



Peak Neurology and Sleep Medicine, 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 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/Pages/default.aspx>.

Peak Neurology and Sleep Medicine, 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.

Peak Neurology and Sleep Medicine LLC is considered in-network with the following insurance companies:

- **Aetna • Cigna • Medicaid • Medicare • Multiplan**
- **Premera/Blue Cross Blue Shield • Veterans Health Administration.**

## **Peak Neurology and Sleep Medicine, LLC's 10 Most Commonly Performed Evaluation and Management Codes (99201-99499):**

**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. \$281.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include 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. \$417.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include 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. \$607.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include 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. \$433.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include 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. \$658.00 Undiscounted cost. There is no

facility fee associated with this code. The fee does not include 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. \$850.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include 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. \$577.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include 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. \$826.00 Undiscounted cost. There is no facility fee associated with this code. The fee does not include 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. \$325.00 Undiscounted cost. There is no facility fee associated with this code charged by Peak Neurology. The fee does not include 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. \$506.00 undiscounted cost. There is no facility fee associated with this



code charged by Peak Neurology. The fee does not include in-network/negotiated discounts.

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### **Peak Neurology and Sleep Medicine, LLC's 10 most performed Surgery Codes (10021-69990):**

**20552:** Injection; single or multiple trigger points. 1-2 muscles. \$373.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**62270:** Spinal puncture, lumbar, diagnostic. \$1000.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts

**64611:** Chemodenervation of parotid and submandibular salivary glands, bilateral. \$1000.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**64612:** Chemodenervation of muscles, a local injection technique, innervated by facial nerve, unilateral. (Example: hemifacial spasm or blepharospasm).

\$1200.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include 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). \$1525.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**64616:** Chemodenervation of muscles, a local injection technique, of neck muscles, excluding larynx, unilateral. (Example: Cervical dystonia). \$1200.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**64642:** Chemodenervation, a local injection technique, of one extremity; 1-4 muscles. \$1200.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include 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. \$679.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**64644:** Chemodenervation, a local injection technique, of one extremity; 5 or more muscles. \$1300.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**64646:** Chemodenervation, a local injection technique, trunk muscle(s) 1-5 muscle(s). \$1200.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

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## **Peak Neurology and Sleep Medicine, LLC's 10 most performed Medicine Codes (90281-99199; 99500-99607):**

2741 Debarr Road, Suite C-308 [www.peakneurology.com](http://www.peakneurology.com)  
Anchorage, AK 99508

907-331-3640 Phone  
907-331-3674 Fax

**95800, 26:** Interpretation only of a sleep study, unattended (at home study), simultaneous recording of heart rate, oxygen saturation, respiratory analysis, and sleep time. \$350.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**95806, 26:** Interpretation only of a sleep study, unattended (at home study), simultaneous recording of heart rate, oxygen saturation, respiratory airflow and effort. \$400.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**95806:** Sleep study, unattended (at home study), simultaneous recording of heart rate, oxygen saturation, respiratory airflow and effort. \$1000.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include 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. \$5000.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**95810,26:** Interpretation only of a 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. \$1000.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include 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. \$5500.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**95811,26:** Interpretation only of a 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. \$1200.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

**95816, 26:** Interpretation only of Electroencephalogram (EEG); including recording awake and drowsy. \$915.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include 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. \$700.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include 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. \$2200.00 undiscounted cost. There is no facility fee associated with this code. The fee does not include in-network/negotiated discounts.

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### **Peak Neurology and Sleep Medicine, LLC's 10 Most Commonly Performed Anesthesia Codes (00100-01999;99100-99140):**

We currently do not bill any anesthesia codes.

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**Peak Neurology and Sleep Medicine, LLC's 10 Most Commonly Performed Radiology Codes (70010-79999):**

We currently do not bill any radiology codes

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**Peak Neurology and Sleep Medicine, LLC's 10 Most Commonly Performed Pathology and Laboratory Codes 80047-89398**

We currently do not bill any pathology and laboratory codes.

**\*\*Source: American Medical Association. CPT Professional 2020 (CPT / Current Procedural Terminology (Professional Edition)) (Kindle Locations 2564-2572). American Medical Association. Kindle Edition.**