

DEPARTMENT OF HEALTH & SOCIAL SERVICES



PROPOSED CHANGES TO REGULATIONS

Early & Periodic Screening, Diagnostic, & Treatment (EPSDT)- Lead Screening & Miscellany

- 7 AAC 105.210. Provider enrollment requirements;
- 7 AAC 110.205. EPSDT screening services;
- 7 AAC 115.110. Occupational therapy services;
- 7 AAC 115.310. Physical therapy services; and
- 7 AAC 120.410. Prior authorization for nonemergency transportation services.



PUBLIC REVIEW DRAFT
February 9, 2017

COMMENT PERIOD ENDS: April 7, 2017

Please see public notice for details about how to comment on these proposed changes.

Notes to reader:

1. Except as discussed in note 2, new text that amends an existing regulation is **bolded and underlined**.
2. If the lead-in line above the text of each section of the regulations states that a new section, subsection, paragraph, or subparagraph is being added, or that an existing section, subsection, paragraph, or subparagraph is being repealed and readopted (replaced), *the new or replaced text is not bolded or underlined*.
3. [ALL-CAPS TEXT WITHIN BRACKETS] indicates text that is to be deleted.
4. When the word “including” is used, Alaska Statutes provide that it means “including, but not limited to.”
5. Only the text that is being changed within a section of the current regulations is included in this draft. Refer to the text of that whole section, published in the current Alaska Administrative Code, to determine how a proposed change relates within the context of the whole section and the whole chapter.

Title 7 Health and Social Services.**Chapter 105. Medicaid Provider and Recipient Participation.****Sec 210. Provider enrollment requirements.****7 AAC 105.210. Provider enrollment requirements.**

7 AAC 105.210 is amended by adding a new subsection to read:

(f) Within 30 days of a change and on the form specified by the department, an enrolled provider must notify the department of a change to any information that is required as part of the provider enrollment form and provider information submission agreement.

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am ____/____/2017, Register ____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040
AS 47.05.300

Chapter 110. Medicaid Coverage; Professional Services.**Sec 205. EPSDT screening services.****7 AAC 110.205. EPSDT screening services.**

7 AAC 110.205(b)(5) is amended to read:

(b) To be covered under 7 AAC 105 - 7 AAC 160, an EPSDT screening must include

...

(5) [A] lead screenings at age 12 months and 24 months [SCREENING APPROPRIATE FOR AGE AND RISK FACTORS].

(Eff. 2/1/2010, Register 193; am 5/11/2012, Register 202; am 5/1/2016, Register 218; am _____/_____/2017, Register _____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

Chapter 115. Medicaid Coverage; Therapies and Related Services.

Sec 110. Occupational therapy services.

7 AAC 115.110. Occupational therapy services.

7 AAC 115.110(a)(2)(A) is amended to read:

(a) The department will pay for occupational therapy services and supplies

...

(2) if those services, except the initial evaluation, are

(A) prescribed by a physician, an advanced nurse practitioner, [OR] a physician assistant, or other licensed health care professional, [AND THE SERVICES PRESCRIBED ARE] within the scope of the practitioner's license;

(Eff. 2/1/2015, Register 193; am _____/_____/2017, Register _____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

Chapter 115. Medicaid Coverage; Therapies and Related Services.

Sec 310. Physical therapy services.

7 AAC 115.310. Physical therapy services

7 AAC 115.310(b)(2)(A) is amended to read:

(b) The department will pay for physical therapy services and supplies

...

(2) if those services, except the initial evaluation, are

(A) prescribed by a physician, an advanced nurse practitioner, [OR] a physician assistant, or other licensed health care professional, [AND THE SERVICES PRESCRIBED ARE] within the scope of the practitioner's license;

(Eff. 2/1/2010, Register 193; am ____/____/2017, Register ____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

Chapter 120. Medicaid Coverage; Prescription Drugs and Medical Supplies; Durable Medical Equipment; Transportation Services.

Sec 410. Prior authorization for nonemergency transportation services.

7 AAC 120.410. Prior authorization for nonemergency transportation services

7 AAC 120.410 is amended to read:

(a) Except as provided in (d) of this section, and except for transportation services subject to prior authorization under 7 AAC 110.210(c) and (d), transportation and accommodation services that are not required by a medical emergency must receive prior authorization from the department before the time that the service is provided.

...

(d) The department will pay for nonemergency transportation and accommodation services provided without prior authorization if

(1) a recipient is forced to change authorized travel plans for reasons beyond the recipient's control, including the cancellation of an airline flight due to weather conditions or the closing of an airport for security reasons; [OR]

(2) the medical service for which the recipient traveled reveals the need for additional services, screening, or treatment that requires the recipient to stay longer than previously approved; or

(3) the service is for non-emergent ground ambulance transportation.

(e) The department will not pay the costs allowed in (d) of this section unless the recipient's health care provider notifies the department of the change in the recipient's travel plans no later than the next business day following the change in those plans.

(f) The department will not pay for transportation on a charter air service, unless the department gives prior authorization for the transportation.

(g) A claim submitted to the department for payment of costs for non-emergency ground ambulance transportation service must be accompanied by written medical justification for the service.

(Eff. 2/1/2010, Register 193; am 5/1/2016, Register 218; am ____/____/2017, Register ____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040