

2023 State of Alaska Required Posting of 10 Most Commonly Performed Services

Per state law (Senate Bill 1OS-passed by the 30th Alaska Legislature during its second session), starting 1/1/2019, we are required to post annually a 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. CPT[®] Copyright 2021. American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. The CPT codes are provided 'as is' without warranty of any kind. The AMA specifically disclaims all liability for use or accuracy of any CPT codes.

The six sections are:	CPT Codes:
Evaluation and Management	99201-99499
Anesthesia	00100-01999, 99100-99140
Surgery	10021-69990
Radiology	70010-79999
Pathology and Laboratory	80047-89398, 00010 00170
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: <u>https://dhss.alaska.gov/dph/VitalStats/Pages/transparency.aspx</u> By law, we are required to tell you that the "undiscounted price" that we are required to report may, in the state's words, "be higher or lower" than the amount an individual will actually pay for the health care services described on these lists. To translate this required statement, it means that if we are an IN-network provider with your insurance, the price could be significantly lower than the price listed here. If we are <u>NOT</u> in network with your insurance, our price will be no higher than the prices listed here.

The following are insurances for which we are an IN-network:

- Aetna
- Cigna
- Premera/Blue Cross Blue Shield
- United Healthcare/UHC
- Moda
- Medicaid
- Medicare

For most other insurances, we are considered <u>OUT</u> of-network.

As required by the law, you may request to be provided with an estimate of the anticipated charges for your <u>non-emergency</u> care. Please do not hesitate to ask for this information. This estimate will only include our estimated fees; we cannot provide estimates for the cost of other facilities or providers (example: the cost of your hospital stays for surgery or the cost of an anesthesiologist's services); these providers will need to be contacted directly in order to obtain an estimate of their costs. We will provide you with contact information so that you can obtain estimates from these individuals.

It is important to understand that, regardless of our prices quoted here, <u>YOUR</u> <u>insurance company determines the final price of any billed CPT codes</u>. We charge one price; they process and discount it to what <u>THEY</u> will allow/pay. There is also a difference whether you go to an IN-network provider (*typically a lower discounted price*) or an OUT of-network provider (*typically a higher price*).

IPMS 10 Most Commonly Performed Evaluation & Management Codes for 2022:

CPT Code	Price	Description
99203	\$320.00	New Patient (has not been seen in group within 3 years) office visit (30 min), level 3
99213	\$225.00	Established Pt (has been seen in group within 3 years) office visit (15 min), level 3
99214	\$325.00	Established Pt (has been seen in group within 3 years) office visit (25 min), level 4
99215	\$450.00	Established Pt (has been seen in group within 3 years) office visit (40 min), level 5
99245	\$750.00	Office Consultation for a New or Established Patient
99385	\$425.00	Preventative Wellness Medicine Evaluation New Patient Age 18-39
99386	\$475.00	Preventative Wellness Medicine Evaluation New Patient Age 40-64
99395	\$375.00	Preventative Wellness Medicine Evaluation Established Pt Age 18-39
99396	\$400.00	Preventative Wellness Medicine Evaluation Established Pt Age 40-64
99455	\$150.00	Work Related or Disability Exam

IPMS 10 Most Commonly Performed <u>Anesthesiology Codes</u> for 2022:

We <u>DO NOT</u> bill any Anesthesiology codes

IPMS 10 Most Commonly Performed <u>Surgery Codes</u> for 2022:

Description **CPT Code Price** 17110 \$575.00 Destruction of benign lesions; up to 14 lesions Routine collection of venous blood by venipuncture \$50.00 36415 Laparoscopy, surgical, sacral Colpopexy \$6200.00 57425 Insertion of intrauterine device (IUD) \$710.00 58300 58301 \$560.00 Removal of intrauterine device (IUD) \$6900.00 Hysteroscopy, surgical, biopsy 58558 Laparoscopy, surgical, w/total hysterectomy, w/removal of tube(s) and/or \$8500.00 58571 Injection(s), Anesthetic agent(s) AND/OR Steroid; Paracervical (uterine) \$750.00 64435 nerve Removal of impacted ear wax using irrigation/lavage, unilateral \$75.00 69209 69210 \$250.00 Removal of impacted ear wax requiring instrumentation, unilateral

IPMS 10 Most Commonly Performed <u>Radiology Codes</u> for 2022:

- **CPT Code Price Description** 71046 \$200.00 X-ray examination, chest; 2 views
- 72050 \$300.00 X-ray examination, spine; 4 or 5 views
- 72110 \$300.00 X-ray examination, spine, lumbosacral; minimum of 4 views
- 73030 \$225.00 X-ray examination, shoulder, complete; minimum of 2 views
- 73564 \$225.00 X-ray examination, knee, complete; 4 or more views
- 76805 \$715.00 Ultrasound, pregnant uterus real time with image documentation >or=14wks0days
- 76817 \$500.00 Transvaginal Ultrasound Obstetric
- 76819 \$550.00 Fetal echocardiograph doppler complete
- 76830 \$650.00 Fetal biophysical profile; without non-stress testing
- 77072 \$175.00 X-ray examination, bone age studies

IPMS 10 Most Commonly Performed <u>Pathology/Laboratory Codes</u> for 2022:

- **CPT Code Price** Description General health panel (GHP) \$260.00 80050 80053 \$75.00 Comprehensive metabolic panel (CMP) \$85.00 80061 Lipid panel \$30.00 Urinalysis, automated, without microscopy 81003 \$150.00 82306 Vitamin D, 25-hydroxy \$70.00 Glycosylated (A1C) hemoglobin analysis 83036 Prostate specific antigen (PSA), complexed; total 84153 \$135.00 Assay of thyroid stimulating hormone (TSH) 84443 \$125.00 \$60.00 Complete CBC, automated and automated differential WBC count 85025
- 87801 \$315.00 Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique

IPMS 10 Most Commonly Performed <u>Medicine Codes</u> for 2022:

CPT Code	e Price	Description
90471	\$75.00	Immunization administration; 1 vaccine (single or combo)
90472	\$30.00	Immunization administration; + each additional vaccine (single or combo)
90662	\$100.00	Influenza virus vaccine (IIV), split virus, no preservative, increased antigen
90688	\$25.00	Influenza virus vaccine, quad (IIV4), split, 0.5 mL, Intramuscular (IM)
90715	\$70.00	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), >7 years
90750	\$20.00	Zoster (shingles) vaccine, (HZV), recomb, sub, adj, intramuscular injection
92552	\$175.00	Pure tone audiometry; air only
93000	\$150.00	Electrocardiogram, routine ECG, with interpretation and report

CPT Code Price Description

95251 \$250.00 Continuous glucose monitoring (CGM) analysis and interpretation report

96372 \$120.00 Therapeutic, prophylactic, or diagnostic injection, subcutaneous or IM

THIS DOCUMENT AND ALLOF THESE CODES CAN BEFOUND ON OUR WEBSITE AT: https://www.ipmsak.com