

**This notice is being posted in accordance with AS 18.23.400. Disclosure and reporting of health care services, prices, and fee information.**

**Effective January 1, 2022 and until further notice, Valley Chiropractic Clinic Inc. charges the following undiscounted fees for the listed health care services:**

**You will be provided an estimate of the anticipated charges for your non-emergency care upon request. Please do not hesitate to ask for information.**

**The undiscounted prices listed below may be higher or lower than the amount an individual actually pays for the health care services described.**

**Valley Chiropractic is contracted to provide health care services as an in-network preferred provider for only Premera Blue Cross Blue Shield of Alaska and Aetna.**

#### **Evaluation/Management**

<b>Procedure Code</b>	<b>Description</b>	<b>Undiscounted Fee</b>
<b>99202</b>	<b>New patient exam 20 minutes</b>	<b>\$195.00</b>
<b>99203</b>	<b>New patient exam 30 minutes</b>	<b>\$250.00</b>
<b>99204</b>	<b>New patient exam 45 minutes</b>	<b>\$360.00</b>
<b>99212</b>	<b>Established patient exam 10 minutes</b>	<b>\$120.00</b>
<b>99213</b>	<b>Established patient exam 15 minutes</b>	<b>\$150.00</b>
<b>99214</b>	<b>Established patient exam 25 minutes</b>	<b>\$230.00</b>
<b>99347</b>	<b>Home Visit- established patient exam</b>	<b>\$205.00</b>
<b>99348</b>	<b>Home Visits- established patient exam- expanded</b>	<b>\$250.00</b>


**Medicine**

<b>Procedure Code</b>	<b>Description</b>	<b>Undiscounted Fee</b>
<b>98940</b>	<b>Chiropractic Adjustment 1- 2 regions</b>	<b>\$65.00</b>
<b>98941</b>	<b>Chiropractic Adjustment 3-4 regions</b>	<b>\$80.00</b>
<b>98942</b>	<b>Chiropractic Adjustment 5 regions</b>	<b>\$102.00</b>
<b>98943</b>	<b>Extremity Adjustment – i.e. shoulder, wrist, ankle,</b>	<b>\$30.00</b>
<b>97124</b>	<b>Massage Therapy per 15 minute unit</b>	<b>\$37.50</b>
<b>97140</b>	<b>Manual Therapy per unit</b>	<b>\$45.00</b>
<b>97032</b>	<b>Electrical muscle stimulation per unit</b>	<b>\$45.00</b>
<b>97035</b>	<b>Ultrasound therapy per unit</b>	<b>\$40.00</b>
<b>97039/S8948</b>	<b>Low Level Laser Therapy</b>	<b>\$30.00</b>
<b>97012</b>	<b>Cervical Mechanical Traction per unit</b>	<b>\$37.00</b>

**Radiology**

<b>Procedure Code</b>	<b>Description</b>	<b>Undiscounted Fee</b>
<b>72040</b>	<b>X-ray – Neck – 2-3 views</b>	<b>\$225.00</b>
<b>72050</b>	<b>X-ray – neck – 4-5 views</b>	<b>\$325.00</b>
<b>73030</b>	<b>X-ray – shoulder – 2 view</b>	<b>\$245.00</b>
<b>72070</b>	<b>X-ray – thoracic spine - 2 views</b>	<b>\$184.00</b>
<b>73100</b>	<b>X-ray – Wrist – 2 views</b>	<b>\$180.00</b>
<b>72100</b>	<b>X-ray – lumbosacral – 2/3 views</b>	<b>\$230.00</b>

<b>73600</b>	<b>X-ray – Ankle - 2 View</b>	<b>\$185.00</b>
<b>73620</b>	<b>X-ray – lateral view Both Feet</b>	<b>\$185.00</b>
<b>73560</b>	<b>X-ray Knee – 1-2 views</b>	<b>\$135.00</b>
<b>73120</b>	<b>X-ray – Hand – 2 views</b>	<b>\$180.00</b>

**Surgery**

<b>Procedure Code</b>	<b>Description</b>	<b>Undiscounted Fee</b>
<b>NONE</b>	<b>None</b>	<b>\$0.00</b>

**Anesthesia**

<b>Procedure Code</b>	<b>Description</b>	<b>Undiscounted Fee</b>
<b>NONE</b>	<b>None</b>	<b>\$0.00</b>

**Pathology**

<b>Procedure Code</b>	<b>Description</b>	<b>Undiscounted Fee</b>
<b>NONE</b>	<b>None</b>	<b>\$0.00</b>

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**You may also find a copy of this fee schedule on our website at [www.valleychiropracticwasilla.com](http://www.valleychiropracticwasilla.com)**

**The State of Alaska Department of Health and Social Services website address is <http://dhss.alaska.gov/Pages/default.aspx>**