ANCHORAGE SURGICAL & BARIATRIC

The Professional and Personal Care You Deserve

TOP CPT CODES AND UNDISCOUNTED PRICES

Per Alaska statute 18.23.400 listed below are the top 10 procedures most commonly performed by Dr. Grant Searles from all six sections of the Current Procedural Terminology (CPT) guidelines for calendar year 2020. 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 and this list is also available on their website.

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. This 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 circumstance will vary by their insurance and by the arrangements made with this office.

As required by the law, you may request to be provided with an estimate of Dr. Searles' anticipated charges for your nonemergency care. Please do not hesitate to ask for this information. The prices listed below do not include fees charged by other providers including but not limited to pre-op testing, facility fees, anesthesia and pathology when related to a surgical procedure performed by Dr. Searles. We cannot provide estimates for the cost of other facilities or providers, 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.

Please do not hesitate to ask for additional information.

EVALUATION AND MANAGEMENT: Unadjusted cost- NOT INCLUDING IN-NETWORK OR NEGOTIATED DISCOUNTS

| CPT Code | Description | Cost |
|----------|---|-------|
| 99203: | NEW PATIENT office visit, detailed exam low complexity/30 minutes total time including face to face time, review of chart, counseling, and note creation. | \$325 |
| 99204: | NEW PATIENT office visit, detailed exam moderate complexity/45 minutes total time including face to face time, review of chart, counseling, and note creation. | \$487 |
| 99205: | NEW PATIENT office visit, detailed exam high complexity/60 minutes total time including face to face time, review of chart, counseling, and note creation. | \$715 |
| 99212: | ESTABLISHED PATIENT office visit, focused exam/10 minutes total time including face to face time, review of chart, counseling, and note creation. | \$145 |
| 99213: | ESTABLISHED PATIENT office visit, expanded exam/20 minutes total time including face to face time, review of chart, counseling, and note creation. | \$220 |
| 99214: | ESTABLISHED PATIENT office visit, detailed exam/30 minutes total time including face to face time, review of chart, counseling, and note creation. | \$331 |
| 99215: | ESTABLISHED PATIENT office visit, detailed exam – high complexity/40 minutes total time including face to face time, review of chart, counseling, and note creation. | \$495 |
| 99243: | NEW PATIENT CONSULT office visit, detailed exam low complexity/30 minutes total time including face to face time, review of chart, counseling, and note creation. | \$480 |
| 99244: | NEW PATIENT CONSULT office visit, comprehensive exam moderate complexity/40 minutes total time including face to face time, review of chart, counseling, and note creation. | \$650 |
| 99245: | NEW PATIENT CONSULT office visit, comprehensive exam high complexity/55 minutes total time including face to face time, review of chart, counseling, and note creation. | \$885 |

SURGERY:

Unadjusted cost- NOT INCLUDING IN-NETWORK OR NEGOTIATED DISCOUNTS

| CPT Code | Description | Cost |
|----------|--|----------|
| 43281: | Laparoscopic Hiatal/Paraesophageal Hernia Repair without Mesh Placement (includes fundoplication if performed) | \$11,428 |
| 43644: | Laparoscopic Roux-en-Y Gastric Bypass | \$24,345 |
| 43775: | Laparoscopic Sleeve Gastrectomy | \$14,491 |
| 44204: | Laparoscopic Partial Colectomy with Anastomosis | \$12,901 |
| 44970: | Laparoscopic Appendectomy | \$4,483 |
| 46221: | Hemorrhoid Banding | \$1,130 |
| 46600: | Diagnostic Anoscopy | \$235 |
| 47562: | Laparoscopic Cholecystectomy | \$6,579 |
| 49593: | Incisional/Epigastric/Ventral/Umbilical/Spigelian Reducible Hernia Repair 3cm to 10cm (any approach) | \$5,076 |
| 49650: | Laparoscopic Inguinal Hernia Repair | \$4,261 |

RADIOLOGY:

No codes to report.

PATHOLOGY:

No codes to report.

MEDICINE:

No codes to report.

ANESTHESIA:

No codes to report.