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**OFFICE OF THE LIEUTENANT GOVERNOR  
ALASKA**

**M E M O R A N D U M**

**TO:** Triptaa Surve  
Department of Health

**FROM:** April Simpson, Office of the Lieutenant Governor  
465.4081

A handwritten signature in blue ink, likely belonging to April Simpson, is placed next to the "FROM:" line.

**DATE:** October 5, 2022

**RE:** Filed Permanent Regulations: Department of Health

Department of Health - Division of Health Care Services regulations re: Dental Services  
Coverage and Payment (7 AAC 110, 140, 145, 160)

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Attorney General File:	2021200003
Regulation Filed:	10/5/2022
Effective Date:	12/1/2022
Print:	244, January 2023

cc with enclosures: Colleen Bailey, Department of Law  
Judy Herndon, LexisNexis

ORDER ADOPTING CHANGES TO REGULATIONS  
OF THE DEPARTMENT OF HEALTH

The attached 40 pages of regulations, dealing with Medicaid Dental Services Coverage & Payment (7 AAC 110, 140, 145, 160), are adopted and certified to be a correct copy of the regulation changes that the Department of Health adopts under the authority of AS 47.05.010, AS 47.05.012, AS 47.07.030, AS 47.07.040, AS 47.07.067, AS 47.07.070, AS 47.07.073, and AS 47.07.085, and after compliance with the Administrative Procedure Act (AS 44.62), specifically including notice under AS 44.62.190 and 44.62.200 and opportunity for public comment under AS 44.62.210.

This action is not expected to require an increased appropriation.

In considering public comments, the Department of Health paid special attention to the cost to private persons of the regulatory action being taken.

The regulation changes adopted under this order take effect on December 1, 2022, as provided in AS 44.62.180.

Digitally signed by Adam  
Crum  
Date: 2022.09.27  
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Adam Crum, Commissioner  
Department of Health.

*April Simpson for*

FILING CERTIFICATION

I, Kevin Meyer, Lieutenant Governor for the State of Alaska, certify that<sup>1</sup> on October 5,  
2022, at 1:28 p.m., I filed the attached regulations according to the provisions of AS 44.62.040 -  
44.62.120.

*for April Simpson*  
\_\_\_\_\_  
Lieutenant Governor *K*

Effective: December 1, 2022

Register: 244, January 2023.

**FOR DELEGATION OF THE LIEUTENANT GOVERNOR'S AUTHORITY**

**I, KEVIN MEYER, LIEUTENANT GOVERNOR OF THE STATE OF ALASKA,  
designate the following state employees to perform the Administrative Procedures Act  
filing functions of the Office of the Lieutenant Governor:**

**Josh Applebee, Chief of Staff  
Kady Levale, Notary Administrator  
April Simpson, Regulations and Initiatives Specialist**

**IN TESTIMONY WHEREOF, I have  
signed and affixed the Seal of the State of  
Alaska, in Juneau, on December 11th,  
2018.**



  
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**KEVIN MEYER  
LIEUTENANT GOVERNOR**

7 AAC 110.145 is repealed and readopted to read:

**7 AAC 110.145. Dental services for adults.** (a) Payment for emergent dental services covered under this subsection does not reduce a recipient's annual limit under (b) and (c) of this section. Except as specifically excluded under (g) of this section, the department will pay for the following emergent dental services identified in the *Fee Schedule: Emergent Adult Dental Services*, adopted by reference in 7 AAC 160.900, for recipients 21 years of age or older, as follows:

(1) the following dental services for the immediate relief of pain or acute infection:

(A) limited oral evaluation not more than two times per fiscal year;

(B) extractions; under this subparagraph,

(i) a claim submitted for up to two extractions in a single day must be accompanied by medical justification; and

(ii) a provider must obtain prior authorization from the department for three or more extractions in a single day or four or more extractions in a 12-month period;

(C) one intraoral periapical radiograph to determine if an extraction is necessary;

(D) anesthesia or sedation in accordance with 7 AAC 110.155 and necessary for dental services covered under this section; a claim submitted to the department for payment of costs for general anesthesia must be accompanied by written medical justification for the service;

(2) a dental service that exceeds a limit established in (b) and (c) of this section if the department determines, based on medical justification submitted with a prior authorization request, that a delay in the provision of the service will endanger the life of the recipient.

(b) Subject to appropriation under AS 47.07.067 and except as specifically excluded under (g) of this section, the department will pay up to \$1,150 per state fiscal year for the dental services identified in the *Fee Schedule: Enhanced Adult Dental Services*, adopted by reference in 7 AAC 160.900 and provided to a recipient 21 years of age or older, as follows:

(1) periodic or comprehensive oral evaluation not more than one time per fiscal year, panoramic radiographs not more than one time per fiscal year and other dental radiographs necessary for dental care;

(2) preventive care, including

(A) prophylaxis, including necessary scaling, polishing, and instructions on oral hygiene and diet, not more than two times per fiscal year; and

(B) topical application of fluoride not more than four times per fiscal year, or topical fluoride varnish not more than four times per fiscal year, or a combination of topical application of fluoride and fluoride varnish not more than four times per fiscal year;

(3) restorative care for the treatment of decayed or fractured teeth, including amalgams and resins, and crowns if the tooth cannot be restored with amalgams or resin; under this paragraph,

(A) a claim submitted for up to two crowns in a single day must be accompanied by medical justification;

(B) a provider must obtain prior authorization from the department for three or more crowns in a single day or four or more crowns in a 12-month period;

(C) all surfaces restored on a single tooth on the same day are considered connected; therefore, payment is limited to one single or multi-surface restoration code per tooth per day;

(D) final restorations are limited to not more than five surfaces per tooth; tooth preparation, temporary restorations, sedative and cement bases, and local anesthesia are considered components of a complete restorative procedure and may not be billed separately; and

(E) the department will provide payment for a crown only upon seatment of the permanent crown, and for a partial or denture only upon seatment of the appliance; the department will not provide partial payment for incomplete or in-progress dental services;

(4) endodontics, with the following limitations:

(A) palliative and sedative treatments may not exceed two times per tooth before a definitive treatment;

(B) with respect to root canal therapy, tooth preparation, temporary filling of the root canal, and follow-up care are considered components of a complete root canal and may not be billed separately;

(C) a separate claim in addition to a root canal claim may be made for pin retention and restoration, and may not exceed five surfaces per tooth;

(5) periodontics, including treatment of pain or acute infection of supporting

tissues of the teeth, including gingivitis, periodontitis, and periodontal abscess;

(6) oral surgery; under this paragraph,

(A) prior authorization from the department is required for extractions;

and

(B) local anesthesia, materials, and routine postoperative care are considered components of a complete surgical procedure and may not be billed separately;

(7) professional consultation, if medically necessary or if requested by the department.

(c) Prior authorization from the department is required for prosthodontic services. Except as specifically excluded under (g) of this section, the department will pay up to \$1,150 per state fiscal year for prosthodontic services provided to a recipient 21 years of age or older, and up to twice the annual limit if one annual limit is not adequate to cover the cost of the provision of upper and lower dentures at the same time. If the department authorizes use of up to twice the annual limit for dentures, the maximum amount authorized is the remaining amount from the current fiscal year and the entire amount allotted for the succeeding fiscal year limit. In the succeeding fiscal year, the department will not authorize a new or additional annual limit. The department will pay for prosthodontic services identified in *Fee Schedule: Prosthodontic Adult Dental Services*, adopted by reference in 7 AAC 160.900, as follows:

(1) a complete denture, maxillary;

(2) a complete denture, mandibular;

(3) a partial denture, maxillary;

(4) a partial denture; mandibular;

(5) replacement of a complete or partial denture only if the existing denture is unusable and only once per five years, unless the department determines, based on medical justification submitted with the prior authorization request, that a delay will endanger the life of the recipient;

(6) replacement of a partial denture with a complete denture not earlier than five years after payment for the partial denture, unless the department determines, based on medical justification submitted with the prior authorization request, that a delay will endanger the life of the recipient;

(7) a denture within the same dental arch no more than three times per lifetime, unless the department determines, based on medical justification submitted with the prior authorization request, that a delay will endanger the life of the recipient;

(8) adjustments to a complete or partial denture not earlier than six months following the seatment date of the denture and not more than four times per fiscal year;

(9) rebase and reline procedures of a complete or partial denture not earlier than six months following the seatment date of the denture and not more than once per three fiscal years.

(d) The cost of anesthesia or sedation in accordance with 7 AAC 110.155 and necessary for dental services covered under this section does not reduce the recipient's annual limit described in (b) and (c) of this section.

(e) A dental service provided after a recipient's annual limit under (b) and (c) of this section has been exhausted is considered a noncovered service and the department will not



provide payment. Notwithstanding 7 AAC 145.015, a provider may bill a recipient for the difference under (c) of this section if the unused portion of a recipient's annual limit is less than the allowable Medicaid payment rate, or under (b) and (c) of this section if the unused portion of the recipient's combined annual limit is less than the allowable Medicaid payment rate. A provider shall inform a recipient in advance of the recipient's obligation to pay for the difference. The provider shall document in the recipient's records that the recipient was informed of and agreed to pay for any balance above the annual limit for the service provided.

(f) The department will assist a provider and recipient to the extent possible in monitoring the recipient's annual limit. However, the department will not assume financial responsibility for dental services provided that exceed the recipient's annual limit.

(g) The department will not pay for the following dental services provided to a recipient 21 years of age or older:

(1) dental services not identified in the *Fee Schedule: Emergent Adult Dental Services*, the *Fee Schedule: Enhanced Adult Dental Services*, and the *Fee Schedule: Prosthodontic Adult Dental Services*, adopted by reference in 7 AAC 160.900;

- (2) behavior management;
- (3) indirect pulp capping;
- (4) endodontic apical surgery and retrograde fillings;
- (5) immediate, interim, and temporary dentures;
- (6) dental implant and implant-related dental services;
- (7) inlays, overlays, and three-fourth crowns;
- (8) restoration of etched enamel or deep grooves without obvious dentin

involvement;

(9) space maintainers;

(10) tobacco counseling; tobacco counseling is considered a component of periodic and comprehensive evaluations and may not be billed separately;

(11) denture characterization and personalization, and precision attachments;

(12) experimental dental procedures;

(13) local anesthesia; local anesthesia is considered a component of covered dental procedures and may not be billed separately;

(14) anesthesia or sedation in conjunction with a noncovered service or a service for which service limits have been exhausted;

(15) dental sealants;

(16) orthodontic services. (Eff. 2/1/2010, Register 193; am 8/25/2010, Register 195; am 11/1/2010, Register 196; am 5/1/2016, Register 218; am 12 / 1 / 2022, Register 244)

**Authority:** AS 47.05.010      AS 47.07.040      AS 47.07.067

AS 47.07.030

7 AAC 110.150 is repealed and readopted to read:

**7 AAC 110.150. Dental services for recipients under 21 years of age.** (a) Except as provided in 7 AAC 110.200(3), the department will pay for the services identified in the *Fee Schedule: Dental Services for Children*, adopted by reference in 7 AAC 160.900, as follows, provided to a recipient under 21 years of age:

(1) periodic oral evaluation not more than two times per calendar year, limited

oral evaluation not more than two times per calendar year, and comprehensive oral evaluation not more than two times per calendar year; panoramic radiographs not more than one time per calendar year and other dental radiographs as necessary for dental care;

(2) preventive care, as follows:

(A) prophylaxis, limited to necessary scaling, polishing, and instructions on oral hygiene and diet, not more than two times per calendar year;

(B) topical application of fluoride not more than four times per calendar year, or topical fluoride varnish not more than four times per calendar year, or a combination of topical application of fluoride and fluoride varnish not more than four times per calendar year;

(C) sealants, limited to one time per tooth per calendar year; and

(D) space management therapy restricted to posterior teeth; the department will pay for a primary teeth space maintainer only if a significant risk exists of detrimental drifting occurring before the permanent tooth erupts and for a permanent teeth space maintainer only if prosthodontic treatment is not applicable;

(3) restorative care for the treatment of decayed or fractured teeth, including amalgams and resins, and crowns if the tooth cannot be restored with amalgams or resin; under this paragraph,

(A) a claim submitted for up to two crowns in a single day must be accompanied by medical justification;

(B) a provider must obtain prior authorization from the department for three or more crowns in a single day or four or more crowns in a 12-month period;

(C) all surfaces restored on a single tooth on the same day are considered connected; therefore, payment is limited to one single or multi surface restoration code per tooth per day;

(D) final restorations are limited to not more than five surfaces per tooth; tooth preparation, temporary restorations, sedative and cement bases, and local anesthesia are considered components of a complete restorative procedure and may not be billed separately; and

(E) the department will provide payment for a crown only upon seatment of the permanent crown, and for a partial or denture only upon seatment of the appliance; the department will not provide partial payment for incomplete or in-progress dental services;

(4) endodontics, with the following limitations:

(A) palliative and sedative treatments may not exceed two times per tooth before a definitive treatment;

(B) with respect to root canal therapy, tooth preparation, filling of the root canal, and follow-up are considered components of a complete root canal and may not be billed separately; and

(C) a separate claim may be made for pin retention and restoration, and may not exceed five surfaces per tooth;

(5) periodontics, including treatment of pain or acute infection of supporting tissues of the teeth, including gingivitis, periodontitis, and periodontal abscess;

(6) prosthodontics, including replacement of a complete or partial denture only if

the existing denture is unusable and only once per five calendar years;

(7) oral surgery; under this paragraph, the following services are covered:

(A) extractions; under this subparagraph,

(i) a claim submitted for up to two extractions in a single day to alleviate immediate pain or infection must be accompanied by medical justification;

(ii) a provider must obtain prior authorization from the department for three or more extractions in a single day or four or more extractions in a 12-month period to alleviate immediate pain or infection; and

(iii) a provider must obtain prior authorization from the department for an extraction that is required for a reason other than to alleviate immediate pain or infection;

(B) local anesthesia, materials, and routine postoperative care are considered components of a complete surgical procedure and may not be billed separately;

(8) anesthesia and sedation in accordance with 7 AAC 110.155 and necessary for dental services covered under this section;

(9) professional consultation, if medically necessary or if requested by the department.

(b) Except as provided in 7 AAC 110.200(3), the department will not pay for the following dental services for recipients under 21 years of age:

(1) dental services not identified in the *Fee Schedule: Dental Services for*

*Children*, adopted by reference in 7 AAC 160.900;

(2) behavior management in conjunction with any services covered under 7 AAC 110.155;

(3) indirect pulp capping;

(4) endodontic apical surgery and retrograde fillings;

(5) immediate, interim, and temporary dentures;

(6) dental implant and implant-related dental services;

(7) inlays, overlays, and three-fourth crowns;

(8) restoration of etched enamel or deep grooves without obvious dentin involvement;

(9) space maintainers for anterior teeth;

(10) tobacco counseling; tobacco counseling is considered a component of periodic and comprehensive evaluations and may not be billed separately;

(11) denture characterization and personalization, and precision attachments;

(12) experimental dental procedures;

(13) local anesthesia; local anesthesia is considered a component of covered dental procedures and may not be billed separately;

(14) anesthesia or sedation in conjunction with a noncovered service. (Eff.

2/1/2010, Register 193; am 8/25/2010, Register 195; am 11/1/2010, Register 196; am 5/11/2012,

Register 202; am 5/1/2016, Register 218; am 12 / 1 / 2022, Register 244 )

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

7 AAC 110.153 is repealed and readopted to read:

**7 AAC 110.153. Orthodontic services.** (a) The department will pay a provider for only those orthodontic dental services identified in the *Fee Schedule: Dental Services for Children*, adopted by reference in 7 AAC 160.900, and that have prior authorization from the department. The department will pay for orthodontic services rendered by an orthodontist who is enrolled in accordance with 7 AAC 110.140, as follows:

(1) limited orthodontic treatment of the primary dentition for a malocclusion that does not involve the entire dentition; the department will pay for limited orthodontic treatment for recipients under 21 years of age; treatment may be directed at the existing problem or at one or more aspects of a larger problem when the decision is made to defer or forego more comprehensive therapy; the prior authorization request must be submitted by the orthodontist and must include

- (A) a description of the condition;
- (B) a description of the orthodontic appliance;
- (C) a scored *Handicapping Labiolingual Deviation (HLD) Index Report*, adopted by reference in 7 AAC 160.900, completed and signed by the orthodontist;
- (D) a treatment plan for correcting the condition;
- (E) panoramic radiographs;
- (F) other medical or dental information to support the requested orthodontic treatment, including required extractions or orthognathic surgery; and
- (G) an *Orthodontic Referral Oral Health and Hygiene Assessment*, adopted by reference in 7 AAC 160.900, completed and signed by the referring dentist;

(2) interceptive orthodontic treatment of the primary or transitional dentition to redirect ectopically erupting teeth, correct isolated dental crossbite, or recover minor space loss where overall space for erupting teeth is adequate; the department will pay for interceptive orthodontic treatment for recipients under 13 years of age; the prior authorization request must be submitted by the orthodontist and must include

- (A) a description of the condition;
- (B) a description of the orthodontic appliance;
- (C) a scored *Handicapping Labiolingual Deviation (HLD) Index Report*, adopted by reference in 7 AAC 160.900, completed and signed by the orthodontist;
- (D) a treatment plan for correcting the condition;
- (E) panoramic radiographs;
- (F) other medical or dental information to support the requested orthodontic treatment, including required extractions or orthognathic surgery; and
- (G) an *Orthodontic Referral Oral Health and Hygiene Assessment*, adopted by reference in 7 AAC 160.900, completed and signed by the referring dentist;

(3) comprehensive orthodontic procedures for treatment of cleft palate for treatment in conjunction with orthognathic surgery for a class III skeletal malocclusion, for treatment based on medical necessity due to functional impairment, or based on a score of 28 or greater on the *Handicapping Labiolingual Deviation (HLD) Index Report*, adopted by reference in 7 AAC 160.900, and completed by an orthodontist; the department will pay for interceptive orthodontic treatment for recipients under 13 years of age; when requesting approval for orthodontic treatment the provider must consider the recipient's willingness and ability to attend



scheduled appointments and ability to maintain an acceptable level of oral hygiene, which is vital to the success of orthodontic treatment; the prior authorization request must be submitted by the orthodontist and must include

- (A) a description of the condition including medical information to determine functional impairment;
- (B) a description of the orthodontic appliance;
- (C) a scored *Handicapping Labiolingual Deviation (HLD) Index Report*, adopted by reference in 7 AAC 160.900, completed and signed by the orthodontist;
- (D) a treatment plan for correcting the condition;
- (E) panoramic radiographs;
- (F) study models, if requested in the process of reviewing the prior authorization; and
- (G) an *Orthodontic Referral Oral Health and Hygiene Assessment*, adopted by reference in 7 AAC 160.900, completed and signed by the referring dentist.

(b) If comprehensive orthodontic treatment commences earlier than 18 months after the most recent limited or interceptive orthodontic treatment, reimbursement for the comprehensive orthodontic treatment will be reduced by the amount reimbursed for limited or interceptive orthodontic treatment.

(c) If a recipient's eligibility ends or if the recipient reaches the maximum age for the service before the conclusion of treatment, payment for remaining services is the responsibility of the recipient, or the parent or guardian if the recipient is a minor.

(d) The orthodontist may terminate treatment under (a) of this section before completion

if the recipient is uncooperative or noncompliant, or if the recipient is no longer eligible for Medicaid. Upon early termination of treatment, the orthodontist shall

(1) report early termination of treatment to the department not later than 30 days after termination of treatment; and

(2) remove the brackets and, if needed, replace with orthodontic retention.

(e) Except for orthodontic treatment of cleft palate, the department will not pay for services under (a) of this section if the recipient has a history of caries during the six months before treatment or if the recipient demonstrates oral hygiene inadequate to successfully complete orthodontic services.

(f) Except for orthodontic treatment of cleft palate, the department will not pay for orthodontic treatment under (a)(3) of this section more than one time during the recipient's lifetime. (Eff. 12/1/2010, Register 196; am 5/1/2016, Register 218; am 12 / 1 / 2021, Register 244)

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

7 AAC 110.155 is repealed and readopted to read:

**7 AAC 110.155. Dentist-administered anesthesia and sedation.** (a) The department will pay for nitrous oxide sedation, intramuscular sedation, or nonintravenous conscious sedation required for dental services covered under 7 AAC 110.145 - 7 AAC 110.155 if the dental services provider justifies, in writing, that local anesthesia is inadequate to control pain.

(b) The department will pay for general anesthesia or intravenous sedation required for dental services covered under 7 AAC 110.145 - 7 AAC 110.155 if a provider obtains prior

authorization from the department. A claim submitted to the department for payment of costs for general anesthesia must be accompanied by written medical justification for the service. Medical justification and prior authorization requests must include documentation substantiating that local anesthesia and sedation under (a) of this section are inadequate to control pain and that the service is required for a patient who meets one of the following conditions:

- (1) severe intellectual or developmental disability;
- (2) severe physical disability or medically compromised condition;
- (3) a prolonged or difficult surgical procedure.

(c) The cost of the supplies necessary for the administration of anesthesia and sedation, including drugs, nitrous oxide masks, tubing, and syringes, are included in the payment made under (a) and (b) of this section. (Eff. 2/1/2010, Register 193; am 12 / 1 / 2022, Register 244 )

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

7 AAC 110.160 is repealed:

**7 AAC 110.160. Diagnostic x-ray.** Repealed. (Eff. 2/1/2010, Register 193; repealed 12 / 1 / 2022, Register 244 )

7 AAC 110.210(b)(6) is amended to read:

(6) dental services under 7 AAC 110.145 - 7 AAC 110.155 [7 AAC 110.140 - 7 AAC 110.160];

(Eff. 2/1/2010, Register 193; am 5/1/2016, Register 218; am 7/1/2018, Register 226; am 12 / 1 / 2022, Register 244 )

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

7 AAC 140.105(b) is amended to read:

(b) The department will pay for use of the ambulatory surgical center to perform dental services covered by the department under 7 AAC 110.145 - 7 AAC 110.155 [7 AAC 110.140 - 7 AAC 110.160], if use of the center is medically necessary.

(Eff. 2/1/2010, Register 193; am 8/25/2010, Register 195; am 12/ 1 /2022, Register 244)

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

7 AAC 140.215(d) is amended to read:

(d) The department will separately pay a health clinic for dental services covered under 7 AAC 110.145 - 7 AAC 110.155 [7 AAC 110.145 - 7 AAC 110.160] provided by a dentist who is enrolled separately under 7 AAC 110.140.

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am 4/24/2020, Register 234; am 12/ 1 /2022, Register 244 )

**Authority:** AS 47.05.010 AS 47.07.040 AS 47.07.073  
AS 47.07.030 AS 47.07.070

7 AAC 145.120 is repealed and readopted to read:

**7 AAC 145.120. Dental services payment rates.** (a) The department will pay a dentist for dental services provided to a recipient 21 years of age or older in accordance with 7 AAC 110.145 and the *Fee Schedule: Emergent Adult Dental Services, Fee Schedule: Prosthodontic*

*Adult Dental Services*, and *Fee Schedule: Enhanced Adult Dental Services*, adopted by reference in 7 AAC 160.900.

(b) Except for orthodontic services, the department will pay a dentist for dental services provided to a recipient under 21 years of age in accordance with 7 AAC 110.150 and the *Fee Schedule: Dental Services for Children*, adopted by reference in 7 AAC 160.900.

(c) The department will pay for orthodontic services in accordance with 7 AAC 110.153 and the *Fee Schedule: Dental Services for Children*, adopted by reference in 7 AAC 160.900.

(d) The department will review dental payment rates at the beginning of each fiscal year and may adjust the rates to reflect changes in the United States Department of Labor consumer price index and after reviewing fee profiles from the most recent calendar year's Medicaid dental claims to determine the need for adjusting payment rates. For state fiscal year 2020, payment rates will not be adjusted by the consumer price index. (Eff. 2/1/2010, Register 193; am 11/1/2010, Register 196; am 1/15/2011, Register 197; am 3/22/2014, Register 209; am 5/1/2016, Register 218; am 7/1/2019, Register 231; am 12 / 1 / 2022, Register 244)

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

7 AAC 160.900(a)(25) is repealed and readopted to read:

(25) the American Academy of Pediatric Dentistry's *Recommendations for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling*, revised as of 2018;

7 AAC 160.900(a)(26) is repealed and readopted to read:

(26) the American Academy of Pediatric Dentistry's guideline on *Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents*, revised as of 2018;

7 AAC 160.900(d)(23) is repealed:

(23) repealed 12 / 1 / 2022;

7 AAC 160.900(e)(2) is repealed and readopted to read:

(2) *State Fiscal Year 2022 Fee Schedule: Dental Services for Children*, revised as of July 1, 2021, *State Fiscal Year 2022 Fee Schedule: Emergent Adult Dental Services*, revised as of July 1, 2021, *State Fiscal Year 2022 Fee Schedule: Prosthodontic Adult Dental Services*, revised as of July 1, 2021, and *State Fiscal Year 2022 Fee Schedule: Enhanced Adult Dental Services*, revised as of July 1, 2021;

(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

Register 244, January 2023

## HEALTH

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 5/25/2022, Register 242; am 9/4/2022, Register 243; am 9/18/2022, Register 243; am 10/16/2022, Register 244; am 12 / 1 / 2022, Register 244 )

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

The editor's note following 7 AAC 160.900 is changed to read:

**Editor's note:** The department's *Handicapping Labiolingual Deviation (HLD) Index Report* adopted by reference in 7 AAC 160.900(d), may be obtained from Xerox Business Services, LLC web site at <http://www.medicaidalaska.com/providers/forms.html>, the department's Internet site at <http://health.alaska.gov/Pages/default.aspx> or at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, AK 99503-7167.

The American Medical Association's *Current Procedural Terminology (CPT), Professional Edition*; the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services' (CMS) *Healthcare Common Procedure Coding System (HCPCS)*, the *International Classification of Diseases - 10th Revision, Clinical Modification (ICD-10-CM)*, and the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, all adopted by reference in 7 AAC 160.900, may be obtained by contacting the Order Department, American Medical Association, P.O. Box 930876, Atlanta, Georgia 31193-0876, or by visiting the AMA Bookstore at Internet address: <https://catalog.ama-assn.org/Catalog/home.jsp>. These publications may also be available at other retail book sellers. A copy of each of these publications is available for examination at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167 or the Office of the Commissioner, 350 Main Street, Juneau, Alaska 99801.

The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 160.900, may also be obtained from American Psychiatric Association - Publishing, Inc., 1000 Wilson Boulevard, Suite 1825, Arlington, Virginia 22209-3901, telephone (703) 907-7322 or (800) 368-5777; or from the American Psychiatric Association - Publishing, Inc. at the following Internet address: <https://appi.org>.

The United States Department of Health and Human Services, National Institutes of Health's *Glossary of Terms for Human Subjects Protection and Inclusion Issues*, adopted by reference in 7 AAC 160.900, may be obtained by contacting the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167 or at the National Institutes of Health Internet address: <http://grants.nih.gov/grants/peer>



/tree=hrzglossary.pdf.

The Federal Register may be obtained through the nearest public library. If the Federal Register is not available at your nearest library, the material can be obtained by the library through the interlibrary loan system. It may also be obtained at <http://www.gpo.gov/fdsys/>.

The American Society of Anesthesiologists' *Relative Value Guide*, adopted by reference in 7 AAC 160.900, may be obtained by contacting American Society of Anesthesiologists, 520 N. Northwest Highway, Park Ridge, Illinois 60068-2573, Internet address: <http://www.asahq.org/shop-asa/billing-coding>.

The nonfacility individual relative value units (RVUs) for the Medicare program, and the geographic practice cost indices (GCPI) for this state, adopted by reference in 7 AAC 160.900, may be reviewed at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167.

*Drug Facts and Comparisons*, adopted by reference in 7 AAC 160.900, may be obtained from the publisher, Wolters Kluwer Health, Inc., by telephone at (855) 633-0577. The book may also be ordered from the publisher at <http://www.wolterskluwer CDI.com/drug-facts-and-comparisons-bound/> or by writing to the following address: Wolters Kluwer Health, Inc., 77 Westport Plaza, Suite 450, St. Louis, Missouri 63146. A copy of this document is available for examination at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167.

Alternative Link's *ABC Coding Manual for Integrative Healthcare*, adopted by reference in 7 AAC 160.900, may be obtained from Alternative Link, 6121 Indian School Road NE, Suite 131, Albuquerque, New Mexico 87110; telephone: (505) 503-1336; or the following Internet

address: <http://abccodes.com>. A copy of this document is available for examination at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167.

The *Inventory for Client and Agency Planning*, adopted by reference in 7 AAC 160.900, is available for inspection at the Department of Health, Division of Senior and Disabilities Services, Court Plaza Building, 240 Main Street, Suite 602, Juneau, Alaska.

The United States Department of Health and Human Services, Centers for Medicare and Medicaid Services' (CMS) *Ambulatory Surgical Centers (ACS) Approved HCPCS Codes and Payment Rates* spreadsheet, adopted by reference in 7 AAC 160.900, may be obtained by contacting the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402. A copy of this spreadsheet is available for examination at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, AK 99503-7167 or may be found at the following CMS Internet address: <http://www.cms.hhs.gov/ASCPayment/01=hrzOverview.asp>.

The United States Department of Health and Human Services, Public Health Service's *Quick Reference Guide for Clinicians: Treating Tobacco Use and Dependence*, adopted by reference in 7 AAC 160.900, may be obtained by contacting any of the following Public Health Service clearinghouse telephone numbers: Agency for Healthcare Research and Quality (AHRQ), (800) 358-9295; Centers for Disease Control and Prevention (CDC), (800) CDC-1311 ((800) 232-1311); National Cancer Institute (NCI), (800) 4-CANCER ((800) 422-6237). The publication may also be obtained at the following Internet address: <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recom->

mendations/tobacco/clinicians/presentations/2008update-overview/index.htm.

The United States Internal Revenue Service optional standard mileage rate for medical purposes announcement IR-2008-82, published June 23, 2008, and adopted by reference in 7 AAC 160.900, may be obtained from the Internal Revenue Service at the following Internet address: <http://www.irs.gov/uas/LatestNews>.

The department's *Alaska Medicaid Preferred Drug List*, *Alaska Medicaid Prior-Authorized Medications List*, and *Select Diagnoses and Procedures Pre-certification List*, adopted by reference in 7 AAC 160.900, may be obtained from the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, AK 99503-7167; or may be obtained at the department's Internet site at <http://health.alaska.gov/dhcs/Pages/default.aspx>.

The *Table of ICAP Scores by Age and Consumer Assessment Tool (CAT)*, adopted by reference in 7 AAC 160.900, are available for inspection at the Department of Health, Division of Senior and Disabilities Services, Court Plaza Building, 240 Main Street, Suite 602, Juneau, Alaska.

The FY 2010 - 2011 New Funding Formula for Title III and Title V Programs table, page 106, of the Alaska Commission on Aging *Alaska State Plan for Senior Services, FY 2008 - FY 2011*, adopted by reference in 7 AAC 160.900, may be obtained by contacting the Department of Health, Division of Senior and Disabilities Services, P.O. Box 110680, Juneau, Alaska 99811-0680. The Alaska Commission on Aging *Alaska State Plan for Senior Services, FY 2008 - FY 2011* is also posted on the Department of Health, Alaska Commission on Aging's Internet site at <http://health.alaska.gov/acoa/Pages/stateplan.aspx>.

The *Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care*, adopted by reference in 7 AAC 160.900, is available for examination at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, AK 99503-7167.

The *Addresses for Second Level Provider Appeals* list, adopted by reference in 7 AAC 160.900, may be obtained from the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167.

Sections of the *Alaska Provider Billing Manual*, adopted by reference in 7 AAC 160.900(d), may be obtained at the following Xerox Business Services, LLC Internet site: <http://manuals.medicaidalaska.com/>, or may be obtained by contacting the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167.

The *Specialized Medical Equipment Fee Schedule*, adopted by reference in 7 AAC 160.900, may be obtained by contacting the Department of Health, Division of Senior and Disabilities Services, 3601 C Street, Suite 310, Anchorage, Alaska 99503-5684.

The *State of Alaska, Department of Health and Social Services, Behavioral Health Inpatient Psychiatric Review Provider Manual*, adopted by reference in 7 AAC 160.900, may be obtained by contacting Qualis Health, PO Box 243609, Anchorage, AK 99524-3609, or may be obtained at the following Qualis Health Internet site: <http://www.qualishealth.org/healthcare-professionals/alaska-medicaid-behavioral-health/provider-resources>. This manual is also available for inspection at the Department of Health, Division of Behavioral Health, 3601 C Street, Suite 878, Anchorage, Alaska 99503.

The *Medicaid Hospital and Long-Term Care Facility Reporting Manual*, and the relevant pages from the Chart of Accounts for Hospitals, adopted by reference in 7 AAC 160.900, are available from the Office of Rate Review, Department of Health, 3601 C Street, Ste 978, Anchorage, Alaska 99503.

The *Medicaid Log of Uninsured Care Reporting Form*, adopted by reference in 7 AAC 160.900, is available from the Department of Health, DSH Program, P.O. Box 110660, Juneau, Alaska 99811-0660.

The department fee schedules, adopted by reference in 7 AAC 160.900(e), may be obtained by contacting the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167, or may be obtained at the following Xerox Business Services, LLC's Internet site <http://manuals.medicaid.alaska.com/>.

[THE DEPARTMENT'S ORTHODONTIC SERVICES STATEMENT OF COVERAGE, ADOPTED BY REFERENCE IN 7 AAC 160.900, MAY BE OBTAINED FROM THE DEPARTMENT'S INTERNET WEBSITE AT: [HTTP://DHSS.ALASKA.GOV/DHCS/PAGES/DEFAULT.ASPX](http://DHSS.ALASKA.GOV/DHCS/PAGES/DEFAULT.ASPX) OR AT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF HEALTH CARE SERVICES, 4501 BUSINESS PARK BOULEVARD, SUITE 24, ANCHORAGE, AK 99503-7167.]

The department's *Orthodontic Referral Oral Health and Hygiene Assessment*, adopted by reference in 7 AAC 160.900, may be obtained from the department's Internet website at: <http://health.alaska.gov/dhcs/Pages/default.aspx> or at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, AK 99503-7167.

On December 7, 2010, as required by AS 44.62.245 and AS 47.05.012, the department

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gave notice that the following amended versions of material, previously adopted by reference in 7 AAC 160.900(a), would be in effect on January 1, 2011: the *Current Procedural Terminology*, 4th edition as revised for 2011 ("*CPT 2011*"), and the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services' (CMS) *Healthcare Common Procedure Coding System (HCPCS) 2011*. The amended versions may be reviewed at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Building L, Anchorage, Alaska 99503-7167.

The *Chart of Personal Care Services, Community First Choice Services and Waiver Services Rates*, adopted by reference in 7 AAC 160.900, may be obtained by contacting the Department of Health, Division of Senior and Disabilities Services, P.O. Box 110680, Juneau, Alaska 99811-0680. The *Chart of Personal Care Services, Community First Choice Services and Waiver Services Rates* is also posted on the Department of Health, Division of Senior and Disabilities Services' website at <https://health.alaska.gov/dsds/Documents/pdfs/FY22--RateChartPCSAndCFCwChore.pdf> [HTTP://DHSS.ALASKA.GOV/DSDS/PAGES/INFO/COSTSURVEY.ASPX].

The *Cost Survey* and *Cost Survey 2016 Instructions*, adopted by reference in 7 AAC 160.900, may be obtained by contacting the Department of Health, Division of Senior and Disabilities Services, P.O. Box 110680, Juneau, Alaska 99811-0680. The materials are also posted on the Department of Health, Division of Senior and Disabilities Services' website at <http://health.alaska.gov/dsds/Pages/info/costsurvey.aspx>.

On January 26, 2011, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in

7 AAC 160.900, would be in effect on March 1, 2011: the United States Department of Health and Human Services poverty guidelines established in 76 Fed. Reg. 3637 - 3638 (January 20, 2011). The Federal Register with the amended version may be obtained through the nearest public library. If the Federal Register is not available at that library site, the material can be obtained by that library through the interlibrary loan system. It may also be obtained at <http://www.gpo.gov/fdsys>.

The department's *Residential Behavioral Rehabilitation Services Handbook*, adopted by reference in 7 AAC 160.900, may be obtained from the Department of Health, Division of Behavioral Health, P.O. Box 110620, Juneau, Alaska 99811-0620.

The *Consumer Price Index for All Urban Consumers (CPI-U)*, all items, for Anchorage, Alaska published annually by the United States Department of Labor, Bureau of Labor Statistics, adopted by reference in 7 AAC 160.900, may be reviewed at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167 or at the United States Department of Labor, Bureau of Labor Statistics' Internet website at <http://bls.gov/cpi/>.

The *Personal Care Services: Service Level Computation*, adopted by reference in 7 AAC 160.900, is available for inspection at the Department of Health, Division of Senior and Disabilities Services, Court Plaza Building, 240 Main Street, Suite 602, Juneau, Alaska. The *Personal Care Services: Service Level Computation* is also posted on the Department of Health, Division of Senior and Disabilities Services' website at <http://health.alaska.gov/dsds/Pages/pca/default.aspx>.

On December 7, 2011, as required by AS 44.62.245 and AS 47.05.012, the department

gave notice that the following amended versions of material, previously adopted by reference in 7 AAC 160.900(a), would be in effect on January 1, 2012: the *Current Procedural Terminology*, 4th edition, as revised for 2012 ("*CPT 2012*") and the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services' (CMS) *Healthcare Common Procedure Coding System (HCPCS) 2012*. The amended versions may be reviewed at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Building L, Anchorage, Alaska, 99503-7167.

The *Certificate to Request Funds for Abortion*, adopted by reference in 7 AAC 160.990, is available for inspection at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, AK 99503-7167.

On December 13, 2012, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended versions of material, previously adopted by reference in 7 AAC 160.900(a), would be in effect on January 1, 2013: the *Current Procedural Terminology*, 4th edition, as revised for 2013 ("*CPT 2013*") and the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services' (CMS) *Healthcare Common Procedure Coding System (HCPCS) 2013*. The amended versions may be reviewed at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Building L, Anchorage, Alaska 99503-7167.

The *Adult Day Services Condition of Participation*, *Care Coordinator Certification Application*, *Care Coordination Services and Long Term Services and Supports Targeted Case Management Conditions of Participation*, *Community First Choice Chore Services Conditions of Participation*, *Day Habilitation Services Conditions of Participation*, *Developmental Disabilities*



*(DD) Registration and Review form, Material Improvement Reporting for ALI/APDD Waivers, Material Improvement Reporting for CCMC Waivers, Material Improvement Reporting for IDD Participants Age Three or Over, Material Improvement Reporting for IDD Participants Under the Age of Three, Meal Services Conditions of Participation, Nursing Facility Level of Care Assessment Form for Children, Provider Conditions of Participation for Home and Community-Based Waiver Services and Community First Choice Chore Services, Residential Habilitation Services Conditions of Participation, Residential Supported-Living Services Conditions of Participation, Employment Services Conditions of Participation, Transportation Services Conditions of Participation, Environmental Modification Services Conditions of Participation and Nursing Oversight and Care Management Conditions of Participation, adopted by reference in 7 AAC 160.900(d), may be obtained by contacting the Department of Health, Division of Senior and Disabilities Services, P.O. Box 110680, Juneau, Alaska, 99811-0680 and are posted on the Department of Health, Division of Senior and Disabilities Services website at <http://health.alaska.gov/dsds>.*

On December 25, 2013, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended versions of material, previously adopted by reference in 7 AAC 160.900(a), would be in effect on January 1, 2014: the *Current Procedural Terminology*, 4th edition, as revised for 2014 ("*CPT 2014* ") and the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services' (CMS) *Healthcare Common Procedure Coding System (HCPCS) 2014*. The amended versions may be reviewed at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Building L, Anchorage, Alaska 99503-7167.

The department's *Alaska Medicaid 90 Day Generic Prescription Medication List*, adopted by reference in 7 AAC 160.900, may be obtained from the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, AK 99503-7167, or may be obtained at the department's Internet site at <http://health.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>.

The department's *Information About Your Prescription Drug Benefits and Prior Authorization*, adopted by reference in 7 AAC 160.900, may be obtained from the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, AK 99503-7167; or may be obtained at the department's Internet site at <http://health.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>.

On June 2, 2015, as required under AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect on January 22, 2015: the United States Department of Health and Human Services poverty guidelines established in 80 Fed. Reg. 3236 - 3237 (January 22, 2015). The Federal Register with the amended version may be obtained through the nearest public library. If the Federal Register is not available at that library site, the material can be obtained by that library through the interlibrary loan system. It may also be obtained at <http://www.gpo.gov/fdsys>.

On January 29, 2016, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect on October 1, 2015: the 2016 version of the American Medical Association's *International Classification of Diseases - 10th Revision, Clinical*

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*Modification, (ICD-10-CM).* The amended version may be reviewed at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167.

On February 2, 2016, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect on January 25, 2016: the United States Department of Health and Human Services poverty guidelines established in 81 Fed. Reg. 4036 - 4037 (January 25, 2016). The Federal Register with the amended version may be obtained through the nearest public library. If the Federal Register is not available at that library site, the material can be obtained by that library through the interlibrary loan system. It may also be obtained at <http://www.gpo.gov/fdsys/>.

On February 2, 2016, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect in June 2013: the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, June 2013 (*DSM-5*). The amended version may be reviewed at the Department of Health, Division of Behavioral Health, 3601 C Street, Anchorage, Alaska, 99503. The *DSM-5* may also be obtained from the American Psychiatric Association - Publishing, Inc., 1000 Wilson Boulevard, Suite 1825, Arlington, Virginia 22209-3901, telephone (703) 907-7322 or (800) 368-5777; or from the American Psychiatric Association - Publishing, Inc. at the following Internet address: <https://appi.org>.

On January 29, 2016, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended versions of material, previously adopted by reference in

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7 AAC 160.900(a), would be in effect on January 1, 2016: the *Current Procedural Terminology*, 4th edition, as revised for 2016 ("*CPT 2016*") and the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services' (CMS) *Healthcare Common Procedure Coding System (HCPCS) 2016*. The amended versions may be reviewed at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Building L, Anchorage, Alaska 99503-7167.

A copy of the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R)*, adopted by reference in 7 AAC 160.900, is available for examination at the Department of Health, Division of Behavioral Health, 3601 C Street, Suite 878, Anchorage, Alaska 99503-7167.

On February 22, 2017, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect on January 31, 2017: the United States Department of Health and Human Services poverty guidelines established in 82 Fed. Reg. 8831 - 8832 (January 31, 2017). The Federal Register with the amended version may be obtained through the nearest public library. If the Federal Register is not available at that library site, the material can be obtained by that library through the interlibrary loan system. It may also be obtained at <http://www.gpo.gov/fdsys>.

On March 1, 2017, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended versions of material, previously adopted by reference in 7 AAC 160.900(a), would be in effect on January 1, 2017: the *Current Procedural Terminology*, 4th edition, as revised for 2017 ("*CPT 2017*") and the United States Department of Health and

Human Services, Centers for Medicare and Medicaid Services' (CMS) *Healthcare Common Procedure Coding System (HCPCS) 2017*. The amended versions may be reviewed at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Building L, Anchorage Alaska, 99503-7167.

On March 1, 2017, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect on January 1, 2017: the 2017 version of the American Medical Association's *International Classification of Diseases - 10th Revision, Clinical Modification, (ICD-10-CM)*. The amended version may be reviewed at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska, 99503-7167.

The *Personal Care Services and Community First Choice Personal Care Services Provider Conditions of Participation*, adopted by reference in 7 AAC 160.900, is available for inspection at the Department of Health, Division of Senior and Disabilities Services, Court Plaza Building, 240 Main Street, Suite 602, Juneau, Alaska. The document is also posted on the Department of Health, Division of Senior and Disabilities Services website at <http://dhss.alaska.gov/dsds/Pages/CFC/default.aspx>.

The *Personal Care Assistant and Waiver Rate-Setting Methodology*, adopted by reference in 7 AAC 160.900, may be obtained by contacting the Department of Health, Office of Rate Review, 3601 C Street, Suite 978, Anchorage, Alaska 99503.

On March 11, 2018, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect on January 31, 2018: the United States Department of Health and

Human Services poverty guidelines established in 83 Fed. Reg. 2642 - 2644 (January 18, 2018).

The amended version may be reviewed at the Department of Health, 3601 C Street, Suite 902, Anchorage, Alaska 99503. The Federal Register with the amended version may be obtained through the nearest public library. If the Federal Register is not available at that library site, the material can be obtained by that library through the interlibrary loan system. It may also be obtained at <http://www.gpo.gov/fdsys>.

On March 11, 2018, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect on January 1, 2018: the 2018 version of the American Medical Association's *International Classification of Diseases - 10th Revision, Clinical Modification (ICD-10-CM)*. The amended version may be reviewed at the Department of Health, 3601 C Street, Suite 902, Anchorage, Alaska 99503.

On March 11, 2018, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended versions of material, previously adopted by reference in 7 AAC 160.900(a), would be in effect on January 1, 2018: the *Current Procedural Terminology*, 4th (standard) edition, as revised for 2018 ("*CPT 2018*") and the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services' (CMS) *Healthcare Common Procedure Coding System (HCPCS) 2018*. The amended versions may be reviewed at the Department of Health, 3601 C Street, Suite 902, Anchorage, Alaska 99503.

The *Community First Choice Personal Care Services: Service Level Computation*, adopted by reference in 7 AAC 160.900, is available for inspection at the Department of Health, Division of Senior and Disabilities Services, Court Plaza Building, 240 Main Street, Suite 602,

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Juneau, Alaska. The *Community First Choice Personal Care Services: Service Level Computation* is also posted on the Department of Health, Division of Senior and Disabilities Services' website at <http://health.alaska.gov/dsds/Pages/cfc/default.aspx>.

The *Chart of Long Term Services and Supports Targeted Case Management Services Rates*, adopted by reference in 7 AAC 160.900, may be obtained by contacting the Department of Health, Division of Senior and Disabilities Services, P.O. Box 110680, Juneau, Alaska 99811 - 0680. The *Chart of Long Term Services and Supports Targeted Case Management Services Rates* is also posted on the Department of Health, Division of Senior and Disabilities Services' website at <https://health.alaska.gov/dsds/Documents/pdfs/LTSS-TCM-FY23.pdf> [HTTP://DHSS.ALASKA.GOV/DSDS/PAGES/INFO/COSTSURVEY.ASPX].

As of Register 230 (July 2019), the regulations attorney made a technical correction under AS 44.62.125(b)(6), to 7 AAC 160.900(a)(23).

On March 12, 2019, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended versions of material, previously adopted by reference in 7 AAC 160.900(a), would be in effect on January 1, 2019: the *Current Procedural Terminology*, 4th (standard) edition, as revised for 2019 ("*CPT 2019*") and the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services' (CMS) *Healthcare Common Procedure Coding System (HCPCS) 2019*. The amended versions may be reviewed at the Department of Health, 3601 C Street, Suite 902, Anchorage, Alaska 99503.

On March 12, 2019, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect on January 1, 2019: the 2019 version of the American Medical



Association's *International Classification of Diseases - 10th Revision, Clinical Modification, (ICD-10-CM)*. The amended version may be reviewed at the Department of Health, 3601 C Street, Suite 902, Anchorage, Alaska 99503.

On March 12, 2019, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect on January 31, 2019: the United States Department of Health and Human Services poverty guidelines established in 84 Fed. Reg. 1167 - 1168 (February 1, 2019). The amended version may be reviewed at the Department of Health, 3601 C Street, Suite 902, Anchorage, Alaska 99503. The Federal Register with the amended version may be obtained through the nearest public library. If the Federal Register is not available at that library site, the material can be obtained by that library through the interlibrary loan system. It may also be obtained at <https://www.govinfo.gov>.

The *Alaska Medicaid DMEPOS Fee Schedules, Tables 1-5 through 1-9*, adopted by reference in 7 AAC 160.900(e), may be reviewed at the Department of Health, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Building L, Anchorage Alaska, 99503-7167.

An emergency regulation for this section, filed on July 1, 2019, expired October 28, 2019. The regulation was made "permanent" by the adopting agency.

On February 25, 2020, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended versions of material, previously adopted by reference in 7 AAC 160.900(a), would be in effect on January 1, 2020: the *Current Procedural Terminology*, standard edition, as revised for 2020 ("CPT 2020") [*('CPT 2020')*] and the United States



Department of Health and Human Services, Centers for Medicare and Medicaid Services' (CMS) *Healthcare Common Procedure Coding System (HCPCS) 2020*. The amended versions may be reviewed at the Department of Health, 3601 C Street, Suite 902, Anchorage, Alaska 99503.

On February 25, 2020, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect on January 1, 2020: the 2020 version of the American Medical Association's *International Classification of Diseases - 10th Revision, Clinical Modification, (ICD-10-CM)*. The amended versions may be reviewed at the Department of Health, 3601 C Street, Suite 902, Anchorage, Alaska 99503.

On February 25, 2020, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect on January 14, 2020: the United States Department of Health and Human Services poverty guidelines established in 85 Fed. Reg. 3060-3061 (January 17, 2020). The amended version may be reviewed at the Department of Health, 3601 C Street, Suite 902, Anchorage, Alaska 99503. The Federal Register with the amended version may be obtained through the nearest public library. If the Federal Register is not available at that library site, the material can be obtained by that library through the interlibrary loan system. It may also be obtained at <https://www.govinfo.gov>.

On February 23, 2021, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended versions of material, previously adopted by reference in 7 AAC 160.900(a), would be in effect on January 1, 2021: the *Current Procedural Terminology*, standard edition, as revised for 2021 ("*CPT 2021*") and the United States Department of Health

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and Human Services, Centers for Medicare and Medicaid Services' (CMS) *Healthcare Common Procedure Coding System (HCPCS) 2021*. The amended versions may be reviewed at the Department of Health, 3601 C Street, Suite 902, Anchorage, Alaska 99503.

On February 23, 2021, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect on January 1, 2021: the 2021 version of the American Medical Association's *International Classification of Diseases - 10th Revision, Clinical Modification, (ICD-10-CM)*. The amended version may be reviewed at the Department of Health, 3601 C Street, Suite 902, Anchorage, Alaska 99503.

On February 23, 2021, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect on January 13, 2021: the United States Department of Health and Human Services poverty guidelines established in 86 Fed. Reg. 7732-7734 (February 1, 2021). The amended version may be reviewed at the Department of Health, 3601 C Street, Suite 902, Anchorage, Alaska 99503. The Federal Register with the amended version may be obtained through the nearest public library. If the Federal Register is not available at that library site, the material can be obtained by that library through the interlibrary loan system. It may also be obtained at <https://www.govinfo.gov>.

**The American Academy of Pediatric Dentistry's Oral Health Policies & Recommendations for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling can be accessed on the American Academy of Pediatric Dentistry's website at [https://www.aapd.org/globalassets/media/policies\\_guidelines/](https://www.aapd.org/globalassets/media/policies_guidelines/)**

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bp chart.pdf.

The American Academy of Pediatric Dentistry's guideline on *Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents* can be accessed on the American Academy of Pediatric Dentistry's website at [https://www.aapd.org/globalassets/media/policies\\_guidelines/bp\\_periodicity.pdf](https://www.aapd.org/globalassets/media/policies_guidelines/bp_periodicity.pdf).