



510 West Tudor Road, Suite 5  
Anchorage, AK 99503  
Phone: (907) 743-0050 Fax: (907) 743-0060

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 ; 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 or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. \$212.00 Undiscounted cost. 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 a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter. \$305.00 Undiscounted cost. 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 a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. \$465.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**99212:** Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter. \$155.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.



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**99213:** Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter. \$206.00 Undiscounted cost. 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 a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter. \$304.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.



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**99215:** Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. \$410.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**99386:** Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient. \$465.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.



**99395:** Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient. \$356.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**99396:** Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient. \$385.00 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 Anesthesia Codes (00100-01999 ; 99100-99140)**

Anchorage Sleep Center does not currently bill any Anesthesia codes.



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

**11106:** 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.

**11107:** Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure). \$334.06 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**11200:** Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions. \$446.25 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**17000:** Destruction (eg, laser surgery, electrocautery, cryosurgery, chemosurgery, surgical curettage), premalignant lesions (eg, actinic keratoses); first lesion. \$330.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**17110:** Destruction (eg, laser surgery, electrocautery, cryosurgery, chemosurgery, surgical curettage), 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.

**20552:** Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s). \$397.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**20605:** 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, 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.



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**36415:** 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.

**69210:** 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.



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

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

**80305:** 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, 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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**81025:** Urine pregnancy test, by visual color comparison methods. \$30.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**82962:** 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:** 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:** Prothrombin time. \$15.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**86308:** Heterophile antibodies; screening. \$25.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**86580:** 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.

**87804:** 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.



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**87880:** 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.  
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## **Anchorage Sleep Center, LLC's 10 Most Commonly Performed Medicine Codes (90281-99199 ; 99500-99607)**

**90756:** Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use. \$175.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**93000:** 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.



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**94762:** Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure). \$120.00  
Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**95782:** Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist.  
\$5,600.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**95803:** Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording). \$450.00  
Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**95806:** 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.

**95810:** 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.

**95811:** 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, 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.

**95806-26:** Professional component ; sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement). 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®. \$374.10 Undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.



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