

HUMANA

OVERVIEW

March 23, 2020 through End date has not been established

Humana -- Waiving all medical costs related to COVID-19 for our members. (self-funded ASO plans are not currently included) Retroactive to February 4, 2020 through ?? (no end date and will continue to reassess as circumstances change)

<https://www.humana.com/coronavirus/coverage-faqs>

Diagnosis Codes

When submitting COVID-19-related claims for your Humana-covered patients, follow the appropriate CDC guidance on diagnosis coding for the date of service. The CDC interim coding guidance is still in effect. The effective date of the new diagnosis code has been moved to April 1, 2020.

Telehealth - Expanding access to care

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, opens in new window](#) 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, opens in new window](#) or the [applicable state-specific rules, opens in new window](#) 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 on the CMS Telemedicine Fact Sheet) authorizes use of telephones that have audio and video capabilities to provide Medicare telehealth services.

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.

Additional

- [Download a white paper, opens in new window](#) with instructions on using FaceTime for telehealth while staying HIPAA-compliant
- [CCHPCA Summary of Covid-19-Related State Actions, opens in new window](#)

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

state-specific requirements, opens in new window

Center for Connected Health Policy

COVID-19 Related State Actions (all states)

<https://www.cchpca.org/resources/covid-19-related-state-actions>

COVID-19 Telehealth Coverage Policies

<https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>

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.

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Important documents

Telehealth FAQs to support physicians