

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	99201-99499
Anesthesia	00100-01999, 99100-99140
Surgery	10021-69990
Radiology	70010-79999
Pathology and Laboratory	80047-89398, 0001U 0017U
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 price listed here.

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

- Aetna
- Cigna
- Premiera/Blue Cross Blue Shield

- Medicaid
- Medicare
- Tricare

For all 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 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.

AMFM 10 Most Commonly Performed Anesthesiology Codes for 2019:

We do not bill any Anesthesiology codes.

AMFM 10 Most Commonly Performed Surgery Codes for 2019:

58611	\$350.00	Tubal ligation ("tubes tied") at time of cesarean delivery
59000	\$1800.00	Amniocentesis for diagnostic purposes
59025	\$500.00	Fetal non-stress test- monitor baby heart beat
59320	\$1000.00	Rescue suture to close cervix during pregnancy due to cervical insufficiency
59514	\$3800.00	Cesarean section, delivery only

AMFM 10 Most Commonly Performed Radiology Codes for 2019:

76801	\$825.00	Ultrasound pregnant uterus real time with image documentation 1 st trimester
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76811	\$934.00	Ultrasound pregnant uterus real time with image documentation with detailed fetal anatomy
76815	\$525.00	Ultrasound pregnant uterus real time with image documentation limited fetal anatomy
76816	\$590.00	Ultrasound pregnant uterus real time with image documentation, re-evaluation
76819	\$450.00	Fetal biophysical profile without stress testing
76820	\$275.00	Fetal doppler velocimetry umbilical artery
76825	\$1361.00	Fetal echocardiograph real time with image documentation
76826	\$1000.00	Fetal echocardiograph real time with image documentation, follow up or repeat
76827	\$170.00	Fetal echocardiograph doppler complete
76828	\$122.00	Fetal echocardiograph doppler follow up or repeat

AMFM 10 Most Commonly Performed Pathology/Laboratory Codes for 2019:

We do not bill any Pathology/Laboratory codes.

AMFM 10 Most Commonly Performed Medicine Codes for 2019:

93325	\$121.00	Ultrasound view color map fetal heart valve
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AMFM 10 Most Commonly Performed Evaluation & Management Codes for 2019:

99213	\$381.00	Established pt (has been seen in group within 3 years) office visit, level 3
99214	\$566.00	Established pt (has been seen in group within 3 years) office visit, level 4

99231	\$217.00	Subsequent hosp. visit per day level 1
99232	\$275.00	Subsequent hosp. visit per day level 2
99233	\$404.00	Subsequent hosp. visit per day level 3
99243	\$425.00	Office visit consultation request level 3, new or establish pt
99244	\$475.00	Office visit consultation request level 4, new or establish pt
99245	\$600.00	Office visit consultation request level 5, new or establish pt
99253	\$350.00	Initial hosp. visit level 3, new or establish pt
99254	\$450.00	Initial hosp. visit level 4, new or establish pt

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

<https://www.auroramfm.com>