



Telehealth

Frequently asked questions to support physicians working with Humana

To support providers with caring for their Humana patients while promoting both patient and provider safety, we expanded the scope, reimbursement rules and channels for telehealth services on March 23. We have received many questions since that date and are providing answers to the most frequently asked questions. This FAQ will be updated as we reevaluate telehealth policy in light of the COVID-19 public health emergency.

At a minimum, we will always follow [CMS telehealth](#) or [state-specific requirements](#)¹ that apply to telehealth coverage for our insurance products. Our policy will be reviewed periodically for changes based on the evolving COVID-19 public health emergency and updated CMS or state-specific requirements. Please refer to applicable CMS, state-specific regulations and guidance or Humana policy prior to any claim submissions, and check Humana's [COVID-19 provider website](#) regularly for the latest information.

SERVICE AVAILABILITY

1. Will Humana reimburse for phone-based services or interactions with a member (non-video); does this qualify as a telehealth service?

ANSWER: Yes, assuming it is provided through real-time interactive audio and meets any other relevant coverage criteria as outlined in Humana's revised [Telehealth Services Claims Payment Policy](#). In addition, some state laws may restrict the ability of a provider to render telehealth services by telephone. Providers may still be subject to these state-level restrictions and must determinate applicability. Refer to [CMS](#) and [state guidelines](#)¹ for more information.

2. What are the billing codes for phone-based services or interactions with a member (non-video)?

ANSWER: Please use this link to the [CMS Telehealth codes](#) for traditional Medicare. For all other lines of business, please refer to your state requirements and [Humana's policy](#).

3. Will Humana reimburse for email interactions with a member; does this qualify as a telehealth service?

ANSWER: No, Commercial, Medicaid and Medicare Advantage telehealth services must be rendered through real-time interactive audio only or audio and video.

4. Are telehealth services by non-par providers covered benefits for members in an HMO product?

ANSWER: Humana will cover out-of-network telehealth claims related to COVID-19 even if the HMO does not have out-of-network benefits. Telehealth claims not related to COVID-19 will be processed in accordance with the plan's out-of-network benefit if the HMO has out-of-network benefits. Medical necessity, as well as

applicable CMS guidelines and other plan rules, will continue to apply.

5. Are telehealth services covered benefits for members only for par providers in an HMO product?

ANSWER: Humana will cover out-of-network telehealth claims related to COVID-19, while telehealth claims not related to COVID-19 will be processed in accordance with the plan's out-of-network benefit. Medical necessity, as well as applicable CMS guidelines and other plan rules, will continue to apply.

6. Should we utilize the SAME codes and modifiers for telehealth services as if they were in person?

ANSWER: Bill with the proper code utilizing the place of service as the medical office according to [CMS guidance](#), [state-specific rules](#) and [Humana policy](#).

7. If a member is out of the service area, where only emergent or urgent care would be covered by the plan, and requests a telehealth visit for routine care, will Humana cover the telehealth visit?

ANSWER: Yes, Humana will cover a telehealth visit that occurs outside the member's service area.

8. Can telehealth be used for annual wellness visits?

ANSWER: No, not at this time.

9. Can any contracted provider offer telehealth services? What are the "qualification rules" for offering those services?

ANSWER: Check [CMS guidelines](#) or the [applicable state-specific rules](#) for the most updated list of distant site practitioners. Humana does not currently have additional credentialing requirements for the provision of telehealth.

10. Regardless of whether it's COVID-19 related, can a provider use its own platform for telehealth visits?

ANSWER: Yes, providers may use their own platforms to conduct telehealth visits for their patients. Providers should note that the [Office for Civil Rights \(OCR\)](#) has issued guidance regarding the use of audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency. Specifically, OCR has stated that providers can use any non-public-facing remote communication product that is available to communicate with patients.

This includes popular applications that allow for video chats and are technology vendors that will enter into Health Insurance Portability and Accountability Act (HIPAA) compliant business associate agreements (BAAs), such as:

- Skype for Business
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet

Providers should notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Publicly facing applications such as Facebook Live, Twitch, TikTok and similar video communication applications should **not** be used by providers.

11. Can home health services be provided using telehealth applications?

ANSWER: Yes, check [CMS guidelines](#) or the [applicable state-specific rules](#) for the most updated list of distant site practitioners. Also, it must be a service approved for telehealth. The home health service rules continue to evolve, so check Humana's [COVID-19 provider website](#) for updates regularly.

12. If there isn't a non-par telehealth benefit, is Humana applying the par benefit or denying the claim as no benefit? If Humana pays, is it only for COVID-19 or all telehealth claims?

ANSWER: Humana will cover out-of-network telehealth claims related to COVID-19, while telehealth claims not related to COVID-19 will be subject to applicable plan provisions, including limitations and exclusions; if allowed, out-of-network telehealth services not related to COVID-19 will be reimbursed at out-of-network benefit levels. Medical necessity, as well as applicable CMS guidelines and other plan rules, will continue to apply.

13. Does Humana cover therapy sessions through phone-based or video services?

ANSWER: Yes, when the therapy service is covered according to [CMS guidelines](#), [state regulations](#) and [Humana policy](#).

14. Do your Medicare Advantage plans cover physician-led or monitored services if the originating site is the patient's home?

ANSWER: Yes, consistent with current CMS guidance relaxing originating site requirements, the originating site may be the patient's home. For further details, please check [CMS](#) and [Humana's policy](#).

15. Will telehealth modifying codes be covered for a psychiatrist and nurse practitioner?

ANSWER: Yes.

16. For CPT codes 99441, 99442, 99443: Are non-MD mental health providers, such as licensed professional counselors (LPC), licensed clinical social workers (LCSW) and licensed marriage and family therapists (LMFT), and those with a temporary associate license delivering CPT codes 98966, 98967 and 98968, eligible for telehealth billing?

ANSWER: All CPT codes associated with a given plan AND delivered by an appropriately licensed provider are eligible for telehealth reimbursement per [CMS guidelines](#), [state regulations](#) and [Humana policy](#).

17. Will Humana be lifting restrictions on originating site, following CMS lifting of restrictions due to COVID-19?

ANSWER: Yes, Humana will follow all CMS standards in the administration of telehealth services and in some cases exceed that guidance.

18. Is a physical therapist considered an eligible provider to deliver services via telehealth?

ANSWER: No, not at this time.

MEMBER COST-SHARING

1. Is all member cost-sharing waived for urgent care telehealth services for all segments including Commercial, Medicaid and Medicare?

ANSWER: Yes, member cost share is waived for participating/in-network and non-par/out-of-network COVID-19-related services and participating/in-network only for all other telehealth services. Medical necessity, as well as applicable CMS guidelines and other plan rules, will continue to apply.

2. Is Humana covering the following with no out-of-pocket costs:

<u>Virtual Check-ins</u>	<u>Medicare e-visits</u>
G2010	99421-99423
G2012	G2061-G2063
99421-99423	

ANSWER: Yes, Humana will cover in- and out-of-network telehealth services related to COVID-19, including Virtual Check-ins and Medicare e-visits. For telehealth services related to COVID-19, Humana will waive member cost share for the services, regardless of the provider’s network status. Member cost-share waivers will also apply to all in-network telehealth claims not related to COVID-19. Cost-share waivers do not apply to non-COVID-related out-of-network claims, which will be processed in accordance with the plan’s out-of-network benefit. Medical necessity, as well as applicable [CMS guidelines](#), [state regulations](#) and [Humana policy rules](#), will continue to apply to all services being delivered via telehealth.

3. Is member cost-sharing waived for telehealth services that are not urgent care?

ANSWER: Yes. Please see Question 2 for additional information about the application of cost-share waivers to services delivered via telehealth.

4. Is Humana waiving the initial office visit copay for COVID-19 testing, and should the office visit and testing be billed on the same claim?

ANSWER: Yes, Humana is waiving the office visit copay, and it’s not required for the two to be billed on the same claim.

5. Is cost-sharing waived for testing and follow-up PCP visits related to COVID-19?

ANSWER: Yes, cost-sharing is waived for COVID-19 testing and includes the PCP visit where the test is ordered or administered. The cost-sharing waiver also includes follow-up visits via telehealth.

6. Is cost-sharing waived for testing and follow-up specialist visits via telehealth?

ANSWER: Yes, cost-sharing is waived for COVID-19 testing and includes the specialist visit where the test is ordered or administered. The cost-sharing waiver also includes follow-up visits via telehealth. If the follow-up

specialist care is non-COVID-related, however, member cost share will be waived only if delivered by a participating/in-network provider.

PROVIDER PAYMENT

- 1. Are reimbursement rates the same as in-person (in-office), or are they reduced?**

ANSWER: Yes, they are the same. Telehealth visits will be reimbursed at the in-office rate.

- 2. How is a capitated, risk physician reimbursed for telehealth services? Is there a separate fee-for-service payment, or are the services included in the cap payment?**

ANSWER: Claims will be paid for encounters based on the CPT code that was billed. If the service would cap if delivered at a physical location, it will cap with telehealth.

- 3. How are subcapitated specialist providers reimbursed for telehealth services? Are those services included in the subcap, even if the contract doesn't list telehealth services as included in the cap arrangement?**

ANSWER: Claims will be paid for encounters based on the CPT code that was billed. If the service would cap if delivered at a physical location, it will cap with telehealth.

- 4. Are waived member cost-sharing amounts that are funded by Humana charged back to risk providers through their Service Fund accounting?**

ANSWER: Yes.

OTHER

- 1. When is the effective date of Humana's modified telehealth policy? Will it be applied retroactively to claims already submitted?**

ANSWER: The effective date is March 6, 2020. Policy changes will be applied retroactively to claims previously submitted for dates of service on or after March 6, 2020.

- 2. Where on your website or blog may providers locate information about your telehealth policy, billing requirements and fee schedule for telehealth due to the COVID-19 pandemic?**

ANSWER: Please see [Humana's telehealth policy](#), which includes billing requirements and fee schedules.

- 3. Are telehealth services billable services for Federally Qualified Health Centers (FQHCs)? Are there any exclusions for FQHCs?**

ANSWER: Refer to CMS fact sheets for [FQHC](#) and [RHCs](#).

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.