



510 West Tudor Road, Suite 5  
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Anchorage Sleep Center, LLC is required to annually post a list of our top ten billed services from the six sections of Category I of the Current Procedural Terminology (“CPT Codes”) Book, as adopted by the American Medical Association. The six sections are:

**Evaluation and Management Codes 99201-99499**

**Anesthesia Codes 00100-01999 ; 99100-99140**

**Surgery Codes 10021-69990**

**Radiology Codes 70010-79999**

**Pathology and Laboratory Codes 80047-89398**

**Medicine Codes 90281-99199 ; 99500-99607**

The state department responsible for overseeing this law is the State of Alaska Department of Health and Social Services (DHSS), their website is:  
<http://dhss.alaska.gov>



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Anchorage Sleep Center, LLC would like to inform you of the procedures we provide and the fees for these services. You will be provided with an estimate of the anticipated charges for your non-emergent care upon your request. Please do not hesitate to ask if you would like more information prior to your scheduled appointment.

Estimates are not inclusive of all possible charges for anticipated treatment.

Charges for services will vary significantly in response to conditions that the healthcare provider cannot reasonably assess before services are provided.

Anchorage Sleep Center, LLC is considered in-network with the following insurance companies:

Aetna ; Blue Cross Blue Shield ; United ; Medicare ; Medicaid ; Tricare ; VA



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## **Anchorage Sleep Center, LLC's 10 Most Commonly Performed Evaluation and Management Codes (99201-99499)**

**99202:** *Office Visit – New Patient Expanded* ; Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family. \$212.00 *Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**99203:** *Office Visit - New Patient Extended* ; Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care

with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family. *\$305.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**99204:** *Office Visit - New Patient Complete* ; Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family. *\$465.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**99205: Office Visit - New Patient Extensive ;** Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family. \$585.00 *Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**99212: Office Visit - Established Patient Limited ;** Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually,

the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family. *\$155.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**99213:** *Office Visit – Established Patient Moderate ; Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family. \$206.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**99214:** *Office Visit – Established Patient Intermediate* ; Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history;

A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family. \$304.00 *Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**99215:** *Office Visit – Established Patient Extended* ; Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the



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nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family. \$410.00 *Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**99442:** *Telephone E/M 11-20 Minutes ; Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion. \$132.35 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**99443:** *Telephone E/M 21-30 Minutes ; Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established*





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patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion. *\$182.70 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

### **Anchorage Sleep Center, LLC's 10 Most Commonly Performed Anesthesia Codes (00100-01999 ; 99100-99140)**

We do not currently bill any Anesthesia codes.

### **Anchorage Sleep Center, LLC's 10 Most Commonly Performed Surgery Codes (10021-69990)**

**10060:** *Incision and drainage of abscess; Simple ; Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single. \$591.50 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**11104:** *Punch biopsy of single lesion of skin ; Punch biopsy of skin (including simple closure, when performed); single lesion. \$525.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**11106:** *Incisional biopsy of skin; single lesion ; Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion. \$525.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**17110:** *Wart Removal 1-14 ; Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions. \$556.50 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**20600:** *Arthrocentesis of small joint ; Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound*



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guidance. \$304.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**20605:** Arthrocentesis of intermediate joint ; Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance. \$324.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**20610:** Arthrocentesis of a major joint ; Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance. \$374.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**36415:** Venipuncture ; Collection of venous blood by venipuncture. \$9.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.



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**69209:** *Removal impacted cerumen, irrigation ; Removal impacted cerumen using irrigation/lavage, unilateral. \$70.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**69210:** *Removal impacted cerumen, unilateral ; Removal impacted cerumen requiring instrumentation, unilateral. \$241.50 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

## **Anchorage Sleep Center, LLC's 10 Most Commonly Performed Radiology Codes (70010-79999)**

We do not currently bill any Radiology codes.



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## **Anchorage Sleep Center, LLC's 10 Most Commonly Performed Pathology and Laboratory Codes (80047-89398)**

**80305:** *Drug Screen ; CLIA-Waived test ; Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service. \$50.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**81002:** *Urinalysis, dip stick or tablet reagent ; Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy. \$10.50 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*



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**82962:** *Blood Glucose, by monitoring device ; Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use. \$10.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**83036:** *HbA1c ; CLIA-Waived test ; Hemoglobin; glycosylated (A1C). \$40.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**85610:** *PT/INR ; CLIA-Waived test ; Prothrombin time. \$15.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**86318:** *H Pylori ; CLIA-Waived test ; Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip). \$55.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*



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**86580:** *Tuberculosis, Intradermal ; Skin test; tuberculosis, intradermal. \$34.50 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**87210:** *Wet Smear ; CLIA-Waived test ; Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps). \$18.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**87804:** *Rapid Flu ; CLIA-Waived test ; Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza. \$50.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**87880:** *Rapid Strep ; CLIA-Waived test ; Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A. \$50.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*



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## **Anchorage Sleep Center, LLC's 10 Most Commonly Performed Medicine Codes (90281-99199 ; 99500-99607)**

**93000:** *ECG W/ 12 Leads ; W/ Interpretation & Report ; Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report. \$84.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**94762:** *Overnight Pulse Oximetry ; Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure). \$235.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**95803:** *Actigraphy ; Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording). \$750.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*



**95805:** *MSLT – Multiple Sleep Latency Test ; Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness. \$2870.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**95806:** *Home Sleep Study ; Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement). \$1036.30 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**95806-26:** *Home Sleep Study – Professional Component ; The professional component represents the physician’s supervision and interpretation of a service (S&I), including supervision and interpretation of a radiology service. Services with both a technical and professional component represent many radiology services and some services in the Medicine section of CPT®. Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement).*



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*\$374.10 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**95810:** *PSG-Polysomnogram W/O CPAP ; Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist. \$3850.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**95810-26:** *PSG-Polysomnogram W/O CPAP – Professional Component ; The professional component represents the physician’s supervision and interpretation of a service (S&I), including supervision and interpretation of a radiology service. Services with both a technical and professional component represent many radiology services and some services in the Medicine section of CPT®. Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist. \$750.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*



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**95811:** *PSG-Polysomnogram W/ CPAP ; Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist. \$4050.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

**96372:** *Therapeutic Injection, 1<sup>st</sup> ; Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular. \$101.50 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.*

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