

Humana

<https://www.humana.com/provider/coronavirus/telemedicine>

Humana update for telehealth visits – effective March 23, 2020

To support providers with caring for their Humana patients while promoting both patient and provider safety, we have updated our existing telehealth policy. At a minimum, we will always follow CMS telehealth or state-specific requirements that apply to telehealth coverage for our insurance products. This policy will be reviewed periodically for changes based on the evolving COVID-19 public health emergency and updated CMS or state specific rules¹ based on executive orders. Please refer to the applicable CMS or state specific regulations prior to any claim submissions, and check this page regularly for the latest information.

Temporary expansion of telehealth service scope and reimbursement rules

To ease systemic burdens arising from COVID-19 and support shelter-in-place orders, Humana is encouraging the use of telehealth services to care for its members. Please refer to CMS, state, and plan coverage guidelines for additional information regarding services that can be delivered via telehealth

In response to this emergency, Humana will temporarily reimburse for telehealth visits with participating/in-network providers at the same rate as in-office visits. In order to qualify for reimbursement, telehealth visits must meet medical necessity criteria, as well as all applicable coverage guidelines

Temporary expansion of telehealth channels

Humana understands that not all telehealth visits will involve the use of both video and audio interactions. For providers or members who don't have access to secure video systems, we will temporarily accept telephone (audio-only) visits. These visits can be submitted and reimbursed as telehealth visits

Please follow CMS or state-specific guidelines and bill as you would a standard telehealth visit

Further information on using mobile devices for telehealth can be found below

Temporary expansion of member cost share waivers for telehealth

To encourage members to seek care safely while protecting the health care workforce, Humana is waiving member cost share for all telehealth services delivered by participating/in-network providers. This includes:

All telehealth services delivered by participating/in-network providers, either through audio or video

All telehealth services delivered through MDLive to Medicare Advantage members, and also to Commercial members in Puerto Rico

All telehealth services delivered through Doctor on Demand to Commercial members

Please do not collect traditional member responsibility for these services from any Humana member, as it will result in avoidable refund transactions and may inhibit members from seeking needed care

Temporary expansion of telehealth to broader types of providers

Both participating/in-network primary and specialty providers can render care using telehealth services, provided that CMS and state-specific guidelines are followed

For telehealth visits with a specialist, members are encouraged to work with their primary care physician to facilitate care coordination

Check [CMS Telemedicine Fact Sheet for guidelines](#) or the [applicable state-specific rules](#), for most updated list of distant site practitioners

With respect to these telehealth changes, note that all other coverage rules will continue to apply, and refer to applicable Humana policies for additional information. Please continue to check this page regularly as we will be updating our information to supplement the information in this update.

Expanded telehealth technologies through mobile devices

[During the COVID-19 public health emergency, the new waiver in Section 1135\(b\), opens in new window of the Social Security Act \(found c](#)

Additionally, the HHS Office for Civil Rights will exercise enforcement discretion and waive penalties for HIPAA violations against healthcare providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype.