including for telehealth visits.**<sup>6</sup> These

early commitments signaled a different approach from America's health insurance industry in combating the spread of the virus. This announcement was followed by subsequent legislation that codified some of these and additional requirements for insurers, the Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security Act (CARES).<sup>7,8</sup>

Section 6001 of the FFCRA requires insurers to cover and waive cost-sharing for COVID-19 tests and any additional encounters (e.g., consults, office visits) related to administering the diagnostic test.<sup>7</sup> This provision extends to telehealth visits and is required until the U.S. Department of Health & Human Services (DHHS) rescinds the PHE declaration. While the CARES Act created new telehealth flexibilities for Medicare and Medicaid, its requirements for private insurers were more limited. Section 3701 of the CARES Act was designed to promote

telehealth utilization by providing a safe harbor for insurers to offer pre-deductible coverage for telehealth and remote care services to individuals enrolled in high deductible health plans.<sup>8</sup>

While these initial federal provisions were limited to COVID-19 related services, they were the first of many regulatory and industry actions that have expanded telehealth access since. At the state-level, several governors and other executives have directed insurance companies operating within their states to cover additional telehealth services beyond the federal requirements outlined in the FFCRA and CARES Act. With a few exceptions, major insurers voluntarily developed temporary telehealth coverage policies with expanded benefits and cost-sharing waivers. Professional and medical associations and patient and consumer advocacy groups continue to advocate for the extension of these benefits and for policymakers to codify some of the telehealth flexibilities in state and federal law.<sup>9-11</sup>

# An Analysis of Private Payer Telehealth Coverage During the COVID-19 Pandemic



## METHODS

**Center for Connected Health Policy (CCHP) researchers analyzed publicly-available COVID-19 telehealth coverage policies or other documents for the seven largest commercial health insurers in the U.S.** We identified large national insurers based on their total membership volume for plan year 2019 and further narrowed our list to those insurers that offer commercial insurance products through the Healthcare.gov Marketplace or direct to consumers.

We did not include managed care organizations (MCOs) with government-sponsored health plans as their primary line of business even though many of these companies may be considered large national insurers (e.g., Centene Corporation, Molina Health Care). This is because many states have waived telehealth cost-sharing obligations for Medicaid beneficiaries for the duration of the PHE, which must apply to both FFS and managed care.<sup>12</sup>

Despite this, we do note in our findings whether the insurer's policy applies to Medicaid and Medicare plans when the carrier made that information available. In addition, our analysis excludes self-insured group health plans regulated under The Employee Retirement Income Security Act (ERISA). Because insurers and employers negotiate the terms of coverage for self-insured group plans, insurers are prohibited from unilaterally making blanket policy changes to coverage and employers must opt-in to

the temporary changes presented here.

Based on these criteria, we included the following insurers in our review:

1. UnitedHealthcare: 49,700,000 members<sup>13</sup>
2. Anthem (BCBS): 42,000,000<sup>14</sup>
3. Aetna (CVS Health): 39,000,000<sup>15</sup>
4. CIGNA: 17,100,000<sup>16</sup>
5. Humana: 16,667,200<sup>17</sup>
6. Health Care Services Corporation (BCBS): 15,800,000<sup>18</sup>
7. Kaiser Permanent/Foundation: 12,400,000 members<sup>19</sup>

We conducted policy surveillance and reviewed private payer COVID-19 telehealth coverage policies for the above insurance carriers between September and November 2020. After reviewing private payer policies, we reviewed state-level executive (e.g., executive orders, bulletins, administrative regulations) or legislative action affecting private payer telehealth coverage during the COVID-19 pandemic. Because states regulate their respective insurance markets differently, a carrier's COVID-19 telehealth coverage may vary considerably between two states. For instance, a national carrier may be permitted to pay a lower reimbursement rate for audio-only services in one state, but may be required to pay the same in-person rate in a neighboring state.

# An Analysis of Private Payer Telehealth Coverage During the COVID-19 Pandemic



## PRIVATE PAYER COVID-19 TELEHEALTH COVERAGE

**Prior to the pandemic, an increasing number of private payers began offering coverage for telehealth services.**<sup>3,4</sup> According to America's Health Insurance Plans (AHIP), nearly all health insurers offered plans with some type of telehealth product in 2019.<sup>20</sup> This trend is in large part due to consumer and market trends, but also because of the rapid increase in private payer laws at the state level that mandate coverage for covered services, otherwise referred to as *service parity*. However, because there is no federal regulatory framework for private payer telehealth coverage, state private payer laws oftentimes diverge significantly from one another. Some have argued that broad language regulating private payer coverage in these laws render them ineffective and consumers must navigate a maze of state law, federal law, and insurers' individual coverage policies and regulations.<sup>21</sup>

Medicare rules typically set the bar for the commercial health insurance market. Similar to Medicare – and some state Medicaid programs – private payers have historically limited coverage for telehealth services by the type of care or by establishing criteria such as an initial in-person visit or limits on the number of telehealth visits. The most common pathway for private payer telehealth coverage in recent years has been through third party vendor platforms such as Teladoc or AmWell.<sup>20</sup> These external platforms provide consumers with a large network of contracted providers, but coverage is typically limited to acute urgent or primary care visits while excluding specialist visits. In addition, dual coverage for telehealth services through a carrier's established provider network and a third

party vendor has been the exception, rather than the rule.<sup>22</sup> Some national carriers, such as Anthem Blue Cross Blue Shield, have in recent years started offering dual coverage for on-demand, third party telehealth and telehealth delivered by a member's existing provider.<sup>20</sup>

Against this backdrop, large private payers made an unprecedented number of coverage changes to their existing telehealth policies in response to COVID-19. Private payers began voluntarily announcing many of these COVID-19 telehealth coverage policies on a temporary basis in early March 2020, with the changes ranging from small in scope to broad and expansive.<sup>23</sup> The most common telehealth coverage changes we encountered were blanket service expansions, enhanced cost-sharing waivers, coverage for audio-only services, pay parity, and reimbursement for services from out-of-network providers. Most private payers extended their temporary coverage several times as COVID cases increased and PHE declarations were extended. The vast majority of private payers extended their temporary coverage windows through the end of 2020. For expanded services, some insurers chose not to extend their coverage windows and we encountered many coverage options that expired in Summer or Fall 2020. Based on our analysis, these changes represent a seismic shift from business as usual in private payer telehealth coverage.

It is important to point out that because we conducted our analysis in Fall 2020, we anticipate that many of the coverage policies discussed here may not have been extended by payers and will have expired by the time this report is published. We

# An Analysis of Private Payer Telehealth Coverage During the COVID-19 Pandemic



also want to note that private payers' full telehealth reimbursement policies are not always made publicly available. We made every effort to thoroughly vet some of the coverage details we found in publicly available documents against payers' existing policies, but refrain from presenting certain coverage details unless it was explicitly stated in available documents. Below we discuss some of the key coverage findings from our analysis. Please refer to the table on p. 12 for more specific coverage details.

## Expanded Telehealth Services

All of the payers included in this analysis explicitly indicated that they temporarily expanded their telehealth coverage to include services not covered under their existing telehealth policies. This was commonly done by issuing blanket coverage for all covered or medically necessary services based on the member's existing benefits. We did not encounter any insurer that placed limitations on the type of services that would be covered, so long as the service was clinically appropriate and could be delivered through an approved telehealth modality.

Private payers did not explicitly indicate which specialties would be included under these coverage expansions (e.g., dermatology). However, because carriers indicated that telehealth coverage during their temporary expansions would mirror in-person coverage, we can reasonably assume that this included most covered specialists. In line with Medicare, most private payers opted to expand coverage of certain physical therapy, occupational therapy, and speech therapy (PT/OT/ST) codes when delivered through a live, interactive modality.

As previously stated, these changes did not apply to all health plans offered by a carrier. In particular,

consumers insured through self-funded group plans may not have had access to these expansions because their employers must opt-in to the plan changes. Moreover, because all private payers stipulated that coverage would mirror existing in-person coverage, consumers in high deductible or health savings account (HAS\*) plans may have been subjected to high cost-sharing responsibilities unless the carrier authorized cost-sharing waivers. Nevertheless, these expansions likely had the largest impact on consumers whose existing telehealth coverage was limited to specific preventive or primary care services, provider types, or a third-party vendor.

## Cost-Sharing Waivers

All of the insurers we looked at provided, or are currently providing, cost-sharing waivers for at least some of their telehealth services during the PHE. The most common type of waiver was for telehealth COVID-19 treatment, which was implemented by all insurers except Aetna. Aetna was the lone carrier that agreed to waive cost-sharing only for in-patient COVID-19 treatment.<sup>24</sup> This meant that any telehealth service rendered to a patient with a confirmed COVID-19 diagnosis would be covered at no cost to the consumer. We also found that many private payers waived cost-sharing obligations for certain non-COVID telehealth services, such as individual psychotherapy or routine primary care visits. While most of the non-COVID service waivers were for primary care and behavioral health, UnitedHealthcare's waivers extended to PT/OT/ST, chiropractic therapy, home health, hospice, and remote patient monitoring. CIGNA was the lone private payer in our analysis that did not waive member cost share obligations for any non-COVID service.

# An Analysis of Private Payer Telehealth Coverage During the COVID-19 Pandemic



These waivers are considered enhanced waivers because they were not required by the FFCRA or other federal regulations, or state-level directives. Some states did implement administrative rules or guidelines for private payers to issue blanket cost-sharing waivers. However, the waivers we identified were voluntarily issued by private payers. Private payers established varying eligibility periods for these waivers. Waivers for COVID-19 treatment expired at the end of 2020. With some exceptions, payers that implemented cost share waivers for non-COVID telehealth services typically set expiration dates between Spring and Fall of 2020.

Some private payers offered certain telehealth services through third-party vendors at no cost to consumers prior to the pandemic. For instance, CIGNA advertises \$0 visits for non-emergency visits through its third-party telehealth vendor for most of its existing commercial plans.<sup>25</sup> During the PHE, some private payers with existing cost-sharing requirements for third-party vendors extended their cost share waivers to include telehealth visits through a contracted telehealth vendor.

These waivers were likely designed to remove cost barriers to telehealth utilization at a time when many consumers experienced significant financial hardship. Despite increases in recent years, telehealth utilization among consumers in the commercial market was low prior to the pandemic.<sup>26</sup> Cost-sharing waivers of this scope and magnitude are unprecedented for private payers and may have incentivized consumers to use telehealth as an alternative to in-person care.

## Pay Parity<sup>1</sup>

As with other temporary policy changes during the PHE, reimbursement parity is dictated by state law in some cases. As of January 2021, only 7 states explicitly state that private payers must reimburse telehealth services at the same rate as in-person.<sup>4</sup> However, 43 states have private payer laws related to the provision of telehealth services, though the scope of these mandates varies considerably across states.<sup>4</sup> Based on our review, most insurers agreed to reimburse providers at the in-person rate for all telehealth services during the PHE, including when delivered through audio-only means. We found only one insurer (Aetna) that specifically stated it would reimburse audio-only services at a lower rate than in-person during the PHE because of differences in the standard of care compared to in-person.

One notable caveat to payers' parity stances are the audio-only billing codes being utilized during the PHE. There are a set of services that rely on the use of audio-only modalities, but fall into the category of communication-based technology services (CBTS) and are therefore reimbursed at a different rate than standard audio-only. CBTS utilize technology such as audio-only phone to provide services, but are not considered "telehealth" in the eyes of some payers because the service is not one that typically is delivered in-person. Conversely, when telehealth is used, it's used in place of an in-person visit. For example, a brief check-in with a provider is typically billed with a CBTS billing code rather than a regular office consultation code. Some payers may have adopted reimbursement parity policies for audio-only services, but may in fact be reimbursing for CBTS and not allowing audio-only phone to directly replace an in-person service.

1) Health insurance carriers must abide by state private payer laws where pay parity is required. As of January 2021, this includes California, Delaware, Georgia, Hawaii, Minnesota, New Mexico, and Washington.



# An Analysis of Private Payer Telehealth Coverage During the COVID-19 Pandemic



Reimbursement parity during the PHE became increasingly important for a number of reasons. On the one hand, many providers, particularly those with rural or small practices, have been exposed to significant financial uncertainty stemming from a dramatic reduction in in-person visits and procedures.<sup>27,28</sup> According to a recent national survey of physicians by physician recruiting firm, Merritt Hawkins, roughly 16,000 practices have closed as a result of the COVID-19 pandemic.<sup>29</sup> On the other hand, the early days of telehealth reimbursement showed us that low reimbursement rates may disincentivize providers from offering telehealth, which ultimately lowers access to telehealth services on the patient side.<sup>30</sup> Private payers were therefore tasked with ensuring that their temporary rate-setting policies were sufficient to meet providers' needs from a business perspective, while also maintaining overnight changes in the delivery of care to ensure patients could receive care.

While we were not able to access existing telehealth coverage policies for all private payers, some evidence suggests that many private payers were already reimbursing telehealth services at in-person rates. Some in the telehealth industry have noted that the reimbursement landscape has evolved to the point where most private payers reimburse providers at the in-person rate, even though most states' private payer laws give insurers leeway in setting rates.<sup>31</sup> Because private payers aligned their audio-only coverage with Medicare's coverage expansion, it remains to be seen whether insurers will continue to reimburse at the same rate.

## Out-of-Network

One significant shift from business as usual for private payers was the expansion of telehealth coverage to out-of-network providers. Two major insurers, Humana and UnitedHealthcare, agreed to cover out-of-network telehealth services for any COVID-19 related telehealth service at the member's contracted in-person rate. Anthem Blue Cross Blue Shield covered out-of-network telehealth services for all covered services and was the only major health insurer to issue a blanket cost-sharing waiver for these services, although this waiver expired in June 2020. It is worth mentioning that many states issued network adequacy directives that required private payers to cover any service rendered by an out-of-network provider at the in-network rate if network capacity was limited.

# An Analysis of Private Payer Telehealth Coverage During the COVID-19 Pandemic



## CONCLUSION

**Initially, this report was intended to analyze private payer's existing, pre-pandemic telehealth coverage policies without regard for temporary changes prompted by COVID-19.** However, in conducting this research we recognized that many of the temporary changes introduced by private payers constitute enormous shifts in coverage from business as usual. Federal and state governments leveraged existing and new private payer laws and regulations to prompt health insurers to make substantial changes to their telehealth coverage policies, even if on a temporary basis. A recent CCHP In Focus from December 2020 highlighted the gradual return to existing telehealth coverage for many private payers, noting that insurers were preparing to rollback these coverage policies.

While many of the more expansive telehealth benefits expired in mid- or late 2020, some coverage features extended into 2021 and a few will become permanent. In particular, CMS recommendations around audio-only coverage and expanding the originating site to include the home, are likely to

become a fixture of major private payer telehealth policies in 2021 and beyond. CIGNA recently announced that several common telehealth services covered during the PHE have been made permanent in their 2021 reimbursement policy. Starting in 2021, CIGNA will cover routine virtual primary care visits, telephone-only E/M codes, new patient exams, and behavioral assessments.<sup>32,33</sup> In sum, these developments have presented private payers with a unique opportunity to reassess their telehealth coverage policies in light of utilization trends and consumer preferences prompted by COVID-19.

# An Analysis of Private Payer Telehealth Coverage During the COVID-19 Pandemic



## REFERENCES

1. Roehr B. The health of private insurance in the US during covid-19. *BMJ*. 2020;370:m2606.
2. U. S. Census Bureau. Health Insurance Coverage in the United States: 2019. United States Census Bureau Web site. <https://www.census.gov/library/publications/2020/demo/p60-271.html>. Published 2020. Updated 2020/09/15/. Accessed.
3. Center for Connected Health Policy. Telehealth Private Payer Laws: Impact and Issues. [https://www.cchpca.org/sites/default/files/2018-09/CCHP\\_%20Milbank-Telehealth-Report-FINAL\\_0.pdf](https://www.cchpca.org/sites/default/files/2018-09/CCHP_%20Milbank-Telehealth-Report-FINAL_0.pdf). Published 2017. Accessed November 19, 2020.
4. Center for Connected Health Policy. State Telehealth Laws and Reimbursement Policies: A Comprehensive Scan of the 50 States & the District of Columbia. <https://www.cchpca.org/sites/default/files/2020-10/CCHP%2050%20STATE%20REPORT%20FALL%202020%20FINAL.pdf>. Published 2020. Accessed November 19, 2020.
5. Kaiser Family Foundation. Opportunities and Barriers for Telemedicine in the U.S. During the COVID-19 Emergency and Beyond. <https://www.kff.org/womens-health-policy/issue-brief/opportunities-and-barriers-for-telemedicine-in-the-u-s-during-the-covid-19-emergency-and-beyond>. Published 2020. Updated 2020/05/13/. Accessed November 16, 2020.
6. Albrecht L. Coronavirus tests will be covered by health insurers, and patients won't get 'surprise' bills, Pence says. <https://www.marketwatch.com/story/pence-americans-wont-get-surprise-medical-bills-for-coronavirus-tests-2020-03-10>. Published 2020. Updated 2020/03/12/. Accessed November 16, 2020.
7. 116th U.S. Congress. H.R. 6201: Families First Coronavirus Response Act. In. Public Law No. 116-1272020.
8. 116th U.S. Congress. S.3548: CARES Act. In:2020.
9. The American College of Obstetricians and Gynecologists. ACOG Wins: Several Private Insurers Extending COVID-19 Telehealth Policies. <https://www.acog.org/news/news-articles/2020/06/acog-wins-private-insurers-extending-covid-19-telehealth-policies>. Published 2020. Updated 2020/11/25/. Accessed November 19, 2020.
10. American Medical Association. Bill requires ERISA plans to cover telehealth during COVID-19. <https://www.ama-assn.org/practice-management/digital/bill-requires-erisa-plans-cover-telehealth-during-covid-19>. Published 2020. Updated 2020/11/25/. Accessed November 19, 2020.
11. National Psoriasis Foundation. 35 Patient Advocacy Organizations Release Telehealth Policy Principles. <https://www.psoriasis.org/telehealth-policy-principles>. Published 2020. Updated 2020/11/25/. Accessed November 19, 2020.
12. Centers for Medicare & Medicaid Services. COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies. <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>. Published 2020. Accessed October 1, 2020.
13. Livingston S. UnitedHealth revenue grows with Medicare members, OptumHealth patients. <https://www.modernhealthcare.com/insurance/unitedhealth-revenue-grows-medicare-members-optumhealth-patients>. Published 2019. Updated 2019/04/16/. Accessed November 22, 2020.
14. Anthem. Stats & Facts. <https://www.antheminc.com/NewsMedia/FrequentlyRequestedMaterials/StatsFacts/index.htm>. Published 2020. Updated 2020/11/20/. Accessed November 22, 2020.
15. Aetna. Facts About the Company. <https://www.aetna.com/about-us/aetna-facts-and-subidiaries/aetna-facts.html>. Published 2020. Updated 2020/11/25/. Accessed November 22, 2020.
16. CIGNA. Cigna Delivers Strong 2019 Results, Expects Continued Attractive Revenue and Earnings Growth in 2020. <https://www.cigna.com/newsroom/news-releases/2020/cigna-delivers-strong-2019-results-expects-continued-attractive-revenue-and-earnings-growth-in-2020>. Published 2020. Updated 2020/11/25/. Accessed November 22, 2020.

# An Analysis of Private Payer Telehealth Coverage During the COVID-19 Pandemic



17. Humana. 2019 Annual Report. [https://www.annualreports.com/HostedData/AnnualReports/PDF/NYSE\\_HUM\\_2019.pdf](https://www.annualreports.com/HostedData/AnnualReports/PDF/NYSE_HUM_2019.pdf). Published 2019. Accessed November 22, 2020.
18. Health Care Service Corporation. HCSC by the Numbers. <https://www.hcsc.com/who-we-are/statistics>. Published 2020. Updated 2020/11/25/. Accessed November 22, 2020.
19. Kaiser Permanente. Fast facts. <https://atagance.kp.org/who-we-are/fast-facts>. Published 2020. Updated 2020/11/25/. Accessed November 19, 2020.
20. America's Health Insurance Plans (AHIP). Telehealth: Connecting Consumers to Care Everywhere. [https://www.ahip.org/wp-content/uploads/IB\\_Telehealth-031219.pdf](https://www.ahip.org/wp-content/uploads/IB_Telehealth-031219.pdf). Published 2019. Accessed December 7, 2020.
21. The Commonwealth Fund. Telemedicine: What Should the Post- Pandemic Regulatory and Payment Landscape Look Like? <https://www.commonwealthfund.org/publications/issue-briefs/2020/aug/telemedicine-post-pandemic-regulation>. Published 2020. Updated 2020/08/05/. Accessed December 8, 2020.
22. Herman B. Virtual reality: More insurers are embracing telehealth. <https://www.modernhealthcare.com/article/20160220/MAGAZINE/302209980/virtual-reality-more-insurers-are-embracing-telehealth>. Published 2016. Updated 2016/02/20/. Accessed December 8, 2020.
23. Leventhal R. White House: Private Insurers Agree to Cover Coronavirus Testing, Telemedicine Services. <https://www.hcinovationgroup.com/population-health-management/telehealth/article/21129098/white-house-private-insurers-agree-to-cover-coronavirus-testing-telemedicine-services>. Published 2020. Updated 2020/03/17/. Accessed November 16, 2020.
24. Aetna. COVID-19 Patient Coverage FAQs for Aetna Providers. <https://www.aetna.com/health-care-professionals/covid-faq/patient-coverage.html>. Published 2020. Updated 2020/11/24/. Accessed September 17, 2020.
25. CIGNA. 2020 CIGNA Plan Brochure. <https://www.cigna.com/static/www-cigna-com/docs/individuals-families/2020/medical/va/907642-connect-plan-brochure-va.pdf>. Published 2019. Accessed December 10, 2020.
26. Rae M, Cox C, Claxton G. Coverage and utilization of telemedicine services by enrollees in large employer plans - Peterson-KFF Health System Tracker. <https://www.healthsystemtracker.org/brief/coverage-and-utilization-of-telemedicine-services-by-enrollees-in-large-employer-plans>. Published 2020. Updated 2020/03/27/. Accessed December 9, 2020.
27. Chaudry B, Tran L. Alternative Payment Models During A Pandemic: Suspending Down-Side Risk During This Time Of National Crisis | Health Affairs Blog. <https://www.healthaffairs.org/doi/10.1377/hblog20200406.985172/full>. Published 2020. Updated 2020/12/15/. Accessed December 12, 2020.
28. Gavidia M. How Can Congress Optimally Address the Financial Uncertainty Impacting the US Health Industry? <https://www.aimc.com/view/how-can-congress-optimally-address-the-financial-uncertainty-impacting-the-us-health-industry>. Published 2020. Updated 2020/12/15/. Accessed December 12, 2020.
29. Merritt Hawkins. Survey of America's Physicians: COVID-19 Edition. <https://www.merrithawkins.com/trends-and-insights/article/surveys/survey-of-americas-physicians-covid-19-edition>. Published 2020. Updated 2020/12/15/. Accessed December 11, 2020.
30. Shachar C, Engel J, Elwyn G. Implications for Telehealth in a Postpandemic Future: Regulatory and Privacy Issues. *JAMA*. 2020;323(23):2375-2376.
31. Chiron Health. Private Payer Telehealth Reimbursement. <https://chironhealth.com/telemedicine/reimbursement/private-payer>. Published 2020. Updated 2020/12/11/. Accessed December 10, 2020.
32. CIGNA. Reimbursement Policy: R31 Virtual Care. [https://static.cigna.com/assets/chcp/secure/pdf/resourceLibrary/clinReimPolsModifiers/Notifications/R31\\_Virtual\\_Care.pdf](https://static.cigna.com/assets/chcp/secure/pdf/resourceLibrary/clinReimPolsModifiers/Notifications/R31_Virtual_Care.pdf). Published 2020. Accessed November 19, 2020.
33. CIGNA. Staying connected with your patients through virtual care services. <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwCVirtualCare.html>. Published 2020. Updated 2020/10/16/. Accessed November 23, 2020.

# An Analysis of Private Payer Telehealth Coverage During the COVID-19 Pandemic



## APPENDIX A

### Private Payer Temporary Telehealth Coverage Policies During the Public Health Emergency (PHE)

Insurer	Region(s)	Telehealth Coverage				Telehealth Cost-Sharing Waiver - COVID Treatment	Telehealth Cost-Sharing Waiver - Non-COVID				Comments
		Audio-Only	Parity	Out-of-Network	Asynchronous	Coverage (Expiration)	Coverage	Services	Expiration	Parity	
AETNA	National	Acute E/M; Behavioral Health	N	N	N	Y, inpatient admissions only (1/31/2021)	Y	Medical (expired); Behavioral health	6/4/2020; 1/31/21	Y	Cost-sharing for in-network telemedicine visits is limited to outpatient behavioral/mental health services. Coverage includes third-party vendor telehealth visits.
ANTHEM BLUECROSS BLUESHIELD	CA, CO, CT, GA, IN, KY, ME, MO, NV, NH, OH, VA, WI	Y	Y	Y (expired 6/14)	Not specified	Y (12/31/2020)	Y	Not specified	9/30/2020	Y*	Does not apply to self-funded group plans unless opted in. Also waiving telemedicine visits through vendor until 12/31/20. Blanket out-of-network cost share waivers expired in June 2020, however Anthem has indicated that it will cover out-of-network services if medically necessary. Coverage includes third-party vendor telehealth visits.
ANTHEM BLUECROSS BLUESHIELD	NY	Y	Not specified	Y (expired 6/14)	Not specified	Y (1/8/2021)	Y	Not specified	11/9/2020	Not specified	
CIGNA	National	Y	Y	N	N	Y (12/31/2020 for treatment; 1/31/21 for diagnostic visits)	N	N	-	Y	CIGNA is covering virtual visits for covered services for commercial plans as outlined in plan member's benefits through 12/31/20. CIGNA waived all cost shares for virtual COVID-19 treatment through 12/31/20 and for virtual diagnostic visits through 1/21/21. CIGNA has created a new telehealth reimbursement policy to go into effect in January 2021 that outlines which services can be reimbursed.

Insurer	Region(s)	Telehealth Coverage				Telehealth Cost-Sharing Waiver - COVID Treatment	Telehealth Cost-Sharing Waiver - Non-COVID				Comments
		Audio-Only	Parity	Out-of-Network	Asynchronous	Coverage (Expiration)	Coverage	Services	Expiration	Parity	
<b>HEALTH CARE SERVICE CORPORATION (BCBS)</b>	Illinois, Montana, New Mexico, Oklahoma, Texas	Not specified	Not specified	N	Not specified	Y (1/20/2021)	Y	Medically necessary services	5/31/2020	Not specified	HCSC is the sole licensee for Blue Cross Blue Shield plans in 5 states. Many of HCSC's COVID-19 telehealth policies were plan-specific and the company did not specify the full range of these policies publicly.
<b>HUMANA</b>	National	Y	Y	Y (COVID tx only)	N	Y (No end date specified)	Y	Primary care; Behavioral Health	Not specified	Y	Humana's cost-share waivers do not have a sunset and the carrier will reassess based on Medicare and HHS' recommendations. Waivers include specialist telehealth visits and vendor telehealth visits.
<b>KAISER PERMANENTE</b>	CA, GA, HI, DMV, OR/SW, WA, WA	Y	Not specified	N	Not specified	Y (12/31/2020)	Y	Not specified (existing policy)	N/A	Not specified	Kaiser's current telehealth policy covers in-network telehealth visits for primary care and specialist visits using Kaiser's proprietary platform.
<b>UNITEDHEALTHCARE</b>	National	Y	Y	Y (COVID tx only - expired)	Y	Y (12/31/2020)	Y	CMS-approved services	9/30/2020	Not specified	UHC cost share waivers applied to vendor platform visits as well.

# An Analysis of Private Payer Telehealth Coverage During the COVID-19 Pandemic

## PRIVATE PAYER TABLE SOURCES

1. Aetna. Approved Behavioral Health Telemedicine Services. <https://www.aetna.com/content/dam/aetna/pdfs/aetnacom/healthcare-professionals/bh-televideo-service-codes-covid-19.pdf>. Published 2020. Accessed September 17, 2020.
2. Aetna. COVID-19 Patient Coverage FAQs for Aetna Providers. <https://www.aetna.com/health-care-professionals/covid-faq/patient-coverage.html>. Published 2020. Updated 2020/11/24/. Accessed September 17, 2020.
3. Aetna. COVID-19 Telemedicine Coverage FAQs for Aetna Providers. In:2020.
4. Anthem Blue Cross. Information from Anthem for Care Providers About COVID-19 (California). <https://providernews.anthem.com/california/article/information-from-anthem-for-care-providers-about-covid-19-5>. Published 2020. Updated 2020/11/24/. Accessed September 17, 2020.
5. Anthem Blue Cross. Information from Anthem for Care Providers About COVID-19 (Connecticut). <https://providernews.anthem.com/connecticut/article/information-from-anthem-for-care-providers-about-covid-19-3>. Published 2020. Updated 2020/11/24/. Accessed September 17, 2020.
6. Anthem Blue Cross. Information from Anthem for Care Providers About COVID-19 (Colorado). <https://providernews.anthem.com/colorado/article/information-from-anthem-for-care-providers-about-covid-19-updated-march-20-2020>. Published 2020. Updated 2020/11/24/. Accessed September 17, 2020.
7. Anthem Blue Cross. Information from Anthem for Care Providers About COVID-19 (Virginia). <https://providernews.anthem.com/virginia/article/information-from-anthem-for-care-providers-about-covid-19-updated-april-22-2020>. Published 2020. Updated 2020/11/24/. Accessed September 17, 2020.
8. Anthem Blue Cross. Information from Anthem for Care Providers About COVID-19 (Wisconsin). <https://providernews.anthem.com/wisconsin/article/information-from-anthem-for-care-providers-about-covid-19-10>. Published 2020. Updated 2020/11/24/. Accessed September 17, 2020.
9. Anthem Blue Cross. Information from Anthem for Care Providers About COVID-19 (New York). <https://providernews.empireblue.com/article/information-from-empire-for-care-providers-about-covid-19-updated-april-22-2020>. Published 2020. Updated 2020/11/24/. Accessed September 17, 2020.
10. Anthem Blue Cross. Information from Anthem for Care Providers About COVID-19 (Ohio). <https://providernews.anthem.com/ohio/article/information-from-anthem-for-care-providers-about-covid-19-9>. Published 2020. Updated 2020/11/24/. Accessed September 17, 2020.
11. Anthem Blue Cross. Information from Anthem for Care Providers About COVID-19 (Indiana). <https://providernews.anthem.com/indiana/article/information-from-anthem-for-care-providers-about-covid-19-6>. Published 2020. Updated 2020/11/24/. Accessed September 17, 2020.
12. Anthem Blue Cross. Information from Anthem for Care Providers About COVID-19 (New Hampshire). <https://providernews.anthem.com/new-hampshire/article/information-from-anthem-for-care-providers-about-covid-19-updated-march-19-2020-2>. Published 2020. Updated 2020/11/24/. Accessed September 17, 2020.
13. Anthem Blue Cross. Information from Anthem for Care Providers About COVID-19 (Nevada). <https://providernews.anthem.com/nevada/article/information-from-anthem-for-care-providers-about-covid-19-updated-march-19-2020>. Published 2020. Updated 2020/11/24/. Accessed September 17, 2020.
14. Anthem Blue Cross. Information from Anthem for Care Providers About COVID-19 (Maine). <https://providernews.anthem.com/maine/article/information-from-anthem-for-care-providers-about-covid-19-updated-march-19-2020-1>. Published 2020. Updated 2020/11/24/. Accessed September 17, 2020.
15. Anthem Blue Cross. Information from Anthem for Care Providers About COVID-19 (Kentucky). <https://providernews.anthem.com/kentucky/article/information-from-anthem-for-care-providers-about-covid-19-7>. Published 2020. Updated 2020/11/24/. Accessed September 17, 2020.
16. CIGNA. Cigna Coronavirus (COVID-19) Interim Billing Guidance for Providers for Commercial Customers. <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>. Published 2020. Updated 2020/10/30/. Accessed September 17, 2020.



17. CIGNA. Coronavirus (COVID-19) Information for Individuals and Families. <https://www.cigna.com/coronavirus/individuals-and-families>. Published 2020. Accessed September 17, 2020.
18. CIGNA. Reimbursement Policy: R31 Virtual Care. [https://static.cigna.com/assets/chcp/secure/pdf/resourcelibrary/clinReimPolsModifiers/Notifications/R31\\_Virtual\\_Care.pdf](https://static.cigna.com/assets/chcp/secure/pdf/resourcelibrary/clinReimPolsModifiers/Notifications/R31_Virtual_Care.pdf). Published 2020. Accessed November 19, 2020.
19. CIGNA. Staying connected with your patients through virtual care services. <https://static.cigna.com/assets/chcp/resourcelibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwCVirtualCare.html>. Published 2020. Updated 2020/10/16/. Accessed November 23, 2020.
20. Health Care Service Corporation. Stay Informed on COVID-19. <https://www.hcsc.com/newsroom/category/company-news/covid-19-information>. Published 2020. Updated 2020/12/18/. Accessed November 12, 2020.
21. Health Care Service Corporation. Health Care Service Corporation Waives Member Cost-Sharing for COVID-19 Treatment. <https://www.hcsc.com/newsroom/news-releases/2020/hcsc-waives-member-cost-sharing-covid-19>. Published 2020. Updated 2020/12/18/. Accessed November 12, 2020.
22. Humana. 2019 Annual Report. [https://www.annualreports.com/HostedData/AnnualReports/PDF/NYSE\\_HUM\\_2019.pdf](https://www.annualreports.com/HostedData/AnnualReports/PDF/NYSE_HUM_2019.pdf). Published 2019. Accessed November 22, 2020.
23. Humana. COVID-19 Telehealth and Other Virtual Services. <https://dctm.humana.com/Mentor/Web/v.aspx?chronicleID=0900092982d3d342&searchID=ef3b1d1f-2463-45c8-8a09-005fa80b3d72&dl=1>. Published 2020. Accessed October 29, 2020.
24. Humana. Telehealth frequently asked questions to support physicians working with Humana. <https://docushare-web.apps.cf.humana.com/Marketing/docushare-app?file=3923140>. Published 2020. Accessed October 29, 2020.
25. Humana. Coronavirus and Your Humana Medical Coverage. <https://www.humana.com/coronavirus/coverage-faqs>. Published 2020. Updated 2020/10/22/. Accessed October 29, 2020.
26. Kaiser Permanente. COVID-19 Telehealth Reference Guide for Participating Network Providers. [http://www.providers.kaiserpermanente.org/info\\_assets/cpp\\_mas/mas-2020-0619-Revised-Telehealth-Guide-Full-Version.pdf](http://www.providers.kaiserpermanente.org/info_assets/cpp_mas/mas-2020-0619-Revised-Telehealth-Guide-Full-Version.pdf). Published 2020. Accessed October 1, 2020.
27. Kaiser Permanente. Fast facts. <https://atagance.kp.org/who-we-are/fast-facts>. Published 2020. Updated 2020/11/25/. Accessed November 19, 2020.
28. UnitedHealthcare. COVID-19 Telehealth. <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html>. Published 2020. Updated 2020/10/07/. Accessed September 17, 2020.
29. UnitedHealthcare. Talk to a doctor from home. <https://www.uhc.com/health-and-wellness/health-topics/covid-19/telehealth-options>. Published 2020. Updated 2020/11/24/. Accessed October 1, 2020.
30. UnitedHealthcare. Telehealth Services for Preventive Medicine and Applied Behavior Analysis. <https://www.uhcprovider.com/content/dam/provider/docs/public/resources/news/2020/covid19/Telehealth-Services-Preventive-Medicine-ABA-Codes.pdf>. Published 2020. Accessed September 17, 2020.
31. UnitedHealthcare. Telehealth and Telemedicine Policy, Professional. <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Telehealth-and-Telemedicine-Policy.pdf>. Published 2020. Accessed September 17, 2020.

This report was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$828,571. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.