



Independence Park Medical Services

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2020

State of Alaska Required Posting of 10 Most Commonly Performed Services

Per state law (Senate Bill 10S-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. CPT® Copyright 2020. American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. 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.

The six sections are:

Evaluation and Management	99201-99499
Anesthesia	00100-01999, 99100-99140
Surgery	10021-69990
Radiology	70010-79999
Pathology and Laboratory	80047-89398, 00010 00170
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:

<http://dhss.alaska.gov/Pages/default.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 prices listed here.

The following are insurances for which we are an IN-network:

- **Aetna**
- **Cigna**
- **Premera/Blue Cross Blue Shield**
- **United Healthcare/UHC**
- **Moda**
- **Medicaid**
- **Medicare**

For most other insurances, we are considered OUT of-network.

As required by the law, you may request to be provided with an estimate of the anticipated charges for your nonemergency 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 stays for surgery or the cost of an anesthesiologist'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.

It is important to understand that, regardless of our prices quoted here, YOUR insurance company determines the final price of any billed CPT codes. We charge one price; they process and discount it to what THEY will allow/pay. There is also a difference whether you go to an IN-network provider (*typically a lower discounted price*) or an OUT of-network provider (*typically a higher price*).

IPMS 10 Most Commonly Performed Evaluation & Management Codes for 2020:

99203	\$320.00	New Patient (has not been seen in group within 3 years) office visit (30 min), level 3
99204	\$475.00	New Patient (has not been seen in group within 3 years) office visit (45 min), level 4
99212	\$150.00	Established Pt (has been seen in group within 3 years) office visit (10 min), level 2
99213	\$225.00	Established Pt (has been seen in group within 3 years) office visit (15 min), level 3
99214	\$325.00	Established Pt (has been seen in group within 3 years) office visit (25 min), level 4
99215	\$450.00	Established Pt (has been seen in group within 3 years) office visit (40 min), level 5
99385	\$425.00	Preventative Wellness Medicine Evaluation New Patient Age 18-39
99386	\$475.00	Preventative Wellness Medicine Evaluation New Patient Age 40-64
99395	\$375.00	Preventative Wellness Medicine Evaluation Established Pt Age 18-39
99396	\$400.00	Preventative Wellness Medicine Evaluation Established Pt Age 40-64

IPMS 10 Most Commonly Performed Anesthesiology Codes for 2020:

We do not bill any Anesthesiology codes.

IPMS 10 Most Commonly Performed Surgery Codes for 2020:

11200	\$450.00	Removal of skin tags, any area; up to and including 15 lesions
11981	\$750.00	Insertion, non-biodegradable drug delivery implant

17110	\$375.00	Destruction of benign lesions; up to 14 lesions
36415	\$50.00	Routine collection of venous blood by venipuncture
57425	\$6200.00	Laparoscopy, surgical, colpopexy
58300	\$710.00	Insertion of intrauterine device (IUD)
58301	\$560.00	Removal of intrauterine device (IUD)
58558	\$6900.00	Hysteroscopy, surgical, biopsy
58571	\$8500.00	Laparoscopy, surgical, w/total hysterectomy, w/removal of tube(s) and/or ovary(s) for uterus 250 g or less
69210	\$165.00	Removal of impacted ear wax requiring instrumentation, unilateral

IPMS 10 Most Commonly Performed Radiology Codes for 2020:

71046	\$200.00	X-ray examination, chest; 2 views
72050	\$300.00	X-ray examination, spine; 4 or 5 views
72100	\$195.00	X-ray examination, spine, lumbosacral; 2 or 3 views
72110	\$300.00	X-ray examination, spine, lumbosacral; minimum of 4 views
73030	\$225.00	X-ray examination, shoulder, complete; minimum of 2 views
73564	\$225.00	X-ray examination, knee, complete; 4 or more views
73630	\$185.00	X-ray examination, foot, complete; minimum of 3 views
76805	\$715.00	Ultrasound, pregnant uterus real time with image documentation >or=14wks0days
76819	\$550.00	Fetal echocardiograph doppler complete
76830	\$650.00	Fetal biophysical profile; without non-stress testing

IPMS 10 Most Commonly Performed Pathology/Laboratory Codes for 2020:

80050	\$260.00	General health panel (GHP)
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80053	\$75.00	Comprehensive metabolic panel (CMP)
80061	\$85.00	Lipid panel
81001	\$35.00	Urinalysis, automated, with microscopy
81003	\$30.00	Urinalysis, automated, without microscopy
83036	\$70.00	Glycosylated (A1C) hemoglobin analysis
84153	\$135.00	Prostate specific antigen (PSA), complexed; total
84443	\$125.00	Assay of thyroid stimulating hormone (TSH)
85025	\$60.00	Complete CBC, automated and automated differential WBC count
87210	\$50.00	Smear, wet mount for infectious agents (saline/ink)

IPMS 10 Most Commonly Performed Medicine Codes for 2020:

90471	\$75.00	Immunization administration; 1 vaccine (single or combo)
90472	\$30.00	Immunization administration; + each additional vaccine (single or combo)
90662	\$60.00	Influenza virus vaccine (IIV), split virus, no preservative, increased antigen
90688	\$25.00	Influenza virus vaccine, quad (IIV4), split, 0.5 mL, Intramuscular (IM)
90715	\$70.00	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), >7 years
93000	\$150.00	Electrocardiogram, routine ECG, with interpretation and report
94010	\$210.00	Spirometry, breathing capacity test, total and timed vital capacity
95251	\$250.00	Continuous glucose monitoring (CGM) analysis and interpretation report
95851	\$125.00	Range of motion measurements and report
96372	\$120.00	Therapeutic, prophylactic, or diagnostic injection, subcutaneous or IM

THIS DOCUMENT AND ALL OF THESE CODES CAN BE FOUND ON OUR WEBSITE AT:

<https://www.ipmsak.com>