The Alaska Hospitalist Group, LLC

2020-2021 10 Most Commonly Performed Services

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4300 B Street, Suite 200 Anchorage Alaska, 99503 | www.alaskahospitalist.com | P: 907-375-3355 | F: 907-375-3351

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Per state law (Senate Bill 105-passed by the 30th Alaska Legislature during its second session), starting 1/1/2019, we are required to annually post this list of our 10 most frequently billed service codes 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:

Category:	**CPT Code Range:**
Evaluation and Management	99201-99499
Anesthesia	00100-01999; 99100-99140
Surgery	10021-69990
Radiology	70010-79999
Pathology and Laboratory	80047-89398
Medicine	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.

In adherence to the law, The Alaska Hospitalist Group is listing our "undiscounted price." This is the price taken directly from our fee sheet as of the publication date and are also reported to the Alaska Department of Health & Social Services. These prices may be higher that the amount actually paid for the services received depending on the individual's circumstance (i.e. Insurance Coverage, In-Network Contracts, Medicaid Coverage, Self-Pay Arrangements, etc.).

You are entitled, upon request, to receive a good-faith estimate of reasonably anticipated charges for a given nonemergency service(s) prior to providing those services and no later than 10 days following the receipt of your request. This estimate does not include facility fees or other charges incurred outside of the service rendered by a TAHG Provider. This estimate will be provided in the form of your choosing – Orally, Written, or Electronic.

Please do not hesitate to ask any questions.

10 Most Commonly Performed Evaluation and Management Codes

CPT Code	Description of the Service	Cost
99220	**Initial Observation Care Level 3:** High level of initial care in an observation setting including history, exam, and medical decision making. Time spent on care may be up to or exceeding 70 minutes.	$1057.00
99222	**Initial Hospital Care Level 2:** Moderate level of care in an inpatient setting (admission potentially requiring more than 48 hours of care) including history, exam and moderate level of medical decision making. Time spent on initial care may be up or exceeding 50 minutes.	$784.00
99223	**Initial Hospital Care Level 3:** High level of initial care in an inpatient setting (admission potentially requiring more than 48 hours of care) including history, exam, and medical decision making. Time spent on care may be up to or exceeding 70 minutes.	$1155.00
99231	**Subsequent Hospital Care Level 1:** Per Day. Care coordination with patient and/or other health care providers. May include history, exam, and/or low level of medical decision making. Time spent on care coordination typically in the 15-minute range.	$225.00
99232	**Subsequent Hospital Care Level 2:** Per Day. Care coordination with patient and/or other health care providers. May include a more detailed history, extensive exam, and/or moderate level of medical decision making. Time spent on care coordination typically in the 25-30-minute range.	$414.00
99233	**Subsequent Hospital Care Level 3:** Per Day. Care coordination with patient and/or other health care providers. May include detailed history, detailed exam, and/or high level of medical decision making. Time spent on care coordination typically in the 35+ minute range.	$596.00
99238	**Hospital Discharge Level 1:** Discharge with less than 30 minutes of time spent on discharge care coordination or instructions including time spent with other providers.	$411.00
99239	**Hospital Discharge Level 2:** Discharge with more than 30 minutes of time spent on discharge care coordination or instructions including time spent with other providers.	$605.00
99291	**Critical Care:** Per day. Initial critical care time 30 - 74 minutes. May be billed by more than one specialty. Typically billed if a patient is in critical condition with a threat to life.	$1353.00
99292	**Critical Care additional 30 mins:** Per day. Each additional 30 minutes of critical care time.	$642.00

10 Most Commonly Performed Surgery Codes

CPT Code	Description of the Service	Cost
36556	**Insertion of Centrally Inserted Venous Catheter:** Central venous catheter placed in any of the following locations: subclavian, innominate or iliac veins, inferior or superior vena cava, or right atrium. (for patient's 5 or older)	$1484.00
31624	**Endoscopy:** Bronchoscope used to enter the lungs via the nose or mouth. Fluid is excreted into the lungs and recovered to perform and exam. Typically used to diagnose or rule out lung disease.	$1948.00
31500	**Intubation:** Insertion of an endotracheal tube in an emergency to assist with breathing.	$1384.00
31645	**Bronchoscopy:** Bronchoscope with fluoroscopic guidance used for therapeutic aspiration of the tracheobronchial tree (example: draining a lung abscess)	$1417.00
36620	**Arterial Catheterization:** The use of an arterial catheter or cannula to obtain arterial blood samples, to monitor blood pressure in real time, or for transfusion purposes.	$440.00
32555	**Thoracentesis:** Removal of fluid or air from the pleural space by use of needle or catheter, with imaging guidance.	$1087.00
32551	**Thoracostomy:** Insertion of a chest with connection to a drainage system.	$1493.00
32562	**Fibrinolytic Agent Instillation:** Per Day. The subsequent (after initial introduction) use of a thrombolytic drug through a chest tube/catheter to aid in the dissolution of blood clots. Code may be used once per day after the first day of use.	$588.00
32554	**Thoracentesis:** Removal of fluid or air from the pleural space by use of needle or catheter, without imaging guidance.	$869.00
49083	**Abdominal Paracentesis:** Puncture of the abdominal cavity for the purpose of peritoneal fluid sampling. With imaging guidance.	$1032.00

10 (1 used) Most Commonly Performed Radiology Codes

CPT Code	Description of the Service	Cost
76937	**Ultrasonic Guidance Procedures:** Ultrasound guidance used to gain vascular access. Used to evaluate potential access sites. Requires real-time images and documentation of access site viability.	$140.00

10 Most Commonly Performed Medicine Codes

CPT Code	Description of the Service	Cost
92950	**Cardiopulmonary Resuscitation:** CPR – performed when a patient is in cardiac arrest.	$1821.00
90945	**Dialysis:** Single evaluation related to dialysis and a dialysis procedure other than Hemodialysis.	$815.00
93010	**Cardiography:** Report and interpretation of 12 lead ECG	$82.00
92960	**Cardioversion:** Electric conversion of abnormal cardiac rhythm.	$1040.00
94003	**Ventilator Management:** Per day. Management of ventilator after initial placement and management day.	$645.00
93016	**Cardiography:** Supervision of a stress test w/o interpretation or report	$216.00
93503	**Cardiac Catheterization:** Swan Ganz, the insertion/placement of a catheter with flow direction for monitoring purposes.	$877.00
93018	**Cardiography:** Report and interpretation of stress test	$144.00
99156	**Moderate (Conscious) Sedation:** Initial 15 minutes of intraservice time of sedation services from a provider other than the provider performing the diagnostic service (for patient's age 5 or older).	$755.00
99157	**Moderate (Conscious) Sedation:** Each additional 15 minutes of intraservice time for sedation services from a provider other than the provider performing the diagnostic service (For patient's 5 or older)	$611.00

10 Most Commonly Performed Anesthesiology Codes:

We do not bill any Anesthesiology codes.

10 Most Commonly Performed Pathology/Laboratory Codes:

We do not bill any Pathology/Laboratory Codes