Health Benefit Plans

In accordance with KRS 304.17A-138, a health benefit plan shall require a telehealth provider to be licensed in Kentucky in order to receive reimbursement for telehealth services.

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.

Payment may be consistent with any provider network arrangements that have been established for the health benefit plan.


In accordance with KRS 304.17A-138, a health benefit plan shall reimburse for covered services provided to an insured person through telehealth. A health benefit plan shall not:

- Require a provider be physically present with a patient or client, unless the provider determines that it is necessary to perform those services in-person;
- Require prior authorization, medical review, or administrative clearance for telehealth that would not be required if a service were provided in-person;
- Require demonstration that it is necessary to provide services to a patient or client through telehealth;
- 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;
- Restrict or deny coverage of telehealth based solely on the communication technology or application used to deliver the telehealth services; or
- Require a provider to be a part of a telehealth network.

How do I code a telehealth service on the 1500 Health Insurance Claim Form and the ADA Dental Claim Form?

The Department of Insurance is currently working with health benefit plans to determine the appropriate code and/or modifier for denoting a telehealth service.