

Alaska Medical Assistance: State Fiscal Year 2023 Fee Schedule

Physical Therapy Services
Occupational Therapy Services
Speech/Language Pathology Services
Outpatient Therapy Services

Effective 7/1/2022 - 6/30/2023

Reimbursement may vary slightly from published rates as a result of rounding. RBRVS-based rates are rounded to the nearest cent following adjustments for multiple units and cutbacks.

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Coverage and rates are subject to change.

Revised 7/6/22

Procedure Code	Procedure Description	Modifier	Base Rate
20979	US BONE STIMULATION		\$69.33
29105	APPLY LONG ARM SPLINT		\$99.53
29125	APPLY FOREARM SPLINT		\$78.48
29126	APPLY FOREARM SPLINT		\$93.67
29130	APPLICATION OF FINGER SPLINT		\$51.30
29131	APPLICATION OF FINGER SPLINT		\$64.97
29200	STRAPPING OF CHEST		\$42.27
29240	STRAPPING OF SHOULDER		\$38.82
29260	STRAPPING OF ELBOW OR WRIST		\$38.10
29280	STRAPPING OF HAND OR FINGER		\$37.71
76881	US COMPL JOINT R-T W/IMG		\$74.32
76881	US COMPL JOINT R-T W/IMG	26	\$41.96
76881	US COMPL JOINT R-T W/IMG	TC	\$32.36
76882	US LMTD JT/NONVASC XTR STRUX		\$69.81
76882	US LMTD JT/NONVASC XTR STRUX	26	\$32.10
76882	US LMTD JT/NONVASC XTR STRUX	TC	\$37.72
92507	SPEECH/HEARING THERAPY		\$102.65
92508	SPEECH/HEARING THERAPY		\$30.94
92521	EVALUATION OF SPEECH FLUENCY		\$177.79
92522	EVALUATE SPEECH PRODUCTION		\$149.49
92523	SPEECH SOUND LANG COMPREHEN		\$304.22
92524	BEHAVRAL QUALIT ANALYS VOICE		\$147.58
92526	ORAL FUNCTION THERAPY		\$112.74
92551	PURE TONE HEARING TEST AIR		\$12.84
92558	EVOKED AUDITORY TEST QUAL		\$12.77
92570	ACOUSTIC IMMITANCE TESTING		\$43.63
92597	ORAL SPEECH DEVICE EVAL		\$96.80
92601	COCHLEAR IMPLT F/UP EXAM <7		\$213.03
92602	REPROGRAM COCHLEAR IMPLT <7		\$132.88
92603	COCHLEAR IMPLT F/UP EXAM 7/>		\$200.51
92604	REPROGRAM COCHLEAR IMPLT 7/>		\$119.60
92605	EX FOR NONSPEECH DEVICE RX		\$125.32
92606	NON-SPEECH DEVICE SERVICE		\$108.66
92607	EX FOR SPEECH DEVICE RX 1HR		\$162.91
92608	EX FOR SPEECH DEVICE RX ADDL		\$63.96
92609	USE OF SPEECH DEVICE SERVICE		\$135.92
92610	EVALUATE SWALLOWING FUNCTION		\$112.25
92611	MOTION FLUOROSCOPY/SWALLOW		\$119.71
92618	EX FOR NONSPEECH DEV RX ADD		\$44.39
92626	EVAL AUD REHAB STATUS		\$116.97
92627	EVAL AUD STATUS REHAB ADD-ON		\$27.49
92630	AUD REHAB PRE-LING HEAR LOSS		\$145.35
92633	AUD REHAB POSTING HEAR LOSS		\$144.50
95851	RANGE OF MOTION MEASUREMENTS		\$25.27
95885	MUSC TST DONE W/NERV TST LIM		\$77.89
95885	MUSC TST DONE W/NERV TST LIM	26	\$25.08
95885	MUSC TST DONE W/NERV TST LIM	TC	\$52.82
95886	MUSC TEST DONE W/N TEST COMP		\$124.63
95886	MUSC TEST DONE W/N TEST COMP	26	\$61.46

95886	MUSC TEST DONE W/N TEST COMP	TC	\$63.16
95887	MUSC TST DONE W/N TST NONEXT		\$106.96
95887	MUSC TST DONE W/N TST NONEXT	26	\$50.70
95887	MUSC TST DONE W/N TST NONEXT	TC	\$56.27
95907	MOTOR&/SENS 1-2 NRV CNDJ TST		\$116.33
95907	MOTOR&/SENS 1-2 NRV CNDJ TST	26	\$71.71
95907	MOTOR&/SENS 1-2 NRV CNDJ TST	TC	\$44.61
95908	MOTOR&/SENS 3-4 NRV CNDJ TST		\$145.07
95908	MOTOR&/SENS 3-4 NRV CNDJ TST	26	\$89.74
95908	MOTOR&/SENS 3-4 NRV CNDJ TST	TC	\$55.33
95909	MOTOR&/SENS 5-6 NRV CNDJ TST		\$174.03
95909	MOTOR&/SENS 5-6 NRV CNDJ TST	26	\$107.59
95909	MOTOR&/SENS 5-6 NRV CNDJ TST	TC	\$66.43
95910	MOTOR&SENS 7-8 NRV CNDJ TEST		\$228.06
95910	MOTOR&SENS 7-8 NRV CNDJ TEST	26	\$143.65
95910	MOTOR&SENS 7-8 NRV CNDJ TEST	TC	\$84.42
95911	MOTOR&SEN 9-10 NRV CNDJ TEST		\$275.77
95911	MOTOR&SEN 9-10 NRV CNDJ TEST	26	\$178.72
95911	MOTOR&SEN 9-10 NRV CNDJ TEST	TC	\$97.05
95912	MOTOR&SEN 11-12 NRV CND TEST		\$322.16
95912	MOTOR&SEN 11-12 NRV CND TEST	26	\$213.41
95912	MOTOR&SEN 11-12 NRV CND TEST	TC	\$108.74
95913	MOTOR&SENS 13/> NRV CND TEST		\$373.75
95913	MOTOR&SENS 13/> NRV CND TEST	26	\$253.14
95913	MOTOR&SENS 13/> NRV CND TEST	TC	\$120.61
95992	CANALITH REPOSITIONING PROC		\$58.11
96110	DEVELOPMENTAL SCREEN W/SCORE		\$11.70
96112	DEVEL TST PHYS/QHP 1ST HR		\$174.18
96113	DEVEL TST PHYS/QHP EA ADDL		\$81.33
97010	HOT OR COLD PACKS THERAPY		\$7.51
97012	MECHANICAL TRACTION THERAPY		\$19.18
97014	ELECTRIC STIMULATION THERAPY		\$16.35
97016	VASOPNEUMATIC DEVICE THERAPY		\$15.58
97018	PARAFFIN BATH THERAPY		\$7.12
97022	WHIRLPOOL THERAPY		\$21.57
97024	DIATHERMY EG MICROWAVE		\$8.65
97026	INFRARED THERAPY		\$7.89
97028	ULTRAVIOLET THERAPY		\$10.06
97032	ELECTRICAL STIMULATION		\$19.56
97033	ELECTRIC CURRENT THERAPY		\$25.43
97034	CONTRAST BATH THERAPY		\$19.03
97035	ULTRASOUND THERAPY		\$18.65
97036	HYDROTHERAPY		\$42.15
97110	THERAPEUTIC EXERCISES		\$38.85
97112	NEUROMUSCULAR REEDUCATION		\$44.85
97113	AQUATIC THERAPY/EXERCISES		\$47.65
97116	GAIT TRAINING THERAPY		\$38.85
97124	MASSAGE THERAPY		\$38.09
97129	THER IVNTJ 1ST 15 MIN		\$31.84
97130	THER IVNTJ EA ADDL 15 MIN		\$30.81
97140	MANUAL THERAPY 1/> REGIONS		\$35.90
97150	GROUP THERAPEUTIC PROCEDURES		\$23.53

97161	PT EVAL LOW COMPLEX 20 MIN	\$132.23
97162	PT EVAL MOD COMPLEX 30 MIN	\$132.23
97163	PT EVAL HIGH COMPLEX 45 MIN	\$132.23
97164	PT RE-EVAL EST PLAN CARE	\$89.95
97165	OT EVAL LOW COMPLEX 30 MIN	\$133.00
97166	OT EVAL MOD COMPLEX 45 MIN	\$133.00
97167	OT EVAL HIGH COMPLEX 60 MIN	\$133.00
97168	OT RE-EVAL EST PLAN CARE	\$90.33
97530	THERAPEUTIC ACTIVITIES	\$47.52
97533	SENSORY INTEGRATION	\$79.04
97535	SELF CARE MNGMENT TRAINING	\$42.67
97542	WHEELCHAIR MNGMENT TRAINING	\$41.91
97605	NEG PRESS WOUND TX <=/=50 CM	\$54.70
97606	NEG PRESS WOUND TX >50 CM	\$64.15
97607	NEG PRESS WND TX <50 SQ CM	\$443.02
97608	NEG PRESS WOUND TX >50 CM	\$437.76
97750	PHYSICAL PERFORMANCE TEST	\$43.44
97755	ASSISTIVE TECHNOLOGY ASSESS	\$50.63
97760	ORTHOTIC MGMT&TRAINJ 1ST ENC	\$61.31
97761	PROSTHETIC TRAINJ 1ST ENC	\$53.28
97763	ORTHOC/PROSTC MGMT SBSQ ENC	\$67.18
99366	TEAM CONF W/PAT BY HC PROF	\$57.19
99368	TEAM CONF W/O PAT BY HC PRO	\$49.16
A4565	SLINGS	Refer to the DMEPOS Fee Schedule
A4566	SHOULD SLING/VEST/ABRESTRAIN	Refer to the DMEPOS Fee Schedule
A4570	SPLINT	Refer to the DMEPOS Fee Schedule
L0120	CERV FLEXIBLE NON-ADJUSTABLE	Refer to the DMEPOS Fee Schedule
L0130	FLEX THERMOPLASTIC COLLAR MO	Refer to the DMEPOS Fee Schedule
L0140	CERVICAL SEMI-RIGID ADJUSTAB	Refer to the DMEPOS Fee Schedule
L1843	KO SINGLE UPRIGHT CUSTOM FIT	Refer to the DMEPOS Fee Schedule
L3332	SHOE LIFTS TAPERED TO ONE-HA	Refer to the DMEPOS Fee Schedule
L3740	CUFFS ADJ LOCK W/ ACTIVE CON	Refer to the DMEPOS Fee Schedule
L3807	WHFO,NO JOINT, PREFABRICATED	Refer to the DMEPOS Fee Schedule
L3906	WRIST GAUNTLET MOLDED TO PT	Refer to the DMEPOS Fee Schedule
L3908	WRIST COCK-UP NON-MOLDED	Refer to the DMEPOS Fee Schedule
V5362	SPEECH SCREENING	\$40.00
V5363	LANGUAGE SCREENING	\$60.00
V5364	DYSPHAGIA SCREENING	\$90.00

Prior Authorization Requirements for Members 21 years and Older:

* Physical and occupational therapy services combined are limited to 2 units for evaluations and 30 units for all o

** Speech-language therapy services are limited to 8 units for evaluations and 15 units for all other services per s

*** Physical, occupational, and speech-language services prior authorization requirements apply to outpatient the

Billing Notes

ther services per state fiscal year. Additional units must be prior authorized by the department.
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rapy settings and all other settings combined.