

Aurora ENT LLC 10 Most Commonly Performed Services Published 01/05/2021

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 I of the Current Procedure Terminology (CPT Codes) book, as adopted by the American Medical Association.

CPT Copyright 2020. American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. The CPT codes are provided "as is" without warranty of any kind. The AMA specifically disclaims all liability for use or accuracy of any CPT codes.

The six sections are as follows:

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, Aurora ENT is listing our <u>undiscounted price</u>. This is the price taken directly from our fee sheet 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 a 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 service rendered by Aurora ENT. 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, Multi-Plan/Beech Street. We also accept Medicare, Medicaid, and Denali Kid Care. 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 Performed Evaluation and Management Codes **UNADJUSTED COST-NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS

CPT Code	Description of Service
<u>Cost</u>	
99201	A problem focused exam, involving straightforward medical decision
	making and usually the presenting problems are self-limited or minor.
\$165.00	
99202	An expanded-problem exam, requiring more time, involving
	straightforward medical decision making and the presenting problems
\$220.00	are self-limited or minor.
99203	Usually involves moderate complexity of the medical decision and
	treatment plan. It is most commonly seen for problems taking more
\$286.00	time to evaluate and/or visits for ongoing, chronic problems.
99212	A focused evaluation of a specific or minor problem which involves
	straight forward decision making on the part of the physician, but
\$154.00	sometimes is used as a follow-up to a previous encounter.
99213	An examination and evaluation of signs and symptoms are done
	resulting in a medical decision of low complexity and treatment plan.
\$187.00	

10 Most Commonly Performed Evaluation and Management Codes **UNADJUSTED COST-NOT INCLUDING IN-NETWORK/NEGOTIATED DISCOUNTS

CPT Code	<u>Description of Service</u>
<u>Cost</u>	
99214	Most commonly used for chronic problem visits which involved a
	decision making of moderate complexity.
\$264.00	
99241	Consult, usually the presenting problem(s) are self-limited or minor and
	involves straightforward medical decision making.
\$242.00	
99242	Consult, presenting problem(s) are of moderate severity with
	straightforward medical decision making.
308.00	
99243	Consult, presenting problem(s) take more time to evaluate and/or for
	visits of ongoing, chronic problems. It involves a detailed examination
\$385.00	and medical decision making.
99231	Inpatient subsequent hospital care. Presenting problem(s) are of
	usually self-limited or minor and involves straightforward medical
\$190.00	decision making.

10 Most Commonly Performed Surgery Codes

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

<u>CPT Code</u>	<u>Description of Service</u>
<u>Cost</u>	
30140	Submucous Resection Inferior Turbinate: surgical procedure to reduce
\$2563.00	the size of the inferior turbinate, allowing for airflow which helps
(per side)	provide relief of the nasal obstruction/congestion.
30520	Septoplasty: procedure to repair a crooked septum to improve
	breathing.
\$5500.00	
31231	Nasal Endoscopy: a detailed examination of the nasal and sinus cavities
	using an endoscope (camera).
\$770.00	
31237	Sinus Debridement: procedure done postoperatively to remove blood
\$1320.00	clots, crusts, and secretions from the nasal and sinus cavity.
(per side)	
31256	Maxillary Antrostomy: Surgery via nasal endoscopy to remove tissue
\$2720.00	and open maxillary sinuses to improve natural sinus drainage.
(per side)	

10 Most Commonly Performed Surgery Codes

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

<u>CPT Code</u> Cost	<u>Description of Service</u>
31575	Laryngoscopy: a detailed examination of the voice box using a flexible endoscopy (camera).
\$550.00	
42821	Removal of tonsils and adenoids in someone over the age of 12.
\$1782.00	
42830	Removal of adenoids in someone under the age of 12.
\$1210.00	
69210	Cerumen Removal: Ear wax is removed by suction, curette, or forceps
\$209.00	via microscopic examination.
(per side)	
69436	Ear Tube Placement: a tube is placed in the ear drum using a
\$1416.00	microscope to drain fluid.
(per side)	

10 Most Commonly Performed Medicine Codes

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

<u>CPT Code</u>	Description of Service
<u>Cost</u>	
92504	Binocular Microscopy: a binocular microscope is used to examine the
	ear for direct, detailed visualization.
\$121.00	
92511	Nasopharyngoscopy: an examination of the nasopharynx only using an
	endoscope (camera).
\$440.00	
92567	Tympanometry: procedure done to measure the movement of the
	tympanic membrane in response to changes in pressure.
\$94.00	



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 or laboratory codes

This document and additional information can be found via our website:

https://www.auroraentmd.com