

# DEPARTMENT OF HEALTH



## PROPOSED CHANGES TO REGULATIONS.

### Medicaid Service Authorization Requirements for Hospital Inpatient Stays.

- 7 AAC 105. Medicaid Provider and Recipient Participation.
- 7 AAC 140. Medicaid Coverage; Facility and Facility-Based Services.



**PUBLIC REVIEW DRAFT.**

**October 11, 2024.**

**COMMENT PERIOD ENDS: November 25, 2024.**

**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paragraph, or subparagraph is being added, or that an existing section, subsection, paragraph, or subparagraph is being repealed and readopted (replaced), *the new or replaced text is not bolded or underlined*.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 105.130. Services requiring prior authorization.**

7 AAC 105.130(a)(11) is amended to read:

(11) an inpatient or outpatient procedure or diagnosis, regardless of the length of stay, identified [IN THE ENGLISH DESCRIPTION OF DIAGNOSES AND PROCEDURES] in the *Select Diagnoses and Procedures Pre-certification List*, adopted by reference in 7 AAC 160.900;

7 AAC 105.130(a)(12) is amended to read:

(12) an inpatient hospital continued stay that exceeds an applicable limitation in 7 AAC 140.320 on length of hospitalization, **except that if the department reimburses an inpatient hospital under the Diagnosis Related Groups (DRG) payment rate methodology under 7 AAC 150.250, the hospital is exempt from this requirement;**

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am 3/19/2014, Register 209; am 7/25/2021, Register 239; am 3/3/2023, Register 245; am \_\_\_\_/\_\_\_\_/\_\_\_\_\_, Register \_\_\_\_\_)

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

**Chapter 140. Medicaid Coverage; Facility and Facility-Based Services.**

**7 AAC 140.320. Length of hospitalization.**

7 AAC 140.320(a) is amended to read:

(a) Except as provided in (b) **and (d)** of this section, the department will not pay for more than three days of hospitalization for any single admission, except that, for a maternal and newborn hospital stay related to childbirth, the department will not pay for more than 48 hours of inpatient hospitalization for a single recipient following a normal vaginal delivery and no more than 96 hours of inpatient hospitalization for a single recipient following a cesarean delivery.

7 AAC 140.320 is amended by adding a new subsection to read:

(d) If the department reimburses a hospital under the Diagnosis Related Groups (DRG) methodology, the hospital is exempt from the requirements of (b) of this section. (Eff. 2/1/2010, Register 193; am 1/1/2024, Register 248; am \_\_\_\_/\_\_\_\_/\_\_\_\_\_, Register \_\_\_\_\_)

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