

Providence Anchorage Anesthesia Medical Group (PAAMG) 2024
State of Alaska Required Posting of 10 Most Commonly Performed Services

Per state law (Senate Bill 105-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. The six sections are:

Evaluation and Management	Codes 99201-99499
Anesthesia	Codes 00100-01999;99100-99140
Surgery	Codes 10021-69990
Radiology	Codes 70010-79999
Pathology and Laboratory	Codes 80047-89398
Medicine	Codes 90281-99199; 99500-99607

As PAAMG is an anesthesia group, some categories do not apply. We are providing the most “Common” services for our industry.

The state department responsible for overseeing this law is the State of Alaska Department of Health and Social Services (DHSS), their website is:

<http://health.alaska.gov/dph/VitalStats/Pages/transparency/A.aspx>

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 not in network with your insurance, our price will be no higher than the price listed here. If you are able to make other arrangements to pay any difference, it may still be significantly discounted. Each individual’s circumstance will vary by their insurance and by the arrangements made with this office.

The following are insurances for which we are an in-network provider:

- Premera/Blue Cross Blue Shield
- Medicaid
- Medicare
- Tricare/Triwest/VA
- Aetna

For all other insurances, we are not considered an in-network provider. But we are willing to work with you to provide the best care for the best price possible.

As required by the law, you may request to be provided with an estimate of the anticipated charges for your non-emergency 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 stay for surgery or the cost of your surgeon'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.

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PAAMG's 10 Most Commonly Performed Anesthesia Codes for 2024:

00170 – Intraoral procedures, including biopsy; not otherwise specified (e.g. oral surgery)

\$2,000.00 Average unadjusted charge - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

00537 Ablation irregular cardiac rhythm, (e.g. atrial fibrillation/flutter)

\$3,600.00 Average unadjusted charge - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS

00731 Upper endoscopy, gastrointestinal problems, (e.g. heartburn, vomiting, nausea, etc...)

\$1,275.00 Average unadjusted charge - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

00790 Upper Abdomen, including laparoscopic; not otherwise specified.

\$2,800.00 Average unadjusted charge - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

00811 Colonoscopy, gastrointestinal problems (e.g. rectal bleeding, hemorrhoids, melena, etc...)

\$1,200.00 Average unadjusted charge - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

00840 Abdominal surgery, laparoscopic or open (e.g. Hysterectomy, Appendectomy, etc...)
\$2,750.00 Average unadjusted charge - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

01922 Anesthesia for Radiological Procedures (CAT or MRI scan)
\$1,875.00 Average unadjusted charge - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

01967 Vaginal delivery.
\$3,500.00 Average unadjusted charge - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

36620 Arterial line.
\$470.00 Average unadjusted charge - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

64488 Tap block bilateral by injection(s) (e.g. injection(s) of Anesthetic agent (nerve block) for diagnostic or therapeutic procedures on the somatic nerves)
\$1,472.00 Average unadjusted charge - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

PAAMG's 10 Most Commonly Performed Evaluation and Management Codes for 2024:

We infrequently bill Evaluation and Management codes.

PAAMG's 10 Most Commonly Performed Radiology Codes for 2024:

We do not bill any Radiology codes.

PAAMG's 10 Most Commonly Performed Pathology/Laboratory Codes for 2024:

We do not bill any Pathology/Laboratory codes.

PAAMG's 10 Most Commonly Performed Medicine Codes for 2024:

We do not bill any Pathology/Laboratory codes.