

304.17A-138 Prohibition against health benefit plan excluding coverage for telehealth -- Benefits subject to deductible, co-payment, or coinsurance -- Payment subject to provider network arrangements -- Administrative regulations. (Effective until July 1, 2019)

- (1) (a) A health benefit plan shall not exclude a service from coverage solely because the service is provided through telehealth and not provided through a face-to-face consultation if the consultation is provided through the telehealth network established under KRS 194A.125. A health benefit plan may provide coverage for a consultation at a site not within the telehealth network at the discretion of the insurer.
- (b) A telehealth consultation shall not be reimbursable under this section if it is provided through the use of an audio-only telephone, facsimile machine, or electronic mail.
- (2) 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 through a face-to-face consultation.
- (3) Payment made under this section may be consistent with any provider network arrangements that have been established for the health benefit plan.
- (4) 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 15, 2010

History: 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.