

Division of Behavioral Health

Effective Date: March 11, 2020

Telemedicine Emergency Response Policy Guidance

Telemedicine is temporarily being expanded, during the Covid-19 public health emergency, to include telephone and online digital services. The effective dates of these changes is March 11, 2020 which is the date Governor Dunleavy declared a State of Emergency due to Covid19. ***Providers who began providing telephonic or telehealth video services for the services outlined below can bill for those services beginning March 11, 2020 forward.***

Effective 5/21/2020 we have updated the lists to include services from the 1115 Waiver Emergency Regulations that allow telehealth.

Effective 9/23/2020 we have added code 97153 to the autism list of services that allow telehealth.

Texting will be an expected extension of telephone contact with a recipient when no other communication modality is available. Web-based interactions would include Q&A between providers and recipients via website, providing instruction, encouragement, etc. thru a website platform. Online screening tools will also be accepted as a valid telemedicine interaction. ***Following the end of the State of Alaska's Declaration of Emergency, providers will be notified when the Emergency Telemedicine Provisions will end.***

Member and Provider Location: The location of the member and provider for telehealth services including telephone and online digital services is unrestricted to allow for multiple patient and provider settings such as home or facility.

Hierarchy for Provision of Services:

With the Covid-19 public health emergency and the importance of Behavioral Health services during this time, it is critical that providers follow the below hierarchy for providing billable Medicaid services:

Hierarchy for Individual Services:

Level 1: In person - individual:

As long as individuals can participate in settings that adhere to CDC guidelines of distancing, providers may provide face-to-face services. Providers must be cognizant of time based billing requirements per 7 AAC 105.230.

Level 2: Telehealth – Video:

Telehealth Video is the 2nd level providers may utilize any methods of face-to-face technology to facilitate telehealth service – Skype, Facetime, Zoom, Duo, etc.

Level 3: Telephone

Telephonic is an acceptable form of services; however, only utilize telephonic delivery if Level 1 in person or Level 2 video is not an option. Providers must be cognizant of time based billing requirements per 7 AAC 105.230.

Level 4: Email

Email or exchanges via secure patient portal when available. Providers must be cognizant of time based billing requirements per 7 AAC 105.230.

Level 5: Text Messaging

Text messaging is an absolute last resort for providing services. Text messaging should only be deployed as an option if there are directives from the State Emergency Operations to limit phone traffic in order to keep phone lines open for emergency responders. An example of this is after the November 2018 earthquake we were asked to “only” text as many cell towers were damaged. If no such directive has been issued services delivered via text must have documentation demonstrating no other telehealth modality was available. Providers must be cognizant of time based billing requirements per 7 AAC 105.230.

Hierarchy for Group Services:

Continued physical distancing is critical to prevent the spread of COVID-19. Providers should ensure group settings adhere to CDC guidelines of social distancing before providing in-person group services.

Level 1: In person - Group:

As long as individuals can participate in settings that adhere to CDC guidelines of distancing, providers may provide face-to-face services. Providers must be cognizant of time based billing requirements per 7 AAC 105.230.

Level 2: Telehealth – Video:

Providers can utilize a variety of video platforms such as Zoom, Skype, Facetime, Duo, etc. Providers must be cognizant of time based billing requirements per 7 AAC 105.230.

Level 3: Telephone

Providers are encouraged to utilize conference lines to facilitate group treatment. Providers must be cognizant of time based billing requirements per 7 AAC 105.230.

Texting is discouraged as a platform for Group Treatment as it releases the private cell numbers of group members to each other. Group member privacy must be respected.

Medicaid Billing and Telehealth:

Providers are responsible for insuring that staff continue to follow all guidelines as outlined in 7 AAC 70, 7 AAC 135, 7 AAC 136, 7 AAC 138 and 7 AAC 139 are adhered to regardless of the mode of delivery.

The service provided and billed must meet medical necessity.

Time based billing must adhere to 7 AAC 105.230.

<http://www.akleg.gov/basis/aac.asp#7.105.230>

Telehealth and Quality Assurance:

Agencies are encourage to implement Quality Assurance efforts to insure all services are provided and billed appropriately. Providers may utilize a variety of methods to do so:

- Having providers submit copies of email or screen shots with progress notes. Utilizing screen shots of text messages will insure that the length of service was adequate for billing and also meets medical necessity.

Services Available Via Telehealth:

Autism Services:

Service	CPT
Behavior Identification Assessment	97151
Adaptive Behavior Treatment by protocol	97153
Adaptive Behavior Treatment	97155
Family Adaptive Behavior Guidance	97156

1115 SUD Waiver:

Service	HCPCS
Intensive Case Management	H0023 V1
Community and Recovery Support Services	H2021 V1
SUD Care Coordination	H0047 V1
Intensive Outpatient	H0015 V1
Treatment Plan Development	T1007 V1
Outpatient Services	H0007 V1
Ambulatory Withdrawal Management	H0014 V1

1115 BH Waiver:

Service	HCPCS
Intensive Case Management	H0023 V2
Community and Recovery Support Services	H2021 V2
Intensive Outpatient	H0015 V2
Treatment Plan Development	T1007 V2

State Plan Services – Community Behavioral Health

Service	CPT / HCPCS
Behavioral Health Screening	T1023
Screening, Brief Intervention, Referral to Treatment (SBIRT)	99408
Assessments	H0001, H0031, H0031-HH, 90791
Psychological Testing	96136-HO, 96137-HO, 96130-HO, 96131-HO
Neuropsychological Testing	96136-HP, 96137-HP, 96132-HP, 96133-HP
Psychotherapy	90832, 90834, 90837, 90846, 90846-U7, 90847, 90847-U7, 90849, 90849-U7, 90853, 90853-U7
Comprehensive Medication Services	H2010
Short Term Crisis Intervention	S9484, S9484-U6

Short Term Crisis Stabilization	H2011
Case Management	T1016
Therapeutic BH Services	H2019, H2019-HQ, H2019-HR, H2019-HS
Peer Support – Child	H0038, H0038-HR , H0038-HS
Peer Support – Adult	H0038
Comprehensive Community Support Services	H2015, H2015-HQ
Client Status Review	H0046

State Plan Services – Mental Health Physician Clinic

Service	CPT / HCPCS
Assessments	H0031, H0031-HH, 90791
Psychological Testing	96136-HO, 96137-HO, 96130-HO, 96131-HO
Neuropsychological Testing	96136-HP, 96137-HP, 96132-HP, 96133-HP
Psychotherapy	90832, 90834, 90837, 90846, 90846-U7, 90847, 90847-U7, 90849, 90849-U7, 90853, 90853-U7
Comprehensive Medication Services	H2010
Short Term Crisis Intervention	S9484, S9484-U6

Independent Practicing Psychologists

Service	CPT
Assessment of Aphasia	96105
Developmental Test	96110
Developmental Test	96112
Developmental Test	96113
Neurobehavioral Status Exam	96116
Neuro BH Exam	96121
Psych Test Eval	96130
Psych Test Eval	96131
Neuro Psych Test	96132
Neuro Psych Test	96133
Psych Test	96136
Psych Test	96137
Psych Test Result	96146

- Place of Service is: 02 Telehealth
- Modifier for codes is: GT via interactive audio and video telecommunications systems