

ALASKA POLICY AND REGULATIONS
TELEMEDICINE REFERENCES

Senate Bill 74

Defines telehealth/telemedicine as the practice of health care delivery, evaluation, diagnosis, consultation, or treatment, using the transfer of health care data through audio, visual, or data communications, performed over two or more locations between providers who are physically separated from the recipient or from each other or between a provider and a recipient who are physically separated from each other.

Key Points:

Prohibits various licensure boards from imposing disciplinary sanctions on licensees for “the evaluation diagnosis, or treatment of a person through audio, video, or data communications when physically separated from the person” with certain limitations.

- Licensee or other licensed health care provider must be available to provide follow-up care;
- Licensee must request that the person receiving services consent to sending a copy of all records of the encounter to the person’s primary care provider and, if the person consents, the licensee must send the records .
- Applies to: Audiologists, speech-language pathologist, speech-language pathologist assistant, licensed professional counselors, licensed marriage and family therapists, licensed psychologists, psychological associates, licensed social workers, physical therapists, and occupational therapists.

Requires that the department implement a program for reforming the Alaska Medical Assistance program and stipulates that the reform must include expanding the use of telehealth for primary care, behavioral health and urgent care.

It also calls on the department to:

- Identify areas of the state where improvements in access to telehealth would be most effective in reducing the costs of medical assistance and improving access to health care services for medical assistance recipients.
- Make efforts to improve access to telehealth for recipients in those locations.
- Report to the Legislature about the legal and technological barriers to the expanded use of telehealth, improvements in the use of telehealth in the state, and recommendations for changes or investments that would allow for the cost-effective expansion of telehealth.

Removes previous in-state presence requirements for prescribing via telemedicine.

Authorizes the use of telemedicine for identified clinical practices (audiology, speech language therapy, behavioral health, physical therapy, occupational therapy).

Requires State Medical Board to establish guidelines for physicians regarding rendering a diagnosis and treatment to a person without conducting a physical examination.

Limitations:

- Controlled substances, botulinum toxin, abortion-inducing drugs.

- Prescribing over the internet (email, internet questionnaire) to a person with whom the provider does not have a prior provider-patient relationship.

Medicaid Policy

From the Alaska Medicaid Provider Manual - <http://manuals.medicaidalaska.com/>

Alaska Medicaid will pay for telemedicine services delivered in the following manner:

- Interactive method: Provider and patient interact in “real time” using video/camera and/or dedicated audio conference equipment.
- Store-and-forward method: The provider sends digital images, sounds, or previously recorded video to a consulting provider at a different location. The consulting provider reviews the information and reports back his or her analysis.
- Self-monitoring method: The patient is monitored in his or her home via a telemedicine application, with the provider indirectly involved from another location.

Alaska Medicaid will not pay for:

- The use of telemedicine equipment and systems
- Services delivered by telephone when not part of a dedicated audio conference system
- Services delivered by facsimile
- The following services provided by telemedicine application:
 - Direct entry midwife
 - Durable medical equipment (DME)
 - End-stage renal disease
 - Home and community-based waiver
 - Personal care assistant
 - Pharmacy
 - Private duty nursing
 - Transportation and accommodation
 - Vision (includes visual care, dispensing, or optician services)

Medicaid Policy

Regulations: 7 AAC 110.620 – 7 AAC 110.639 <http://www.legis.state.ak.us/basis/aac.asp#7.110.635>

Article 15 Telemedicine Services

7 AAC 110.620. Scope

- (a) The department will pay for medical services furnished through telemedicine applications as an alternative to traditional methods of delivering services to Medicaid recipients as provided in AS 47.07.
- (b) For a provider to receive payment under 7 AAC 110.620 - 7 AAC 110.639, the provider's use of telemedicine applications must comply with the standards set out in AS 47.07 and 7 AAC 105 - 7 AAC 160 for the medical service provided by the type of provider, including
- (1) provisions that affect the efficiency, economy, and quality of service; and
 - (2) coverage limitations.

7 AAC 110.625. Telemedicine applications; limitations

(a) The department will pay a provider for a telemedicine application if the provider provided the medical services through one of the following methods of delivery in the specified manner:

- (1) live or interactive; to be eligible for payment under this paragraph, the service must be provided through the use of camera, video, or dedicated audio conference equipment on a real-time basis; medical services provided by a telephone that is not part of a dedicated audio conference system or by a facsimile machine are not eligible for payment under this paragraph;
- (2) store-and-forward; to be eligible for payment under this paragraph, the service must be provided through the transference of digital images, sounds, or previously recorded video from one location to another to allow a consulting provider to obtain information, analyze it, and report back to the referring provider;
- (3) self-monitoring or testing; to be eligible for payment under this paragraph, the services must be provided by a telemedicine application based in the recipient's home, with the provider only indirectly involved in the provision of the service.

(b) The department will only make a payment for a telemedicine application if the service is limited to

- (1) an initial visit;
- (2) a follow-up visit;
- (3) a consultation made to confirm a diagnosis;
- (4) a diagnostic, therapeutic, or interpretive service;
- (5) a psychiatric or substance abuse assessment;
- (6) psychotherapy; or
- (7) pharmacological management services on an individual recipient basis.

7 AAC 110.630. Conditions for payment

(a) The department will pay for telemedicine applications provided by a treating, consulting, presenting, or referring provider for a medical service covered by Medicaid and provided within the scope of the provider's license.

(b) A treating or consulting provider must use applicable modifiers as described in 7 AAC 145.050 for billing for a telemedicine application.

(c) A presenting, referring, or consulting provider is subject to the conditions for payment that are described in 7 AAC 145.005.

(d) A presenting provider is only eligible to receive Medicaid payment for a live or interactive telemedicine application as described in 7 AAC 110.625(a)(1).

7 AAC 110.635. Exclusions

(a) The department will not pay for the following services provided by telemedicine application:

- (1) home and community-based waiver services;
- (2) pharmacy services;
- (3) durable medical equipment services;
- (4) transportation services;

- (5) accommodation services;
- (6) end-stage renal disease services;
- (7) direct-entry midwife services;
- (8) private-duty nursing services;
- (9) personal care assistant services;
- (10) visual care, dispensing, or optician services.

(b) The department will pay only for professional services for a telemedicine application of service. The department will not pay for the use of technological equipment and systems associated with a telemedicine application to render the service.

7 AAC 110.639. Definitions

In 7 AAC 110.620 - 7 AAC 110.639,

- (1) "consulting provider" means a provider who evaluates the recipient and appropriate medical data or images through a telemedicine mode of delivery upon recommendation of the referring provider;
- (2) "presenting provider" means a provider who
 - (A) introduces a recipient to a consulting provider for examination, observation, or consideration of medical information; and
 - (B) may assist in the telemedicine consultation;
- (3) "referring provider" means a provider who evaluates a recipient, determines the need for a consultation, and arranges the services of a consulting provider for the purpose of diagnosis or treatment;
- (4) "telemedicine" means the practice of health care delivery, evaluation, diagnosis, consultation, or treatment, using the transfer of medical data, audio, visual, or data communications that are performed over two or more locations between providers who are physically separated from the recipient or from each other.

Medicaid Policy

Regulations: 7 AAC 135.290 <http://www.legis.state.ak.us/basis/aac.asp#7.135.065>

Article 2
Medicaid Behavioral Health Services

7 AAC 135.290. Facilitation of a telemedicine session

- (a) The department will pay a community behavioral health services provider or a mental health physician clinic for facilitation of a telemedicine session if the facilitating provider
 - (1) provides the telemedicine communication equipment;
 - (2) establishes the electronic connection used by the treating provider and the recipient; and
 - (3) remains available during the telemedicine session to reestablish the electronic connection if that connection fails before the intended end of the telemedicine session.
- (b) The facilitating provider must make a note in the recipient's clinical record summarizing the facilitation of each telemedicine session. The facilitating provider is not required to document a clinical problem or treatment goal in the summarizing note under this subsection