

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 3, 2021 and until further notice, the Soma Wellness 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.

Soma Wellness is contracted to provide health care services as an in-network preferred provider with Premera Blue Cross Blue Shield of Alaska, VA Integrated Healthcare (Acupuncture only) and the Public Education Health Trust.

Evaluation/Management

| Procedure Code | Description | Undiscounted Fee |
|----------------|-------------------------------------|------------------|
| 99202 | New patient exam 15 minutes | \$195.00 |
| 99203 | New patient exam 30 minutes | \$289.00 |
| 99204 | New patient exam 45 minutes | \$370.00 |
| 99205 | New patient exam 60 minutes | \$395.00 |
| 99211 | Established minimal history exam | \$82.00 |
| 99212 | Established patient exam 10 minutes | \$123.00 |
| 99213 | Established patient exam 20 minutes | \$160.00 |
| 99214 | Established patient exam 30 minutes | \$250.00 |
| 99215 | Established patient exam 40 minutes | \$275.00 |

Chiropractic Services

| Procedure Code | Description | Undiscounted Fee |
|----------------|--|------------------|
| 98940 | Chiropractic Adjustment 1- 2 regions | \$65.00 |
| 98941 | Chiropractic Adjustment 3-4 regions | \$79.00 |
| 98942 | Chiropractic Adjustment 5 regions | \$100.00 |
| 98943 | Extra Spinal/Extremity Adjustment | \$50.00 |
| G0283 | Electric Stimulation per unit | \$73.00 |
| 97014 | Unattended Electrical Stimulation per unit | \$53.00 |
| 97032 | Manual electric muscle stimulation per unit | \$53.00 |
| 97140 | Manual therapy per 15 minute unit | \$70.00 |
| 97024 | Diathermy per 15 minute unit | \$45.00 |
| 90901 | Bio Feedback per 15 minute unit | \$100.00 |

Massage Therapy Services

| Procedure Code | Description | Undiscounted Fee |
|----------------|---|------------------|
| 97112 | Neuromuscular Re-education per 15 minute unit | \$70.00 |
| 97124 | Massage therapy per 15 minute unit | \$60.00 |
| 97140 | Manual therapy per 15 minute unit | \$70.00 |
| 97035 | Ultrasound per 15 minute unit | \$53.00 |

Acupuncture Treatment

| Procedure Code | Description | Undiscounted Fee |
|----------------|--|------------------|
| 97810 | Acupuncture w/o electrical stimulation, initial 15 minutes | \$106.00 |
| 97811 | Acupuncture w/o electrical stimulation, each additional 15 minutes | \$89.00 |

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| 97813 | Acupuncture with electrical stimulation initial 15 minutes | \$114.00 |
| 97814 | Acupuncture with electrical stimulation each additional 15 minutes | \$105.00 |
| 97026 | Infared therapy-TDP, moxibustion | \$30.00 |
| 97140 | Manual therapy each 15 minute unit | \$70.00 |

You may also find a copy of this fee schedule on our website at www.somawellnessak.com

The State of Alaska Department of Health and Social Services website address is

<http://dhss.alaska.gov/Pages/default.aspx>

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