DEPARTMENT OF HEALTH AND SOCIAL SERVICES

PROPOSED CHANGES TO REGULATIONS

7 AAC 105, 110, 120, 140, 160.
Medicaid Revisions.

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PUBLIC REVIEW DRAFT

June 14, 2013

COMMENT PERIOD ENDS: July 26, 2013
Please see public notice for details about how to comment on these proposed changes.

Notes to reader:

1. Except as discussed in note 2, proposed new text that amends an existing regulation is **bolded and underlined**.

2. If the lead-in line states that a new section, subsection, paragraph, subparagraph, or clause is being added, or that an existing section, subsection, etc. is being repealed and readopted (replaced), the new (or replaced) text is not bolded or underlined.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 proposed to be deleted.

4. When the word "including" is used, Alaska Statutes provide that it means "including, but not limited to."

Title 7. Health and Social Services.

7 AAC 105.130(a)(10) is repealed and readopted to read:

(a) Except as otherwise provided in 7 AAC 105 - 7 AAC 160, the department will not pay for the following services unless the department has given prior authorization for the service:

. . . .

(10) magnetic resonance imaging (MRI), [A] magnetic resonance angiogram (MRA), single-photon emission computerized tomography (SPECT), and positron emission tomography (PET);

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am _____/_____/2013, Register _____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 105.270(a) is amended to read:

(a) A provider may request a first-level appeal of a denied or reduced claim **or service** under this section if no later than 180 days after the date on the remittance advice for the claim, a provider submits to the department's designee

(1) a written request for a first-level appeal of the denied or reduced claim **or service** that specifies the basis upon which the decision is challenged and includes any supporting documentation;

(2) a copy of the original denied or reduced claim and attachments;

(3) a copy of the remittance advice relating to the denied or reduced claim; and

(4) if applicable, an adjustment or void request completed by the provider correcting the information submitted with the original claim.

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am _____/_____/2013,

Register _____)

Authority: AS 47.05.010 AS 47.07.040 AS 47.07.074

7 AAC 110.440(c) is amended to read:

(c) The department will pay for magnetic resonance imaging (MRI), [A] magnetic resonance angiogram (MRA)**, single-photon emission computerized tomography (SPECT)**, and positron emission tomography (PET)[. HOWEVER, THE DEPARTMENT WILL NOT PAY FOR MAGNETIC RESONANCE IMAGING, A MAGNETIC RESONANCE ANGIOGRAM, OR POSITION EMISSION TOMOGRAPHY IF THAT SERVICE] **services that are provided** [IS PROVIDE] on an outpatient basis **and that are**[, UNLESS THE DEPARTMENT HAS GIVEN] prior **authorized by the department** [AUTHORIZATION FOR THE SERVICES].
(Eff. 2/1/2010, Register 193; am _____/_____/2013, Register _____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 110.450(b) is amended to read:

(b) The department will not pay a licensed practical nurse, a registered nurse, **or** an intern, [OR A RESIDENT-IN-TRAINING] acting as a surgical assistant apart from the payment made to the surgeon. (Eff. 2/1/2010, Register 193; am _____/_____/2013, Register _____)

Authority: AS 47.05.010 AS 47.07.030

The lead-in language to 7 AAC 120.405(b) is amended to read:

(b) The department **will** [may] approve transportation and accommodations outside the recipient's community of residence to obtain medically necessary services for the recipient if

7 AAC 120.405(c)(4) is amended to read:

(c) The department will not pay for

. . . .

(4) transportation for a recipient or an authorized escort to travel to a health care provider or Medicaid service provider that is not enrolled as a Medicaid provider **under**

7 AAC 105.210 [BY THE DEPARTMENT] at the time the travel occurs, unless the provider is a military or veterans' facility;

7 AAC 120.405(c)(6) is repealed;

(6) repealed ___/___/2013 [GROUND TRANSPORTATION, INCLUDING TRAVEL BY AUTOMOBILE, TAXI, AND BUS, FOR A RECIPIENT TO TRAVEL TO A HEALTH CARE PROVIDER WITHIN THE RECIPIENT'S COMMUNITY OF RESIDENCE, UNLESS

(A) THE RECIPIENT'S MEDICAL CONDITION JUSTIFIES THE NEED FOR THE TRANSPORTATION;

(B) AN UNDUE HARDSHIP WOULD RESULT FROM A DENIAL OF THE TRANSPORTATION; OR

(C) THE TRANSPORTATION IS REQUIRED AS AN EPSDT SERVICE]; or

(Eff. 2/1/2010, Register 193; am _____/_____/2013, Register _____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

The section heading for 7 AAC 120.410 is changed and 7 AAC 120.410 is repealed and readopted to read:

7 AAC 120.410. Nonemergency transportation services. (a) The department will pay for the least expensive type of transportation to and from an appointment with a provider that is enrolled under 7 AAC 105.210 at the time the travel occurs, to receive medically necessary services covered by the Alaska Medical Assistance Program for recipients that do not have transportation available through themselves or any other voluntary source. The type of transportation will be determined after considering:

(1) the recipient's physical and mental condition;

(2) the distance to the appointment;

(3) the length of time it will take to get to the appointment; and

(4) the availability of transportation providers.

(b) Payment for nonemergency transportation under this section requires prior authorization from the department except as provided in (d) of this section, and except for transportation services under 7 AAC 110.205(c) and (d).

(c) The recipient's health care provider shall request prior authorization for nonemergency transportation and accommodation services on behalf of the recipient by submitting a request to the department. The health care provider must request authorization for

accommodation services at the same time it requests authorization for nonemergency transportation services.

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

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

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

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

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

(g) Accommodation and escort services under this section are governed by 7 AAC 120.425 and 7 AAC 120.430.

(Eff. 2/1/2010, Register 193; am _____/_____/2013, Register _____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 140.315(b)(5)(I) is amended to read:

(b) Except as otherwise provided in 7 AAC 105 - 7 AAC 160, the department will not pay a hospital for the following services and procedures:

. . . .

(5) services and procedures that do not require hospital care, including

(I) disability examinations**, except that the department will pay for outpatient tests ordered by a physician as part of**

(i) an initial disability examination in accordance with 7 AAC 40.180; or

(ii) a review of a disability determination in accordance with 7 AAC 140.190;

7 AAC 140.315(d) is repealed:

. . . .

(d) Repealed ____/____/2012 [IN THIS SECTION, "COST CENTER" HAS THE MEANING GIVEN IN 7 AAC 150.990].

7 AAC 140.315 is amended by adding new subsections to read:

(e) The department will not pay a hospital for

(1) services and procedures related to a health care-acquired condition as defined in 42 C.F.R. 447.26(b), and adopted by reference in 7 AAC 160.900; or

(2) the following other provider-preventable conditions:

(A) wrong surgical or other invasive procedure performed on a patient;

(B) surgical or other invasive procedure performed on the wrong body part; or

(C) surgical or other invasive procedure performed on the wrong patient.

(f) In this section, "cost center" has the meaning given in 7 AAC 150.990.
(Eff. 2/1/2010, Register 193; am _____/_____/2013, Register _____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 140.325 is amended to read:

7 AAC 140.325. Billing for hospital services. **(a)** The quality improvement organization (QIO) certification of necessity for hospital stays over three days or for stays for treatment or procedures on the *Select Diagnoses and Procedures Pre-certification List*, adopted by reference in 7 AAC 160.900, must appear on the invoice submitted by the hospital in order to receive payment. The department will pay only for days that are medically necessary and within the scope of Medicaid coverage. If a recipient refuses to leave the hospital at the end of a covered stay, the hospital may bill the recipient for days beyond the noncovered or noncertified portion of the hospital stay. Payment by the department for covered services is considered by the department to be payment in full for those covered services**.**

(b) When a health care-acquired or provider-preventable condition described in 7 AAC 140.315(e) is not present on admission, but is reported as a diagnosis associated with the hospitalization, the hospital must submit a claim identifying the condition, even if the hospital does not seek reimbursement for the hospitalization. (Eff. 2/1/2010, Register 193; am _____/_____/2013, Register _____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

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

(21) 42 C.F.R. 447.26(b) (health care-acquired conditions), revised as of June 6,

2011;

7 AAC 160.900(d)(1) is amended to read:

(d) The following department documents are adopted by reference:

(1) the *Alaska Medicaid Preferred Drug List*, revised as of **May 8, 2013** [July 9, 2012];

7 AAC 160.900(d)(2) is amended to read:

(2) the *Alaska Medicaid Prior-Authorization Medications List*, dated **May 8, 2013** [July 9, 2012];

(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 _____/_____/2013, Register _____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040
AS 47.05.012