



Telehealth Coverage during COVID-19 Public Health Emergency Frequently Asked Questions

1. What are the recognized methods of telehealth services?

- Live Interactive (Synchronous): Use of camera, video, or dedicated audio conference equipment on a real-time basis; a telephone call alone does not meet the definition of live interactive
- Store and Forward (Asynchronous): The transfer of digital images, sounds, or previously recorded video
- Self-Monitoring or Testing: Monitoring devices in a member's home with only indirect involvement of the provider

2. Are behavioral health services provided through other telehealth modes of delivery covered during the COVID-19 public health emergency?

Yes. Please see [Division of Behavioral Health's Telemedicine Emergency Response Policy](#) for more information.

3. Does Medicaid cover telephone and online digital check-ins?

Yes. Medicaid has expanded services to cover both telephone and online digital check-ins for established patients. Refer to the [Telehealth Services Temporary Fee Schedule](#), effective March 20, 2020, for more information on who can be reimbursed for telephone and online digital check-ins.

4. Why are telephone and online digital check-ins not included as recognized methods of telehealth services?

Telephone and online digital check-ins are non-face to face services that are being temporarily covered; they are not considered new modes of telehealth delivery.

5. What is the difference between a telehealth delivered problem-focused evaluation and a telephone or online digital check-in?

A problem focused evaluation may be billed utilizing the appropriate telehealth modifier (GT, 95, or GQ) if the service rendered meets the definition of the procedure code (e.g., history, examination, and medical decision complexity). A telephone call alone does not meet the definition of a problem focused evaluation and should not be billed as a problem focused evaluation service. Online digital telehealth modes utilizing live interactive applications may meet the definition of a problem focused exam and may be billed utilizing the problem focused exam procedure code if appropriate.

Telephone and online check-ins are non-face to face patient-initiated evaluations provided to a member via telephone or online digital method. These are brief visits with a patient to provide guidance and to

determine if other services, such as a problem focused evaluation, are required. If the check-in is related to another evaluation and management service provided within the previous 7 days or leads to another evaluation and management service within the next 24 hours, it is not separately reimbursable.

6. Does Alaska Medicaid pay differently for a service provided via telehealth versus an in-person visit?

No, providers are reimbursed at the rate indicated on the fee schedule specific to their provider type, whether the service is provided in-person or via a telehealth mode.

7. What types of connections are authorized to use for telehealth services?

The U.S. Department of Health and Human Services, Office for Civil Rights' [Notification of Enforcement Discretion for Telehealth Remote Communications during the COVID-19 Nationwide Public Health Emergency Guidance](#) authorizes the use of secure and some unsecure connections during the COVID-19 public health emergency.

Secure connection: Technology that protects information from inappropriate access, e.g., encrypted email, encrypted portal communications, encrypted patient-facing applications.

Unsecure connection: Technology that may not completely protect member information from being inappropriately accessed.

The notification authorizes use of two-way synchronous communications, e.g., Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, Skype. Providers should establish and utilize best practices to ensure the highest security possible. This includes practices such as locking personal rooms for secure meetings, setting personal room notifications, scheduling meeting instead of using a personal room, and not reusing passwords for meetings.

Not allowed: Public facing tools such as Facebook Live, Twitch, TikTok and similar video communication applications.

8. Do I need to register to offer telehealth services?

Yes. Businesses that offer telehealth services must be listed on the Division of Corporations, Business and Professional Licensing [Telehealth Business Registry](#). For more information on applying for a license during this public health emergency, visit [Telehealth & Licensing during COVID-19](#).

9. Are school districts that provide services via telehealth required to register with the Division of Corporations, Business and Professional Licensing [Telehealth Business Registry](#)?

No.

10. What type of informed consent is required when providing services via telehealth?

Members must be informed of the type of connection being used during the telehealth visit (secure or unsecure) and give oral or written consent to move forward with the visit once informed. Documentation on file must indicate that informed consent was given orally.

11. What are the telehealth documentation requirements?

Telehealth services are documented episodes of care and require the same clinical documentation as seeing a member in-person, identified in [7 AAC 105.230](#), plus documentation that describes the telehealth visit, including:

- Method (e.g., live interactive, store and forward) and connection used (e.g., encrypted patient facing application, Zoom, Skype).

- Identify where the patient and provider are located (e.g., home, clinic)
- Statement that the member has given informed consent for services via the technology used
- Documentation that supports the full definition of the procedure code(s) billed
- Time based services must have supporting documentation of the time spent providing the service
- Telephone and online digital check-in services should record the amount of time spent with each patient and the type of communication that occurred (e.g. telephone, email, patient portal)

12. What services are reimbursable if provided through a telehealth mode of delivery?

Services authorized to be performed via telehealth can be found on the [Telehealth Services Temporary Fee Schedule](#), effective March 20, 2020. Providers should refer to the fee schedule specific to their provider type to determine what codes are reimbursable for their provider type. For information on expanded telehealth for behavioral health services please visit the [Division of Behavioral Health](#) website.

13. How do I indicate on a claim that a service was delivered via telehealth?

Use place of service code 02 to indicate the service was delivered via telehealth and one of three modifiers to identify the telehealth mode of delivery that was utilized:

- GT or 95: Live interactive
- GQ: Store and Forward

Exceptions: Do not use a telehealth modifier with procedure codes 98966-98968, 98970-98972, 99421-99423, and 99441-99443.

14. Can a Drug Enforcement Administration (DEA)-registered practitioner issue a prescription for a controlled substances in instances where an in-person medical evaluation cannot be conducted?

Yes, if all of the below conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice
- The telehealth communication is conducted using an audio-visual, real-time, two-way interactive communication system
- The practitioner is compliant with all applicable federal and state law

For more information see the Division of Corporations, Business and Professional Licensing guidance, [Telehealth & Licensing during COVID-19](#).

15. Are the telephone and online digital check-ins reimbursable for new patients?

No. These services are reimbursable only for established patients.

16. Do I need to add a telehealth modifier (GT, GQ, or 95) when billing telephone or online digital check-in services?

No. These codes are inherently telehealth services and should not be billed with a telehealth modifier.

17. Can a telephone or online digital check-in be reimbursed in conjunction with other evaluation and management services?

No. If a telephone or online digital check-in is performed in conjunction with another E/M service, it is considered part of that other E/M service and is not separately reimbursable.

18. Is there a limit to how many telephone check-ins may be reimbursed?

Yes. Alaska Medicaid will reimburse up to 1 telephone check-in per day, per member.

19. Is there a limit on how many online digital check-ins may be reimbursed?

Yes. Online digital check-in procedure codes are a total of all services performed within a 7 day period of time, Alaska Medicaid will reimburse up to 1 unit per 7 day period of time, per member.

20. Therapy providers (PT, OT, SLP) cannot utilize new telephone and online digital procedure codes; how do I bill for therapy services delivered via telehealth?

Claims for therapy services must be submitted using the same procedure codes used to bill for an in-person service, along with a GT or 95 modifier. Only live interactive mode of delivery is covered for therapy services. Refer to the [Telehealth Services Temporary Fee Schedule](#), effective March 20, 2020, for covered services.

21. Can direct entry midwives provide services via telehealth?

Yes. Direct Entry Midwives (DEM) are authorized to provide some services via telehealth during the COVID-19 Public Health Emergency. DEM services authorized for telehealth delivery are listed on the [Telehealth Services Temporary Fee Schedule](#), effective March 20, 2020.

22. Do I need to add a telehealth modifier when billing for the professional component of radiology services when delivered through an electronic format?

No. This is a standard business practice and is not reported as telehealth through Alaska Medicaid. Radiology services should be billed using the professional modifier (26) and technical modifier (TC).

23. Are initial hospital care procedure codes (99221-99223) reimbursable if performed via telehealth?

Yes, initial hospital care procedure codes are temporarily being added to accommodate potential healthcare provider shortages. For a full list of hospital care services authorized for telehealth please go to the [Telehealth Services Temporary Fee Schedule](#), effective March 20, 2020.

24. Are initial nursing facility care procedure codes (99304-99306) reimbursable if performed via telehealth?

Yes, initial nursing facility care procedure codes are temporarily being added to accommodate potential healthcare provider shortages. For a full list of hospital care services authorized for telehealth please go to the [Telehealth Services Temporary Fee Schedule](#), effective March 20, 2020.

25. Can ventilator management services be conducted via a telehealth mode of delivery?

Yes. Ventilator management is reimbursable when performed via telehealth. Only the healthcare provider managing the ventilator may be reimbursed for ventilator management; any bedside adjustments are not separately reimbursable.

26. Are outpatient therapy centers able to bill telehealth for therapy services utilizing a UB-04 or 837I and are there any additional requirements for identifying the claim as a telehealth claim?

Outpatient therapy centers are authorized to provide therapy services listed on the [Telehealth Services Temporary Fee Schedule](#), effective March 20, 2020. Telehealth for therapy services are identified by utilizing the modifiers (GT or 95) and a place of service 02, there are no additional requirements when billing on a UB-04 or 837I.

27. Are physical therapy assistants, occupational therapy assistants, speech pathology assistants authorized to provide telehealth services?

Yes, Services provided by enrolled physical and occupational therapy assistants and speech language pathology assistants are authorized for reimbursement of approved telehealth services.

28. What servicing address should be used on the claim when billing telehealth services?

The address on the claim must be the same address that would be used if the service had been provided in-person, even if the provider is providing services via telehealth from another location such as home.

Questions #29 - #31 added April 21, 2020

29. During the COVID-19 public health emergency, for my clinic to receive full Medicare reimbursement, Medicare is requiring a POS 11 on telehealth claims. Alaska Medicaid requires POS 2, what POS should be on the claim for dual eligible members?

Dual-eligible member claims may be billed with a POS 11, Alaska Medicaid will reimburse co-pay and deductible for these claims. Providers must include the appropriate telehealth modifier for these claims to be reported as a telehealth encounter.

30. Do I need to register my business on the Telehealth Registry if I am only doing the telephone and/or online digital check-ins with no additional telehealth service?

Yes; telephone and online digital check-ins are considered forms of telehealth and require your business to be on the telehealth registry.

31. When documenting the telehealth encounter, do I need to identify the physical address where the member and healthcare provider are located during the encounter?

No; documentation should identify where the patient and provider are located (e.g., home, clinic), but the address of the locations are not needed.

Questions #32 added May 7, 2020

32. Must out-of-state providers be licensed in Alaska to provide services via telehealth to a member who is located in Alaska?

Typically the provider must be licensed in Alaska. However, during the COVID-19 public health emergency however, physicians, APRNs, and PAs may provide services via telehealth without an Alaskan License. Please see [Telehealth & Licensing During COVID-19](#) for more information.

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