



10 Most Commonly Published Services

Published 1/5/2023

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 1 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:

<https://go.dhss.ak.local/pub/home/dph/VitalStats/Pages/transparency.aspx>

*CPT® Copyright 2021. American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA. 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.

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/Cost</u>	<u>Description of the Service</u>
99203 \$350	Office Visit Level - New patient with problems of moderate severity
99204 \$525	Office Visit Level – Established Patient with problems of moderate to high severity
99205 \$650	Office Visit Level – New Patient with problems of moderate to high severity
99211 \$95	Office Visit Level – Established Patient with problems of minimal severity
99213 \$235	Office Visit Level – Established Patient with problems of low to moderate severity
99214 \$345	Office Visit Level – Established patient with problems of moderate to high severity
99395 \$380	Established Wellness Visit – 18-39 Years of Age – Established comprehensive preventative medicine reevaluation
99396 \$405	Established Wellness Visit: 40-64 Years of Age – Established comprehensive preventative medicine reevaluation

99429	Sports Physical – Fairbanks North Star Borough physical for student sport participation
\$75	
99499	DOT Physical: Department of Transportation physical as required by the Federal Motor Carrier Safety Administration
\$150	

10 Most Commonly Performed Surgery Codes:

<u>CPT Code/Cost</u>	<u>Description of the Service</u>
10060 \$650	Incision and Drainage of Abscess – Simple or Single
10120 \$900	Remove Foreign Body, Simple – Simple removal of a foreign body from under the skin
10121 \$1500	Remove Foreign Body, Complex – Complex removal of a foreign body from under the skin
11730 \$590	Removal of Ingrown Toenail – Removal of all or part of a toenail that has grown abnormally
12001 \$510	Repair of Superficial Wounds – Simple repair of superficial wounds (non-facial) of 2.5 cm or less
12002 \$640	Repair of Superficial Wounds - Simple repair of superficial wounds (non-facial) of 2.6 to 7.5 cm
12011 \$640	Repair of Superficial Wounds – Simple repair of superficial wounds (facial) of 2.5 cm or less
17110 \$625	Destruction of Benign Lesions – Destruction of non-cancerous section of abnormal-appearing skin (not a skin tag)

36415	Routine Venipuncture – Collection of venous blood or capillary blood
\$40	
69209	Cerumen (Ear Wax) Impaction Removal – Removal of earwax that has built up in the ear canal
\$80	

10 Most Commonly Performed Radiology Codes:

<u>CPT Code/Cost</u>	<u>Description of the Service</u>
71046 \$250	X-Ray Exam of Chest 2-View – 2 view X-Ray exam of the chest
72100 \$245	X-Ray Exam L-S Spine 2-3 Views – 2 to 3 view X-Ray exam of the lumbar region (lower spine)
73030 \$260	X-Ray Exam Thoracic Spine 3 View – 3 view X-Ray exam of the midsection of the spine
73130 \$215	X-Ray Exam Hand 3 Views – 3 view X-Ray exam of the hand
73140 \$175	X-Ray Exam of Finger(s) –2 view X-Ray exam of finger or fingers minimum
73562 \$235	X-Ray Exam of Knee 3 View – 3 view X-Ray exam of knee
73610 \$175	X-Ray Exam of Ankle – 3 view X-Ray exam of Ankle
73630 \$220	X-Ray Exam of Foot 3 View – 3 View X-Ray exam of foot

74019	X-Ray Exam of Abdomen – X-Ray exam of abdomen, 2 views
\$235	
74022	X-Ray Exam of Abdomen – 3 or more view X-Ray exam of the
\$285	entire abdomen

10 Most Commonly Performed Pathology/Laboratory Codes:

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

87811	SARS-COV-2 COVID 19 Antigen Test – Rapid Antigen test to determine if a person is infected with COVID-19
\$240	
87880	Strep A Assay w/Optic – Rapid test for Strep A with direct visual observation.
\$90	

10 Most Commonly Performed Medicine Codes:

<u>CPT Code/Cost</u>	<u>Description of the Service</u>
90471	Immunization Administration – Administration of vaccination
\$75	
90658	Influenza Vaccine, 3 yrs and up – Vaccine for Influenza for individuals 3 years of age or older
\$75	
90714	Tetanus and Diphtheria Toxoids (Td) – Vaccine for and Diphtheria
\$75	
90715	Tetanus, Diphtheria, Pertussis Toxoids (TDaP) – Vaccine for Tetanus, Diphtheria, and Pertussis
\$85	
90746	Hepatitis B Vaccination Adult – Hepatitis B Vaccination for adults 20 years of age or older
\$150	
92552	Pure Tone Audiometry, air only – Hearing test testing the limits of intensity for each frequency heard
\$175	
93000	Electrocardiogram Complete – Test of heart electrical rhythms while at rest
\$205	

94640	Airway Inhalation Treatment – Nebulizer Treatment
\$150	
96360	Initial IV Hydration Infusion – Replacement of necessary fluids and electrolytes (Usually 30 minutes to an hour)
\$450	
96372	Therapeutic, Prophylactic, or Diagnostic Injection – Injection of Medication
\$125	

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>