

HUMANA Expands Telehealth Coverage to Include Audio-only Services



This document is available to members as an informational resource. KMA expresses no opinion as to the feasibility, applicability, or impact to your particular practice. The guidance outlined below applies to Humana plans only.

Humana is encouraging the use of telehealth services to ease the systemic burdens from COVID-19. Therefore, effective March 23, 2020, Humana is temporarily updating its telehealth policy during the emergency period to allow for telephone-only services in addition to telehealth services via video + audio.

Here's what you need to know

1. Telephonic-only Care (visual connection not required)

- Telephonic-only visits with in-network primary and specialty providers are temporarily permitted.
- NEW** • Cost shares are waived for all telehealth visits with in-network primary and specialty providers and for all telehealth services related to COVID-19 regardless of the provider's network status.
- NEW** • Standard cost shares apply to non-COVID-related out-of-network claims, which will be processed in accordance with the plan's out-of-network benefit.
- Please refer to plan coverage guidelines for information regarding services that can be delivered via telehealth.
- In-network providers will be reimbursed for telehealth visits at the same rate as in-office visits.
- NEW** • Out-of-network telehealth claims related to COVID-19 will be covered at the in-person rate.
- NEW** • Out-of-network telehealth services not related to COVID-19 will be reimbursed at out-of-network benefit levels subject to applicable plan provisions, including limitations and exclusions.
- NEW** • Medical necessity, as well as applicable CMS guidelines, state regulations and other plan rules, will continue to apply to all services being delivered via telehealth.

2. Telehealth (video + audio)

- NEW** • Cost shares are waived for all telehealth visits with in-network primary and specialty providers and for all telehealth services related to COVID-19 regardless of the provider's network status.
- NEW** • Standard cost shares apply to non-COVID-related out-of-network claims, which will be processed in accordance with the plan's out-of-network benefit.
- Please refer to plan coverage guidelines for information regarding services that can be delivered via telehealth.
- In-network providers will be reimbursed for telehealth visits at the same rate as in-office visits.
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- NEW** • Medical necessity, as well as applicable CMS guidelines, state regulations and other plan rules, will continue to apply to all services being delivered via telehealth.

3. Coding Guidance

- Telephonic-only visits are billed as a standard telehealth visit.

Additional Humana Resources:

- [Information from Humana for Care Providers about COVID-19](#)
- NEW* • [Telehealth FAQs to support physicians](#)