**10 Most Commonly Published Services**

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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**

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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 you Insurance Card shows any of the following:**



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**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:**

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| **CPT Code/Cost** | **Description of the Service** |
| **99202** | **Office Visit Level -** New patient with problems of low to moderate severity |
| **$240** |
| **99203** | **Office Visit Level –** New Patient with problems of moderate severity |
| **$350** |
| **99204** | **Office Visit Level –** Established Patient with problems of moderate to high severity |
| **$525** |
| **99211** | **Office Visit Level –** Established Patient with problems of minimal severity |
| **$95** |
| **99213** | **Office Visit Level –** Established Patient with problems of low to moderate severity |
| **$235** |
| **99214** | **Office Visit Level –** Established patient with problems of moderate to high severity |
| **$345** |
| **99395** | **Established Wellness Visit –** 18-39 Years of Age – Established comprehensive preventative medicine reevaluation |
| **$380** |
| **99396** | **Established Wellness Visit:** 40-64 Years of Age – Established comprehensive preventative medicine reevaluation |
| **$405** |
| **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:**

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| **CPT Code/Cost** | **Description of the Service** |
| **10060** | **Incision and Drainage of Abscess –** Simple or Single |
| **$650** |
| **11104** | **Punch Biopsy Skin Single Lesion –** Removal ofa small core of abnormal-appearing skin |
| **$589** |
| **11200** | **Skin Tag Removal (up to 15 tags) –** Removal of up to 15 small skin growths |
| **$515** |
| **11201** | **Skin Tag Removal (Additional >15) –** Removal of each additional skin tags beyond 15 removed |
| **$300** |
| **11402** | **Excision of Benign Lesions –** Removal of non-cancerous section of abnormal-appearing skin (not a skin tag) of 1.1- 2.0 cm in diameter |
| **$800** |
| **11730** | **Removal of Ingrown Toenail –** Removal of all or part of a toenail that has grown abnormally |
| **$590** |
| **12001** | **Repair of Superficial Wounds –** Simple repair of superficial wounds (non-facial) of 2.5 cm or less |
| **$510** |
| **12002** | **Repair of Superficial Wounds -** Simple repair of superficial wounds (non-facial) of 2.6 to 7.5 cm |
| **$640** |
| **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:**

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| **CPT Code/Cost** | **Description of the Service** |
| **71046** | **X-Ray Exam of Chest 2-View –** 2 view X-Ray exam of the chest |
| **$250** |
| **72040** | **X-Ray Exam Neck Spine 2-3 View –** 2 to 3 view X-Ray exam of the Neck and Spine |
| **$240** |
| **72072** | **X-Ray Exam Thoracic Spine 3 View –** 3 view X-Ray exam of the midsection of the spine |
| **$275** |
| **72100** | **X-Ray Exam L-S Spine 2-3 Views –** 2 to 3 view X-Ray exam of the lumbar region (lower spine) |
| **$245** |
| **73030** | **X-Ray Exam of Shoulder –** X-Ray exam of the shoulder |
| **$260** |
| **73130** | **X-Ray Exam of Hand –** X-Ray exam of the hand, 3 view minimum |
| **$215** |
| **73140** | **X-Ray Exam of Finger(s) –** X-Ray exam of finger or fingers, 2 view minimum |
| **$175** |
| **73560** | **X-Ray Exam of Knee 1-2 View –** X-Ray exam of knee, 1-2 views |
| **$210** |
| **73562** | **X-Ray Exam of Knee 3 View –** X-Ray exam of knee, 3 views |
| **$235** |
| **74022** | **X-Ray Exam of Abdomen –** 2 or more view X-Ray exam of the entire abdomen |
| **$285** |

**10 Most Commonly Performed Pathology/Laboratory Codes:**

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

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| **CPT Code/Cost** | **Description of the Service** |
| **90471** | **Immunization Administration –** Administration of vaccination |
| **$75** |
| **90714** | **Tetanus and Diphtheria Toxoids (Td)** – Vaccine forTetanus and Diphtheria |
| **$75** |
| **90715** | **Tetanus, Diphtheria, Pertussis Toxoids (TDaP)** – Vaccine for Tetanus, Diphtheria, and Pertussis |
| **$85** |
| **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** |
| **96361** | **Add-On IV Hydration Infusion** – Additional replacement of necessary fluids and electrolytes |
| **$450** |
| **96365** | **IV Infusion for Therapy, Prophylaxis or Diagnostic Injections/Infusions –** Initial intravenous push of new substance or drug (Up to 60 minutes) |
| **$450** |
| **96366** | **IV Infusion for Therapy, Prophylaxis or Diagnostic Injections/Infusions –** Additional or sequential intravenous push of new substance or drug (Beyond Initial 60 minutes) |
| **$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**](https://www.steeseimmediatecare.com)