

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 1, 2021 and until further notice, Aleutian Chiropractic Health Center 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.

Aleutian Chiropractic is not contracted to provide health care services as an in-network preferred provider with any insurance company.

CPT® Copyright 2021. American Medical Association. All right 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.

Evaluation/Management

Procedure Code	Description	Undiscounted Fee	Facility Fee
99202	New patient expanded problem focused exam	\$216	\$0
99203	New patient detailed exam	\$309	\$0
99212	Established patient problem focused exam	\$127	\$0
99213	Established patient expanded problem focused exam	\$214	\$0
99214	Established patient detailed problem focused exam	\$316	\$0

Medicine

Procedure Code	Description	Undiscounted Fee	Facility Fee
98940	Chiropractic Adjustment 1-2 regions	\$75	\$0
98941	Chiropractic Adjustment 3-4 regions	\$85	\$0
98943	Extremity Adjustment – i.e. shoulder, wrist, ankle	\$83	\$0

Health Care Fee Schedule for Aleutian Chiropractic | 2019

Procedure Code	Description	Undiscounted Fee	Facility Fee
97014	Electrical Stimulation (unattended)	\$42	\$0
97140	Manual Therapy per unit	\$84	\$0
97035	Ultrasound Therapy per unit	\$38	\$0
97110	Therapeutic exercises per unit	\$91	\$0
97012	Mechanical Traction per unit	\$46	\$0
97112	Neuromuscular Re-education	\$104	\$0
97124	Massage Therapy	\$120	\$0

Radiology

Procedure Code	Description	Undiscounted Fee	Facility Fee
72040	X-ray Neck 2/3 views	\$179	\$0
72070	X-ray Thoracic 2 views	\$149	\$0
72100	X-ray Lumbosacral 2/3 views	\$179	\$0
71100	X-ray Ribs	\$167	\$0
73560	X-ray Knee 2 view	\$155	\$0
73610	X-ray Ankle 3 view	\$162	\$0
73030	X-ray Shoulder 2 view	\$155	\$0
73070	X-ray Elbow 3 view	\$132	\$0

Health Care Fee Schedule for Aleutian Chiropractic | 2019

Procedure Code	Description	Undiscounted Fee	Facility Fee
73100	X-ray Wrist 3 view	\$152	\$0
73130	X-ray Hand 3 view	\$162	\$0

Surgery

Procedure Code	Description	Undiscounted Fee	Facility Fee
NONE	None	\$0	\$0

Anesthesia

Procedure Code	Description	Undiscounted Fee	Facility Fee
NONE	None	\$0	\$0

Pathology + Laboratory

Procedure Code	Description	Undiscounted Fee	Facility Fee
NONE	None	\$0	\$0

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

<https://go.dhss.ak.local/pub/home/dph/VitalStats/Pages/transparency.aspx>