

David C. Wrigley, MD PC

3300 Providence Dr. Ste 213 Tower B Anchorage, AK 99508

Evaluation and Management Services

Procedure Category	Procedure Code	Procedure Description	Price per unit
Evaluation and Management Services	99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity	\$454.00
Evaluation and Management Services	99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making	\$356.00
Evaluation and Management Services	99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter	\$215.00
Evaluation and Management Services	99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30- 44 minutes of total time is spent on the date of the encounter	\$319.00
Evaluation and Management Services	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter	\$312.00
Evaluation and Management Services	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter	\$209.00

Radiology Procedures

Procedure Category	Procedure Code	Procedure Description	Price per unit
Radiology Procedures	77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	\$1204.00

Surgery

Procedure Category	Procedure Code	Procedure Description	Price per unit
Surgery	49505	The provider repairs an initial inguinal hernia on a child, five years of age or older. She pushes the hernia back to reduce it	\$3786.00
Surgery	47562	The provider removes the gallbladder through a laparoscope, a tubular instrument with a light source and camera inserted through the abdominal wall, to treat gallbladder disease	\$6579.00
Surgery	49585	In this procedure, the provider surgically repairs the umbilical hernia, a bulging of the intestine through an opening in weak abdominal muscles around the belly button, which is reducible, in a patient who is five years of age or older	\$3844.00
Surgery	49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	\$2196.00
Surgery	49650	The provider performs laparoscopic repair of an initial inguinal hernia	\$4200.00
Surgery	12032	This CPT® code is used for the intermediate repair of wounds to the scalp, axillae, trunk and/or extremities (excluding hands and feet) that are 2.6 to 7.5 cm in size	\$790.00
Surgery	49587	In this procedure, the provider surgically repairs an umbilical hernia, a bulging of the intestine through an opening in weak abdominal muscles around the belly button, which has become trapped and or cut off from its blood supply, in five years of age or older	\$5114.00

Procedure Category	Procedure Code	Procedure Description	Price per unit
Surgery	27337	In this procedure, the provider excises a tumor of 3 cm or larger in size from the subcutaneous region of the thigh or knee	\$2923.00
Surgery	49561	In this procedure, the provider surgically repairs an initial incisional or ventral hernia, a hernia which occurs at the site of a previous surgical incision or through a weak spot in the abdominal wall. The hernia is incarcerated, meaning trapped, or strangulated, meaning the blood supply is cut off	\$6925.00
Surgery	11402	The provider excises a noncancerous lesion, excluding a skin tag, of 1.1 to 2.0 cm in diameter, including margins, from the skin of the trunk, arms, or legs	\$593.00

Alaska's health care price transparency law (AS 18.23.400) went into effect January 2019. The law requires health care providers and facilities to post the prices of their most common procedures. Visit the Alaska Department of Health & Social Services website for more detail at <http://dhss.alaska.gov>.

We are an in-network preferred provider with Aetna, Blue Cross Blue Shield, Medicaid, Medicare and UnitedHealthCare. If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular service.

The undiscounted price reflected above may be higher or lower than the amount an individual actually pays for the health care services described in this list. You will be provided with an estimate of the anticipated charges for your non-emergency care upon request. Please do not hesitate to ask for information.

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