



## 10 Most Commonly Published Services

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Per state law (Senate Bill 105-passed by the 30<sup>th</sup> 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 1 of the Current Procedural Terminology\* (“CPT codes”) book, as adopted by the American Medical Association. The six sections are:

**Category:**

Evaluation and Management  
Anesthesia  
Surgery  
Radiology  
Pathology and Laboratory  
Medicine

**CPT Code Range:**

99201-99499  
00100-01999; 99100-99140  
10021-69990  
70010-79999  
80047-89398  
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:

<https://health.alaska.gov/dph/VitalStats/pages/transparency.aspx>

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In adherence to the law, Steese Immediate Care 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 than the amount actually paid for the services received depending on the individual’s circumstance (ie. Insurance Coverage, In-Network Contacts, 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(n) Steese Immediate Care Provider. Please do not hesitate to ask any questions.

**We are considered an “In-Network Provider” under your insurance policy, if your Insurance Card shows any of the following:**



**We are not enrolled in Medicare, Medicaid, Tricare (Prime and Select), or VA Benefits**

For all other insurances, we are considered out-of-network and do not maintain contractual relationships that may reduce the prices of our services, but our services are extended to everyone, regardless of their coverage. We are happy to check your coverage for benefits.

## 10 Most Commonly Performed Evaluation and Management Codes:

<u>CPT Code</u>	<u>Description of the Service</u>	<u>Cost</u>
<b>99202</b>	<b>Office Visit Level</b> - New Patient with problems of low to moderate severity	<b>\$240</b>
<b>99203</b>	<b>Office Visit Level</b> - New Patient with problems of moderate severity	<b>\$350</b>
<b>99204</b>	<b>Office Visit Level</b> - Established Patient with problems of moderate to high severity	<b>\$525</b>
<b>99211</b>	<b>Office Visit Level</b> - Established Patient with problems of minimal severity	<b>\$95</b>
<b>99213</b>	<b>Office Visit Level</b> - Established Patient with problems of low to moderate severity	<b>\$235</b>
<b>99214</b>	<b>Office Visit Level</b> - Established Patient with problems of moderate to high severity	<b>\$345</b>
<b>99395</b>	<b>Established Wellness Visit</b> - 18-39 Years of Age - Established comprehensive preventative medicine reevaluation	<b>\$380</b>
<b>99396</b>	<b>Established Wellness Visit</b> - 40-64 Years of Age - Established comprehensive preventative medicine reevaluation	<b>\$405</b>
<b>99429</b>	<b>Sports Physical</b> - Fairbanks North Star Borough physical for student sport participation	<b>\$75</b>
<b>99499</b>	<b>DOT Physical</b> - Department of Transportation physical as required by the Federal Motor Carrier Safety Administration	<b>\$175</b>

## 10 Most Commonly Performed Surgery Codes:

<u>CPT Code</u>	<u>Description of the Service</u>	<u>Cost</u>
<b>10060</b>	<b>Incision and Drainage of Abscess - Simple or Single</b>	<b>\$650</b>
<b>10061</b>	<b>Incision and Drainage of Abscess - Complicated or Multiple</b>	<b>\$1,200</b>
<b>10120</b>	<b>Incision and Removal of Foreign Body - Subcutaneous; Simple</b>	<b>\$900</b>
<b>12001</b>	<b>Repair of Superficial Wounds - Simple repair of superficial wounds (non-facial) of 2.5 cm or less</b>	<b>\$510</b>
<b>12002</b>	<b>Repair of Superficial Wounds - Simple repair of superficial wounds (non-facial) of 2.6 to 7.5 cm</b>	<b>\$640</b>
<b>12011</b>	<b>Repair of Superficial Wounds - Simple repair of superficial wounds (facial) of 2.5 cm or less</b>	<b>\$640</b>
<b>17110</b>	<b>Destruction of Benign Lesions - Other than skin tags; up to 14 lesions</b>	<b>\$625</b>
<b>29130</b>	<b>Application of Finger Splint - Static</b>	<b>\$500</b>
<b>36415</b>	<b>Routine Venipuncture - Collection of venous blood or capillary blood</b>	<b>\$40</b>
<b>69209</b>	<b>Cerumen (Ear Wax) Impaction Removal - Removal of earwax that has built up in the ear canal</b>	<b>\$80</b>

## 10 Most Commonly Performed Radiology Codes:

<u>CPT Code</u>	<u>Description of the Service</u>	<u>Cost</u>
<b>71046</b>	<b>X-Ray Exam of Chest 2 View</b> - 2 new X-Ray exam of the chest	<b>\$250</b>
<b>72100</b>	<b>X-Ray Exam Lumbosacral Spine 2-3 View</b> - 2 to 3 view X-Ray exam of the Lumbar spine and Sacrum	<b>\$245</b>
<b>73100</b>	<b>X-Ray Exam of Wrist</b> - Minimum 3 view X-Ray exam of the wrist	<b>\$175</b>
<b>73130</b>	<b>X-Ray Exam of the Hand</b> - Minimum 3 view X-Ray exam of the hand	<b>\$215</b>
<b>73140</b>	<b>X-Ray Exam of the Fingers</b> - Minimum 2 view X-Ray exam of the fingers	<b>\$175</b>
<b>73562</b>	<b>X-Ray Exam of Knee 3 View</b> - X-Ray exam of knee, 3 views	<b>\$235</b>
<b>73610</b>	<b>X-Ray Exam of Ankle</b> - Complete Minimum 3 view X-Ray exam of Ankle	<b>\$215</b>
<b>73630</b>	<b>X-Ray Exam of Foot</b> - Complete Minimum 3 view X-Ray exam of Foot	<b>\$220</b>
<b>74019</b>	<b>X-Ray Exam of Abdomen</b> - 2 view X-Ray exam of Abdomen	<b>\$235</b>
<b>74022</b>	<b>X-Ray Exam of Abdomen (Acute Abdomen Series)</b> - 2 or more view X-Ray exam of the entire abdomen and single view of chest	<b>\$285</b>

## 10 Most Commonly Performed Pathology/Laboratory Codes:

<u>CPT Code</u>	<u>Description of the Service</u>	<u>Cost</u>
<b>80053</b>	<b>Comprehensive Metabolic Panel</b> - Comprehensive laboratory panel measuring the blood level of 14 chemicals	<b>\$130</b>
<b>80061</b>	<b>Lipid Panel</b> - Laboratory panel in which the level of cholesterol and triglycerides are measured	<b>\$160</b>
<b>81003</b>	<b>Urinalysis Automated without microscopy</b> - Urine sample with dipstick testing	<b>\$50</b>
<b>81025</b>	<b>Urine Pregnancy Test</b> - Urine sample is tested for the presence of HcG (Pregnancy Hormone)	<b>\$70</b>
<b>83036</b>	<b>Glycosylated Hemoglobin Test</b> - Hemoglobin A1C to determine average blood glucose levels over last several months	<b>\$140</b>
<b>85025</b>	<b>Complete Blood Count w/ Automated Differential WBC</b> - tests different components of blood for infection & oxygenation ability	<b>\$130</b>
<b>87635</b>	<b>SARS COV-2 COVID 19 NAAT Test</b> - Rapid Nucleic Acid Amplification Test to determine if a person is infected with COVID-19	<b>\$335</b>
<b>87804</b>	<b>Influenza Assay w/ Optic</b> - Rapid test for flu with direct visual observation.	<b>\$90</b>
<b>87811</b>	<b>SARS-COV-2 COVID 19 Antigen Test</b> - Rapid Antigen test to determine if a person is infected with COVID-19	<b>\$240</b>
<b>87880</b>	<b>Strep A Assay w/Optic</b> - Rapid test for Strep A with direct visual observation.	<b>\$90</b>

## 10 Most Commonly Performed Medicine Codes:

<u>CPT Code</u>	<u>Description of the Service</u>	<u>Cost</u>
<b>90471</b>	<b>Immunization Administration</b> - Administration of vaccination	<b>\$75</b>
<b>90714</b>	<b>Tetanus and Diphtheria Toxoids (Td)</b> - Vaccine for Tetanus and Diphtheria	<b>\$75</b>
<b>90715</b>	<b>Tetanus, Diphtheria, Pertussis Toxoids (TDaP)</b> - Vaccine for Tetanus, Diphtheria, and Pertussis	<b>\$85</b>
<b>93000</b>	<b>Electrocardiogram Complete</b> - Test of heart electrical rhythms while at rest	<b>\$205</b>
<b>94640</b>	<b>Airway Inhalation Treatment</b> - Nebulizer Treatment	<b>\$150</b>
<b>96360</b>	<b>Initial IV Hydration Infusion</b> - Replacement of necessary fluids and electrolytes (Usually 30 minutes to an hour)	<b>\$450</b>
<b>96361</b>	<b>Add-On IV Hydration Infusion</b> - Additional replacement of necessary fluids and electrolytes	<b>\$450</b>
<b>96365</b>	<b>IV Infusion for Therapy, Prophylaxis or Diagnostic Injections/Infusions</b> - Initial intravenous push of new substance or drug (Up to 60 minutes)	<b>\$450</b>
<b>96366</b>	<b>IV Infusion for Therapy, Prophylaxis or Diagnostic Injections/Infusions</b> - Additional or sequential intravenous push of new substance or drug (Beyond Initial 60 minutes)	<b>\$450</b>
<b>96372</b>	<b>Therapeutic, Prophylactic, or Diagnostic Injection</b> - Injection of Medication	<b>\$125</b>

## **10 Most Commonly Performed Anesthesiology Codes:**

*We do not bill any Anesthesiology Codes.*

**This Document and additional information can be found on our website:**

**<https://www.steeseimmediatecare.com>**