

## Alaska Medicaid Provider Update

# Guidance Document for Telehealth Services Using Modifier FQ SFY 2022 – DBH Guidance Document #7 April 12, 2022

Dear Alaska Medicaid Provider,

On March 1, 2022, the Division of Behavioral Health (DBH) issued a DBH eMemo notifying providers of changes to the reporting of telehealth services that will become effective April 1, 2022.

The eMemo introduced a new place of service code 10 that can be used when the client receiving services via telehealth is in their home (which is a location other than a hospital or other facility where the client receives care in a private residence).

Additionally, the eMemo introduced modifier FQ for used when telehealth is delivered via audio only communication technology.

### **Purpose**

The following information is intended to provide guidance about the appropriate use of modifier FQ and the duration of the availability of this modifier.

### **Applicability**

This guidance is applicable only to behavioral health claims submitted to Optum for services delivered by the provider types listed below:

- 1115 Waiver Substance Use Disorder
- 1115 Waiver Behavioral Health
- Autism
- Community Behavioral Health Services
- Independent Psychologists
- Independent Licensed Clinical Social Worker
- Independent Licensed Marriage and Family Therapist
- Independent Licensed Professional Counselor
- Mental Health Physician Clinics

### **Guidance**

Modifier FQ should be appended to a procedure code to report services provided using audio-only communication technology for services on or after April 1, 2022.

Audio-only service provision is a modality offered as a flexibility only during the COVID Public Health

Emergency (PHE). All telehealth services performed during the PHE must follow the Hierarchy for Provision of Services as defined in the Division of Behavioral Health (DBH) Telehealth Emergency Response Policy Guidance first published March 23, 2020.

The most recent version of the DBH Telehealth Emergency Response Policy Guidance (version 1.3 published September 23, 2020) is included with this DBH Guidance Document. Guidance for the Hierarchy for Provision of Services pertinent to telehealth did not change on all versions of the DBH Telehealth Emergency Response Policy Guidance.

The Hierarchy for Provision of Services is as follows:

- Level 1 – In person
- Level 2 – Telehealth – Video
- Level 3 – Telephone
- Level 4 – Email
- Level 5 – Text Messaging

As of the writing of DBH SFY 2022 Guidance Document #7, the declaration of the PHE is scheduled to end April 15, 2022. This means use of modifier FQ to report telehealth services performed via audio only communication is only available for services performed April 1 through April 15, 2022.

If the declaration of the PHE is extended beyond April 15, 2022, DBH will issue guidance to adjust availability of modifier FQ to align with any PHE extension.

Place of service code 10 will remain available for use after the end of the PHE.

Modifier 95 or GT should be reported for all other telehealth services.

**Questions regarding this guidance may be directed to [mpassunit@alaska.gov](mailto:mpassunit@alaska.gov). In the Subject Line please note: Telehealth Services Using Modifier FQ**

**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 ensuring 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 encouraged to implement Quality Assurance efforts to ensure 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 ensure that the length of service was adequate for billing and also meets medical necessity.

**Services Available Via Telehealth:**Autism Services:

| <b>Service</b>                          | <b>CPT</b> |
|---|------------|
| Behavior Identification Assessment      | 97151      |
| Adaptive Behavior Treatment by protocol | 97153      |
| Adaptive Behavior Treatment             | 97155      |
| Family Adaptive Behavior Guidance       | 97156      |

1115 SUD Waiver:

| <b>Service</b>                          | <b>HCPCS</b> |
|---|--------------|
| 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:

| <b>Service</b>                          | <b>HCPCS</b> |
|---|--------------|
| Intensive Case Management               | H0023 V2     |
| Community and Recovery Support Services | H2021 V2     |
| Intensive Outpatient                    | H0015 V2     |
| Treatment Plan Development              | T1007 V1     |

State Plan Services – Community Behavioral Health:

| <b>Service</b>   | <b>CPT \ HCPCS</b>  |
|--|---|
| 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   |
|-----------------------------------|---|
| 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 and video telecommunications systems