

Alaska Medicaid Treatment Plan Guidance

for Common Non-Emergency Medical Travel Events

Service	Treatment Plan Max Duration	Eligible for the One and Done Travel Request	Treatment Plan Requirements	Non-Covered Services	Required Signature	PA Required Prior to Travel
Physical Therapy (7 AAC 115.310 and 7 AAC 115.320)						
Ages < 21 yrs	Ages < 3 yrs: 6 months Ages ≥ 3 yrs: 1 year*	Yes	<ul style="list-style-type: none"> • Diagnosis • Anticipated Treatment Goals • Treatment type • Amount, duration, and frequency of each service 	<ul style="list-style-type: none"> • Maintenance therapy not related to a developmental disability or delay • Swimming therapy • Therapy for physical fitness or weight loss • Habilitation Services • Services provided by a physical therapist aide 	<ul style="list-style-type: none"> • Up to 14 days: Treating Provider • > 14 days: Ordering Provider 	No
Ages ≥ 21 yrs	30 days	No	<ul style="list-style-type: none"> • Diagnosis • Anticipated Treatment Goals • Treatment type • Amount, duration, and frequency of each service 	<ul style="list-style-type: none"> • Maintenance Therapy • Swimming therapy • Therapy for physical fitness or weight loss • Habilitation Services • Services provided by a physical therapist aide 	<ul style="list-style-type: none"> • Up to 14 days: Treating Provider • > 14 days: Ordering Provider 	No
Occupational Therapy (7 AAC 115.110 and 7 AAC 115.120)						
Ages < 21 yrs	Ages < 3 yrs: 6 months Ages ≥ 3 yrs: 1 year*	Yes	<ul style="list-style-type: none"> • Diagnosis • Anticipated Treatment Goals • Treatment type • Amount, duration, and frequency of each service 	<ul style="list-style-type: none"> • Maintenance therapy not related to a developmental disability or delay • Services provided by an occupational therapist aide 	<ul style="list-style-type: none"> • Up to 14 days: Treating Provider • > 14 days: Ordering Provider 	No
Ages ≥ 21 yrs	30 days	No	<ul style="list-style-type: none"> • Diagnosis • Anticipated Treatment Goals • Treatment type • Amount, duration, and frequency of each service 	<ul style="list-style-type: none"> • Maintenance therapy • Swimming therapy • Therapy for weight loss • Habilitation Services • Services provided by an occupational therapist aide 	<ul style="list-style-type: none"> • Up to 14 days: Treating Provider • > 14 days: Ordering Provider 	No

* Limitation subject to treating provider's recommendation, not to exceed 1 year.

** Limitation subject to treating provider's recommendation, not to exceed 2 years.

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Speech Therapy (7 AAC 115.410 and 7 AAC 115.420)						
All Ages	Ages < 3 yrs: 6 months Ages ≥ 3 yrs: 1 year* Ages ≥ 21 yrs: 30 days	Ages < 21 yrs: Yes Ages ≥ 21 yrs: No	<ul style="list-style-type: none"> • Diagnosis • Anticipated Treatment Goals • Treatment type • Amount, duration, and frequency of each service 	See Speech/Language Pathology Services Fee Schedule for covered services	<ul style="list-style-type: none"> • Up to 14 days: Treating Provider • > 14 days: Ordering Provider 	No
Chronic and Acute Conditions (7 AAC 105.100(5) and 7 AAC 140.700-720)						
Pain Management	1 year*	No	Standard Guidelines	<ul style="list-style-type: none"> • Transportation limited to 1 time per week for the first 2 encounters • Transportation limited to 1 time per month after first 2 encounters 	Treating Provider	No
Hypertension	1 year*	No	Standard Guidelines	See applicable provider fee schedule for covered services	Treating Provider	No
Diabetes Care	1 year*	No	Standard Guidelines	See applicable provider fee schedule for covered services	Treating Provider	No
Cardiac Failure	1 year*	No	Standard Guidelines	See applicable provider fee schedule for covered services	Treating Provider	No
CAD	1 year*	No	Standard Guidelines	See applicable provider fee schedule for covered services	Treating Provider	No
ESRD	1 year*	Yes	Standard Guidelines	Medicare application must be on file after 90 days of initiating services	Treating Provider	No

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Chronic and Acute Conditions (Continued)						
LVAD Placement	1 year*	No	Standard Guidelines	Limited to those services authorized by the department	Treating Provider	Yes
Chemotherapy and Radiation	90 days	Yes	Standard Guidelines	See applicable provider fee schedule for covered services	Treating Provider	No
Wound Care	90 days	Yes	Standard Guidelines	See applicable provider fee schedule for covered services	Treating Provider	No
Sleep Study	90 days	No	Standard Guidelines	See applicable provider fee schedule for covered services	Treating Provider	No
CPAP Fitting	30 days	No	<ul style="list-style-type: none"> • Evaluation • Sleep Study Report • Fitting Schedule 	See DMEPOS provider fee schedule for covered services	Treating Provider	Yes
Dental (7 AAC 110.145, 7 AAC 110.150, and 7 AAC 110.153)						
Orthodontia	2 years**	No	Standard Guidelines	<ul style="list-style-type: none"> • Treatment for ages 21 and older • Other than cleft palate treatment, members with dental carries within six months of treatment start • Limited to one treatment • Travel limited to one time per month 	Treating Provider	Yes
Dental for Members < 21 yrs old	1 year*	No	Standard Guidelines	<ul style="list-style-type: none"> • Final restoration in resin or amalgam (> 5 surfaces) • Indirect pulp capping • Space maintainers for anterior teeth • Restoration of etched enamel or deep groove w/o obvious dentin involvement • Denture characterization and personalization, implants, and precision attachments • Experimental procedures 	Treating Provider	Conditionally; Verify with EPSDT guidelines

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Dental (Continued)						
Enhanced Adult Dental and Dentures	1 year*	No	Standard Guidelines	<ul style="list-style-type: none"> • Services exceeding annual expense limits • More than 1 panoramic radiograph per calendar year • Final restoration in amalgam or resin (>5 surfaces) • Dental sealants • Restoration of etched enamel or deep grooves without dental involvement • Inlays, Overlays, or three-fourth crowns • Endodontic apical surgery or retrograde fillings • Periodontal surgery • Implant or implant-related dental services • Orthodontic services • Travel limited to 3 visits for denture seatment 	Treating Provider	Yes

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