



Aurora ENT LLC

10 Most Commonly Performed Services

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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.

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The six sections are as follows:

Category:

Evaluation and Management

Anesthesia

Surgery

Radiology

Pathology and Laboratory

Medicine

CPT Code Range:

99201-99499

00100-01999; 99100-99140

10021-69990

70010-79999

80047-89398

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:

<https://dhss.alaska.gov/dph/VitalStats/Pages/transparency.aspx>

In adherence to the law, Aurora ENT is listing our undiscounted price. 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 any 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	Cost
99202	An expanded-problem exam, requiring more time, involving straightforward medical decision making and the presenting problems are self-limited or minor.	\$220.00
99203	Usually involves moderate complexity of the medical decision and treatment plan. It is most commonly seen for problems taking more time to evaluate and/or visits for ongoing, chronic problems.	\$286.00
99204	New patient office or other outpatient visit for evaluation & management, which requires a medical history and/or examination & moderate level of medical decision-making	\$385.00
99212	A focused evaluation of a specific or minor problem which involves straight forward decision making on the part of the physician, but sometimes is used as a follow-up to a previous encounter.	\$154.00
99213	An examination and evaluation of signs and symptoms are done resulting in a medical decision of low complexity and treatment plan.	\$187.00

CPT Code	Description of Service	Cost
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 and medical decision making.	\$385.00
99251	Inpatient consult for a new or established patient. Involves a focused history & examination with straightforward medical decision making.	\$230.00

10 Most Commonly Performed Surgery Codes

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

CPT Code	Description of Service	Cost
30140	Submucous Resection Inferior Turbinate: surgical procedure to reduce the size of the inferior turbinate, allowing for airflow which helps provide relief of the nasal obstruction/congestion.	\$2563.00 (per side)
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 clots, crusts, and secretions from the nasal and sinus cavity.	\$1320.00 (per side)
31256	Maxillary Antrostomy: Surgery via nasal endoscopy to remove tissue and open maxillary sinuses to improve natural sinus drainage.	\$2992.00 (per side)

CPT Code	Description of Service	Cost
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
42826	Removal of Tonsils in someone over the age of 12.	\$1700.00
69210	Cerumen Removal: Ear wax is removed by suction, curette, or forceps via microscopic examination.	\$209.00 (per side)
69436	Ear Tube Placement: a tube is placed in the ear drum using a microscope to drain fluid.	\$1416.00 (per side)

10 Most Commonly Performed Medicine Codes

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

CPT Code	Description of Service	Cost
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

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 or laboratory codes

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

<https://www.auroraentmd.com>