



Telehealth

Expanding access to care virtually

Humana policy 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](#)¹ 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 rules based on executive orders. Please refer to the applicable CMS or state specific regulations prior to any claim submissions, and check [Humana's COVID-19 Provider website](#) regularly for the latest information.

1. 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

2. 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 visits can be found [here](#)

3. 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

4. Multiple practitioner types can deliver telehealth services

- Both participating/in-network primary care 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 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 Humana's [COVID-19 Provider website](#) regularly as we will be updating our information to supplement the information provided in this update.

¹Humana is not affiliated with the Center for Connected Health Policy. This link is provided as a resource for your convenience. Humana has not independently verified the information contained on this website.

.