

**Medical Group of Alaska, LLC - Algone Interventional  
Pain Division Price List**

**OFFICE VISITS**

<b>CPT</b>	<b>Description</b>	<b>Undiscounted Price</b>
99203	Office Visit - New Patient Level 3	\$304.00
99204	Office Visit - New Patient Level 4	\$450.00
99212	Established Patient Visit - Level 2	\$150.00
99213	Established Patient Visit - Level 3	\$235.00
99214	Established Patient Visit - Level 4	\$295.00

**DRUG TESTS**

<b>CPT</b>	<b>Description</b>	<b>Undiscounted Price</b>
80307	Presumptive Drug Test	\$400.00
G0481	Definitive Drug Test (8-12 Drug Classes Tested)	\$375.00

**PROCEDURES**

<b>CPT</b>	<b>Description</b>	<b>Undiscounted Price</b>
20611	Major Joint Injection/Drain	\$700.00
27096	Sacroiliac Joint Injection	\$2,200.00
62321	Interlaminar (between 2 vertebra) Cervical/Thoracic Injection with Image Guidance	\$3,800.00
62323	Interlaminar (between 2 vertebra) Lumbar/Sacroilic Injection with Image Guidance	\$3,700.00
62369	Intrathecal Pump Refill and Reprogramming	\$790.00
63650	Spinal Cord Stimulator Implant	\$9,000.00
64405	Occipital Nerve Block	\$2,300.00
64483	Foraminal Epidural Injection Lumbar/Sacroilic	\$3,700.00
64490	Medial Branch Block Cervical/Thoracic 1st Level	\$3,500.00
64491	Medial Branch Block Cervical/Thoracic 2nd Level	\$2,300.00
64493	Medial Branch Block Lumbar/Sacroilic 1st Level	\$3,800.00
64494	Medial Branch Block Lumbar/Sacroilic 2nd Level	\$2,300.00
64635	Radio Frequency Ablation (Destruction) Lumbar/Sacroilic Facet Joint (1 joint)	\$6,500.00
64636	Radio Frequency Ablation (Destruction) Lumbar/Sacroilic Facet Joint (2 joints)	\$3,400.00
76881	Ultrasound of Extremity or Complete Joint	\$695.00
76882	Ultrasound of Extremity or Limited Joint	\$200.00
96372	Single Intramuscular or Subcutaneous Injection/Infusion	\$90.00

**Imaging**

<b>CPT</b>	<b>Description</b>	<b>Undiscounted Price</b>
76882	Ultrasound of Extremity or Limited Joint	\$200.00
76942	Ultrasound Guidance for Needle Placement	\$550.00

## Medicine

CPT	Description	Undiscounted Price
J0585	Botox 200 Units	\$3,800.00
J1100	Dexamethasone 10mg	\$50.00
J1885	Injection, Ketoralac Tromethamine, per 15mg (Toradol)	\$5.00
J2250	Injection, Midazolam Hydrochloride (Versed), per 1mg	\$10.00
J3010	Injection, Fentanyl Citrate, 0.1 mg	\$12.00
J3301	Triamcinolone Acetonide, 10mg	\$6.00
Q9966	Low Osmolar Contrast Material, 200-299 mg/ml, per 1ml	\$7.00

The undiscounted prices for health care services described in this list may be higher or lower than the amount an individual will pay. You will be provided with an estimate of anticipated charges for our nonemergency care upon request. Please do not hesitate to ask for information.

### In Network Insurers

- Aetna
- Cigna
- Dept of Labor
- Medicaid
- Medicare
- Multiplan
- Premera Blue Cross of Alaska
- Tricare/HealthNet
- Triwest/VA
- WPS

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