

Telehealth Services

Coverage expanded effective 3/20/2020

This is a temporary fee schedule and is in effect for as long as the U.S. Department of Health and Human Services Secretary's public health emergency remains in effect. Providers may be reimbursed for procedure codes indicated on this fee schedule via a telehealth mode of delivery.

For reimbursement rates and procedure codes your provider type is authorized to bill please see the appropriate [provider fee schedule](#).

For services rendered by behavioral health providers, authorized services are published by the [Division of Behavioral Health](#).

For information on licensing as a telehealth provider please see the [Division of Corporations, Business and Professional Licensing](#).

Fee Schedules for Telephone and Online Digital Check-Ins

Code	Code Description	Physician Rate*	Mid-Level Rate*
99441	Telephone Service 5 – 10 min	\$21.26	\$18.07
99442	Telephone Service 11 – 20 min	\$41.46	\$35.24
99443	Telephone Service 21 – 30 min	\$61.11	\$51.94
99421	Online Dig Service 5 – 10 min	\$22.59	\$19.20
99422	Online Dig Service 11 – 20 min	\$45.02	\$38.27
99423	Online Dig Service 21 min or more	\$72.65	\$61.75

* Rates do not reflect Alaska Medicaid base rate adjustments of up to 5 percent for SFY2020. For the applicable adjustment percentage, view page 1 of the [fee schedule](#) for your provider type.

The codes listed on this fee schedule are covered for the following enrolled provider types:

- Advanced Practice Registered Nurse
- Audiologist
- Community Health Aides
- Direct-Entry Midwife
- Optometrist
- Physician
- Physician Assistant
- Podiatrist

Federally Qualified Health Centers and Rural Health Clinic may be reimbursed at their encounter rate for services provided by a rendering provider listed as an included provider type.

The following codes may be billed by Behavioral Health Aides:

Code	Code Description
98966	Telephone Service 5 – 10 min
98967	Telephone Service 11 – 20 min
98968	Telephone Service 21 – 30 min
98970	Online Dig Service 5 – 10 min
98971	Online Dig Service 11 – 20 min
98972	Online Dig Service 21 – 30 min

The following pages list covered codes for telehealth services.

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77427	RADIATION TX MANAGEMENT X5	X	X	
90785	PSYTX COMPLEX INTERACTIVE	X	X	
90791	PSYCH DIAGNOSTIC EVALUATION	X	X	
90792	PSYCH DIAG EVAL W/MED SRVCS	X	X	
90832	PSYTX W PT 30 MINUTES	X	X	
90833	PSYTX W PT W E/M 30 MIN	X	X	
90834	PSYTX W PT 45 MINUTES	X	X	
90836	PSYTX W PT W E/M 45 MIN	X	X	
90837	PSYTX W PT 60 MINUTES	X	X	
90838	PSYTX W PT W E/M 60 MIN	X	X	
90839	PSYTX CRISIS INITIAL 60 MIN	X	X	
90840	PSYTX CRISIS EA ADDL 30 MIN	X	X	
90845	PSYCHOANALYSIS	X	X	
90846	FAMILY PSYTX W/O PT 50 MIN	X	X	
90847	FAMILY PSYTX W/PT 50 MIN	X	X	
90853	GROUP PSYCHOTHERAPY	X	X	
90863	PHARMACOLOGIC MGMT W/PSYTX	X	X	
90951	ESRD SERV 4 VISITS P MO <2YR	X	X	
90952	ESRD SERV 2-3 VSTS P MO <2YR	X	X	
90954	ESRD SERV 4 VSTS P MO 2-11	X	X	
90955	ESRD SRV 2-3 VSTS P MO 2-11	X	X	
90957	ESRD SRV 4 VSTS P MO 12-19	X	X	
90958	ESRD SRV 2-3 VSTS P MO 12-19	X	X	
90960	ESRD SRV 4 VISITS P MO 20+	X	X	
90961	ESRD SRV 2-3 VSTS P MO 20+	X	X	
90963	ESRD HOME PT SERV P MO <2YRS	X	X	X
90964	ESRD HOME PT SERV P MO 2-11	X	X	X
90965	ESRD HOME PT SERV P MO 12-19	X	X	X

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90966	ESRD HOME PT SERV P MO 20+	X	X	X
90967	ESRD SVC PR DAY PT <2	X	X	X
90968	ESRD SVC PR DAY PT 2-11	X	X	X
90969	ESRD SVC PR DAY PT 12-19	X	X	X
90970	ESRD SVC PR DAY PT 20+	X	X	X
92227	REMOTE DX RETINAL IMAGING	X	X	X
92228	REMOTE RETINAL IMAGING MGMT	X	X	X
92507	SPEECH/HEARING THERAPY	X	X	
92508	SPEECH/HEARING THERAPY	X	X	
92521	EVALUATION OF SPEECH FLUENCY	X	X	
92522	EVALUATE SPEECH PRODUCTION	X	X	
92523	SPEECH SOUND LANG COMPREHEN	X	X	
92524	BEHAVRAL QUALIT ANALYS VOICE	X	X	
92526	ORAL FUNCTION THERAPY	X	X	
92550	TYMPANOMETRY & REFLEX THRESH	X	X	X
92551	PURE TONE HEARING TEST AIR	X	X	X
92552	PURE TONE AUDIOMETRY AIR	X	X	X
92553	AUDIOMETRY AIR & BONE	X	X	X
92555	SPEECH THRESHOLD AUDIOMETRY	X	X	X
92556	SPEECH AUDIOMETRY COMPLETE	X	X	X
92557	COMPREHENSIVE HEARING TEST	X	X	X
92560	BEKESY AUDIOMETRY SCREEN	X	X	X
92561	BEKESY AUDIOMETRY DIAGNOSIS	X	X	X
92563	TONE DECAY HEARING TEST	X	X	X
92565	STENGER TEST PURE TONE	X	X	X
92567	TYMPANOMETRY	X	X	X
92568	ACOUSTIC REFLEX TESTING	X	X	X
92584	ELECTROCOCHLEOGRAPHY	X	X	X
92585	AUDITOR EVOKE POTENT COMPRE	X	X	X
92586	AUDITOR EVOKE POTENT LIMIT	X	X	X

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92587	EVOKED AUDITORY TEST LIMITED	X	X	X
92601	COCHLEAR IMPLT F/UP EXAM <7	X	X	X
92602	REPROGRAM COCHLEAR IMPLT <7	X	X	X
92603	COCHLEAR IMPLT F/UP EXAM 7/>	X	X	X
92604	REPROGRAM COCHLEAR IMPLT 7/>	X	X	X
92605	EX FOR NONSPEECH DEVICE RX	X	X	
92606	NON-SPEECH DEVICE SERVICE	X	X	
92607	EX FOR SPEECH DEVICE RX 1HR	X	X	
92608	EX FOR SPEECH DEVICE RX ADDL	X	X	
92609	USE OF SPEECH DEVICE SERVICE	X	X	
92618	EX FOR NONSPEECH DEV RX ADD	X	X	
92625	TINNITUS ASSESSMENT	X	X	X
92626	EVAL AUD FUNCJ 1ST HOUR	X	X	X
92627	EVAL AUD FUNCJ EA ADDL 15	X	X	X
92630	AUD REHAB PRE-LING HEAR LOSS	X	X	X
92633	AUD REHAB POSTING HEAR LOSS	X	X	X
93228	REMOTE 30 DAY ECG REV/REPORT	X	X	X
93229	REMOTE 30 DAY ECG TECH SUPP	X	X	X
93268	ECG RECORD/REVIEW	X	X	X
93270	REMOTE 30 DAY ECG REV/REPORT	X	X	X
93271	ECG/MONITORING AND ANALYSIS	X	X	X
93272	ECG/REVIEW INTERPRET ONLY	X	X	X
94002	VENT MGMT INPAT INIT DAY	X	X	
94003	VENT MGMT INPAT SUBQ DAY	X	X	
94004	VENT MGMT NF PER DAY	X	X	
96105	ASSESSMENT OF APHASIA	X	X	
96110	DEVELOPMENTAL SCREEN W/SCORE	X	X	X
96112	DEVEL TST PHYS/QHP 1ST HR	X	X	X
96113	DEVEL TST PHYS/QHP EA ADDL	X	X	X
96116	NUBHVLM XM PHYS/QHP 1ST HR	X	X	

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96121	NUBHVLM PHY/QHP EA ADDL HR	X	X	
96125	COGNITIVE TEST BY HC PRO	X	X	X
96130	PSYCL TST EVAL PHYS/QHP 1ST	X	X	
96131	PSYCL TST EVAL PHYS/QHP EA	X	X	
96132	NRPSYC TST EVAL PHYS/QHP 1ST	X	X	
96133	NRPSYC TST EVAL PHYS/QHP EA	X	X	
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	X	X	
96137	PSYCL/NRPSYC TST PHY/QHP EA	X	X	
96146	PSYCL/NRPSYC TST AUTO RESULT	X	X	
97110	THERAPEUTIC EXERCISES	X	X	
97112	NEUROMUSCULAR REEDUCATION	X	X	
97116	GAIT TRAINING THERAPY	X	X	
97129	THER IVNTJ 1ST 15 MIN	X	X	X
97130	THER IVNTJ EA ADDL 15 MIN	X	X	X
97150	GROUP THERAPEUTIC PROCEDURES	X	X	
97151	BHV ID ASSMT BY PHYS/QHP		X	
97155	ADAPT BEHAVIOR TX PHYS/QHP		X	
97156	FAM ADAPT BHV TX GDN PHY/QHP		X	
97161	PT EVAL LOW COMPLEX 20 MIN	X	X	
97162	PT EVAL MOD COMPLEX 30 MIN	X	X	
97163	PT EVAL HIGH COMPLEX 45 MIN	X	X	
97164	PT RE-EVAL EST PLAN CARE	X	X	
97165	OT EVAL LOW COMPLEX 30 MIN	X	X	
97166	OT EVAL MOD COMPLEX 45 MIN	X	X	
97167	OT EVAL HIGH COMPLEX 60 MIN	X	X	
97168	OT RE-EVAL EST PLAN CARE	X	X	
97530	THERAPEUTIC ACTIVITIES	X	X	
97533	SENSORY INTEGRATION	X	X	
97535	SELF CARE MNGMT TRAINING	X	X	
97755	ASSISTIVE TECHNOLOGY ASSESS	X	X	

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97760	ORTHOTIC MGMT&TRAIING 1ST ENC	X	X	
97763	ORTHOC/PROSTC MGMT SBSQ ENC	X	X	
97802	MEDICAL NUTRITION INDIV IN	X	X	X
97803	MED NUTRITION INDIV SUBSEQ	X	X	X
99201	OFFICE/OUTPATIENT VISIT NEW	X	X	X
99202	OFFICE/OUTPATIENT VISIT NEW	X	X	X
99203	OFFICE/OUTPATIENT VISIT NEW	X	X	X
99204	OFFICE/OUTPATIENT VISIT NEW	X	X	X
99205	OFFICE/OUTPATIENT VISIT NEW	X	X	X
99211	OFFICE/OUTPATIENT VISIT EST	X	X	X
99212	OFFICE/OUTPATIENT VISIT EST	X	X	X
99213	OFFICE/OUTPATIENT VISIT EST	X	X	X
99214	OFFICE/OUTPATIENT VISIT EST	X	X	X
99215	OFFICE/OUTPATIENT VISIT EST	X	X	X
99217	OBSERVATION CARE DISCHARGE	X	X	X
99218	INITIAL OBSERVATION CARE	X	X	X
99219	INITIAL OBSERVATION CARE	X	X	X
99220	INITIAL OBSERVATION CARE	X	X	X
99221	INITIAL HOSPITAL CARE	X	X	X
99222	INITIAL HOSPITAL CARE	X	X	X
99223	INITIAL HOSPITAL CARE	X	X	X
99224	SUBSEQUENT OBSERVATION CARE	X	X	X
99225	SUBSEQUENT OBSERVATION CARE	X	X	X
99226	SUBSEQUENT OBSERVATION CARE	X	X	X
99231	SUBSEQUENT HOSPITAL CARE	X	X	X
99232	SUBSEQUENT HOSPITAL CARE	X	X	X
99233	SUBSEQUENT HOSPITAL CARE	X	X	X
99234	OBSERV/HOSP SAME DATE	X	X	X
99235	OBSERV/HOSP SAME DATE	X	X	X
99236	OBSERV/HOSP SAME DATE	X	X	X

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99238	HOSPITAL DISCHARGE DAY	X	X	X
99239	HOSPITAL DISCHARGE DAY	X	X	X
99241	OFFICE CONSULTATION	X	X	X
99242	OFFICE CONSULTATION	X	X	X
99243	OFFICE CONSULTATION	X	X	X
99244	OFFICE CONSULTATION	X	X	X
99245	OFFICE CONSULTATION	X	X	X
99251	INPATIENT CONSULTATION	X	X	X
99252	INPATIENT CONSULTATION	X	X	X
99253	INPATIENT CONSULTATION	X	X	X
99254	INPATIENT CONSULTATION	X	X	X
99255	INPATIENT CONSULTATION	X	X	X
99281	EMERGENCY DEPT VISIT	X	X	
99282	EMERGENCY DEPT VISIT	X	X	
99283	EMERGENCY DEPT VISIT	X	X	
99284	EMERGENCY DEPT VISIT	X	X	
99285	EMERGENCY DEPT VISIT	X	X	
99291	CRITICAL CARE FIRST HOUR	X	X	X
99292	CRITICAL CARE ADDL 30 MIN	X	X	X
99304	NURSING FACILITY CARE INIT	X	X	X
99305	NURSING FACILITY CARE INIT	X	X	X
99306	NURSING FACILITY CARE INIT	X	X	X
99307	NURSING FAC CARE SUBSEQ	X	X	X
99308	NURSING FAC CARE SUBSEQ	X	X	X
99309	NURSING FAC CARE SUBSEQ	X	X	X
99310	NURSING FAC CARE SUBSEQ	X	X	X
99315	NURSING FAC DISCHARGE DAY	X	X	X
99316	NURSING FAC DISCHARGE DAY	X	X	X
99354	PROLONG E&M/PSYCTX SERV O/P	X	X	X
99355	PROLONG E&M/PSYCTX SERV O/P	X	X	X

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99366	TEAM CONF W/PAT BY HC PROF	X	X	
99368	TEAM CONF W/O PAT BY HC PRO	X	X	
99408	AUDIT/DAST 15-30 MIN	X	X	X
99409	AUDIT/DAST OVER 30 MIN	X	X	X
99468	NEONATE CRIT CARE INITIAL	X	X	X
99469	NEONATE CRIT CARE SUBSQ	X	X	X
99471	PED CRITICAL CARE INITIAL	X	X	X
99472	PED CRITICAL CARE SUBSQ	X	X	X
99475	PED CRIT CARE AGE 2-5 INIT	X	X	X
99476	PED CRIT CARE AGE 2-5 SUBSQ	X	X	X
99477	INIT DAY HOSP NEONATE CARE	X	X	X
99478	IC LBW INF < 1500 GM SUBSQ	X	X	X
99479	IC LBW INF 1500-2500 G SUBSQ	X	X	X
99480	IC INF PBW 2501-5000 G SUBSQ	X	X	X
99485	SUPRV INTERFACILTY TRANSPORT	X	X	X
99486	SUPRV INTERFAC TRNSPORT ADDL	X	X	X
H2011	CRISIS INTERVEN SVC, 15 MIN		X	
H2015	COMP COMM SUPP SVC, 15 MIN		X	
T1023	PROGRAM INTAKE ASSESSMENT	X	X	
T1024	TEAM EVALUATION & MANAGEMENT	X	X	
T1027	FAMILY TRAINING & COUNSELING	X	X	
V5362	SPEECH SCREENING	X	X	X
V5363	LANGUAGE SCREENING	X	X	X
V5364	DYSPHAGIA SCREENING	X	X	X

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