

Vermont Department of Financial Regulation

Division of Insurance

Insurance Division Bulletin 170

COVERAGE FOR TELEMEDICINE SERVICES

The purpose of this bulletin is to notify health insurers that pursuant to Act 107 of 2012, An Act Relating to Telemedicine, all health insurance plans issued in Vermont must include coverage for telemedicine services. Under the Act, a health insurance plan:

- 1) must extend coverage to a patient for telemedicine services delivered in a health care facility;
- 2) must provide coverage to the same extent that the services would be covered if they were provided through in-person consultation;
- 3) may charge a deductible, co-payment or coinsurance for a health care service provided though telemedicine so long as it does not exceed the amount applicable to an in-person consultation; and,
- 4) may limit coverage to providers within the plan's network. Payment to a provider is not required where the service is not medically necessary, or where the distant site provider has insufficient information to render an opinion. Coverage may extend to teleophthalmology and teledermatology provided by "store and forward" means.

The effective date of the law is on October 1, 2012 and shall apply to all health insurance plans on and after October 1, 2012 on such date as a health insurer offers, issues, or renews the health insurance plan, but in no event later than October 1, 2013.

Health insurers should review Act 107 to ensure they are in compliance with its requirements. Questions about the law or this bulletin should be directed to: David Martini, Director of Health Insurance Policy.

Dated at Montpelier, Vermont this 10th day of October, 2012.

A handwritten signature in black ink, reading "S. W. Kimbell", written over a horizontal line.

Stephen W. Kimbell, Commissioner