

# Alpine Dermatology, LLC

TIN - 352405133

## 2022 Price Transparency

Published 01/01/2022

Per state law (Alaska Statute 18.23.400), beginning January 1st, 2021 we are required to annually post a list of our 10 most frequently billed service codes from the six sections of Category I of the Current Procedural Terminology (“CPT codes”) book, as adopted by the American Medical Association. The six sections are:

Category	CPT Code Range
Evaluation and Management	99201-99499
Anesthesia	00100-01999; 99100-00140
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, Alpine Dermatology, LLC is listing our “undiscounted price.” These prices are taken directly from our fee schedule as of the publication date and are also reported to the Alaska Department of Health & Social Services. These prices may be higher than the amount actually paid for the services received depending on the individual’s circumstance (ie. Insurance Coverage, In-Network Contracts, Medicaid Coverage, Self Pay Arrangements, etc.).

You are entitled, upon request, to receive a good-faith estimate of reasonably anticipated charges for a given nonemergency service(s) prior to receiving those services and no later than 10 days following the receipt of your request. This estimate does not include facility fees or other charges incurred outside of the service rendered by an Alpine Dermatology, LLC provider. This estimate will be provided in the form of your choosing – Orally, Written, or Electronic. Alpine Dermatology, LLC will always provide you with a good-faith estimate when/if a surgical procedure is proposed.

Please do not hesitate to ask any questions.  
Our billing office may be reached directly at 907-796-8631.

# Alpine Dermatology, LLC

**We are considered an “In-Network Provider” under your insurance policy if your Insurance Card shows any of the following:**

Premera Blue Cross Blue Shield of Alaska, Veterans Choice Program, and Tricare. We also accept Medicare and Medicaid. For all other insurances, we are considered out-of-network and do not maintain contractual relationships that may reduce the price of our services, but our services are extended to everyone, regardless of their coverage.

***CPT® Copyright 2022 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.***

# Alpine Dermatology, LLC

- Professional Fee Schedule -

The following is a list of Alpine Dermatology, LLC's top 10 most commonly performed CPT procedures in the following categories:

## **Evaluation & Management Surgery**

(Professional Fee charges)

For the most accurate Alpine Dermatology, LLC's professional fee billing information, please contact the billing department by phone at (907)796-8631.

# Evaluation & Management

## Alpine Dermatology, LLC's Professional Fee Schedule

<b>CPT Code</b>	<b>Procedure Description</b>	<b>Charge Amount</b>
99202	New patient (office or other outpatient) visit, 15-29 minutes	\$220.00
99203	New patient (office or other outpatient) visit, 30-44 minutes	\$305.00
99204	New patient (office or other outpatient) visit, 45-59 minutes	\$465.00
99211	Established patient (office or other outpatient) visit, 5-9 minutes	\$61.00
99212	Established patient (office or other outpatient) visit, 10-19 minutes	\$140.00
99213	Established patient (office or other outpatient) visit, 20-29 minutes	\$206.00
99214	Established patient (office or other outpatient) visit, 30-39 minutes	\$304.00

# Surgery

## Alpine Dermatology, LLC's Professional Fee Schedule

<b>CPT Code</b>	<b>Procedure Description</b>	<b>Charge Amount</b>
10060	Drainage of abscess	\$592.00
11102	Tangential biopsy of single skin lesion	\$385.00
11103	Tangential biopsy of additional skin lesion	\$280.00
11104	Punch biopsy of single skin lesion	\$651.00
11105	Punch biopsy of additional skin lesion	\$320.00
11402	Removal of growth (1.1 to 2.0 centimeters) of the trunk, arms, or legs	\$833.00
17000	Destruction of skin growth	\$350.00
17003	Destruction of 2-14 skin growths	\$55.00
17262	Destruction of malignant growth (1.1 to 2.0 centimeters) of trunk, arms, or legs	\$875.00
17263	Destruction of malignant growth (2.1 to 3.0 centimeters) of trunk, arms, or legs	\$1,000.00