

Alaska Compass LLC 2600 Denali Street, Suite 300 Anchorage, AK 99503 Phone: (907) 318-9050

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Health Care Pricing Transparency Act

https://dhss.alaska.gov/Commissioner/Pages/transparency.aspx

Patients are strongly encouraged to verify and understand your benefits and coverage. It is your responsibility to fully understand what is covered, please ask us for help if you need it. Some services may not be covered by health insurance.

As of February 2023 Alaska Compass LLC is in network with the following insurance companies:

- Premera Blue Cross Blue Shield
- Aetna
- Tricare
- Medicare
- Alaska Medicaid

Some insurances have a "carve out" where their mental health services are contracted through a different health insurance company. For example, as of February 2023, patients who carry Blue Cross Blue Shield insurance through Providence Alaska Medical Center have mental health coverage through Optum. We are not in network with Optum. Therefore patients who are carry insurance through Providence Alaska Medical Center are out of network and will pay the full fee for services.

Cost of Intake:

The billing code for intakes at Alaska Compass LLC is a 99205. This carries a charge of \$540.00. If you are covered by one of the above five insurances the charge is typically less than this. If you are out of network you will be responsible for the full charge. If you are in network you will owe your contracted rate if you have not yet paid your yearly deductible or co-insurance.

Cost of Follow-Up:

Billing codes are chosen based off of the services provided in the appointment, and we can not always know what is needed in advance. Typically 30 minutes appointments are billed with a 99214 at an out of network charge of \$285. Sixty minute follow up appointments are typically billed one of two ways. 1) 99215 at \$375 or 2) a combination of two codes that includes medication management and therapy codes. Typically this is a 99214 at \$285 with an additional code of 90836 with a charge of \$175. Typically in network charges are less than this. If you have not yet paid your deductible or co-insurance, you will be responsible for these charges.

Below is a review of commonly used codes at Alaska Compass

99205 Intake Assessment, Evaluation and Management Services: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter. This time includes chart review, face-to-face time and documentation. \$540.00



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99215 Follow-Up Appointment, Evaluation and Management Services: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. This time includes chart review, face-to-face time and documentation. \$375.00

99214 Follow-Up Appointment, Evaluation and Management Services: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter. This time includes chart review, face-to-face time and documentation. \$285.00

99213 Follow-Up Appointment, Evaluation and Management Services: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter. This time includes chart review, face-to-face time and documentation. \$190.00

90833. Psychotherapy, 30 minutes with patient when performed with an evaluation and management service. In this add-on service, the provider performs psychotherapy, a series of techniques for treating the psychiatric disorders of the patient, in addition to an evaluation and management service in the same session. The treatment session with the patient typically lasts anywhere between 16 to 37 minutes. \$160.00

99417 or G2212. Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes. This time includes chart review, face-to-face time and documentation. \$75.00

99421 (Online Correspondence/Communication) Online digital evaluation and management service. for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes (Used for email correspondence - not telemedicine). \$40.00

99422 (Online Correspondence/Communication). Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes (Used for email correspondence - not telemedicine) This time includes chart review, face-toface time and documentation. \$80.00

99441 (Telephone Correspondence/Communication). Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion. This time includes chart review, face-to-face time and documentation. \$40.00



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99442 (Telephone Correspondence/Communication). Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion. This time includes chart review, face-to-face time and documentation. \$90.00

90785. Interactive complexity (List separately in addition to the code for primary procedure). This add-on code represents increased work intensity of psychotherapy services that adds difficulty to delivery of service. \$21.00