

Alaska Medical Assistance: State Fiscal Year 2024 Fee Schedule

Direct Entry Midwife Services

Effective 7/1/2023 - 6/30/2024

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 8/11/2023

For Laboratory Services (80047 - 89398); please see Independent Laboratory Fee Schedule

Procedure Code	Procedure Description	Base Rate	Requires Medical Justification	Requires NDC	Comments
59400	OBSTETRICAL CARE	\$3,281.44			
59409	OBSTETRICAL CARE	\$1,115.96			
59410	OBSTETRICAL CARE	\$1,470.44			
59414	DELIVER PLACENTA	\$125.33			
59430	CARE AFTER DELIVERY	\$355.48			
59899	MATERNITY CARE PROCEDURE	By Report	Y		
99050	MEDICAL SERVICES AFTER HRS	\$24.90	Y		
99202	OFFICE/OUTPATIENT VISIT NEW	\$99.56			
99203	OFFICE/OUTPATIENT VISIT NEW	\$155.74			
99204	OFFICE/OUTPATIENT VISIT NEW	\$234.77			
99211	OFFICE/OUTPATIENT VISIT EST	\$30.48			
99212	OFFICE/OUTPATIENT VISIT EST	\$77.44			
99213	OFFICE/OUTPATIENT VISIT EST	\$126.17			
99214	OFFICE/OUTPATIENT VISIT EST	\$179.66			
99215	OFFICE/OUTPATIENT VISIT EST	\$253.27			
99341	HOME VISIT NEW PATIENT	\$72.50			
99342	HOME VISIT NEW PATIENT	\$116.28			
99347	HOME VISIT EST PATIENT	\$66.15			
99348	HOME VISIT EST PATIENT	\$112.03			
99349	HOME VISIT EST PATIENT	\$185.99			
99461	INIT NB EM PER DAY NON-FAC	\$149.66			
99462	SBSQ NB EM PER DAY HOSP	\$60.44			
99463	SAME DAY NB DISCHARGE	\$187.17			
99465	NB RESUSCITATION	\$209.51			
J2210	METHYLERGONOVIN MALEATE INJ	Priced by NDC		Y	
J2590	OXYTOCIN INJECTION	Priced by NDC		Y	
J2700	OXACILLIN SODIUM INJECTON	Priced by NDC		Y	
J2790	RHO D IMMUNE GLOBULIN INJ	Priced by NDC		Y	
J3420	VITAMIN B12 INJECTION	Priced by NDC		Y	
J3430	VITAMIN K PHYTONADIONE INJ	Priced by NDC		Y	
J7030	NORMAL SALINE SOLUTION INFUS	Priced by NDC		Y	
J7040	NORMAL SALINE SOLUTION INFUS	Priced by NDC		Y	
J7042	5% DEXTROSE/NORMAL SALINE	Priced by NDC		Y	
J7050	NORMAL SALINE SOLUTION INFUS	Priced by NDC		Y	
J7060	5% DEXTROSE/WATER	Priced by NDC		Y	
J7120	RINGERS LACTATE INFUSION	Priced by NDC		Y	
Q0091	OBTAINING SCREEN PAP SMEAR	\$57.46			
S3620	NEWBORN METABOLIC SCREENING	\$190.50			New rate effective 11/25/2022