

SENATE CS FOR CS FOR HOUSE BILL NO. 123(HSS)

"An Act relating to disclosure of health care services and price information; relating to health care insurers; and providing for an effective date." BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

This undiscounted price list may be higher than the amount an individual actually pays for the health care services described in the list.
You will be provided with an estimate of the anticipated charges for your nonemergency care upon request. Estimates are provided for nonemergency services only.
Please do not hesitate to ask for more information. You may also find this list on our website.

[Practice/Facility Name] is a contracted, in-network preferred provider for ONLY the following plan networks:

Alaska Medicaid State Assistance

Otherwise, YOU MAY INCUR OUT-OF-NETWORK CHARGES.

Codes without a Medicaid allowed amount listed are never reimbursed by Alaska Medicaid.

Code	Price	AK Medicaid Rate, CDM	Description
12001	\$400.00		Simple Repair of Superficial Wounds of External Genitalia 2.5cm or less
12002	\$425.00		Simple Repair of Superficial Wounds of External Genitalia 2.6cm to 7.5cm
12004	\$450.00		Simple Repair of Superficial Wounds of External Genitalia 7.6cm to 12.5cm total
36415	\$25.00	\$3.00	Blood Draw (Medicaid Reimbursement Ended 12/31/2018)
51701	\$241.00		Insertion of non-dwelling bladder catheter
59400	\$9,921.00	\$2,572.36	Routine Obstetrical Care including Antepartum Care, Vaginal Delivery (with or without episiotomy, and/or forceps) and Postpartum Care.
59409	\$3,949.00	\$1,023.92	Vaginal Delivery Only (with or without episiotomy an/or forceps)
59410	\$5,027.96	\$1,303.63	Vaginal Delivery Including Postpartum Care
59414	\$444.00	\$115.18	Delivery of Placenta (separate procedure)
59425	\$2,131.00		Antepartum Care Only (4-6 Visits)
59426	\$3,812.00		Antepartum Care Only (7+ Visits)
59430	\$1,500.00	\$223.26	Postpartum Care Only (seperate procedure)
59899	\$1,000.00	By Report	Unlisted Procedure, Maternity Care and Delivery
94640	\$85.00		Pressurized or nonpressurized Oxygen Therapy, up to 1 hour
96360	\$221.00		Intravenous Infusion, hydration; initial, 30min to 1 hour
96361	\$120.00		Intravenous Infusion, hydration; each additional hour (add on)
96365	\$341.00		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	\$109.00		Intravenous infusion, for therapy; prophylaxis, or diagnosis (specify specific substance or drug); each additional hour
96367	\$300.00		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional subsequential infusion of a new drug/substance up to 1 hour
96372	\$25.52		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96374	\$54.86		Therapeutic Prophylactic or Diagnostic Injection (See specific substance or Drug); intravenous push, single or initial substance/drug
99201	\$150.00	\$53.07	New Patient, Office or other Outpatient Visit, Problem Focused
99202	\$194.00	\$90.94	New Patient, Office or other Outpatient Visit, Expanded Problem Focused
99203	\$280.00	\$131.42	New Patient, Office or other Outpatient Visit, Detailed
99204	\$435.00	\$203.91	New Patient, Office or other Outpatient Visit, Comprehensive
99205	\$549.00		New Patient, Office or other Outpatient Visit, Complex
99241	\$100.00		New or Established Patient, Office or Other Outpatient Consultation, Problem Focused
99242	\$130.00		New or Established Patient, Office or Other Outpatient Consultation, Expanded Problem Focused

99243	\$180.00		New or Established Patient, Office or Other Outpatient Consultation, Detailed
99244	\$225.00		New or Established Patient, Office or Other Outpatient Consultation, Comprehensive (moderate)
99245	\$275.00		New or Established Patient, Office or Other Outpatient Consultation, Comprehensive (high complexity)
99211	\$95.00	\$25.21	Established Patient, Office or other Outpatient Visit, Minimal
99212	\$112.00	\$52.46	Established Patient, Office or other Outpatient Visit, Problem Focused
99213	\$190.00	\$89.34	Established Patient, Office or other Outpatient Visit, Expanded Problem Focused
99214	\$283.00	\$132.76	Established Patient, Office or other Outpatient Visit, Detailed
99215	\$384.00	\$179.97	Established Patient, Office or other Outpatient Visit, Comprehensive
99341	\$190.00	\$70.60	New Patient, Home Visit, Problem Focused
99342	\$220.00	\$103.07	New Patient, Home Visit, Expanded Problem Focused
99343	\$361.00	\$169.52	New Patient, Home Visit, Detailed
99344	\$502.00		New Patient, Home Visit, Comprehensive
99345	\$609.00		New Patient, Home Visit, Complex
99347	\$151.00	\$70.85	Established Patient, Home Visit, Problem Focused
99348	\$231.00	\$108.49	Established Patient, Home Visit, Straightforward
99349	\$252.00	\$165.32	Established Patient, Home Visit, Detailed
99350	\$491.00		Established Patient, Home Visit, Comprehensive
99354	\$356.00		Prolonged Evaluation and Management; First Hour (Telemedicine, office or other outpatient setting)
99355	\$270.00		Prolonged Evaluation and Management, Each additional half hour (telemedicine, office or other outpatient setting)
99441	\$25.00		Telephone E/M service by physician or other healthcare professional not originating from a related EM service from previous 7 days nor leading to a service within 24hrs or soonest available appt. (5-10mins)
99442	\$40.00		Telephone E/M service by physician or other healthcare professional not originating from a related EM service from previous 7 days nor leading to a service within 24hrs or soonest available appt. (11-20mins)
99443	\$60.00		Telephone E/M service by physician or other healthcare professional not originating from a related EM service from previous 7 days nor leading to a service within 24hrs or soonest available appt. (21-30mins)
99460	\$478.00		Initial hospital or birthing center care, per day, for E/M of normal newborn infant
99461	\$478.00	\$132.00	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center (i.e home)
99463	\$478.00	\$169.57	Initial hospital or birthing center care, per day, for E/M of normal newborn infant admitted and discharged on the same date
99464	\$500.00		Attendance at delivery (when requested by the delivering qualified health care professional) and initial stabilization of newborn
99465	\$815.00	\$191.17	Delivery/Birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
J0171	\$29.30		ADRENALIN EPINEPHRINE INJECT
J0290	\$4.90		AMPICILLIN 500 MG INJ
J2001	\$3.39		LIDOCAINE INJECTION
J2210	\$45.60	Price by NDC	METHYLERGONOVIN MALEATE INJ
J2590	\$3.71	Price by NDC	OXYTOCIN INJECTION
J2790	\$87.42	Price by NDC	RHO D IMMUNE GLOBULIN INJ
J3430	\$11.92	Price by NDC	VITAMIN K PHYTONADIONE INJ
J7120	\$3.79	Price by NDC	RINGERS LACTATE INFUSION
Q0091	\$100.00	\$51.79	OBTAINING SCREEN PAP SMEAR
S0191	\$1.72		MISOPROSTOL, ORAL, 200 MCG
S3620	\$200.00	\$159.50	PKU NEWBORN METABOLIC SCREENING

For more information visit: <http://dhss.alaska.gov>

