

Renegotiation Brief: Alliant Health Plans, Georgia

Where you stand. Alliant pays this practice 94% of Atlanta Medicare for a typical visit. The median practice in the same Alliant Georgia network is paid 112%; you sit at the 21st percentile of 2,281 practices. Your current fee schedule dates from 2022.

What it is worth. Moving to the network median adds about \$18K a year on 1,062 visits; the 75th percentile adds about \$36K.

The Evidence: Rates per Unit

Code	Service	Your Rate	Network Median	75th Pct.	Medicare (ATL)	Units/Year
97110	Therapeutic exercise, per 15 min	\$28.21	\$33.17	\$38.70	\$29.39	1,421
97140	Manual therapy, per 15 min	\$26.92	\$31.66	\$36.93	\$28.04	789
97530	Therapeutic activities, per 15 min	\$31.24	\$39.05	\$46.16	\$35.50	568
97112	Neuromuscular re-education, per 15 min	\$31.78	\$37.32	\$43.54	\$33.10	253
G0283	Electrical stimulation, unattended	\$12.62	\$13.28	\$14.48	\$12.88	170
97116	Gait training, per 15 min	\$28.21	\$33.17	\$38.70	\$29.39	126
97162	PT evaluation, moderate complexity	\$88.94	\$111.90	\$125.89	\$98.82	58
97164	PT re-evaluation	\$62.73	\$76.50	\$86.06	\$68.19	53
97161	PT evaluation, low complexity	\$88.94	\$111.90	\$125.89	\$98.82	35
97163	PT evaluation, high complexity	\$88.94	\$111.90	\$125.89	\$98.82	23

Network rates are Alliant’s own published in-network rates (Transparency in Coverage file, Sep 2026): professional, fee-for-service, office setting, one median rate per practice.

The Ask

- Rates:** move every code to at least the network median (table on page 2), expressed as a share of current-year Medicare.
- Escalator:** tie the schedule to the current year's Medicare fee schedule, so it updates automatically instead of freezing.
- Term:** a 2–3 year term with a 90–day renegotiation notice, so the next review is scheduled, not forgotten.

Proposed Rates (Network Median Floor)

Code	Current	Proposed	% of Medicare
97110	\$28.21	\$33.17	113%
97140	\$26.92	\$31.66	113%
97530	\$31.24	\$39.05	110%
97112	\$31.78	\$37.32	113%
G0283	\$12.62	\$13.28	103%
97116	\$28.21	\$33.17	113%
97162	\$88.94	\$111.90	113%
97164	\$62.73	\$76.50	112%
97161	\$88.94	\$111.90	113%
97163	\$88.94	\$111.90	113%

Supporting Points to Bring

- Patient access: new-patient wait, evening and early-morning hours, and both locations' capacity for Alliant members. [ME: add the practice's own numbers]
- Outcomes: functional improvement scores and visits per episode versus the payer's average, if the practice tracks them.
- Low-cost site of care: an independent office visit costs the plan less than a hospital outpatient department.
- Administrative burden: authorization rules and visit limits that add cost without changing care.

Before You Send It

- Read the current contract for the renewal date, notice window and any evergreen clause.
- Confirm how Alliant applies the multiple-procedure reduction; dollars here assume the Medicare method.
- Use only your own data and the insurer's public file. Never share or discuss rates with competing practices.
- Have a healthcare attorney review contract language. This brief is business analysis, not legal advice.

Sample data: the practice and its contract are fictional; the insurer's network rates and Medicare rates are real. Prepared by Kameron Jackson · CuraSync · curasync.co