

**304.17A-138 Telehealth coverage and reimbursement -- Requirements for health benefit plan -- Benefits subject to deductible, copayment, or coinsurance -- Payment subject to provider network arrangements -- Administrative regulations. (Effective July 1, 2019)**

- (1) (a) A health benefit plan shall reimburse for covered services provided to an insured person through telehealth as defined in KRS 304.17A-005. Telehealth coverage and reimbursement shall be equivalent to the coverage for the same service provided in person unless the telehealth provider and the health benefit plan contractually agree to a lower reimbursement rate for telehealth services.
- (b) A health benefit plan shall not:
  1. Require a provider to be physically present with a patient or client, unless the provider determines that it is necessary to perform those services in person;
  2. Require prior authorization, medical review, or administrative clearance for telehealth that would not be required if a service were provided in person;
  3. Require demonstration that it is necessary to provide services to a patient or client through telehealth;
  4. Require a provider to be employed by another provider or agency in order to provide telehealth services that would not be required if that service were provided in person;
  5. Restrict or deny coverage of telehealth based solely on the communication technology or application used to deliver the telehealth services; or
  6. Require a provider to be part of a telehealth network.
- (2) A health benefit plan shall require a telehealth provider to be licensed in Kentucky in order to receive reimbursement for telehealth services.
- (3) Benefits for a service provided through telehealth required by this section may be made subject to a deductible, copayment, or coinsurance requirement. A deductible, copayment, or coinsurance applicable to a particular service provided through telehealth shall not exceed the deductible, copayment, or coinsurance required by the health benefit plan for the same service provided in person.
- (4) Nothing in this section shall be construed to require a health benefit plan to:
  - (a) Provide coverage for telehealth services that are not medically necessary; or
  - (b) Reimburse any fees charged by a telehealth facility for transmission of a telehealth encounter.
- (5) Payment made under this section may be consistent with any provider network arrangements that have been established for the health benefit plan.
- (6) The department shall promulgate an administrative regulation in accordance with KRS Chapter 13A to designate the claim forms and records required to be maintained in conjunction with this section.

**Effective:** July 1, 2019

**History:** Amended 2018 Ky. Acts ch. 187, sec. 5, effective July 1, 2019. -- Amended 2010 Ky. Acts ch. 24, sec. 1215, effective July 15, 2010. -- Amended 2007 Ky. Acts ch. 24, sec. 28, effective June 26, 2007. -- Created 2000 Ky. Acts ch. 376, sec. 7, effective July 15, 2001.