

Telehealth Services *Including COVID-19* *Temporary Coverage*

March 2022

Overview

- Overview of Expanded Services
- Telehealth
- Registration
- Delivery Methods
- Billing Telehealth Services
- Eligible Services
- Documentation
- Expired Expansions

Temporary Expansion

During the COVID-19 public health emergency, Alaska Medicaid is expanding the availability of services that can be provided via telehealth.

Purpose of expansion:

- Allow for more patients to remain safe at home while still receiving needed medical care
- Ensure medical providers maintain a safe distance while still providing their patients with needed care
- Allow for patients with COVID-19 to remain in isolation and prevent the spread of the disease while still receiving care

Effective dates of expansion:

- Effective March 20th, 2020
- Effective for the duration of the COVID-19 public health emergency
- Some temporarily flexibilities expired on November 1st, 2021

Temporary Expansion

Expansion highlights:

- Unrestricted patient and provider location
- Allowing providers to render telehealth services from their home without reporting their home address on claims
- Allowing telehealth for services such as:
 - Physician visits in skilled nursing facilities
 - Hospital initial, subsequent, observation, and discharge evaluations
 - Emergency department and critical care services
 - Expanded telehealth for behavioral health providers
- Expanding coverage to include telephone and online digital check-ins
- Allowance of telehealth for face to face encounters for case management services

Telehealth Expansion Resources:

Telehealth resources are actively being published on the Medicaid Alaska home page in announcements as they become available.

Telehealth

What is Telehealth?

Telehealth is the delivery of services such as office visits, psychotherapy, consultations, and other medical or health services utilizing audio and video communications or the transference of medical data between providers who are physically separated from the member or from each other.

During the COVID-19 public health emergency telehealth is being expanded to allow for:

- Services directly from the distant site provider to members with no originating site provider involvement
- Unrestricted provider and member locations, to allow for multiple member and provider settings such as home or clinic

Telehealth Requirements

Providers must comply with all requirements for the services provided as outlined in AS 47.07 and 7 AAC 105 – 7 AAC 160, including provisions that affect efficiency, economy, and quality of care.

Telehealth provisions requiring efficiency, economy, and quality of care means:

- The quality of care is equal to the quality received in an in-person visit
- The services rendered via a telehealth mode do not interrupt efficiencies in delivering patient care
- The costs associated with the telehealth services are anticipated to be cost neutral to an in-person visit or provide cost savings

Telehealth Providers

To be reimbursed for a telehealth service a provider must:

- Be enrolled with Alaska Medicaid
- Provide services in accordance with their licensing scope-of-practice rules including any limits regarding the delivery of services via telehealth.
- Render a telehealth service authorized on their provider type's fee schedule

For specific enrollment questions regarding your provider type, consult the billing manual specific to your enrollment.

Telehealth Providers – Expansion Exceptions

During the COVID-19 emergency, Alaska Medicaid has expanded telehealth to include the following providers:

- FQHC providers
- Expanded behavioral health provider types

Provider Role Definitions

There are three roles a provider may fulfill in the telehealth process:

- **Referring provider** is a provider who evaluates a member, determines the need for services to be delivered via a telehealth visit, and arranges the services of a distant site provider for the purpose of diagnosis or treatment
- **Originating site provider** is a provider who introduces a member to a distant site provider for examination, observation, or consideration of medical information; they may also assist in the telehealth service delivery
- **Distant Site Provider** is a provider who evaluates the member and appropriate medical data or images through an approved telehealth delivery method upon recommendation of the referring provider

Member Eligibility

Member eligibility depends on the services being provided. Eligibility requirements are the same as for an in-person encounter.

Eligibility Resources:

- Eligibility requirements are identified in the provider billing manual for the services being rendered
- Member eligibility training is available

Registration

Telehealth Business Registration

Businesses that offer telehealth services must be licensed through the Division of Corporations, Business and Professional Licensing.

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

- For guidance during the COVID-19 emergency go to the “[Telehealth & Licensing during COVID-19](#)” guidance document
- The [Telehealth Business Registry](#) homepage is also an excellent resource for guidance on this process, and is where you would go to register

Once your business has been added to the registry you may begin providing services via telehealth, there is no need to update your enrollment file.

Note: School districts are not considered a business and therefore do **not** need a Telehealth Business Registry License

Note: Tribal health entities may not need to register with the Telehealth Business Registry – tribal entities should communicate with the Division of Corporations, Business and Professional Licensing to confirm if their organization needs to register or not

Delivery Methods

Covered Delivery Methods

The following methods of delivering telehealth services are covered under Alaska Medicaid:

Live Interactive (Synchronous)

Use of camera, video, or dedicated audio conference equipment on a real-time basis; a telephone call and/or fax alone does not meet the definition of live interactive

Store-and-Forward (Asynchronous)

Service is performed using the transference of digital images, sounds, or previously recorded video from one location to another allowing the distant site provider to obtain information, analyze it, and report back to the referring provider

Self-Monitoring or Testing

Service is provided using a telehealth application based directly in the member's home and with only indirect involvement from the provider to perform the service

Temporary Expansions:

- Additional covered modalities such as telephone and texting for behavioral health providers
- Expanded coverage of both telephone and online digital check-ins

HIPAA Compliant Platforms

Alaska Medicaid only covers telehealth services if a HIPAA compliant platform with a secure connection is utilized, however during the COVID-19 public health emergency some of these requirements are relaxed.

Secure connection: Technology that protects information being transmitted from inappropriate access to member information such as encrypted email, encrypted portal communications, and encrypted patient-facing applications.

Unsecure connection: Technology that may not completely protect information being transmitted from inappropriate access to member information.

Temporary Expansion Conditions

The US Department of Health and Human Services, Office for Civil Rights published [“Notification of Enforcement Discretion for telehealth remote communications during COVID-19 nationwide public health emergency guidance”](#) which gives authorization for the use of secure and some unsecure connections during the COVID-19 nationwide public health emergency.

- The notification gives authorization to use two-way synchronous communications such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype
- When using these applications your clinic should create best practices to ensure the highest security possible. This includes practices such as:
 - locking personal rooms for secure meetings,
 - setting personal room notifications,
 - scheduling meetings 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

Billing Telehealth Services

Telehealth Claim Indicators

Place of Service code:

For services rendered on or after 3/1/2022

- 10 to indicate the member is in their home during the telehealth visit
- 02 to indicate the member is at any other location than home during the telehealth visit

For services rendered prior to 3/1/2022

- 02 to indicate a telehealth service was provided regardless of member location

Modifiers:

and one of three modifiers to identify the telehealth mode of delivery that was utilized:

- GT or 95: Live interactive
- GQ: Store and Forward
- FQ: Audio only telehealth mode of delivery is utilized (As of 3/1/2022)

Telehealth Claim Indicator Exceptions

You should **not** add a telehealth modifier when billing for:

- Telephone only procedure codes:
 - Effective 3/1/22 use modifier FQ when billing. Failure to include modifier FQ will result in a denial of payment for audio only services.
 - The FQ modifier is not required for services render prior to 3/1/2022
- Online digital procedure codes: do not bill with a telehealth modifier
- Home and Community Based Waiver services authorized for telehealth
- The professional component of radiology services delivered through an electronic format
 - This is a normal business practice and is not reported as telehealth
 - Radiology services should be billed using the professional modifier (26) and technical modifier (TC)

Telehealth Claim Indicators – Helpful Hints

Modifier G0

- Use modifier G0 (G-Zero) when providing telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke
- Must also use the modifier for the mode of telehealth delivery
 - GT or 95 for live/synchronous
 - GQ for store and forward/asynchronous
 - FQ for audio only
- G0 (G-Zero) often gets confused with modifier GO (G-Oh) – please ensure you are using the appropriate modifier for the services you are delivering

Billing and Payment

Originating Site Provider:

- Originating site provider may only be reimbursed if there is a separately identifiable service being performed
- Originating site providers should not use a telehealth modifier when billing

Distant Site Provider:

Distant site providers should use the same procedure code as if providing an in-person encounter along with the appropriate telehealth modifier

Reimbursement of Telehealth Services:

Providers are reimbursed at the rate on their fee schedule, regardless if services are provided in person or via a telehealth method

Non-reimbursable services:

- The purchase and use of telehealth equipment or applications is not separately billable – only the service is reimbursable
- Facilitation of telehealth services is not reimbursable

Temporary allowance during the COVID-19 public health emergency:

Use the same servicing address you use today for an in-person clinic visit, even if the provider is doing telehealth from another location such as home

Telehealth Services

Coverage Limitations

Payment for telehealth services is limited to the following:

- An initial visit
- A follow-up visit
- A consultation made to confirm a diagnosis
- A diagnostic, therapeutic, or interpretive service
- A psychiatric or substance abuse assessment
- Psychotherapy
- Pharmacological management services on an individual member basis

Service limits and Prior authorization Requirements:

Service limits and prior authorization requirements are the same as if the service was performed in-person

Temporary Expansions:

Telehealth services are typically limited to one initial problem focused evaluation with one follow-up visit per episode of care; during the COVID-19 emergency, follow-up visits may exceed one visit if the medical needs of the member require additional follow-up care.

Non-Covered Services

The following services are not covered by Alaska Medicaid when delivered via a telehealth mode:

- Home and community-based waiver services
- Pharmacy services
- Durable medical equipment services
- Transportation services
- Accommodation services
- End-stage renal disease services
- Direct-entry midwife services
- Private-duty nursing services
- Personal care assistant services
- Visual care, dispensing or optician services

Note: Some of these services are covered as part of the temporary expansion of telehealth services. Services currently covered under the temporary expansion are discussed on the next several slides

Covered Telehealth Services

The lists of services below are authorized to be performed via telehealth. Specific procedure codes covered can be found on the [Telehealth Services Temporary fee schedule](#). Authorized procedure codes covered for behavioral health services can be found on the [Division of Behavioral Health Telemedicine Emergency Response Policy Guidance](#)

Covered Telehealth Services

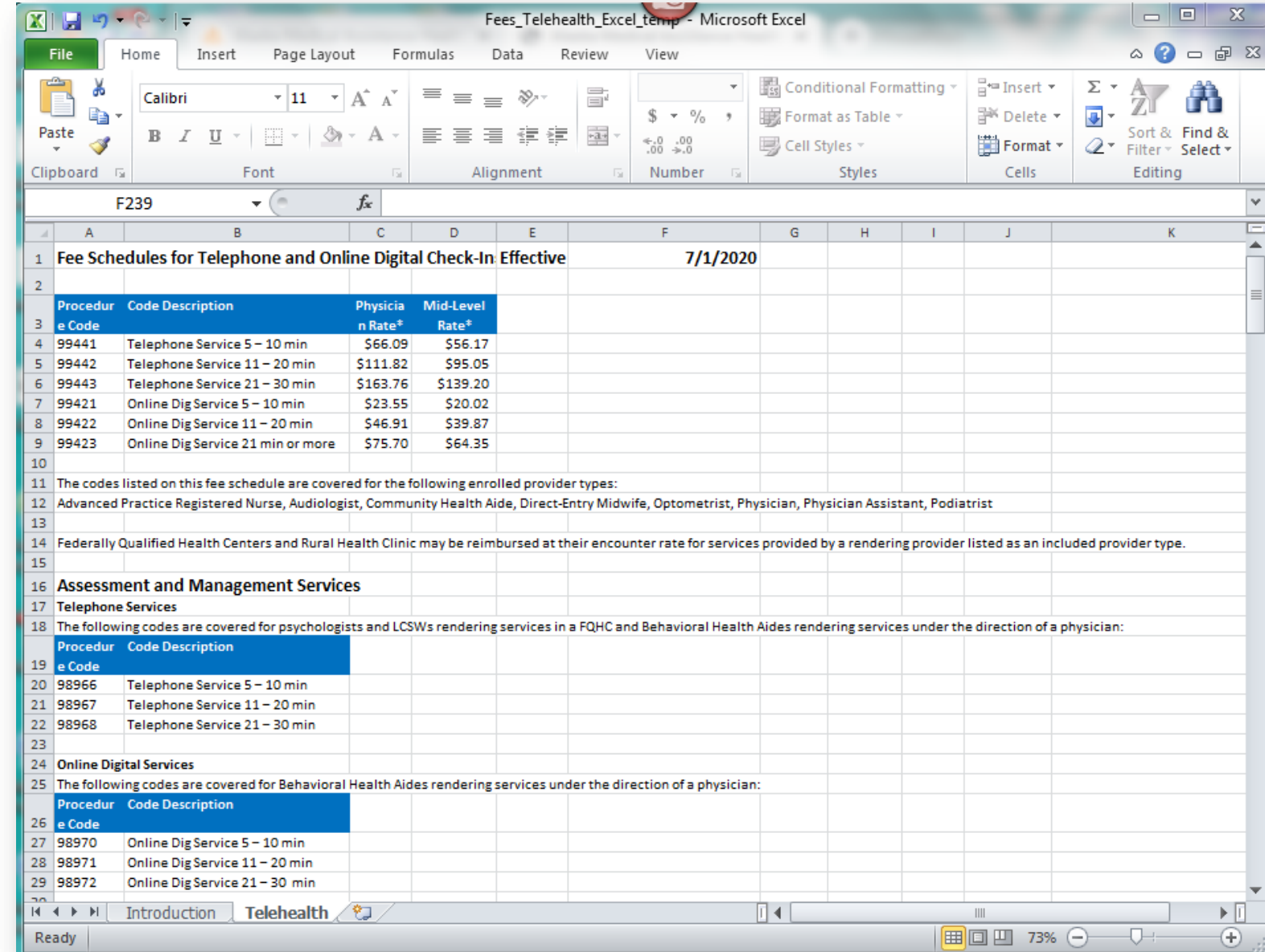
- Problem focused evaluations
- Audiology services
- Psychotherapy services
- Psychiatric or substance abuse assessments
- Consultations
- Community behavioral health services
- Pharmaceutical management
- PT, OT, and SLP therapy

Temporarily Expanded Coverage

- Autism services
- Telephone and online digital check-ins
- Ventilator management
- Radiation treatment management
- Case management
- Observation Care
- Initial and subsequent hospital care
- Emergency and critical care
- Nursing facility care

Fee Schedule

- Fee Schedules tell you what services are covered, maximum reimbursements, and detail any special billing considerations
- The Telehealth Services Temporary Fee Schedule details services which will be covered for the duration of the COVID-19 public health emergency
- Providers will also need to consult their provider specific fee schedules to determine services covered for their provider type



Fees_Telehealth_Excel_temp - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View

Clipboard Font Alignment Number Styles Cells Editing

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1 Fee Schedules for Telephone and Online Digital Check-In Effective 7/1/2020

Procedure Code	Code Description	Physician Rate*	Mid-Level Rate*
99441	Telephone Service 5 – 10 min	\$66.09	\$56.17
99442	Telephone Service 11 – 20 min	\$111.82	\$95.05
99443	Telephone Service 21 – 30 min	\$163.76	\$139.20
99421	Online Dig Service 5 – 10 min	\$23.55	\$20.02
99422	Online Dig Service 11 – 20 min	\$46.91	\$39.87
99423	Online Dig Service 21 min or more	\$75.70	\$64.35

11 The codes listed on this fee schedule are covered for the following enrolled provider types:
12 Advanced Practice Registered Nurse, Audiologist, Community Health Aide, Direct-Entry Midwife, Optometrist, Physician, Physician Assistant, Podiatrist

14 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.

16 Assessment and Management Services

17 Telephone Services

18 The following codes are covered for psychologists and LCSWs rendering services in a FQHC and Behavioral Health Aides rendering services under the direction of a physician:

Procedure Code	Code Description
98966	Telephone Service 5 – 10 min
98967	Telephone Service 11 – 20 min
98968	Telephone Service 21 – 30 min

24 Online Digital Services

25 The following codes are covered for Behavioral Health Aides rendering services under the direction of a physician:

Procedure Code	Code Description
98970	Online Dig Service 5 – 10 min
98971	Online Dig Service 11 – 20 min
98972	Online Dig Service 21 – 30 min

Ready

Introduction Telehealth

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Telephone and Online Digital Check-ins

Temporary Expansion

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.

Telephone

- A 5-30 minute evaluation and management service with an established patient via telephone
- Not reimbursable if a related evaluation and management service was provided during the previous 7 days or if the service leads to or results in an evaluation and management service within 24 hours or soonest available appointment

Online Digital

- Online digital evaluation and management services with an established patient for up to 7 days accumulative time during this period
- This is a patient-initiated service through a digital format such as an EHR portal, email, or other live interactive mode such as Zoom, Skype, and Facetime which allows digital communication with the provider
- Not reimbursable if a related evaluation and management service was provided during the previous 7 days or if the service leads to or results in an evaluation and management service within 24 hours or soonest available appointment

Telephone and Online Digital Check-ins

Temporary Expansion

Providers authorized to bill for telephone and online digital check-ins:

- Physicians, PAs, APRNs, Podiatrists, Audiologists, and Community Health Aides may be reimbursed utilizing the following codes:
 - ❖ Telephone check-ins – CPT codes 99441 – 99443
 - ❖ Online digital check-ins – CPT codes 99421 – 99423
- Psychologists and LCSWs rendering services in an FQHC and BHAs rendering services under direction of a physician may be reimbursed utilizing the following codes:
 - ❖ Telephone check-ins – CPT codes 98966 – 98968
- BHAs rendering services under direction of a physician may be reimbursed utilizing the following codes:
 - ❖ Online digital check-ins – CPT codes 98970 – 98972

- **Effective 3/1/2022 use modifier FQ when billing procedure codes 99441 – 99443 and 98966 – 98968. Failure to include modifier FQ will result in a denial of payment for audio only services. Do not bill with telehealth modifier for services rendered prior to 3/1/2022**
- **Do not bill with a telehealth modifier for procedure codes 98970 - 98972**
- **Telephone and online digital check-ins must be billed with either a place of service code 02 or 10.**

Telephone and Online Digital Check-ins

Temporary Expansion

Coverage limitations:

- Temporarily covered service during the COVID-19 public health emergency
- Only covered for established patients
- Are not reimbursable in conjunction with other E/M services
 - If a telephone or online digital service is done in conjunction with another E/M service, it is considered part of that other E/M service and is not separately reimbursable
- Not reimbursable if a related evaluation and management service was provided during the previous 7 days or if the service leads to or results in an evaluation and management service within 24 hours or soonest available appointment
- Telephone check-ins are limited to 1 per day, per member
- Online digital 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

Evaluations and Management Services

Problem Focused Exams

Procedure Codes: 99202-99205 and 99211-99215

A problem focused evaluation (new or established patient) may be billed utilizing the appropriate telehealth modifier (GT, 95, or GQ) if the service rendered meets the definition of the procedure code:

- Patient history, examination, and medical decision complexity
 - Physical examinations may consist of visual inspection, behavioral observation, mental status, and family reported weight and temperature
- Time based billing
 - Time alone may be used to select the appropriate evaluation and management level for problem focused exams with exception of procedure code 90211
- New patient evaluations and management services may be done via telehealth

A telephone call alone does not meet the definition of a problem focused E/M and should not be billed as a problem focused E/M service

Evaluations and Management Services

Office Consultations

Procedure Codes: 99241, 99242, 99243, 99244, 99245

Office consultations may be billed utilizing the appropriate telehealth modifier (GT, 95, or GQ) when used to obtain a second opinion.

- Only covered if the consulting provider is of a different specialty than the requesting provider (e.g., a primary care medical provider requesting a consultation from an ENT; a pediatrician requesting a consultation from a cardiologist).
- Office consultations performed by a provider of the same specialty within the same organization as the requesting provider are **not** covered.

Evaluation and Management Services

Temporary Expansion

The following services are authorized to be provided via telehealth during the COVID-19 public health emergency. Bill the appropriate billing code along with the appropriate telehealth modifier (GT, 95, or GQ)

Hospital care:

- Hospital observation: 99217-99220 and 99224-99226
- Hospital inpatient services: 99221-99223 and 99231-99236
- Hospital discharge services: 99238-99239
- Inpatient consultation: 99214-99245 and 99251-99255
- Emergency department services: 99281-99285 (Only authorized for live-interactive mode)
- Critical care services: 99291-99292, 99468-99469, 99471-99472, 99475-99476, and 99477-99480
- Interfacility transport supervision: 99485-99486

Nursing Facility Care:

- Initial nursing facility care: 99304-99306
- Subsequent nursing facility care: 99307-99310
- Nursing facility discharge services: 99315-99316

New patient evaluation and management services may be done via telehealth

Therapy Services

Physical, Occupational, Speech Therapy

Physical, Occupational, and Speech Therapy services may be performed via live interactive modes of delivery. Specific services authorized via telehealth can be found on the Telehealth Temporary fee schedule.

Billing telehealth for therapy services:

Use the applicable therapy procedure codes for face to face therapy services along with a GT or 95 modifier.

Providers authorized to provide therapy services via telehealth:

These services may be provided by providers enrolled as:

- Physical therapists and physical therapy assistants
- Occupational therapists and occupational therapy assistants
- Speech therapists and speech therapy assistants
- School-based services provider

Temporary Expansion:

During the COVID-19 public health emergency, services authorized for telehealth have been expanded to include evaluations and additional therapeutic services. A full list of services can be found on the Telehealth Temporary fee schedule.

Therapy Services

Physical, Occupational, Speech Therapy

Temporary Allowance for Outpatient Therapy Centers

During the COVID-19 public health emergency, outpatient therapy centers are authorized to provide therapy services listed on the Temporary Telehealth Fee Schedule.

- Therapy providers should utilize the same procedure codes used to bill for an in-person service
- Providers should utilize either a GT or 95 modifier, there are no additional requirements when billing on a UB-04 or 837I
- Only live interactive mode of delivery is covered for therapy services

Psychiatric Services

Providers Enrolled Under Health Professional Groups

Psychiatry services are authorized when performed via a live interactive mode of telehealth. Specific services authorized via telehealth can be found on the Telehealth Temporary fee schedule. These guidelines are for provider enrolled under a health professional group - other behavioral health providers will be discussed in the next few slides.

Covered psychiatric telehealth services:

Psychiatric diagnostic evaluations, psychotherapy, crisis intervention, and pharmacologic management

Billing for psychiatric telehealth services:

Use the applicable therapy procedure codes for in-person therapy services along with a GT or 95 modifier.

Providers authorized to provide psychiatric telehealth services:

Physicians, PAs, APRNs working under the scope of practice and certified BHAs enrolled under the supervision of a physician.

Temporary Expansion:

Covered telehealth codes have been expanded during the COVID-19 public health emergency. See the Telehealth Temporary fee schedule for specific services now authorized.

Pharmaceutical Management of Controlled Substances

See the Division of Corporations, Business and Professional Licensing Guidance at <https://www.commerce.alaska.gov/web/cbpl/CBPLCOVID-19Information.aspx> for more information on pharmaceutical management of controlled substances during the Public Health Emergency.

Case Management Services

Temporary Expansion

Targeted case management services:

Face to face visits for targeted case management are authorized via telehealth during the COVID-19 public health emergency.

Billing for Targeted case management services

- When billing for these services utilize the same codes that would be used in an in-person visit with a place of service code 02 for dates of service prior to 3/1/2022. For dates of service on or after 3/1/2022, use place of service code 10 if the member is in their home and place of service code 02 if they are at any other location.
- For dates of service on and after 5/15/21, targeted case management providers must bill with appropriate telehealth modifiers. Claims received without the appropriate modifier will be denied

Care Coordinator services

Face to face visits for care coordination HCB Waiver services are authorized via telehealth during the COVID-19 public health emergency.

Billing for care coordination services:

When billing for these services utilize the same codes that would be used in an in-person visit with a place of service code 02 for dates of service prior to 3/1/2022. For dates of service on or after 3/1/2022, use place of service code 10 if the member is in their home and place of service code 02 if they are at any other location. .

School Districts

- All services on the School Based Services fee schedule that are also included on the Telehealth Temporary Fee Schedule may be provided via telehealth
- The services that can be provided to individual students via telehealth is also based on what is included on that child's IEP
- Use the same procedure codes on claims as you would for in-person services
- For dates of service on and after 5/15/21, school districts must bill with appropriate telehealth modifiers
- Appropriate place of service codes are also required:
 - For services rendered on or after 3/1/2022, use place of service code 10 if the student is in their home when services are rendered, and 02 if they are at any other location
 - For services rendered prior to 3/1/2022, use place of service code 02 for all telehealth service delivery
- Claims billed without the appropriate modifiers will be denied
- As a reminder, school districts do not need to register as telehealth businesses

Hospice and Home Health Services Temporary Expansion

Face to face visits for hospice and home health services are authorized via telehealth during the COVID-19 public health emergency.

Hospice services: Require live telehealth.

Home Health services: Telehealth can be used. However, if the patient's Plan of Care requires in-person visits, those visits should be conducted in-person.

Please see the RA message on this topic at

http://manuals.medicaidalaska.com/docs/ramsg/RAMSG_2020.04.09_Home_Health_Temporary_Suspension_of_Supervisory_Visit_Regulations.pdf

Payment Methodology: No changes to claim submission, no modifiers, etc., but provider records should indicate how the visits were conducted.

Behavioral Health Services

Temporary Expansion

On March 13, 2020 the Department of Behavioral Health (DBH) issued telehealth guidance for behavioral health providers. This guidance can be found on the DBH Emergency Communications page at:

<https://content.govdelivery.com/accounts/AKDOH/bulletins/2a23b56>

This guidance applies to the following providers:

- Mental Health Clinic and/or Rehabilitative Services both residential and outpatient
- Providers working with Mental Health Physician Clinics (MHPC)
- Licensed mental health professionals working under the direction of Physician
- 1115 waiver providers
- Residential Youth Providers
- Providers who provide Level II – IV youth residential care under the RCCY Grant
- Autism service providers
- Independent Licensed Psychologists
- Clinical Social Workers not enrolled under an FQHC

For questions regarding these services and available training, email DBH at mpassunit@alaska.gov

Behavioral Health Services at FQHC/RHCs

- Effective 8/1/2020 through the duration of the COVID-19 public health emergency: Audio only mode of delivery may be reimbursed for the services listed below using CPT codes 98966, 98967, and 98968 (telephone assessment and management services) if all other modes of delivery, including audio/video modalities, are not available to the recipient.
- Record documentation should clearly indicate the rationale for utilizing an audio only mode of delivery
 - As of 3/1/2022, use modifier FQ when utilizing an audio only mode of delivery
- Services are covered for psychologists and licensed clinical social workers (LCSW) rendering services in FQHCs or RHCs
- Services covered through an audio only mode of delivery:
 - Psychiatric diagnostic interview procedures
 - Psychological testing and examination services
 - Individual psychotherapy
 - Health and behavior assessment and intervention services

Other Telehealth Services

Other covered telehealth services include:

- Audiology services
- Cardiovascular monitoring services
- Developmental screening and testing
- Clinical assessments on neurobehavioral status
- Cognitive performance testing
- Medical nutrition therapy

Billing these telehealth services:

Use the applicable procedure codes for in-person service along with a GT, 95, or GQ modifier.

For specific services authorized via telehealth review the Telehealth Temporary fee schedule.

Other Telehealth Services

Temporary Expansion

Other Temporary Expansions:

- Ventilator management
 - Only the healthcare provider managing the ventilator may be reimbursed for ventilator management; any bedside adjustments are not separately reimbursable.
 - Only covered for live interactive modality
- Radiation treatment management
 - Only covered for live interactive modality
- Psychological and neuropsychological testing
 - Only covered for live interactive modality
- Federally Qualified Health Centers and Rural Health Clinics may be reimbursed at their encounter rate for services provided by a rendering provider listed as an included provider

Telehealth for Dual Eligible Members

Medicare Crossover

Alaska Medicaid covers Medicare co-pay and deductible for dual eligible members, even in cases where Medicare and Alaska Medicaid do not fully align such as:

- Alaska Medicaid requires a POS 02 or 10 for telehealth but Medicare is requiring POS 11 for telehealth claims during the COVID-19 public emergency, this is to allow for reimbursement as if the encounter was face-to-face
 - Alaska Medicaid will cover the copay and deductible for Medicare crossover telehealth claims received with POS 11
 - Providers must include the appropriate telehealth modifier to identify these claims as telehealth encounters
- Alaska Medicaid does not cover GCodes that Medicare requires for telehealth billing
 - Alaska Medicaid will cover the copay and deductible for Medicare covered telehealth GCodes, even if Alaska Medicaid does not cover the procedure code for non-dual-eligible members

Documentation

Documenting Telehealth Services

Informed Consent

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.

Refer to your scope of practice regulations for certain services that may require written consent prior to treatment.

Documenting Telehealth Services

- Telehealth services are documented episodes of care and require the same clinical documentation as seeing a member in-person plus documentation that describes the telehealth visit.
- Consistent with provider recordkeeping requirements, a member's record must include the medical need for the telehealth service.
- This includes:
 - General documentation requirements identified in 7 AAC 105.230.
 - Documentation of the method (i.e. live interactive, store and forward) and connection used (i.e. encrypted patient facing application, Zoom, Skype).
 - Identify where the patient and provider are located (i.e. home and clinic), but the address of the locations is not needed
 - Statement that the member has given informed consent for services via the technology used
 - Documentation that supports the full definition of the code
 - Telephone and online digital services should record the amount of time spent with each patient and the type of communication that occurred (i.e. telephone, email, patient portal)
 - Time based services must have supporting documentation of the time spent providing the service

Documenting Telehealth Services Consultations

Additional Documentation Requirements:

In addition to the documentation requirements on the previous slide consultation documentation must support the following:

- Inquiry from the requesting provider
- An analysis of the patient's symptom(s) or complaint(s)
- Recommended short and/or long-term management approaches
- Responses to all questions asked by the requesting provider to clarify diagnostic and treatment approaches
- The distant provider must document the dates the patient record is retrieved and reviewed
- The distant site provider's documentation of consultation services must comply with the requirements indicated above

When a medical record is shared with a different specialty provider within the same organization but located at a distant site, the distant site provider may utilize the patient history on file with the organization

Expired Temporarily Covered Services

Expired Temporarily Covered Services

- During the COVID-19 public health emergency, some services' temporary coverage for delivery via telehealth has expired
- Specific codes and time periods are documented in the [Telehealth Temporary Fee Schedule](#)
- As of the end dates of the temporary telehealth coverage, these services must be provided in person
- There is training available for providers who need information on arranging travel for patients needing assistance to travel for medical care.

Expired Temporarily Covered Services

- Vision evaluation and management
 - Effective for dates of service between 12/16/2020 and 11/1/2021
 - Live interactive mode of delivery required
 - Routine evaluations needed to be done in-person to be covered
- End State Renal Disease
 - Effective for dates between 3/20/2022 and 11/1/2021
- Direct-Entry Midwife
 - Effective for dates between 3/20/2022 and 11/1/2021

Expired Temporarily Covered Services

Between April 10, 2020 and February 14, 2021, the following out of state providers were able to provide telehealth without being licensed in the state of Alaska:

- Advanced registered nurse practitioners
- Physicians
- Physician assistants

More information regarding licensing requirements during COVID-19 public health emergency can be found at: <https://www.commerce.alaska.gov/web/cbpl/CBPLCOVID-19Information.aspx>

Additional Resources

Telehealth Resources

Specific Guidance Documents

- [Telehealth Services Temporary Fee Schedule](#)
- [Temporary Expansion of Medicaid Telehealth Coverage](#)
- [Telehealth and Licensing During COVID-19](#)

General Resource Pages

- [Provider Updates](#)
- [Remittance Advice Messages](#)
- [Alaska Department of Health](#)
- [Division of Behavioral Health](#)

Additional Resources

Alaska Medicaid Health Enterprise website at <http://medicaidalaska.com>

- Information necessary for successful billing
- Includes provider-specific Medicaid billing manuals and fee schedules

You may also call:

- Eligibility only – 907.644.6800, Option 1,2 or 800.770.5650 (toll-free), Option 1,1,2
- All other inquiries – 907.644.6800, Option 1,1 or 800.770.5650 (toll-free), Option 1,1,1

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