



Fairbanks
CancerCare
Physicians P.C.

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Per state law (Senate Bill 105/AS 18.23.400 - passed by the 30th Alaska Legislature during its second session), starting 1/2019, we are required to annually post this 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:

| 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:
<http://dhss.alaska.gov/Pages/default.aspx>.

In adherence to the law, Fairbanks Cancer Care Physicians, P.C. (FCCP) 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 (i.e. Insurance Coverage, In-Network Contracts, Medicaid Coverage, 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. This estimate does not include facility fees or other charges incurred outside of the service rendered by an FCCP Provider.
This estimate will be provided in the form of your choosing: orally, in writing, or by electronic means.
Please do not hesitate to ask any questions.

**We are considered an “In-Network Provider” under your insurance policy,
if your Insurance Card shows any of the following:**

Medicare, Medicaid, Aetna, Cigna, Veterans Affairs, Premera Blue Cross, Tricare, United Health Care, MODA and BeechStreet

For all other insurances, we are considered out-of-network and do not maintain contractual relationships that may reduce the price of our services, but our services are extended to everyone, regardless of their coverage.

10 Most Commonly Performed Evaluation and Management Codes:

| <u>CPT Code</u> <u>Cost</u> | <u>Description of the Service</u> |
|---------------------------------|--|
| 99201 \$174.00 | Office Visit Level 1 – A level 1 new patient visit. |
| 99202 \$307.00 | Office Visit Level 2 – A level 2 new patient visit. |
| 99203 \$447.00 | Office Visit Level 3 – A level 3 new patient visit. |
| 99204 \$703.00 | Office Visit Level 4 – A level 4 new patient visit. |
| 99205 \$892.00 | Office Visit Level 5 - A level 5 new patient visit. |
| 99211 \$100.00 | Established Patient Office Visit – A office visit with a nurse. |
| 99212 \$176.00 | Established Patient Office Visit - A level 1 office visit. |
| 99213 \$301.00 | Established Patient Office Visit - A level 2 office visit. |
| 99214 \$455.00 | Established Patient Office Visit - A level 3 office visit. |

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| 99215 \$619.00 | Established Patient Office Visit - A level 4 office visit. |
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10 Most Commonly Performed Medicine Codes:

| <u>CPT Code</u> <u>Cost</u> | <u>Description of the Service</u> |
|---------------------------------|--|
| 96413 \$617.00 | Chemotherapy Infusion- Chemotherapy administration, intravenous infusion technique: up to 1 hour, single or initial substance/drug. |
| 99195 \$257.00 | Phlebotomy- Therapeutic Phlebotomy. |
| 96409 \$468.00 | Chemotherapy IV Push- Intravenous, push technique, single or initial substance/drug. |
| 96401 \$288.00 | Chemotherapy SubQ or IM- non hormonal- Chemotherapy administration, subcutaneous or intramuscular: non-hormonal anti-neoplastic. |
| 96374 \$234.00 | IV Push, Single or Initial- Intravenous push, single or initial substance/drug. |
| 96365 \$365.00 | IV Infusion Therapeutic- Intravenous infusion, for therapy, prophylaxis, or diagnosis: initial, up to 1 hour. |
| 96360 \$326.00 | IV Infusion- Hydration- Intravenous infusion, hydration: initial, 31 minutes to 1 hour. |

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| 96416 \$667.00 | Initiation of Chemotherapy Pump- Initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump. |
| 96402 \$206.00 | Chemotherapy SubQ or IM- Hormonal- Hormonal anti-neoplastic |
| 96372 \$95.00 | Therapeutic Injection- SubQ or IM- Therapeutic, prophylactic, or diagnostic injection: subcutaneous or intramuscular. |

10 Most Commonly Performed Pathology/Laboratory Codes:

| <u>CPT Code</u> <u>Cost</u> | <u>Description of the Service</u> |
|---------------------------------|--|
| 85025 \$63.00 | CBC- Complete Blood Count that measures several components and features of your blood. |
| 80053 \$99.00 | CMP- Comprehensive Metabolic Panel which provides information about your kidney and liver functions, sugar and protein levels in the blood. |
| 85610 \$49.00 | PT/INR- Prothrombin Time/International Normalized Ratio, usually drawn if you're on a blood thinner. |
| 83735 \$73.00 | Magnesium- Checks the level of magnesium in the blood. |
| 82728 \$147.00 | Ferritin- Usually ordered in combination with iron studies to measure the ferritin levels in the blood. |

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| 83615 \$48.00 | LDH- Lactate Dehydrogenase. Usually ordered to check for anemia and cancers such as leukemia and lymphoma. |
| 84443 \$157.00 | TSH- Measures the amount of Thyroid Stimulating Hormone in your blood. |
| 84439 \$99.00 | T4Free- Free Thyroxine tests are used to help evaluate thyroid function. |
| 84703 \$86.00 | HCG- Pregnancy test. Usually performed prior to chemotherapy initiation. |
| 84153 \$140.00 | PSA- Prostate Specific Antigen used to monitor and screen prostate cancer patients. |

10 Most Commonly Performed Surgery Codes:

| <u>CPT Code</u> <u>Cost</u> | <u>Description of the Service</u> |
|---------------------------------|---|
| 36430 \$213.00 | Blood Transfusion |
| 36591 \$127.00 | Port Draw - Collection of blood specimen from an implantable access device |
| 36592 \$127.00 | PICC Draw – Collection of blood specimen using a catheter |
| 36593 | Declotting a port – Declotting of device or catheter |

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| \$149.00 | |
| 38221 \$877.00 | Bone Marrow Biopsy – A procedure to collect a solid sample of bone marrow |
| 38222 \$877.00 | Bone Marrow Biopsy and Aspiration- A procedure to collect a fluid and solid sample of bone marrow |

10 Most Commonly Performed Radiology Codes:

We do not bill any Radiology codes.

10 Most Commonly Performed Anesthesiology Codes:

We do not bill Anesthesiology codes.