

This notice is posted in accordance with 7 AAC86.010 Reporting the price of healthcare services.

This schedule may be higher than the amount and individual actually pays for the healthcare services described. Community Chiropractic Clinic LLC is contracted to provide healthcare services as in in-network preferred provider with Premera Blue Cross Blue Shield, AETNA, TRICARE VA Choice, Medicare, and Medicaid.

### **HEALTHCARE SERVICES PRICE LIST**

**YEAR January 1, 2020 - December 31, 2020**

Effective January 1, 2020 through December 31, 2020 - Undiscounted fee schedule.

<b>CPT®</b>		
<b>Code</b>	<b>Description</b>	<b>Price</b>
72040	Cervical Xrays/Two or Three Views	\$280.00
72050	Cervical Xrays/Four Views	\$390.00
72070	Thoracic Xrays/Two Views	\$290.00
72082	Full Spine Xrays (AP AND LAT)	\$480.00
72090	Scoliosis Study	\$300.00
72100	Lumbosacral Xrays/Two or Three Views	\$300.00
72220	Sacrum & Coccyx Xray	\$265.00
73020	Shoulder Xray/One View	\$190.00
73030	Shoulder Xrays/Two Views	\$265.00
73070	Elbow Xrays/Two Views	\$230.00
73110	Wrist Xrays/Three Views	\$210.00
73120	Hand Xrays/Two Views	\$220.00
73130	Hand Xrays/Three Views	\$260.00
73502	Pelvis Xray/One or Two Views	\$265.00
73620	Foot Xrays/Two Views	\$220.00
73630	Foot Xrays/Three Views	\$250.00
97010	Thermo/Cryo Therapy	\$50.00

97026	Infrared (15 Minutes)	\$56.00
97110	Therapeutic Exercises	\$90.00
97124	Massage ( 15 Minutes)	\$40.00
97140	Manual Therapy Techniques	\$60.00
98940	CMT 1-2 Regions	\$76.00
98941	CMT 3-4 Regions	\$88.00
98942	CMT 5 Regions	\$140.00
98943	CMT Extraspinal	\$45.00
99201	NP 99201 Prob. Focus LVL 1	\$180.00
99202	NP 99202 Exp. Prob. Foc LVL 2	\$240.00
99203	NP 99203 Det./Low Comp. LVL 3	\$310.00
99211	EP 99211 Eval/Mngmt LVL 1	\$95.00
99212	EP 99212 Prob. Focus LVL 2	\$155.00
99213	EP 99213 Exp/Low Comp. LVL 3	\$210.00

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