



10 Most commonly Performed Services  
Published 01/31/2019

Per state law (Senate Bill 105), starting 01/31/2019 we are required to annually post a list of our top 10 most frequently billed service codes from the six sections of the Category 1 of the Current Procedure Terminology (CPT Codes) book, as adopted by the American Medical Association. The six sections are as follows:

<b><u>Category:</u></b>	<b><u>CPT Code Range:</u></b>
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 in 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, Creekside Surgery Center is listing our undiscounted price. This is the price taken directly from our fee schedule that is submitted to DHSS as of the publication date listed above. **These prices may be higher or lower than the amount actually paid for the services received depending on the individual's circumstance** (i.e. Insurance coverage, In-Network contracts).

You are entitled to receive a good faith estimate of reasonably anticipated charges for non-emergency services prior to being provided those services within 10 days of your request. This estimate does not include facility fees or other charges incurred outside the services rendered by Creekside Surgery Center. This estimate will be provided in the form of your choosing: orally, written, or electronically. Please do not hesitate to ask any questions.

**We are an In-Network Provider for Aetna, Blue Cross, Cigna, Integrity, Multi-Plan/Beech Street. We also accept Medicare, Medicaid, Denali Kid Care, TriCare /TriWest and VA.** For all other insurances, we are considered out of network and do not maintain contractual relationships that may reduce the price of our services.



## **10 Most Commonly Billed Evaluation and Management Codes**

We do not bill Evaluation and Management Codes

## **10 Most Commonly Billed Anesthesia Codes**

We do not bill Anesthesia Codes

## **10 Most Commonly Billed Radiology Codes**

We do not bill Radiology Codes

## **10 Most Commonly Billed Pathology and Laboratory Codes**

We do not bill Pathology and Laboratory Codes

## **10 Most Commonly Billed Medicine Codes**

We do not bill Medicine Codes



## 10 Most Commonly Billed Surgery Codes

**\*\* UNADJUSTED COST-NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS**

<b>CPT CODE COST</b>	<b>Description of Service</b>
20680 \$12,194	<b>Removal of support implant</b> – The physician uses instruments to remove the implant from the bone.
23430 \$16,641	<b>Repair Biceps Tendon</b> – The tendon end is cleaned of frayed fragments, sutures are placed, and the end of the tendon is fixed using an anchor or screw.
26055 \$11,000	<b>Tendon sheath incision (trigger finger)</b> – The physician makes an incision in a tendon sheath to release tension in the tendon.
29848 \$9075	<b>Wrist endoscopy with release of carpal ligament-</b> A blade attached to the arthroscope is used to incise the carpal ligament from the inside of carpal tunnel.

<p>29881 \$12,955</p>	<p><b>Knee arthroscopy with meniscectomy</b> – Instruments are used to remove torn fragments from the meniscus. Debridement of the unstable cartilage is completed with a motorized cutter. After debridement, the joint is flushed.</p>
<p>30140 \$7572</p>	<p><b>Resect inferior turbinate</b> – The physician removes a part of or all of the inferior turbinate bone through an incision. Instruments are used to remove portions of the bony turbinate. Electrocautery may control bleeding.</p>
<p>30520 \$7572</p>	<p><b>Septoplasty or submucosa resection</b> – Repair of nasal septum. The physician reshapes the nasal septum, correcting airway obstruction. Excess cartilage is excised from the bone-cartilage junction.</p>
<p>31256 \$8879</p>	<p><b>Nasal/sinus endoscopy</b> – The physician uses an endoscope for resection of the maxillary sinus.</p>
<p>64415 \$2525</p>	<p><b>Injection, anesthetic agent</b> – The physician anesthetizes the brachial plexus with a single injection to provide anesthesia and pain control to the arm</p>



69436 \$5214	<b>Tympanostomy with general anesthesia</b> – The physician inserts a ventilating tube into the opening in the eardrum.
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This document and additional information can be found via our website:

<https://creeksideasc.com>