

am § 25 ch 77 SLA 1969; am § 2 ch 5 SLA 1972; am § 11 ch 101 SLA 1974; am § 17 ch 48 SLA 1983; am § 3 ch 36 SLA 1993)

Collateral references. — Hypnotism as illegal practice of medicine, 85 ALR2d 1128.
Single or isolated transaction as falling within provisions of licensing requirements, 93 ALR2d 90.
Practicing medicine, surgery, dentistry, optometry.

podiatry, or other healing arts without license as a separate or continuing offense, 99 ALR2d 654.

Acupuncture as illegal practice of medicine, 72 ALR3d 1257.

Sec. 08.64.362. Limitation of liability. An action may not be brought against a person for damages resulting from a report made in good faith to a public agency by the person or participation by the person in an investigation by a public agency or an administrative or judicial proceeding relating to the report if the report relates to a person licensed under this chapter. (§ 2 ch 91 SLA 1992)

Article 3. Miscellaneous Provisions.

Section

364. Prescription of drugs without physical examination
366. Liability for services rendered by a mobile intensive care paramedic

Section

367. Use of amygdalin (laetrile)
369. Health care professionals to report certain injuries

Sec. 08.64.364. Prescription of drugs without physical examination. (a) The board may not impose disciplinary sanctions on a physician for prescribing, dispensing, or administering a prescription drug to a person without conducting a physical examination if

- (1) the prescription drug is
 - (A) not a controlled substance; or
 - (B) a controlled substance and is prescribed, dispensed, or administered by a physician when an appropriate licensed health care provider is present with the patient to assist the physician with examination, diagnosis, and treatment;
- (2) the physician is located in this state and the physician or another licensed health care provider or physician in the physician's group practice is available to provide follow-up care; and
- (3) the person consents to sending a copy of all records of the encounter to the person's primary care provider if the prescribing physician is not the person's primary care provider, and the physician sends the records to the person's primary care provider.

(b) In this section,

- (1) "controlled substance" has the meaning given in AS 11.71.900;
- (2) "prescription drug" has the meaning given in AS 08.80.480;
- (3) "primary care provider" has the meaning given in AS 21.07.250. (§ 1 ch 115 SLA 2014)

Effective dates. — Section 1, ch. 115, SLA 2014, which enacted this section, took effect on November 28, 2014.

Sec. 08.64.365. Physicians acting under emergency circumstances. [Repealed, § 46 ch 102 SLA 1976.]

Sec. 08.64.366. Liability for services rendered by a mobile intensive care paramedic. An act or omission of a mobile intensive care paramedic done or omitted in good faith while rendering emergency service to a person who is in need of immediate aid in order to avoid serious harm or loss of life does not impose any liability upon the mobile intensive care paramedic, the supervising physician, a hospital, the officers, members of the staff, nurses, or other employees of a hospital or upon a federal, state, borough, city



Article 15 **Telemedicine Services**

Section

620. Scope.

625. Telemedicine applications; limitations.

630. Conditions for payment.

635. Exclusions.

639. Definitions.

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.

History: Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199

Authority: AS 47.05.010

AS 47.07.030

AS 47.07.040

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.

History: Eff. 2/1/2010, Register 193

Authority: AS 47.05.010

AS 47.07.030

AS 47.07.040

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).

History: Eff. 2/1/2010, Register 193

Authority: AS 47.05.010

AS 47.07.030

AS 47.07.040

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.

History: Eff. 2/1/2010, Register 193

Authority: AS 47.05.010

AS 47.07.030

AS 47.07.040

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.

History: Eff. 2/1/2010, Register 193

