Provider Telemedicine and Telehealth FAQ

The below FAQ is specific to our Commercial, Medicaid and Medicare lines of business. Any distinctions between lines of business are called out.

Definitions

Telemedicine
Refers to actual medical consultations provided in real-time over an electronic mechanism as allowed below. This includes, but is not limited to, the teladoc-style web doctor services. Telemedicine visits typically result in normal claims specifically coded as telemedicine visits.

Telehealth
Telehealth refers to health and wellness programs, nurse lines, and other services supporting patient health that are delivered by live video or live chat evaluation. Telehealth may be used to diagnose or consult on minor conditions (e.g., colds, sinus infections, sprains or rashes), on-going conditions (e.g., mental health, substance abuse or chronic conditions) and/or follow-up appointments. It can also be used to prescribe medications. In-network providers may offer this service and plan-specific copays apply.

Televideo and Telephonic
Services that are eligible for reimbursement must be delivered by real-time, interactive, two-way video and phone communication when determined medically necessary, evidence-based, and a covered benefit.

Originating Site
The originating site means the physical location of the patient and/or provider (receiving or rendering telemedical health services), be that a healthcare facility, home, school or workplace, etc.

Question & Answers

What are the PacificSource guidelines for eligible reimbursement for telemedicine and telehealth services?
Billing expectations and billing practices are the same as any other service rendered by our provider partners. Prior to rendering any service, providers are expected to check eligibility and benefits.

How do I know if a service or medication requires a prior authorization?
If the service requires preauthorization when donein person, then preauthorization is required when doneas telemedicine and telehealth. To determine if a service and/or medication requires preauthorization, consult our Prior Authorization Grid (authgrid.pacificsource.com). *Federal and State Guidelines for COVID-19 will be applied as updates develop.*

How are telemedicine and telehealth services identified on a claim?
Billing place of service (POS) 02 is required. We also allow GT modifier to be included when billing to identify type of service, however not required.

As a provider, what limitations to telemedicine and telehealth should I be aware of?
Services must meet all of the following criteria to be eligible for coverage.

- Limited to two-way real-time video and or phone communication (see state criteria below).
- Services must be medically necessary and eligible for coverage if the same service were provided in person.
- Services are subject to all terms and conditions of the plan.
- Place of Service 02 is required when billing.
- Facility fee charges from the originating site are ineligible for reimbursement (Commercial only).
- Some office visits and/or procedures will be subject to retrospective review.

Does PacificSource have a policy and procedure specific to telemedicine and telehealth?
Yes, upon request we can share this with providers.

Medicaid Specific:

How do I know if a service is covered under the Oregon Health Plan (OHP)?
This can be identified by using LineFinder. LineFinder is an online tool to assist providersin determining what is covered by OHP. OHP generally updates the information quarterly. (intouch.pacificsource.com/LineFinder)*State Guidelines for COVID-19 will be applied as updates develop.*

Applies to members covered by PacificSource Health Plans, PacificSource Community Health Plans or PacificSource Community Solutions.