

I can't do my telemedicine visit because...

MY INSURANCE DOESN'T COVER TELEMEDICINE



WHAT DOES THIS MEAN?

This means your insurance plan will not pay for the expenses associated with a telemedicine appointment.

Insurance coverage for telemedicine is impacted by federal and state laws as well as insurance company policies. Before the COVID-19 pandemic, some insurance plans did not cover telemedicine appointments.

However, policy changes occurring within the COVID-19 environment have been rapidly developing on almost a daily basis.



WHO CAN HELP?

- Call your insurance provider
- Call your provider's office
- Your Family-to-Family Health Information Center
- Dial 211 for essential community services
- State and local ombudsman
- Case manager or social worker



WHAT ARE MY NEXT STEPS?

Your insurance provider can help.

Contact the number on the back of your insurance card.

Questions to ask insurance representative:

- Can you tell me the call reference number?
- Does my policy cover telehealth services?
- How do you define telehealth services?
(What's included, does it have to be live video?)
- Are there any restrictions around the service, such as well visit only, or limitation of the # of visits per year?
- Does the service require any special documentation?

Your provider's office can help.

- Call your provider's office to ask what appointment you need and whether or not it is covered.
- If not covered, ask how much the appointment costs and if there any discounts available.



WHERE CAN I LEARN MORE?

- Center for Connected Health Policy the
- National Telehealth Policy Resource Center (CCHP).
CCHP can inform about telehealth-related laws, regulations, and Medicaid programs.
- Resource for changing rules state and federal regarding coverage
- Resource for changing rules, cost-sharing for patients in federal health care programs, billing, and reimbursement for telehealth services, private insurance FAQs
- Dial 211 for Essential Community Services