# DEPARTMENT OF HEALTH

## PROPOSED CHANGES TO REGULATIONS

## MEDICAID PREVENTIVE, THERAPY, & VISION SERVICES COVERAGE & PAYMENT.

- 7 AAC 105. Medicaid Provider and Recipient Participation.
- 7 AAC 110. Medicaid Coverage; Professional Services.
- 7 AAC 115. Medicaid Coverage; Therapies and Related Services.
- 7 AAC 120. Medicaid Coverage; Prescription Drugs and Medical Supplies; Durable Medical Equipment; Prosthetics and Orthotics; Transportation Services.
- 7 AAC 145. Medicaid Payment Rates.
- 7 AAC 160. Medicaid Program; General Provisions.

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**PUBLIC REVIEW DRAFT**
**July 18, 2022.**

**COMMENT PERIOD ENDS: September 2, 2022.**

**Please see the 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paragraph, or subparagraph is being added, or that an existing section, subsection, paragraph, or subparagraph is being repealed and readopted (replaced), *the new or replaced text is not bolded or underlined*.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.

### 7 AAC 105.110. Noncovered services.

7 AAC 105.110(3)(B)(i) is repealed and readopted to read:

(i) an adult preventive service covered under 7 AAC 110.800;

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am 5/11/2012, Register 202; am 9/20/2015, Register 215; am 5/1/2016, Register 218; am 7/25/2021, Register 239; am ____/____/____, Register ____)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

### 7 AAC 105.130. Services requiring prior authorization.

7 AAC 105.130(a) is amended by adding a new paragraph to read:

(22) therapy services identified in 7 AAC 115.110, 7 AAC 115.210, 7 AAC 115.310, and 7 AAC 115.410 as requiring prior authorization.

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am 3/19/2014, Register 209; am 7/25/2021, Register 239; ____/____/____, Register ____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

**7 AAC 105.610. Recipient cost-sharing.**

7 AAC 105.610(b) is amended by adding a new paragraph to read:

(9) adult preventive and screening services under 7 AAC 110.800.

(Eff. 2/1/2010, Register 193; am 5/18/2014, Register 210; ____/____/____, Register ____)

**Authority:** AS 47.05.010 AS 47.07.020 AS 47.07.042

## Chapter 110. Medicaid Coverage; Professional Services.

**7 AAC 110.405. Physician services coverage and limitations.**

7 AAC 110.405(d)(16) is amended by adding a new subparagraph to read:

(C) for recipients age 21 and older under 7 AAC 110.800.

(Eff. 2/1/2010, Register 193; am 6/13/2010, Register 194; am 8/25/2010, Register 195; am 5/1/2016, Register 218; am 1/10/2021, Register 237; am 7/25/2021, Register 239; ____/____/____, Register ____)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 110.705 is repealed and readopted to read:

**7 AAC 110.705. Vision care services.** (a) The department will pay for only the vision services and products identified in the *Fee Schedule for Vision Services*, adopted by reference in 7 AAC 160.900, subject to the provisions of this section.

(b) The department will pay for the following services in each calendar year for a recipient under 21 years of age:

(1) one vision examination if the vision examination meets the requirements of 7 AAC 110.710;

(2) any vision examination, in addition to the examination in (1) of this subsection, if the department gives prior authorization based upon medical justification submitted by the provider;

(3) one complete pair of eyeglasses, or a one-year supply of contact lenses, that meets the requirements of (d) of this section;

(4) one additional complete pair of eyeglasses, or additional supply of contact lenses prorated for the remainder of the year, that meets the requirements of (d) of this section, if the

(A) first pair of eyeglasses or supply of contact lenses is lost or broken; or

(B) prescription has changed;

(5) any subsequent complete pair of eyeglasses, or subsequent supply of contact lenses prorated for the remainder of the year, that meets the requirements of (d) of this section, if the department gives prior authorization based upon medical justification submitted by the provider;

(6) one fitting for each pair of glasses covered under this subsection.

(c) The department will pay for the following services for a recipient 21 years of age or older:

(1) in each calendar year period

(A) one vision examination, if the vision examination meets the requirements of 7 AAC 110.710;

(B) any vision examination, in addition to the examination in (A) of this paragraph, if the vision examination meets the requirements of 7 AAC 110.710 and if the department gives prior authorization based on medical justification submitted by the provider;

(2) in each two-year calendar year period

(A) one complete pair of eyeglasses, or two one-year supplies of contact lenses that meet the requirements of (d) of this section;

(B) one additional complete pair of glasses, or additional supply of contact lenses prorated for the remainder of the two-year period, that meets the requirements of (d) of this section, if the department gives prior authorization based on medical justification submitted by the provider;

(C) one fitting for each pair of glasses covered under this paragraph.

(d) The department will pay for contact lenses and contact lens fittings that meet the requirements of this section if

(A) the claim is accompanied by written medical justification and

(B) contacts are medically necessary as a result of

(i) cataract surgery;

(ii) aphakia;

(iii) keratoconus;

(iv) corneal degeneration;

(v) rejection of an implant; or

(vi) ocular surface disease or abrasion requiring temporary bandaging contact lens.

(e) In addition to authorization requirements identified in this section, the following vision products and services require prior authorization by the department, based upon medical justification submitted by the provider:

(1) ultraviolet coating;

(2) prism lenses;

(3) specialty lenses;

(4) specialty frames;

(5) tinted lenses.

(Eff. 2/1/2010, Register 193; am 3/1/2013, Register 205; am 3/22/2014, Register 209; am ____/____/____, Register ____)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 110.715 is repealed and readopted to read:

**7 AAC 110.715. Noncovered vision care services.** The department will not pay for

(1) aspherical lenses;

(2) progressive or no-line multi-focal lenses;

(3) vision therapy services for recipients 21 years of age or older;

(4) polarized lenses;

(5) anti-reflective or mirror coating;

(6) lenses for placement into frames that are not covered under 7 AAC 110.705;

(7) the placement of any lenses into frames that are not covered under 7 AAC 110.705;

(8) fitting of a vision product that is not covered under 7 AAC 110.705

(9) repair of a vision product that is not covered under 7 AAC 110.705.

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

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 110 is amended by adding a new article to read:

**Article 21. Preventive Services for Adults.**

7 AAC 110 is amended by adding a new subsection to read:

**7 AAC 110.800. Preventive services for adults.** (a) The department will pay for the following preventive and screening services for recipients age 21 and older:

(1) an evidence-based item or service with an A or B rating by the United States Preventive Services Task Force (USPSTF), adopted by reference in 7 AAC 160.900;

(2) an immunization for routine use recommended by the Advisory Committee on Immunization Practices (ACIP) and listed on the current immunization schedules of the Centers for Disease Control and Prevention (CDC), adopted by reference in 7 AAC 160.900;

(3) evidence-informed preventive care and screening based on the Health Resources and Services Administration (HRSA), *Women's Preventive Services Guidelines*, adopted by reference in 7 AAC 160.900; and

(4) an item, a service, and an immunization that is intended to prevent or mitigate coronavirus disease 2019 (COVID-19) and that is

(i) an evidence-based item or service with an A or B rating by the United States Preventive Services Task Force (USPSTF); or

(ii) an immunization recommended by the Advisory Committee on Immunization Practices (ACIP) and adopted by the director of the Centers for Disease Control and Prevention (CDC).

(b) Wellness exams are limited to one each state fiscal year.

(Eff.____/____/____; am ____/____/____, Register ____)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

## Chapter 115. Medicaid Coverage; Therapies and Related Services.

### Article 1. Occupational Therapy Services.

7 AAC 115.110(a)(1) is repealed and readopted to read:

(1) that are identified in the *Fee Schedule for Therapy Services,* adopted by reference in 7 AAC 160.900; and

7 AAC 115.110(b) is amended to read:

(b) The department will not pay for occupational therapy services for an individual 21 years of age or older that are for maintenance of bodily function, swimming therapy, [HABILITATION], or weight loss.

7 AAC 115.110(e) is amended to read:

(e) An occupational therapy provider enrolled under this section may request payment for select medically necessary durable medical equipment, medical supplies, prefabricated off-the-shelf orthotics, or related items and services under 7 AAC 120.200(a)(2) listed on the ***Fee Schedule for Therapy Services*** [HCPC FEE SCHEDULE FOR OCCUPATIONAL THERAPY

SERVICES TABLE ], adopted by reference in 7 AAC 160.900, if the item is furnished to a recipient and dispensed by the occupational therapist in the standard course of therapy within the scope of that professional's license.

7 AAC 115.110 is amended by adding a new subsection to read:

(f) For an individual 21 years of age or older, the department will pay for

(1) 2 combined units of physical and occupational therapy evaluation services each state fiscal year;

(2) 30 units of physical and occupational therapy services combined each state fiscal year; and

(3) additional units of occupational therapy services if the department gives prior authorization based upon medical justification submitted by the provider.

(Eff. 2/1/2010, Register 193; am 9/1/2017, Register 223; am 6/2/2019, Register 230; am _____/_____/_____, Register _____)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

**7 AAC 115.120. Occupational therapy evaluation and treatment plan.**

7 AAC 115.120(b) is amended to read:

(b) After conducting the initial evaluation of a recipient, the occupational therapist must establish a written treatment plan. The plan must specify the diagnosis, the anticipated treatment goals, and the type, amount, frequency, and duration of each service. No more than 14 days after the plan is developed or changes are made to service levels, the treatment plan must be signed by **a physician, advanced practice registered nurse, or physician assistant enrolled under 7**

**AAC 105 – 7 AAC 160** [THE HEALTH CARE PRACTITIONER THAT PRESCRIBED THE SERVICES AS REQUIRED UNDER 7 AAC 115.110(a)(2)(A)]. The department will not pay for services provided more than 14 days after the treatment plan is developed or changes are made to service levels if the treatment plan has not been signed.

The introductory language of 7 AAC 115.120(c) is amended to read:

(c) After the treatment plan is signed as required under (b) of this section, **a physician, advance practice registered nurse, or physician assistant enrolled under 7 AAC 105 – 7 AAC 160** [THE HEALTH CARE PRACTITIONER THAT PRESCRIBED THE SERVICES] shall review and sign the treatment plan as often as the recipient's medical condition requires or if changes are made to the treatment plan, and no less often than

**…**

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

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

**Article 2. Outpatient Therapy Center Services.**

**7 AAC 115.210. Outpatient therapy center services.**

The introductory language of 115.210(a) is amended to read:

(a) The department will pay for **only** the physical therapy, occupational therapy, and speech-language pathology services and supplies identified in the ***Fee Schedule for Therapy Services*** [CPT FEE SCHEDULE FOR OUTPATIENT THERAPY SERVICES TABLE AND HCPC FEE SCHEDULE FOR OUTPATIENT THERAPY SERVICES TABLE], adopted by reference in 7 AAC 160.900, if those services and supplies, except the initial evaluation, are

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7 AAC 115.210 is amended by adding a new subsection to read:

(d) For an individual 21 years of age or older, the department will pay for

(1) 2 combined units of physical and occupational therapy evaluation services each state fiscal year;

(2) 30 combined units of physical and occupational therapy services combined each state fiscal year;

(3) additional units of physical and occupational therapy services if the department gives prior authorization based on medical justification submitted by the provider;

(4) 8 units of speech-language therapy evaluation services each state fiscal year;

(5) 15 units of speech-language therapy services each state fiscal year; and

(6) additional units of speech-language therapy services if the department gives prior authorization based on medical justification submitted by the provider.

(Eff. 2/1/2010, Register 193; am 4/24/2020, Register 234; am ____/____/____, Register ____)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

**7 AAC 115.220. Outpatient therapy center evaluation and treatment plan.**

(b) After conducting the initial evaluation of a recipient, the outpatient therapy center must establish a written treatment plan. The plan must specify the diagnosis, anticipated treatment goals, and the type, amount, frequency, and duration of each service. No more than 14 days after the plan is developed or changes are made to service levels, the treatment plan must be signed by **a physician, advanced practice registered nurse, or physician assistant enrolled**

**under 7 AAC 105 – 7 AAC 160** [THE HEALTH CARE PRACTITIONER THAT PRESCRIBED THE SERVICES AS REQUIRED UNDER 7 AAC 115.210(a)(1)]. The department will not pay for services provided more than 14 days after the treatment plan is developed or changes are made to service levels if the treatment plan has not been signed.

The introductory language of 7 AAC 115.220(c) is amended to read:

(c) After the treatment plan is signed as required under (b) of this section, **a physician, advanced practice registered nurse, or physician assistant enrolled under 7 AAC 105 – 7 AAC 160** [THE HEALTH CARE PRACTITIONER THAT PRESCRIBED THE SERVICES] shall review and sign the treatment plan as often as the recipient's medical condition requires or if changes are made to the treatment plan, and no less often than

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7 AAC 115.220(c)(1) is amended to read:

(1) every **6 weeks** [30 DAYS] for recipients 21 years of age or older;

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

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

## Article 3. Physical Therapy Services.

### 7 AAC 115.310. Physical therapy services.

7 AAC 115.310(b)(1) is repealed and readopted to read:

(1) that are identified in the *Fee Schedule for Therapy Services,* adopted by reference in 7 AAC 160.900; and

**...**

7 AAC 115.310(d) is amended to read:

(d) The department will not pay for physical therapy services that are for maintenance of bodily function, swimming therapy, physical fitness, [HABILITATION], or weight loss.

7 AAC 115.310(f) is amended to read:

(f) A physical therapy provider enrolled under this section may request payment for select medically necessary durable medical equipment, medical supplies, prefabricated off-the-shelf orthotics, or related items and services under 7 AAC 120.200(a)(2) listed on the ***Fee Schedule for Therapy Services*** [HCPC FEE SCHEDULE FOR PHYSICAL THERAPY SERVICES TABLE], adopted by reference in 7 AAC 160.900, if the item is furnished to a recipient and dispensed by the physical therapist in the standard course of therapy within the scope of that professional's license.

7 AAC 115.310 is amended by adding a new subsection to read:

(g) For an individual 21 years of age or older, the department will pay for no more than

(1) 2 combined units of physical and occupational therapy evaluation services each state fiscal year;

(2) 30 combined units of physical and occupational therapy services combined each state fiscal year; and

(3) additional units of physical therapy services if the department gives prior authorization based upon medical justification submitted by the provider.

(Eff. 2/1/2010, Register 193; am 9/1/2017, Register 223; am 6/2/2019, Register 230; am _____/_____/_____; Register _____)

**Authority**: AS 47.05.010 AS 47.07.030 AS 47.07.040

**7 AAC 115.320. Physical therapy evaluation and treatment plan.**

7 AAC 115.320(b) is amended to read:

(b) After conducting the initial evaluation of a recipient, the physical therapist must establish a written treatment plan. The plan must specify the diagnosis, the anticipated treatment goals, and the type, amount, frequency, and duration of each service. No more than 14 days after the plan is developed or changes are made to service levels, the treatment plan must be signed by **a physician, advanced practice registered nurse, or physician assistant enrolled under 7 AAC 105 – 7 AAC 160** [THE HEALTH CARE PRACTITIONER THAT PRESCRIBED THE SERVICES AS REQUIRED UNDER 7 AAC 115.310(b)(2)(A)]. The department will not pay for services provided more than 14 days after the treatment plan is developed or changes are made to service levels if the treatment plan has not been signed.

The introductory language of 7 AAC 115.320(c) is amended to read:

(c) After the treatment plan is signed as required under (b) of this section, **a physician, advanced practice registered nurse, or physician assistant enrolled under 7 AAC 105 – 7 AAC 160** [THE HEALTH CARE PRACTITIONER THAT PRESCRIBED THE SERVICES] shall review and sign the treatment plan as often as the recipient's medical condition requires or if changes are made to the treatment plan, and no less often than

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7 AAC 115.320(c)(3) is amended to read:

(3) every **6 weeks** [30 DAYS] for recipients 21 years of age or older.

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

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

**Article 4. Speech-Language Pathology Services.**

**7 AAC 115.410. Speech-language pathology services.**

7 AAC 115.410(1) is repealed and readopted to read:

(1) that are identified in the *Fee Schedule for Therapy Services*, adopted by reference in 7 AAC 160.900; and

**…**

7 AAC 115.410(2)(A) is amended to read:

(A) prescribed by a physician, [AN] advanced practice registered nurse, or physician assistant **enrolled under 7 AAC 105 – 7 AAC 160** and the services and supplies prescribed are within the scope of the practitioner's license;

7 AAC 115.410 is amended by adding a new subsection to read:

(3) for an individual 21 years of age or older, the department will pay for

(A) 8 units of speech-language therapy evaluation services each state fiscal year;

(B) 15 units of speech-language therapy services each state fiscal year; and

(C) additional units of occupational therapy services if the department gives prior authorization based on medical justification submitted by the provider.

(Eff. 2/1/2010, Register 193; am 4/24/2020, Register 234; am ____/____/____; Register ____)

**Authority**: AS 47.05.010 AS 47.07.030 AS 47.07.040

**7 AAC 115.420. Speech-language evaluation and treatment plan.**

7 AAC 115.420(b) is amended to read:

(b) After conducting the initial evaluation of a recipient, the speech-language pathologist must establish a written treatment plan. The plan must specify the diagnosis, the anticipated treatment goals, and the type, amount, frequency, and duration of each service. No more than 14 days after the plan is developed or changes are made to service levels, the treatment plan must be signed by **a physician, advanced practice registered nurse, or physician assistant enrolled under 7 AAC 105 – 7 AAC 160** [THE HEALTH CARE PRACTITIONER THAT PRESCRIBED THE SERVICES AS REQUIRED UNDER 7 AAC 115.410(2)(A)]. The department will not pay for services provided more than 14 days after the treatment plan is developed or changes are made to service levels if the treatment plan has not been signed.

The introductory language of 7 AAC 115.420(c) is amended to read:

(c) After the treatment plan is signed as required under (b) of this section**, a physician, advanced practice registered nurse, or physician assistant enrolled under 7 AAC 105 – 7 AAC 160** [THE HEALTH CARE PRACTITIONER THAT PRESCRIBED THE SERVICES] shall review and sign the treatment plan as often as the recipient's medical condition requires or if changes are made to the treatment plan, and no less often than

7 AAC 115.420(c)(3) is amended to read:

(3) every **six weeks** [30 DAYS] for recipients 21 years of age or older.

(Eff. 2/1/2010, Register 193; am ____/____/____; 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; Prosthetics and Orthotics; Transportation Services.

### 7 AAC 120.110. Covered outpatient drugs and home infusion therapy.

The introductory language of 7 AAC 120.110(a)(4) is amended to read:

(4) except for a recipient who **resides** [IS] in a long-term care facility or an intermediate care facility for the intellectually and developmentally disabled, **the following U.S. Food and Drug Administration regulated products** [A DRUG] that **have** [HAS] been prescribed**,** even if that **product** [DRUG] may be sold without a prescription [, AS FOLLOWS]:

7 AAC 120.110(a)(4)(D) is repealed:

(D) repealed ____/____/____;

(Eff. 2/1/2010, Register 193; am 6/13/2010, Register 194; am 7/7/2010, Register 195; am 1/1/2011, Register 196; am 9/7/2011, Register 199; am 1/4/2012, Register 201; am 5/18/2014, Register 210; am 4/24/2020, Register 234; am 1/10/2021, Register 237; am ____/____/____, Register ____)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 120.110(a)(4)(G) is amended to read:

(G) cetirizine**;** [.]

7 AAC 120.110(a)(4) is amended by adding new subparagraphs to read:

(H) naloxone;

(I) for any recipient

(i) a preventive service product consistent with 7 AAC 110.800;

(ii) a medical countermeasure drug or biological product related to a disaster declaration or declaration of national emergency under 42 U.S.C. 5121 – 5207 (Stafford Disaster Relief and Emergency Assistance Act) or 50 U.S.C. 1601 – 1651 (National Emergencies Act) authorized for emergency use under 21 U.S.C. 360bbb-3(g)(2) (sec. 564(g)(2), Federal Food, Drug, and Cosmetic Act).

7 AAC 120.110(b)(4) is repealed and readopted to read:

(4) that is a covered outpatient drug with the meaning given in 42 C.F.R. 447.502 (definitions; covered outpatient drug), adopted by reference in 7 AAC 160.900(b); and

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7 AAC 120.110(c) is repealed and readopted to read:

(c) The department will pay an eligible provider enrolled under 7 AAC 105 – 7 AAC 160 for specialized patient medication counseling provided by an affiliated pharmacist, not more than once each 30-day period for a recipient, if

(1) the service is within the scope of the pharmacist's license, training, and competency;

(2) documentation is maintained consistent with 7 AAC 105.230;

(3) the service is identified as reimbursable on the *Pharmacist Renderer Fee Schedule* adopted by reference in 7 AAC 160.900; and

(4) the pharmacist is enrolled under 7 AAC 105 – 7 AAC 160.

(Eff. 2/1/2010, Register 193; am 6/13/2010, Register 194; am 7/7/2010, Register 195; am 1/1/2011, Register 196; am 9/7/2011, Register 199; am 1/4/2012, Register 201; am 5/18/2014, Register 210; am 4/24/2020, Register 234; am 1/10/2021, Register 237; am ____/____/____; Register ____)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

## Chapter 145. Medicaid Payment Rates.

### 7 AAC 145.280. Vision examinations and services payment rates.

7 AAC 145.280(d) is repealed and readopted to read:

(d) In addition to the rate paid under (a) - (c) of this section, the department will pay a provider for shipping eyeglasses and contact lenses that are dispensed by mail. Effective July 1 of each year, the department will establish the reimbursement rate for shipping at a rate equal to the United States Postal Service Priority Mail Small Flat Rate Box rate effective on July 1 of that year.

(Eff. 2/1/2010, Register 193; am 3/1/2013, Register 205; am____/____/____, Register____).

**Authority**: AS 47.05.010 AS 47.07.030 AS 47.07.040

## Chapter 160. Medicaid Program; General Provisions.

### 7 AAC 160.900. Requirements adopted by reference.

7 AAC 160.900(a) is amended by adding new paragraphs to read:

(28) United States Preventive Services Task Force (USPSTF), *A & B Recommendations for adults,* revised as of September 2021;

**Editor's note:** The United States Preventive Services Task Force (USPSTF), *A & B Recommendations for adults,* can be found on the USPSTF's website at https://uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations .

(29) Centers for Disease Control and Prevention (CDC), *Immunization Schedules*, revised as of February 17, 2022;

**Editor's note:** The Centers for Disease Control and Prevention (CDC), *Immunization Schedules,* can be found on the CDC's website at https://www.cdc.gov/vaccines/schedules/index.html .

(30) Health Resources and Services Administration (HRSA), *Women's Preventive Services Guidelines*, revised as of January 2022;

**Editor's note:** The Health Resources and Services Administration (HRSA), *Women's Preventive Services Guidelines*, can be found on the HRSA's website at https://www.hrsa.gov/womens-guidelines/index.html .

7 AAC 160.900(b) is amended by adding a new paragraph to read:

(23) 42 C.F.R. 447.502, (definitions; covered outpatient drug), revised as of November 25, 2019;

7 AAC 160.900(e)(7) is repealed and readopted to read:

(7) State Fiscal Year 2022 *Fee Schedule for Therapy Services*, revised as of November 2, 2021;

7 AAC 160.900(e)(8) is repealed:

(8) repealed____/____/____;

7 AAC 160.900(e)(9) is repealed:

(9) repealed____/____/____;

7 AAC 160.900(e)(12) is repealed

(12) repealed____/____/____;

7 AAC 160.900(e)(14) is repealed and readopted to read:

(14) State Fiscal Year 2022 *Fee Schedule for Vision Services*, revised as of November 4, 2021;

7 AAC 160.900(e) is amended by adding a new paragraph to read:

(23) State Fiscal Year 2023 *Fee Schedule for Pharmacist Renderer*, revised as of February 14, 2022.

(Eff. 2/1/2010, Register 193; am 8/25/2010, Register 195; am 12/1/2010, Register 196; am 1/1/2011, Register 196; am 1/15/2011, Register 197; am 2/9/2011, Register 197; am 3/1/2011, Register 197; am 10/1/2011, Register 199; am 12/1/2011, Register 200; am 1/26/2012, Register

201; am 3/8/2012, Register 201; am 4/1/2012, Register 201; add'l am 4/1/2012, Register 201; am 5/11/2012, Register 202; am 10/16/2012, Register 204; am 11/3/2012, Register 204; am 12/1/2012, Register 204; am 12/2/2012, Register 204; am 1/1/2013, Register 204; am 1/16/2013, Register 205; am 7/1/2013, Register 206; add'l am 7/1/2013, Register 206; am 11/3/2013, Register 208; am 1/1/2014, Register 208; am 2/2/2014, Register 209; am 3/19/2014, Register 209; am 3/22/2014, Register 209; am 5/18/2014, Register 210; am 2/26/2015, Register 213; am 3/15/2015, Register 213; am 7/1/2015, Register 214; am 5/1/2016, Register 218; am 6/16/2016, Register 218; am 6/16/2016, Register 218; am 7/22/2017, Register 223; am 11/5/2017, Register 224; am 3/1/2018, Register 225; am 10/1/2018, Register 227; am 1/1/2019, Register 228; am 3/24/2019, Register 229; am 6/2/2019, Register 230; am 6/13/2019, Register 230; am 7/1/2019, Register 231; am 10/25/2019, Register 232; am 11/10/2019, Register 232; am 4/24/2020, Register 234; am 5/21/2020, Register 234; am 6/25/2020, Register 234; am 10/1/2020, Register 235; am 10/4/2020, Register 236; am 1/1/2021, Register 236; am 3/31/2021, Register 238; am 6/30/2021, Register 238; am 8/27/2021, Register 239; add'l am 9/9/2021, Register 239; am 10/9/2021, Register 240; add'l am 11/1/2021, Register 240; am ____/____/____; Register _____)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.085
AS 47.05.012 AS 47.07.040