

Alaska Workers' Compensation Division
Medical Services Review Committee
Meeting Minutes
May 28, 2026

I. CALL TO ORDER

Director Charles Collins called the meeting to order at 9:04 a.m. in Juneau, Alaska. Participation was available via Zoom videoconference.

II. ROLL CALL

The following members were present, constituting a quorum:

Dr. Alan Swenson	Dr. Mason McCloskey	Jeff Gilbert	Dr. Mary Ann Foland
Misty Steed	Seanne Popp	Kimberley Dean	Valerie Mittelstead

Director Collins introduced Danean Tedford and Judy Engelke from RefMed.

III. FEE SCHEDULE DEVELOPMENT DISCUSSION

Remote Therapeutic Monitoring

The Committee discussed app-based tracking and remote therapeutic monitoring codes billed with physical therapy, including whether these services duplicate in-person treatment or may be separately reimbursable when properly documented and included in the treatment plan. The Committee noted that reimbursement may depend on whether the provider is actively reviewing, modifying, or managing the treatment plan, rather than merely importing app data into the chart. The Committee also discussed the need for clear documentation standards, including whether remote monitoring should be identified in the treatment plan and physician's report. RefMed will research remote patient monitoring and remote therapeutic monitoring rules, including CMS requirements and how other states address overlap with in-person therapy.

Acoustic Medical Devices and FDA Status

The Committee discussed acoustic medical devices, including SAMSport-type devices billed under generic DME code E1399. The Committee discussed concerns regarding cost, accessories, rental versus purchase, and whether the device is FDA-cleared rather than FDA-approved. Dr. McCloskey and Dr. Swenson noted that the device appeared more comparable to low-intensity ultrasound technology than a TENS unit, and the Committee discussed whether E0760 may be a comparable code.

The Committee also discussed the distinction between FDA-approved and FDA-cleared devices and cautioned that excluding FDA-cleared devices could have unintended consequences for other commonly used medical devices. The Committee agreed that any fee schedule language should consider FDA status, documentation, and medical justification without inadvertently excluding appropriate treatment.

RefMed will research comparable codes, surrounding-state treatment of similar devices, FDA-cleared versus FDA-approved language, and rental/purchase considerations.

Break 10:04 a.m. – 10:15 a.m.

IV. PUBLIC COMMENT PERIOD 10:15 AM - 11:15 AM

No public comment.

V. FEE SCHEDULE DEVELOPMENT DISCUSSION CONTINUED

Compound Medications and Physician Dispensing

The Committee discussed concerns regarding compound medications, physician dispensing, repackaged drugs, newly created NDCs, and compounded products containing over-the-counter ingredients or separately priced components. Member Steed noted that minor formulation differences, such as lidocaine 4% versus 5%, can result in significant cost differences, with some compounded medications costing several thousand dollars per month.

The Committee discussed approaches used by other states, including caps on compounded medications, limits on automatic refills, prior authorization requirements, pricing limits, treatment of over-the-counter components, use of original versus repackaged NDCs, and pharmacy or dispensing licensure documentation.

RefMed will provide additional state comparisons regarding compound medications, physician dispensing, repackaged drugs, prior authorization, refill limits, and pricing caps. Director Collins will review Alaska pharmacy and dispensing requirements.

Fee Schedule Versioning and CMS Updates

The Committee discussed whether the fee schedule should more clearly identify which CMS data files and versions apply when CMS updates occur during the year. Director Collins noted that prior legal guidance has favored a bright-line approach tied to the fee schedule's effective date, but CMS files now update dynamically or quarterly in some areas, creating practical challenges for payers and providers.

The Committee discussed whether the fee schedule should adopt static or dynamic CMS references, particularly where software systems automatically update to the most recent Medicare data. The Committee will continue discussing this issue, and Director Collins will follow up with legal as needed.

Provider Definitions and Documentation Issues

The Committee discussed whether the fee schedule should better define provider categories, including "other providers" reimbursed at 85% of MAR. The discussion included questions regarding physical therapists, doctors of physical therapy, physician assistants, advanced practice registered nurses, naturopaths, and whether additional clarification would help reduce disputes regarding provider type, scope of practice, and reimbursement level.

The Committee also discussed whether additional documentation should be required for unlisted or miscellaneous codes reimbursed at 85% of billed charges. No decision was made.

Telehealth and Interpreter Services

The Committee discussed telehealth-related issues, including possible documentation, technical, and HIPAA-compliant platform standards. The Committee also discussed interpreter services and noted that interpreter services are commonly needed in Alaska, including for non-English languages, Alaska Native languages, and ASL.

The Committee agreed that telehealth and interpreter services should be considered further as part of the fee schedule review.

Physical Therapy Multiple Procedure Payment Reduction

The Committee discussed the CMS multiple procedure payment reduction rule for physical therapy codes. RefMed explained that the reduction applies only to the practice expense RVU portion of subsequent therapy procedure codes, not to the full reimbursement amount. The Committee noted that additional explanation may help address confusion regarding how the reduction is calculated.

RefMed will prepare a visual or step-by-step example showing how the multiple procedure reduction works for commonly used physical therapy codes.

Facility, Ancillary Services, and DME Rules

The Committee discussed facility, ancillary service, and durable medical equipment issues, including facility reimbursement categories, ambulance rates, DME rental rules, rental-to-purchase rules, repair and maintenance, delivery and setup, replacement standards, automatic resupply, and supplier credentialing.

The Committee also discussed whether current DME rental language in the fee schedule should be clarified, particularly for items without clear Medicare rental values or items rented under workers' compensation even if not traditionally rented under Medicare.

RefMed will review DME rental language and research potential approaches for rental-to-purchase rules and related DME issues.

Hearing Aid and Audiology Codes

The Committee discussed new hearing aid and audiology codes, including concerns that some new timed codes may replace older capped codes and result in significantly higher charges. RefMed noted that the new codes are difficult to crosswalk because the prior codes do not map directly to the new timed codes.

The Committee discussed possible approaches, including reviewing code definitions, other state fee schedules, available commercial data, time-based documentation requirements, provider input, and possible caps to address outlier billing.

RefMed will continue researching new hearing aid and audiology codes. Member Steed will reach out to Aurora for additional provider input.

NCCI and Regional Comparison Data

Member Steed asked about the annual comparison data historically prepared for the Committee showing Alaska's conversion factors compared to regional and national data. RefMed stated that it had obtained the NCCI data and would complete the comparison before the next meeting.

Administrative Burden and Report/Review Time

The Committee discussed administrative burden on medical providers in workers' compensation cases, including paperwork, report review, return-to-work documentation, IME-related requests, and vocational rehabilitation-related requests. The Committee discussed whether providers understand when review or report time may be billable and whether additional outreach or education would be helpful.

Director Collins will consider provider outreach regarding workers' compensation paperwork, report/review billing, and related administrative issues, including possible outreach through the Alaska State Medical Association.

VI. ADJOURNMENT

Member Foland moved to adjourn; Member Steed seconded. The motion passed unanimously.

Adjourn 12:16 p.m.