



Pursuant to AS 12.23.400, Neurological Consultants of Alaska, LLC is required to 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

Additional information can be found with the State of Alaska Department of Health and Social Services (DHSS), by visiting their website at <http://dhss.alaska.gov/Pages/default.aspx>. You can view this list at

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

The undiscounted prices listed may be higher or lower than the amount an individual will actually pay for the healthcare services described. You may also find a copy of these prices on our website at www.neurologyak.com. You will be provided an estimate of the anticipated charges for your non-emergency service upon request. Please do not hesitate to ask for this information.

Neurological Consultants of Alaska, LLC's office is contracted to, provide healthcare services as an in-network provider with the following insurance plans. Blue Cross BlueShield, Premiera, Multiplan, Aetna, Anthem, Medicaid, and Medicare. If you have questions about whether your health plan qualifies us as an in-network provider, we advise you to contact your insurance company.

Neurological Consultants of Alaska, LLC Effective March 1, 2021, and until further notice, Dr. Downs office charges the following undiscounted prices for the listed health care services.

Evaluation and Management Codes (99201-99499):

Total time spent for each code can include, but is not limited to, time spent reviewing charts/tests, meeting face-to-face with the patient and/or family, and time spent documenting the visit, ordering test, writing prescriptions etc. A determination of evaluation and management will be established by the physician after the visit.

99213: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: 1) An expanded problem focused history; 2) An expanded problem focused examination; 3) Medical decision making of low complexity. Usually, the presenting problems are of low to moderate severity. Physicians, typically, spend 20-29 minutes of total time spent on the date of the visit. Undiscounted cost, \$375.00. Level three visit. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

99214: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: 1) A detailed history; 2) A detailed

examination; 3) Medical decision making of moderate complexity. Usually, the presenting problems are of moderate to high severity. Physicians, typically, spend 30-39 minutes of total time spent on the date of the visit. Undiscounted cost, \$500.00. Level four visit. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

99215: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: 1) A comprehensive history; 2) A comprehensive examination; 3) Medical decision making of high complexity. Usually, the presenting problems are of moderate to high severity. Physicians, typically, spend 40-54 minutes of total time spent on the date of the visit. Undiscounted cost, \$675.00. Level four visit. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

99203: Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: 1) A detailed history; 2) A detailed examination; 3) Medical decision making of low complexity. Usually, the presenting problems are of moderate severity. Physicians, typically, spend 30-44 minutes of total time spent on the date of the visit. Undiscounted cost, \$500.00. Level three visit. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

99204: Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: 1) A comprehensive history; 2) A comprehensive examination; 3) Medical decision making of moderate complexity. Usually, the presenting problems are of moderate to high severity. Physicians, typically, spend 45-59 minutes of total time spent on the

date of the visit. Undiscounted cost, \$800.00. Level four visit. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

99205: Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: 1) A comprehensive history; 2) A comprehensive examination; 3) Medical decision making of high complexity. Usually, the presenting problems are of moderate to high severity. Physicians, typically, spend 60-74 of total time spent on the date of the visit. Undiscounted cost, \$975.00. Level five visit. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

99243: Office consultation for a new or established patient, which requires these three key components: 1) A detailed history; 2) A detailed examination; and 3) Medical decision making of low complexity. Usually, the presenting problems are of moderate severity. Physicians, typically, spend 40-59 minutes of total time spent on the date of the visit. Undiscounted cost, \$575.00. Level three visit. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

99244: Office consultation for a new or established patient, which requires these three key components: 1) A comprehensive history; 2) A comprehensive examination; and 3) Medical decision making of moderate complexity. Usually, the presenting problems are of moderate to high severity. Physicians, typically, spend 60-79 minutes of total time spent on the date of the visit. Undiscounted cost, \$875.00. Level four visit. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

99232: Inpatient, subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: 1) An expanded problem focused interval history; 2) An expanded problem focused examination; 3) Medical decision making of moderate complexity. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians, typically, spend 25 minutes at the bedside and on the patient's hospital floor or unit. Undiscounted cost, \$375.00. Level two visit. There is no facility fee associated with this code charged by Neurological Consultants of Alaska, LLC. The fee does not include in-network/negotiated discounts.

99233: Inpatient, subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: 1) A detailed interval history; 2) A detailed examination; 3) Medical decision making of high complexity. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit. Undiscounted cost, \$510.00. Level three visit. There is no facility fee associated with this code charged by Neurological Consultants of Alaska, LLC. The fee does not include in-network/negotiated discounts.

Surgery Codes (10021-69990):

64612: Chemodenervation, of muscles, a local injection technique, innervated by facial nerve, unilateral. (Example: hemifacial spasm or blepharospasm). Undiscounted cost, \$1450.00. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

64615: Chemodenervation, of muscles, a local injection technique,

innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral. (Example: Chronic Migraine). Undiscounted cost, \$1650.00. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

64616: Chemodenervation, of muscles, a local injection technique, of neck muscles, excluding larynx, unilateral. (Example: Cervical dystonia). Undiscounted cost, \$1575.00. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

64642: Chemodenervation, a local injection technique, of one extremity; 1-4 muscles. Undiscounted cost, \$1600.00. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

64644: Chemodenervation, a local injection technique, of one extremity; 5 or more muscles. Undiscounted cost, \$1760.00. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

Medicine Codes (90281-99199; 99500-99607):

95816-26: Interpretation only of Electroencephalogram (EEG); including recording awake and drowsy. Undiscounted cost, \$600.00. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

95822-26: Interpretation only of Electroencephalogram (EEG); including recording coma or asleep. Undiscounted cost, \$600.00. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

95885: Needle Electromyography, each extremity, with related

paraspinal areas, preformed with nerve conduction. Amplitude and latency/velocity study. Limited. Undiscounted cost, \$900.00. Level four visit. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

95886: Needle Electromyography, each extremity, with related paraspinal areas, preformed with nerve conduction. Amplitude and latency/velocity study. Five or more muscles studied, innervated by three or more nerves or four or more spinal levels. Undiscounted cost, \$1400.00. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

95907: A nerve conduction study (NCS) is a medical diagnostic test commonly used to evaluate the function, especially the ability of electrical conduction, of the motor and sensory nerves of the human body. Nerve conduction studies; 1-2 studies. Undiscounted cost, \$950.00. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

95908: A nerve conduction study (NCS) is a medical diagnostic test commonly used to evaluate the function, especially the ability of electrical conduction, of the motor and sensory nerves of the human body. Nerve conduction studies; 3-4 studies. Undiscounted cost, \$1150.00. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

95909: A nerve conduction study (NCS) is a medical diagnostic test commonly used to evaluate the function, especially the ability of electrical conduction, of the motor and sensory nerves of the human body. Nerve conduction study; 5-6 studies. Undiscounted cost, \$1450.00. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

95910: A nerve conduction study (NCS) is a medical diagnostic test commonly used to evaluate the function, especially the ability of electrical conduction, of the motor and sensory nerves of the human body. Nerve conduction study; 7-8 studies. Undiscounted cost, \$2200.00. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

95911: A nerve conduction study (NCS) is a medical diagnostic test commonly used to evaluate the function, especially the ability of electrical conduction, of the motor and sensory nerves of the human body. Nerve conduction study; 9-10 studies. Undiscounted cost, \$2400.00. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

95912: A nerve conduction study (NCS) is a medical diagnostic test commonly used to evaluate the function, especially the ability of electrical conduction, of the motor and sensory nerves of the human body. Nerve conduction study; 11-12 studies. Undiscounted cost, \$2800.00. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

Radiology Codes (70010-79999):

We currently do not bill any radiology codes.

Pathology and Laboratory Codes (80047-89398):

We currently do not bill any pathology and laboratory codes.

****Source:** American Medical Association. CPT Professional 2020 (CPT / Current Procedural Terminology (Professional Edition)) (Kindle Locations 2564-2572). American Medical Association (AMA). 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.