COVID-19 Provider Frequently Asked Questions (FAQ)

Updated April 20, 2023

The COVID-19 Public Health Emergency (PHE) ends at midnight on May 11, 2023, we will revert to our standard Aetna policies and plan benefits with a few exceptions. We've prepared this FAQ to assist you with additional information.

COVID-19 Vaccine

Will there be any out-of-pocket costs for Aetna members to receive an FDA authorized or approved COVID-19 vaccine?

Commercial members will pay $0 for COVID-19 vaccines, including boosters, at in-network locations. Normal plan cost share will apply for out-of-network administration, like the flu vaccine.

Medicare members will pay $0 for COVID-19 vaccines, including boosters.

COVID-19 Testing

Will Aetna cover COVID-19 diagnostic testing?

COVID-19 diagnostic tests are covered. Providers should check on Availity for information about benefits coverage for testing and any applicable cost-sharing specific to the member's health plan.

Telemedicine

Where can providers access the telemedicine policy and related codes?

For commercial plans, the Aetna telemedicine policy is available to providers on the Availity portal. There are no changes to the telemedicine policy with the May 11, 2023 end of the Public Health Emergency. An updated telemedicine policy will be shared in Q4 2023. Providers will receive 90-days' notice before it goes into effect.