



**ALASKA DEPARTMENT OF LABOR  
& WORKFORCE DEVELOPMENT**

# Workers' Compensation Medical Services Review Committee

## Medical Services Review Committee Members

Charles Collins, Chair  
Alan Swenson, MD  
Mason McCloskey, DC  
Mary Ann Foland, MD  
Jeff Gilbert  
Misty Steed  
Seanne Popp  
Valerie Mittelstead  
Kimberley Dean

**ALASKA WORKERS' COMPENSATION**  
**MEDICAL SERVICES REVIEW COMMITTEE MEETING**

May 28, 2026

ALASKA DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF WORKERS' COMPENSATION

Telephone 977-853-5247 ID 867 2796 5944

Zoom Conference <https://us02web.zoom.us/j/86727965944>

**AGENDA**

**May 28, 2026**

- 9:00 am** Call to order
- Roll call - establishment of quorum
  - Approval of Agenda
  - Issues from AWCB, DWC staff or MSRC
- 9:50 am** Break
- 10:15 am** Public Comment Period
- 11:15 am** Break
- 11:30 pm** Overview/Discussion of MSRC Fee Schedule Issues
- Confirm meeting dates
  - RefMed: Analysis of Alaska Medical Fee Schedule Comparison
  - Changes in CMS that may affect Alaska
- 1:00 pm** Adjournment

# Schedule for 2026

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The Medical Services Review Committee (MSRC) meeting dates for 2026 are as follows:

The committee will begin the year with a virtual Zoom meeting on **May 28 at 9:00 a.m.** Additional Zoom meetings are scheduled for **June 26 at 9:00 a.m.** and **July 17 at 9:00 a.m.**

The meeting on **August 7 at 9:00 a.m.** will be held **in person** at the Eagle Street building. All meetings will also be available via Zoom, and a quorum is required for each meeting. Public comments will be accepted at every meeting and will be included in the official minutes.

A joint **AWCB/MSRC** meeting will be held **in person on August 21, 2026**, at the same location. Committee recommendations will be presented during this session.

## **Meeting Location:**

Department of Labor and Workforce Development  
3301 Eagle Street, Suite 208  
Anchorage, AK 99503

# Medical Services Committee Authority and Composition

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## **Alaska Statute 23.30.095(j)**

The commissioner shall appoint a medical services review committee to assist and advise the department and the board in matters involving the appropriateness, necessity, and cost of medical and related services provided under this chapter. The medical services review committee shall consist of nine members to be appointed by the commissioner as follows:

- (1) one member who is a member of the Alaska State Medical Association;
- (2) one member who is a member of the Alaska Chiropractic Society;
- (3) one member who is a member of the Alaska State Hospital and Nursing Home Association;
- (4) one member who is a health care provider, as defined in AS 09.55.560;
- (5) four public members who are not within the definition of "health care provider" in AS 09.55.560; and
- (6) one member who is the designee of the commissioner and who shall serve as chair

**Dr. Alan Swenson**, an orthopedic surgeon associated with Orthopedic Physicians Alaska, is representing the Alaska State Medical Association.

**Dr. Mason McCloskey** represents the Alaska Chiropractic Society, Dr. McCloskey has been a member of the MSRC since 2021.

**Jeff Gilbert** is the CFO of St. Elias Specialty Hospital, affiliated with the Providence Hospital System, and represents the Alaska State Hospital and Nursing Home Association.

**Dr. Mary Ann Foland**, a general practitioner from Primary Care Associates, holds the health care position. Dr. Foland has participated with the MSRC since inception in 2014.

**Misty Steed** serves as a public member, Misty joined the MSRC in 2017, is affiliated with PACBLU as a bill reviewer.

**Kimberley Dean** is a claims manager with Alaska Public Risk Alliance and a new member for 2026 to the MSRC. This risk pool entity is new but made up of very established programs that have recently merged, Alaska Public Entity Insurance and Alaska Municipal League Joint Insurance Association.

**Seanne Popp** the Senior Claims Adjuster for Northern Adjusters, Inc.

**Valerie Mittlestead** joined the MSRC in 2022, Valerie is a retired billing nurse.

## 2026 Medical Fee Schedule Changes

A summary of the changes to the Alaska Medical Fee Schedule from 2025 to 2026, as outlined by RefMed.

**Legend:** Green-highlighted rows indicate new additions in the 2026 schedule. White/blue alternating rows indicate revisions to existing content.

#	Section	2025 Fee Schedule (V2)	2026 Fee Schedule
<b>GENERAL / GLOBAL CHANGES</b>			
1	Effective Date	Effective January 1, 2025	Effective January 1, 2026
2	CPT Copyright Year	CPT © 2024 AMA	CPT © 2025 AMA
3	Schedule Title Year	2025 Alaska Workers' Compensation Medical Fee Schedule	2026 Alaska Workers' Compensation Medical Fee Schedule
<b>RVU CALCULATION EXAMPLE (CPT 10021)</b>			

4	Practice Expense RVU Label	Practice Expense RVU x Practice Expense GPCI	Non-facility Practice Expense RVU x Practice Expense GPCI
5	Practice Expense RVU	1.87	1.84
6	Malpractice RVU	0.14	0.15
7	Total RVU	3.64935	3.62284
8	Calculated Payment	\$434.27	\$431.12
9	Example Label Style	DATA FOR THE PURPOSE OF EXAMPLE ONLY (all caps)	Data for the purpose of example only (title case)
<b>CONVERSION FACTORS – CPT CODE RANGES</b>			
10	Medicine (excl. anesthesia) Code Range	90281–99082 and 99151–99199 and 99500–99607	90281–97814 and 98925–99082 and 99151–99199 and 99500–99607
11	E/M Code Range	99091, 99202–99499	98000–98016, 99091, 99202–99499
<b>NEW SECTIONS ADDED IN 2026</b>			
12	Medical Evaluations (General Guidelines)	Not present	<b>NEW:</b> Medical Evaluations section added. IMEs, EMEs, and SIMEs are not subject to the fee schedule. Reimbursement determined by agreement. Providers may not bill using standard CPT codes for these services.
13	Home Health and In-Home Care Services (General Guidelines)	Not present	<b>NEW:</b> In-home care services not meeting CMS skilled care definition are excluded from the fee schedule. Custodial services (personal care, companion care, attendant care) reimbursed by agreement. Skilled nursing/therapies in-home subject to fee schedule if medically necessary and billed with CPT/HCPCS codes.
14	Telehealth Services (98000–98016) – New E/M Subcategory	Not present as separate E/M subcategory	<b>NEW:</b> Telehealth Services 98000–98015 added as a new E/M subcategory. Codes describe audiovisual vs. audio only,

			new/established patient, and level of care.
15	CPT 98016 – Brief Communication Technology-Based Service	Not present	<b>NEW:</b> CPT 98016 added for virtual check-ins: provided by physician/QHP, established patient, patient-initiated, not related to service in prior 7 days, doesn't result in E/M/procedure within 24 hrs, 5–10 min duration. Audio only permitted.
<b>TELEHEALTH SERVICES – REVISIONS</b>			
16	Telehealth Reporting (General & E/M)	Telehealth services reported using identified CPT codes or telephone codes (99441–99443). Report with modifier 93 or 95.	Telehealth services may be reported with CPT codes 99202–99215 with modifier 93 or 95, or may be reported with codes 98000–98015. Report with modifier 93 or 95.
17	Telephone Services (E/M section)	Full subsection describing codes 99441–99443 with rules for reporting	Replaced with cross-reference: “(See Telehealth Services 98000–98016)”
<b>EVALUATION AND MANAGEMENT – REVISIONS</b>			
18	E/M General Guidelines Intro	No explicit mention of conversion factor in section intro	<b>ADDED:</b> Explicit statement that MAR for E/M is calculated using RBRVS and GPCI with conversion factor of \$80.00, with reference to General Info section.
19	AMA CPT Guidelines Reference Year	AMA 2024 CPT guidelines	AMA 2025 CPT guidelines
20	MDM Table Reference Year	2024 MDM table	2025 MDM table
21	Medical Evaluations (E/M section)	Not present in E/M section	<b>NEW:</b> Medical Evaluations subsection added to E/M mirroring the General Guidelines addition (IMEs, EMEs, SIMEs excluded from fee schedule).
<b>SURGERY – REVISIONS</b>			
22	Surgery Conversion Factor	No explicit conversion factor statement in Surgery section intro	<b>ADDED:</b> New “Conversion Factor” subsection explicitly stating MAR calculated using RBRVS/GPCI with \$119.00 CF.

23	Modifier 50 – Add-on Bilateral Wording	Modifier 50 is not appended to the second code although modifiers RT or LT may be appended.	Modifier 50 is not appended to the add-on code although modifiers RT or LT may be appended.
<b>RADIOLOGY – REVISIONS</b>			
24	Radiology Conversion Factor	No explicit conversion factor statement in Radiology section intro	<b>ADDED:</b> New “Conversion Factor” subsection explicitly stating MAR calculated using RBRVS/GPCI with \$121.00 CF.
25	Radiology Detailed Guidelines	Abbreviated radiology guidelines	<b>EXPANDED:</b> Expanded sections for Review of Diagnostic Studies, Written Reports, and Multiple Radiology Procedures with detailed MPPR guidelines for TC and PC components.
<b>MEDICINE – REVISIONS</b>			
26	Medicine Conversion Factor	No explicit conversion factor statement in Medicine section intro	<b>ADDED:</b> New “Conversion Factor” subsection stating MAR calculated with \$80.00 CF.
27	Medical Evaluations (Medicine section)	Not present	<b>NEW:</b> Medical Evaluations subsection added to Medicine section (same IME/EME/SIME exclusion language).
28	Home Health / In-Home Care (Medicine section)	Not present in Medicine section	<b>NEW:</b> Home Health and In-Home Care Services subsection added to Medicine section (same language as General Guidelines addition).
29	Cardiovascular Example – 93303 MAR	\$618.34 (TC: \$419.93, 26: \$198.41)	\$598.63 (TC: \$400.96, 26: \$197.68)
30	Cardiovascular Example – 93351 MAR	\$661.86 (TC: \$395.29, 26: \$266.57)	\$650.12 (TC: \$384.14, 26: \$265.99)
<b>INPATIENT HOSPITAL – REVISIONS</b>			
31	IPPS Web Pricer Effective Date	Version available on January 1, 2025	Version available on January 1, 2026
<b>CRITICAL ACCESS HOSPITAL – REVISIONS</b>			

32	Department Name	Alaska Department of Health and Social Services, Division of Health Care Services	Alaska Department of Health, Division of Health Care Services
<b>RBRVS STATUS CODES – REVISIONS</b>			
33	Status Code J – Anesthesia Services	Full description present on page with status codes F through I	Status Code J moved/repositioned – appears separately (page 13 in 2026 omits J from the contiguous list; J content remains in Anesthesia section)
<b>APPENDIX – REVISIONS</b>			
34	Appendix A Instructions	No introductory text on Appendix A page	<b>NEW:</b> Introductory text added: Provider must submit bill and completed medical report per 8 AAC 45.086. Reference to Bulletin No. 24-03 and link to bulletins page.
35	Appendix B – New Acronyms	No EME, IME, or SIME acronyms listed	<b>NEW:</b> Three acronyms added: EME (Employer Medical Evaluation), IME (Independent Medical Evaluation), SIME (Second Independent Medical Evaluation).

## Summary of Key Changes

The 2026 Alaska Workers’ Compensation Medical Fee Schedule introduces several significant additions and revisions compared to the 2025 V2 schedule:

**Major Additions:** Medical Evaluations policy (IME/EME/SIME exclusion from fee schedule), Home Health and In-Home Care Services guidelines, new Telehealth E/M codes 98000–98016 including CPT 98016 virtual check-in, explicit conversion factor statements in Surgery/Radiology/Medicine/E/M sections, expanded Radiology MPPR guidelines, and Appendix A instructions with Bulletin 24-03 reference.

**Revisions:** Updated RVU example values for CPT 10021 (Practice Expense RVU changed from 1.87 to 1.84; Malpractice RVU from 0.14 to 0.15), updated Medicine CPT code ranges to include 98925–99082, updated E/M code ranges to include 98000–98016, updated cardiovascular MAR examples, revised telehealth reporting instructions, updated department name (DHSS to DOH), updated IPSS Web Pricer date, minor wording change on Modifier 50 add-on bilateral language, and three new acronyms (EME, IME, SIME) in Appendix B.

**Year-Over-Year Updates:** All references updated from 2024 to 2025 (AMA CPT copyright), from 2025 to 2026 (schedule title/dates), and MDM table references from 2024 to 2025.

## Concerns on Fee Schedule for Consideration

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The 2026 Alaska Workers' Compensation Medical Fee Schedule has prompted several comments and questions that the committee may wish to address. Concerns were raised regarding the application of RVU calculations, updates to payment systems, and medical code changes resulting from the schedule's delayed implementation. An internal document will be shared with committee members to help determine whether adjustments to the Fee Schedule are necessary.

What DMEPOS items can and should qualify for rental if there is no RR designation from CMS?

Should Alaska regulate reimbursement discounts between providers and payors when negotiated contract prices fall within the Fee Schedule limits?

Does dispensing of drugs by physicians need further regulation? Covered by 8 AAC 45.081:

**Dispensing of generic drug products.** (a) When filling a prescription provided to an employee as a medical benefit under the Act, an available generic drug product must be dispensed in place of a name-brand drug product when the cost of the generic drug product is less, except that a name-brand drug product that is more expensive than an available generic drug product may be dispensed if the prescribing physician has provided a written justification of the medical necessity for dispensing the name-brand drug product as described in this section. A notation that the prescription for the name-brand drug product must be dispensed only as written is not a sufficient justification of medical necessity. (b) The prescribing physician must prepare the written justification of the medical necessity of dispensing a name-brand drug product and submit the written justification along with the prescription to the dispensing pharmacist and the insurer. The written justification does not need to be submitted to the dispensing pharmacist if the prescription itself expressly notes that the prescription is being provided as a medical benefit under the Act and that a written justification of the medical necessity for dispensing a name-brand drug product has been submitted to the insurer. (c) A written justification of the medical necessity for dispensing the name-brand drug product may include any of the following factors regarding the employee: (1) treatment failure with the generic drug product; (2) past medical history that suggests an anticipated treatment failure with the generic drug product; (3) clinically significant adverse reaction to the generic drug product; (4) a medical condition that causes a contraindication for the use of the generic drug product; (5) allergic reaction to the generic drug product. (d) An employee may choose to have a name-brand drug product dispensed, even if a less costly generic drug product is available and no written justification of medical necessity has been provided. The difference in cost between the generic drug product and name-brand drug product must be paid by the employee and neither the employer or the employer's insurer is liable for reimbursing the employee for the additional cost. (e) The Alaska Medicaid Preferred Drug List, Version 111809, revised as of November 18, 2009, is adopted by reference as the preferred drug list for purposes of the Act.

Concerns on Multiple Procedure Payment Reduction application and the practice expense equation.

Which CMS file or application should be used for generating reimbursement rates annually? As many of the applications from Center for Medicaid and Medicare Services, CMS, update quarterly, does the reimbursement rate change?

The Fee Schedule directs Maximum Allowable Reimbursement, MAR, to be limited to 85 percent for services provided by “other providers”. A question about who other providers consist of.

“85 percent of the MAR for medical services performed by “other providers” (i.e., other than physicians, hospitals, outpatient clinics, or ambulatory surgical centers)” 2026 Medical Fee Schedule page 1.

Finally, and surprisingly, concerns have been shared this year that the Fee Schedule is confusing and hard to follow. This is a new comment, but a serious issue and the MSRC will look at alternatives this year and decide if the Fee Schedule should incorporate layout changes.

I expect a busy summer and look forward to working with everyone.

