

Alaska Neurology Center, LLC
1100 E Dimond Blvd
Anchorage, AK 99515
907-565-6000/866-977-2562 P
907-565-6001/866-201-8222 F
aknc.com

Alaska Neurology Center, LLC's 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 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/Pages/default.aspx>.

Alaska Neurology Center, LLC would like to inform you of the procedures we provide and the fee 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.

Alaska Neurology Center, LLC is considered in-network with the following insurance companies: United Healthcare, Aetna, Cigna, Moda, Medicaid, Medicare, Multiplan, Premera/Blue Cross Blue, Federal Blue Cross/Blue Shield, First Choice Health, Alaska Worker's Compensation, Three Rivers Provider Network, Tricare, Veterans Health Administration. The prices listed are our clinic fees and do not reflect the agreed upon contracted prices we have negotiated with individual insurance companies at lower prices.

Alaska Neurology Center, LLC's 10 Most Commonly Performed Evaluation and Management Codes:

99213: A subsequent level three visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3

key components: 1) An expanded problem focused history; 2) An expanded problem focused examination; 3) Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems and the patient's and/ or family's needs. Usually, the presenting problems are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/ or family. \$310.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

99214: A subsequent level four visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: 1) A detailed history; 2) A detailed examination; 3) Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems and the patient's and/or family's needs. Usually, the presenting problems are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family. \$445.00 Undiscounted cost.

There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

99215: A subsequent level five visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: 1) A comprehensive history; 2) A comprehensive examination; 3) Medical decision making of high complexity. Counseling and/ or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems and the patient's and/ or family's needs. Usually, the presenting problems are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/ or family. \$595.00

Undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

99203: A new patient level three visit. Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: 1) A detailed history; 2) A detailed examination; 3) Medical decision making of low complexity. Counseling and/ or

coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems and the patient's and/ or family's needs. Usually, the presenting problems are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/ or family. \$465.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

99204: A new patient level four visit. Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: 1) A comprehensive history; 2) A comprehensive examination; 3) Medical decision making of moderate complexity. Counseling and/ or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems and the patient's and/ or family's needs. Usually, the presenting problems are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/ or family. \$585.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

99205: A new patient level five visit. Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: 1) A comprehensive history; 2) A comprehensive examination; 3) Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems and the patient's and/or family's needs. Usually, the presenting problems are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family. \$765.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

99243: Level three office consultation, subsequent or new patient. Office consultation for a new or established patient, which requires these 3 key components: 1) A detailed history; 2) A detailed examination; and 3) Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems and the patient's and/or family's needs. Usually, the

presenting problems are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family. \$585.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

99244: Level four office consultation, subsequent or new patient. Office consultation for a new or established patient, which requires these 3 key components: 1) A comprehensive history; 2) A comprehensive examination; and 3) Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems and the patient's and/or family's needs. Usually, the presenting problems are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family. \$765.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

99232: Level two inpatient subsequent visit. Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: 1) An expanded problem focused interval

history; 2) An expanded problem focused examination; 3) Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit. \$465.00 Undiscounted cost. There is no facility fee associated with this code charged by Alaska Neurology Center, LLC. The fee does not include insurance in network/negotiated discounts.

99233: Level three inpatient subsequent visit. Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: 1) A detailed interval history; 2) A detailed examination; 3) Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems and the patient's and/or family's needs. 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. \$660.00 undiscounted cost. There is no facility fee associated with this code charged by Alaska Neurology Center, LLC. The fee does not include insurance in network/negotiated discounts.

Alaska Neurology Center, LLC's 10 Most Commonly Performed Surgery Codes:

20552: Injection; single or multiple trigger points. 1-2 muscles. \$1025.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

62270: Spinal puncture, lumbar, diagnostic. \$1250.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

64611: Chemodenervation of parotid and submandibular salivary glands, bilateral. \$1875.00 undiscounted cost. There is no facility fee associated with this code. The fee

does not include insurance in network/negotiated discounts.

64612: Chemodenervation of muscles, a local injection technique, innervated by facial nerve, unilateral. (Example: hemifacial spasm or blepharospasm). \$1875.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance 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). \$2155.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

64616: Chemodenervation of muscles, a local injection technique, of neck muscles, excluding larynx, unilateral. (Example: Cervical dystonia). \$1875.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

64642: Chemodenervation, a local injection technique, of one extremity; 1-4 muscles. \$1985.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

64643: Chemodenervation, a local injection technique of one extremity; each additional extremity 1-4 muscles. This is an add on code if needed it is billed in conjunction with CPT code 64642. \$1655.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

64644: Chemodenervation, a local injection technique, of one extremity; 5 or more muscles. \$2735.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

64646: Chemodenervation, a local injection technique, trunk muscle(s) 1-5 muscle(s). \$2685.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

Alaska Neurology Center, LLC's 10 Most Commonly Performed Medicine Codes:

95806: Sleep study, unattended (at home study), simultaneous recording of heart rate, oxygen saturation, respiratory air flow and effort. \$2450.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

95810: Polysomnography, an in-lab sleep study, age 6 years or older, sleep staging with 4 or more additional parameters of sleep. Attended by a technologist associated with this code. The fee does not include insurance in network/negotiated discounts.

95811: Polysomnography, an in-lab sleep study, age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous airway pressure therapy or by level ventilation, attended by a technologist. 7250.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance 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. \$2140.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance 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. \$3000.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

Alaska Neurology Center, LLC's 10 Most Commonly Performed Radiology Codes:

72141: Spinal MRI - Cervical without Contrast - In this diagnostic procedure, the provider performs a magnetic resonance imaging (MRI) study of the cervical spinal canal and contents without using contrast material. \$4785.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

72142: Spinal MRI - Cervical with Contrast - In this diagnostic procedure, the provider performs a magnetic resonance imaging (MRI) study of the cervical spinal canal and contents using contrast material. \$4935.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

72146: Spinal MRI - Thoracic without Contrast - In this diagnostic procedure, the provider performs magnetic resonance imaging (MRI) of the thoracic spinal canal and contents without using contrast. \$4625.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

72147: Spinal - Thoracic with Contrast - In this diagnostic procedure, the provider performs a magnetic resonance imaging (MRI) of the thoracic spinal canal and contents using contrast. \$4895.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

72148: Spinal - Lumbar without Contrast - In this diagnostic procedure, the provider performs magnetic resonance imaging (MRI) of the lumbar spinal canal and contents without using contrast. \$4265.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

72149: Spinal - Lumbar with Contrast - In this diagnostic procedure, the provider performs magnetic resonance imaging (MRI) of the lumbar spinal canal and contents using contrast. \$4935.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

72156: Spinal – Cervical with and without Contrast - In this diagnostic procedure, the provider performs magnetic

resonance imaging (MRI) of the cervical spinal canal and contents first without using contrast and again after injecting contrast material. \$5725.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

72157: Spinal - Thoracic with and without Contrast - In this diagnostic procedure, the provider performs magnetic resonance imaging (MRI) of the thoracic spinal canal and contents first without using contrast and again after injecting contrast material. \$5935.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

72158: Spinal - Lumbar with and without Contrast - In this diagnostic procedure, the provider performs magnetic resonance imaging (MRI) of the lumbar spinal canal and contents first without using contrast and again after injecting contrast material. \$5775.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

70551: Brain without Contrast - In this diagnostic procedure, the provider performs magnetic resonance imaging (MRI) of blood vessels of the spinal canal and contents to check for stenosis or an aneurysm of the vessels. The provider may use contrast during the procedure. \$4895.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

Alaska Neurology Center, LLC's Most Commonly Performed Physical Therapy/Massage Therapy Codes:

97110: Therapeutic procedure, 1 or more areas of neuromuscular reeducation of movement. Therapeutic exercise is a form of physical therapy that utilizes specially designed exercises and activities to help patients gain better mobility and fitness levels. Normally used on patients with injury-related disabilities, it can also be utilized on normally active and healthy persons to improve their overall health. Therapeutic exercises can be helpful to people recovering from surgery, to improve overall health during pregnancy and to provide relief to people with osteoporosis. The exercise program is

designed specifically to suit each person and involves physical as well breathing exercises. \$85.00 for each 15 minutes undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

97112: Therapeutic procedure, 1 or more areas, of neuromuscular reeducation is a therapeutic treatment (exercise) performed by a physician in an attempt to reduce impairments and restore function through the application of clinical skills and/or services. The use of these procedures is expected to result in improvement of the limitations/deficits in a reasonable and generally predictable period of time. The exercises increase the communication between the brain and the contracting muscles of issue. The proprioceptive system provides feedback on the status of the body internally. It is the sense that indicates whether the body is moving with required effort, as well as location of various parts of the body in relation to each other and external objects. \$135.00 for each 15 minutes undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

97116: Therapeutic procedure, 1 or more areas; gait training (includes stair climbing). The provider instructs the patient in the proper ways of practicing various exercises, including climbing stairs, focusing on one or more areas, that assist them in walking comfortably and without strain for a period of 15 minutes. \$125.00 for each 15 minutes undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

97140: Manual therapy techniques. Manual therapy is a form of physical therapy which uses the controlled movement and pressure of hands to treat various disorders of soft tissues and joints, chronic back pain. Manual therapy helps in improving joint mobility, alignment, tissue repair, lymphatic drainage, and traction. \$85.00 for each 15 minutes undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

97162: Physical Therapy Evaluation: Moderate complexity requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An

examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family. \$365.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

97163: High Complexity - Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment

instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family. \$425.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

97530: Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance). The provider uses various activities during direct contact with the patient to improve the patient's functional performance. \$95.00 for each 15 minutes undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

Alaska Neurology Center, LLC's Most Commonly Performed Neuropsychology Codes:

96132: Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision

making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour \$1250.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

96133: Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour \$950.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

96136: Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes \$625.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

96137: Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes \$460.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

96138: Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes \$445.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

96139: Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes \$445.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

Alaska Neurology Center, LLC's Most Commonly Performed Infusion Codes:

96372: Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular \$110.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

96413: Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug \$1775.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

96415: Chemotherapy administration, intravenous infusion technique; each additional hour \$1275.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

96365: Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour \$545.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

96366: Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour \$450.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

J2930: Injection, methylprednisolone sodium succinate, up to 125 mg Depomedrol (80MG) \$135 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

J2323: Natalizumab Injection, 1 mg- Tysabri per unit \$88.50 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

J2350: PR Injection, Ocrelizumab, 1 MG- Ocrevus per unit \$111.58 undiscounted cost. There is no facility fee associated with this code. The fee does not include insurance in network/negotiated discounts.

**Alaska Neurology Center, LLC's 10 Most Commonly
Performed Anesthesia Codes:**

We currently do not bill any anesthesia codes.

**Alaska Neurology Center, LLC's 10 Most Commonly
Performed Pathology and Laboratory Codes:**

**We currently do not bill any pathology and laboratory
codes.**

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