

[Aurora Chiropractic Center]
[Dr. Steven D. Messerschmidt]
[9309 Glacier Hwy Ste B106 Juneau, Alaska 99801-Professional Plaza]
[(907)789-1344] | [www.akspine.com]

2023 Fee Schedule

Evaluation & Management (99202 – 99499)		
Description (clear language)	Service Code (CPT®, HCPCS, DRG)	Price (undiscounted)
New Patient Expanded Exam	99202	\$186
New Office Visit, Detailed History & Exam	99803	\$300
New Patient Complex Exam	99204	\$400
Limited Office Service Exam	99212	\$125
Established Office Visit, Expanded Problem Focused	99213	\$180
Detailed Service Exam	99214	\$275
Comprehensive Service Exam	99215	\$300
Office Consultation 30-60 Minutes	99411	\$150

Updated [January 22, 2023]

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Medical Services and Procedures (90281 – 99607)		
Description (clear language)	Service Code (CPT®, HCPCS, DRG)	Price (undiscounted)
Electrical Stimulation Each 15 Minutes unattended	97014	\$35
Mechanical Traction	97012	\$65
Ultrasound	97035	\$32
Myofascial Release	97140	\$75
Management, Training, and fitting of Orthotics	97760	\$100
Chiropractic Manipulative Treatment (CMT) Spinal 1-2	98940	\$75
Chiropractic Manipulative Treatment (CMT) Spinal 3-4	98941	\$95
CMT, Extra Spinal 1 or more region	98943	\$65
After Hour Services	99050	\$90
Custom Orthotic, Fitting Appliance	L3020	\$350

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Radiology Services (70010 – 79999) <i>(delete table if none)</i>		
Description (clear language)	Service Code (CPT®, HCPCS, DRG)	Price (undiscounted)
Xray Rib 3 Views	71101	\$85
Radiographic Examination Entire Spine Survey Study	72010	\$420
Radiographic Examination, Spine Single View Specify	72020	\$180
Radiographic Exam Cervical Spine 2-3 Views	72040	\$285
Radiographic Exam Cervical Spine Min 4	72050	\$350
Radiographic Exam, Cervical Spine Complete	72052	\$425
Radiographic Exam, Thoracic Spine 2 View	72070	\$270
Radiographic Exam Lumbosacral Spine 2-3	72100	\$300
Xray Sacrum/ Coccyx 3 View	72220	\$250

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Radiographic Exam, Shoulder Complete	73030	\$300
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Notices:

Our office has a contract to provide health care services as an in-network preferred provider for the following insurers:



[Medicare]

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You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services.

- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

You can review costs at the Alaska Department of Health and Social Services Health Care Cost Transparency website

at <https://dhss.alaska.gov/dph/VitalStats/Pages/transparency.aspx>

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