

Bartlett Anesthesia Services

- Professional Fee Schedule -

2025 Price Transparency

Published 01/01/2025

Per state law (Alaska Statute 18.23.400), beginning January 1st, 2021 we are required to annually post 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. The six sections are:

Category	CPT Code Range
Evaluation and Management	99201-99499
Anesthesia	00100-01999; 99100-00140
Surgery	10021-69990
Radiology	70010-79999
Pathology and Laboratory	80047-89398
Medical Services & Procedures	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, Bartlett Anesthesia Services is listing our “undiscounted price.” These prices are taken directly from our fee schedule 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 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 receiving 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 Bartlett Anesthesia Service's provider. This estimate will be provided in the form of your choosing – Orally, Written, or Electronic. Bartlett Anesthesia Services will always provide you with a good-faith estimate when/if a surgical procedure is proposed. For estimate accuracy, Bartlett Anesthesia Services is unable to provide anesthesia estimates without the surgeon’s surgical codes.

Please do not hesitate to ask any questions.

Our billing office may be reached directly at 907-796-8631.

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

AETNA, Premiera, MODA, First Choice Health, Medicare, Medicaid, Tricare, Veteran Affairs, and Veterans Community Care Network. For all other insurances, we are considered out-of-network and do not maintain contractual relationships that may reduce the price of our services, but our services are extended to everyone, regardless of their coverage.

Anesthesia codes are based on the base unit for each procedure code.

The actual charge will differ depending on total time spent on the procedure

Bartlett Anesthesia Services

TIN - 301381789

The following is a list of Bartlett Anesthesia Services' top 10 most commonly performed CPT procedures in the following categories:

**Anesthesia
Surgery
Radiology
Medical Services & Procedures
Evaluation & Management**
(Professional Fee charges)

For the most accurate Bartlett Anesthesia Services' professional fee billing information, please contact the billing department by phone at (907)796-8631.

Anesthesia

Bartlett Anesthesia Services' Professional Fee Schedule

Anesthesia codes are based on the base unit for each procedure code.
The actual charge will differ depending on total time spent on the procedure.

CPT Code	Procedure Description	Charge Amount
00170	Anesthesia for procedure on mouth including biopsy (Professional fee only – Hospital facility charges billed separately)	\$685.00 <i>plus time</i>
00790	Anesthesia for procedure in upper abdomen including use of an endoscope (Professional fee only – Hospital facility charges billed separately)	\$959.00 <i>plus time</i>
00840	Anesthesia for procedure in lower abdominal cavity including use of an endoscope (Professional fee only – Hospital facility charges billed separately)	\$822.00 <i>plus time</i>
00910	Anesthesia for other procedure on urinary system through urethra (Professional fee only – Hospital facility charges billed separately)	\$411.00 <i>plus time</i>
01400	Anesthesia for open or endoscopic procedure on knee (Professional fee only – Hospital facility charges billed separately)	\$548.00 <i>plus time</i>
01402	Anesthesia for open or endoscopic total knee joint replacement (Professional fee only – Hospital facility charges billed separately)	\$959.00 <i>plus time</i>
01480	Anesthesia for open procedure on bones of lower leg, ankle and foot (Professional fee only – Hospital facility charges billed separately)	\$411.00 <i>plus time</i>

Anesthesia continued...

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CPT Code	Procedure Description	Charge Amount
01630	Anesthesia for open or endoscopic procedure at upper arm and shoulder joint (Professional fee only – Hospital facility charges billed separately)	\$685.00 <i>plus time</i>
01810	Anesthesia for procedure on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand (Professional fee only – Hospital facility charges billed separately)	\$411.00 <i>plus time</i>
01967	Anesthesia for labor during planned vaginal delivery (Professional fee only – Hospital facility charges billed separately)	\$685.00 <i>plus time</i>

Surgery

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CPT Code	Procedure Description	Charge Amount
62270	Spinal tap for diagnosis (Professional fee only – Hospital facility charges billed separately)	\$640.00
64447	Injection of anesthetic agent and/or steroid into femoral nerve of thigh (Professional fee only – Hospital facility charges billed separately)	\$896.00
31500	Emergent insertion of breathing tube into windpipe cartilage using an endoscope (Professional fee only – Hospital facility charges billed separately)	\$806.00
36565	Insertion of 2 central venous tubes in 2 veins for infusion (Professional fee only – Hospital facility charges billed separately)	\$3,941.00
62270	Spinal tap for diagnosis (Professional fee only – Hospital facility charges billed separately)	\$672.00
62272	Spinal tap (Professional fee only – Hospital facility charges billed separately)	\$1,075.00
62273	Injection of blood or blood clot into spinal canal (Professional fee only – Hospital facility charges billed separately)	\$1,075.00
64415	Injection of anesthetic agent and/or steroid into brachial nerve bundle of arm (Professional fee only – Hospital facility charges billed separately)	\$1,075.00
64445	Injection of anesthetic agent and/or steroid into sciatic nerve of lower back and leg (Professional fee only – Hospital facility charges billed separately)	\$941.00

CPT Code	Procedure Description	Charge Amount
64447	Injection of anesthetic agent and/or steroid into femoral nerve of thigh (Professional fee only – Hospital facility charges billed separately)	\$941.00
64450	Injection of anesthetic agent, other peripheral nerve or branch (Professional fee only – Hospital facility charges billed separately)	\$672.00
64999	Nervous system procedure (Professional fee only – Hospital facility charges billed separately)	\$672.00

Radiology

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CPT Code	Procedure Description	Charge Amount
76942-26	Ultrasonic guidance imaging supervision and interpretation for insertion of needle (Professional fee only – Hospital facility charges billed separately)	\$254.00
76937-26	Ultrasonic guidance for blood vessel access (Professional fee only – Hospital facility charges billed separately)	\$137.00

Medicine

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CPT Code	Procedure Description	Charge Amount
99100	Anesthesia for patient younger than 1 year and older than 70 years of age	\$137.00
99135	Anesthesia complicated by controlled lower body temperature	\$672.00
99140	Anesthesia complication by emergency condition	\$269.00

Evaluation & Management

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CPT Code	Procedure Description	Charge Amount
99202	New patient office or other outpatient visit with straightforward medical decision making 15 Mins	\$403.00
99203	New patient office or other outpatient visit with straightforward medical decision making 30 Mins	\$538.00
99204	New patient office or other outpatient visit with straightforward medical decision making 45 Mins	\$672.00
99231	Follow-up hospital inpatient care per day, typically 35 minutes	\$269.00

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