

**Innovative Neurosurgery Associates (INA) 2023
State of Alaska Required Posting of 10 Most Commonly Performed Services**

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	Codes 99201-99499
Anesthesia	Codes 00100-01999;99100-99140
Surgery	Codes 10021-69990
Radiology	Codes 70010-79999
Pathology and Laboratory	Codes 80047-89398
Medicine	Codes 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. If you are able to make other arrangements to pay any difference, it may still be significantly discounted. Each individual’s circumstances 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:

- Aetna
- Premera/Blue Cross Blue Shield
- Cigna
- Medicaid
- Medicare
- Moda Health
- United Healthcare
- Tricare/Triwest

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.

INA 10 Most Commonly Performed Evaluation and Management Codes for 2023:

99203 NEW PATIENT office visit or outpatient visit, typically 30 - 44 minutes total time spent on the day of the encounter.

\$464.00 Unadjusted cost – NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

99204 NEW PATIENT office visit or outpatient visit, typically 45-54 minutes total time spent on the day of the encounter.

\$515.00 Unadjusted cost– NOT INCLUDING IN-NETWORK OR NEGOTIATED DISCOUNTS.

99205 NEW PATIENT office visit for outpatient visit, typically 60-74 minutes total time spent on the day of the encounter.

\$670.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

99212 EST PATIENT office visit for outpatient visit, typically 10-19 minutes total time spent on the day of the encounter.

\$309.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

99213 EST PATIENT office visit for outpatient visit, typically 20-29 minutes total time spent on the day of the encounter.

\$412.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

99214 EST PATIENT office visit for outpatient visit, typically 30-39 minutes total time spent on the day of the encounter.

\$464.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

99215 EST PATIENT office visit for outpatient visit, typically 40-54 minutes total time spent on the day of the encounter.

\$515.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

99222 INITIAL HOSP inpatient or observation care for evaluation and management of care per day for evaluation and management. Typically, 55 minutes on date of encounter must be met or exceeded.

\$914.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

99223 INITIAL HOSP inpatient or observation care for evaluation and management of care per day for evaluation and management. Typically, 75 minutes on date of encounter must be met or exceeded.

\$1348.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

99442 TELEPHONE evaluation and management service for medical discussion. Typically, 11-20 minutes.

\$412.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

INA 10 Most Commonly Performed Surgery Codes for 2023:

20930 Surgical procedure, Allograft, for spine surgery only.

\$762.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS

20936 Surgical procedure, Autograft for spine surgery only.

\$721.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

22551 Surgical procedure, Anterior Arthrodesis, fusing two bones together below C2.

\$8470.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

22552 Surgical procedure, Anterior Arthrodesis, fusing two bones together for each additional interspace below C2.

\$1998.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS

22558 Surgical procedure, Anterior Arthrodesis, fusing two bones together for the lumbar.

\$26780.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

22612 Surgical procedure, posterior or posterolateral Arthrodesis, fusing two bones together technique for the lumbar.

\$10117.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

22614 Surgical procedure, posterior or posterolateral Arthrodesis, fusing two bones together for each additional space for the lumbar.

\$2500.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

22840 Surgical procedure, posterior spine instrumentation (spinal hardware), 1 interspace.

\$4857.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

22842 Surgical procedure, posterior spine instrumental (spinal hardware), 3-6 vertebral segments.

\$4875.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

22853 Surgical procedure, Insertion of biomedical device. I.e., synthetic cage.

\$1689.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

27279 Surgical procedure, arthrodesis fusing two bones together in the sacroiliac joint.

\$5490.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

63005 Surgical procedure, laminectomy w/decompression in the lumbar.

\$7488.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

63012 Surgical procedure, Laminectomy w/removal of abnormal facet w/ decompression lumbar.

\$7511.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

63020 Surgical procedure, Laminotomy w/decompression including partial facetectomy, foraminotomy and or excision of herniated disc, 1 interspace in cervical.

\$7309.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

63030 Surgical procedure, Laminotomy w/decompression including partial facetectomy, foraminotomy and or excision of herniated disc, 1 interspace in lumbar.

\$6132.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

63035 Surgical procedure, Laminotomy w/decompression including partial facetectomy, foraminotomy and or excision of herniated disc, each additional interspace for cervical or lumbar.

\$1225.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

63042 Surgical procedure, Laminotomy w/decompression including partial facetectomy, foraminotomy and or excision of herniated disc, reexploration lumbar.

\$8227.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

63045 Surgical procedure, Laminectomy, facetectomy, and foraminotomy w/decompression, single vertebral cervical.

\$8073.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

63047 Surgical procedure, Laminectomy, facetectomy, and foraminotomy w/decompression, single vertebral lumbar.

\$6970.00 Unadjusted cost - NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS.

INA 10 Most Commonly Performed Anesthesiology Codes for 2023:

We do not bill any Anesthesiology codes.

INA 10 Most Commonly Performed Radiology Codes for 2023:

We do not bill any Radiology codes.

INA 10 Most Commonly Performed Pathology/Laboratory Codes for 2023:

We do not bill any Pathology/Laboratory codes.

INA 10 Most Commonly Performed Medicine Codes for 2023:

We do not bill Medicine codes.

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