

This notice is being posted in accordance with AS 18.23.400. Disclosure and reporting of health care services, prices, and fee information.

Effective January 3, 2021 and until further notice, the Soma Wellness charges the following undiscounted fees for the listed health care services:

You will be provided an estimate of the anticipated charges for your non-emergency care upon request. Please do not hesitate to ask for information.

The undiscounted prices listed below may be higher or lower than the amount an individual actually pays for the health care services described.

Soma Wellness is contracted to provide health care services as an in-network preferred provider with Premera Blue Cross Blue Shield of Alaska, VA Integrated Healthcare (Acupuncture only) and the Public Education Health Trust.

Evaluation/Management

Procedure Code	Description	Undiscounted Fee
99202	New patient exam 15 minutes	\$185.00
99203	New patient exam 30 minutes	\$255.00
99204	New patient exam 45 minutes	\$370.00
99205	New patient exam 60 minutes	\$395.00
99211	Established minimal history exam	\$82.00
99212	Established patient exam 10 minutes	\$123.00
99213	Established patient exam 20 minutes	\$160.00
99214	Established patient exam 30 minutes	\$250.00
99215	Established patient exam 40 minutes	\$275.00

Chiropractic Services

Procedure Code	Description	Undiscounted Fee
98940	Chiropractic Adjustment 1- 2 regions	\$65.00
98941	Chiropractic Adjustment 3-4 regions	\$79.00
98942	Chiropractic Adjustment 5 regions	\$100.00
98943	Extra Spinal/Extremity Adjustment	\$50.00
G0283	Electric Stimulation per unit	\$73.00
97014	Unattended Electrical Stimulation per unit	\$53.00
97032	Manual electric muscle stimulation per unit	\$53.00
97140	Manual therapy per 15 minute unit	\$70.00
97024	Diathermy per 15 minute unit	\$100.00
90901	Bio Feedback per 15 minute unit	\$100.00

Massage Therapy Services

Procedure Code	Description	Undiscounted Fee
97112	Neuromuscular Re-education per 15 minute unit	\$70.00
97124	Massage therapy per 15 minute unit	\$60.00
97140	Manual therapy per 15 minute unit	\$70.00
97035	Ultrasound per 15 minute unit	\$53.00

Acupuncture Treatment

Procedure Code	Description	Undiscounted Fee
97810	Acupuncture w/o electrical stimulation, initial 15 minutes	\$100.00
97811	Acupuncture w/o electrical stimulation, each additional 15 minutes	\$84.00
97813	Acupuncture with electrical stimulation	\$110.00

	initial 15 minutes	
97814	Acupuncture with electrical stimulation each additional 15 minutes	\$105.00
97026	Infared therapy-TDP, moxibustion	\$30.00
97140	Manual therapy each 15 minute unit	\$70.00

You may also find a copy of this fee schedule on our website at www.somawellnessak.com

The State of Alaska Department of Health and Social Services website address is

<http://dhss.alaska.gov/Pages/default.aspx>

CPT® Copyright 2020. American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. The CPT codes are provided “as is” without warranty of any kind. The AMA specifically disclaims all liability for use or accuracy of any CPT codes.