



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: **New Medicare-to-Medicaid Crossover Claim Coding Requirements for Telemedicine Services**

Issue Date: 04/20/2018

Run Length: 8 weeks

Provider Type(s): 001, 005, 008, 020, 021, 030, 033, 034, 035, 036, 039, 040, 041, 042, 043, 051, 107

Message: Effective for claims with a date of service January 1, 2018 forward, in accordance with Centers for Medicare and Medicaid's transmittal CR 10152, available at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10152.pdf>, all claims for covered services rendered to a Medicare beneficiary via live interactive telemedicine application must include a Place of Service code of "02" (telehealth). Use of Place of Service code 02 eliminates the need to use the GT modifier. This change applies ONLY to Medicare-to-Medicaid crossover claims.

Questions? Please contact Provider Inquiry at 907.644.6800, option 1, 1, or toll-free in Alaska at 800.770.5650, option 1, 1, 1.