

## State of Alaska Required Posting of 10 Most Commonly Performed Services

Per state law, 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:

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

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>.

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**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:

<b>Aetna</b>	<b>Medicaid</b>
<b>Alaska Worker's Compensation</b>	<b>Medicare</b>
<b>Blue Cross Blue Shield/Premera</b>	<b>Meritain</b>
<b>Cigna</b>	<b>Moda Health</b>
<b>EBMS</b>	<b>Multiplan</b>
<b>Federal Worker's Compensation</b>	<b>United Health Care</b>
<b>First Health</b>	

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 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 stay 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.

### **Neuroversion's 10 Most Commonly Performed Evaluation and Management Codes:**

99204 NEW PATIENT office visit or outpatient visit, typically 45 minutes of face-to-face time with the patient/family. This time may also include time spent counseling the patient or time spent coordinating care with other physicians or other healthcare providers.

**\$465.00 Unadjusted cost–NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

99205 NEW PATIENT office visit or outpatient visit, typically 60 minutes of face-to-face time with the patient/family. This time may also include time spent counseling the patient or time spent coordinating care with other physicians or other healthcare providers

**\$652.00 Unadjusted cost– NOT INCLUDING IN-NETWORK OR NEGOTIATED DISCOUNTS.**

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99212 ESTABLISHED PATIENT office or other outpatient visit, typically 10 minutes of face-to-face time with patient/family. Time may also include time spent counseling the patient or time spent coordinating care with other physicians or other healthcare professionals.

**\$164.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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99213 ESTABLISHED PATIENT office or other outpatient visit, typically 15 minutes of face-to-face time with patient/family. Time may also include time spent counseling the patient or time spent coordinating care with other physicians or other healthcare professionals.

**\$223.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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99214 ESTABLISHED PATIENT office or other outpatient visit, typically 25 minutes of face-to-face time with patient/family. Time may also include time spent counseling the patient or time spent coordinating care with other physicians or other healthcare professionals.

**\$375.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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99215 ESTABLISHED PATIENT office or other outpatient visit, typically 15 minutes of face-to-face time with patient/family. Time may also include time spent counseling the patient or time spent coordinating care with other physicians or other healthcare professionals.

**\$490.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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99231 HOSPITAL CARE-SUBSEQUENT DAY (any day after the 1<sup>st</sup> day), for exam and care of patient. Typically 15 minutes of face-to-face time with patient/family at the patient's bedside AND on the patient's hospital floor/unit. Time may include time spent counseling patient or time spent coordinating care with other physicians or healthcare professionals.

**\$252.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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99233 HOSPITAL CARE- SUBSEQUENT DAY (any day after the 1<sup>st</sup> day), for patient exam and care. Typically this is a visit spent making medical decisions of MODERATE complexity.

**\$476.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.

**\$65.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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99442 Telephone evaluation and management (E&M) service provided by a physician or other qualified health care professional who may report E&M services for established patients with time spent between 11-20 minutes.

**\$223.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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### **Neuroversion's 10 Most Commonly Performed Anesthesia Codes: (Only 2 codes performed)**

99152 Moderate sedation services provided by a physician or other qualified health care provider performing the diagnostic or therapeutic service that the sedation supports. (This code is for the initial 15 minutes).

**\$400.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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99153 Moderate sedation services provided by a physician or other qualified health care provider performing the diagnostic or therapeutic service that the sedation supports. (This code is reported separately for each additional 15 minutes in addition to the code 99152 for sedation lasting longer than 15 minutes).

**\$150.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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## Neuroversion's 10 Most Commonly Performed Surgery Codes:

64520 Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic).

**\$2495.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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62370 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional).

**\$945.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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62368 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming.

**\$450.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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64483 Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level.

**\$2400.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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64484 Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure 64483).

**\$1310.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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62323 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT).

**\$1900.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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20553 Injection(s); single or multiple trigger point(s), three or more muscle(s).

**\$520.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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64421 Injection, anesthetic agent; intercostal nerves, multiple, regional block.

**\$2351.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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62321 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT).

**\$2187.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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64510 Injection, anesthetic agent; stellate ganglion (cervical sympathetic).

**\$2735.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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**Neuroversion's 10 Most Commonly Performed Radiology Codes: (Only 6 codes performed)**

76942 Ultrasound guidance for needle placement.

**\$890.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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77002 Fluoroscopic guidance for needle placement.

**\$820.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacroiliac joint), including neurolytic agent destruction.

**\$890.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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76000 Fluoroscopy (separate procedure), up to one hour physician time.

**\$547.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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75809 Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation.

**\$882.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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72295 Diskography, lumbar, radiological supervision and interpretation.

**\$1730.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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### **Neuroversion's 10 Most Commonly Performed Lab Codes: (Only 1 code performed)**

80305 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service.

**\$200.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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### **Neuroversion's 10 Most Commonly Performed Medicine Codes: (Only 7 codes performed)**

96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour.

**\$382.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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96366 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour.

**\$148.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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99084 Medical Records- Fee for a medical records release.

**\$75.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular.

**\$145.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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96360 Intravenous infusion, hydration; initial, 31 minutes to 1 hour.

**\$295.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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96361 Intravenous infusion, hydration; each additional hour.

**\$131.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report.

**\$170.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.**

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

<https://www.neuroversion.com>

**\*Updated 3/5/2024**