

Cornerstone Medical Clinic
10 Most Commonly Performed Services
Effective 1/1/2019

Per state law (Senate **Bill** 105) we are required to annually post this 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:

<u>Category:</u>	<u>CPT code Range:</u>
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, Cornerstone Medical Clinic (CMC) is listing our “undiscounted price.” This is the price is taken directly from our Fee Schedule.

You are entitled, upon request, to receive a good-faith estimate of reasonably anticipated charges for a given nonemergency service(s) prior to providing those services and no later than 10 days following the receipt of your request. . The estimate does not does not include facility fees or charges incurred outside of the service rendered by a CMC provider. This estimate will be provided in the form of your choosing- Orally, Written or Electronic. Please do not hesitate to ask any questions.

10 Most Commonly Performed - **Evaluation and Management Codes:**

CPT Code/Cost	Description of Service
99212/\$147	Office Visit Level 2- Shortest non-annual visit, sometimes as a follow up to a previous encounter or otherwise a focused evaluation of a specific problem and a straight forward decision on the part of the practitioner.
99213/\$188	Office Visit Level 3- Most common “sick visit” involves exploratory exam and evaluation of signs and symptoms resulting in a medical decision of low complexity, treatment plan, and any prescription.
99214/\$273	Office Visit Level 4- Most commonly seen for visits regarding ongoing, chronic problems or issues taking more time to evaluate progress and present status of the patient resulting in a moderate complexity of the medical decision and treatment plan.
99242/\$370	Office Consultation for a new or established patient which requires these 3 components: expanded problem focused history, expanded problem focused examination and straightforward medical decision making.

99243/\$471	Office Consultation for a new or established
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	<p>patient which requires these 3 components: a detailed history, a detailed examination and medical decision making of moderate complexity.</p>
99384/\$350	<p>Initial Comprehensive Preventative Medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedure new patient (age 12-17)</p>
99385/\$475	<p>Initial Comprehensive Preventative Medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedure new patient (age 18-39)</p>
99394/\$292	<p>Periodic comprehensive preventative medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk</p>

	factor reduction interventions, and the ordering of laboratory/diagnostic procedure, established patient (age 12-17)
99395/\$394	Periodic comprehensive preventative medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedure, established patient (age 18-39)
99396/\$431	Periodic comprehensive preventative medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedure, established patient (age 40—64)

10 Most Commonly Performed – **Anesthesia– We do not bill for this category**

10 (ONLY 6) Most Commonly Performed – **Surgery/Procedure Codes**

CPT Code/Cost	Description of Service
10060/\$441	Incision and drainage of abscess; simple or single
10160/\$450	Puncture aspiration of abscess, hematoma, bulla or cyst
11100/\$241	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion
11200/\$407	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15
17110/\$267	Destruction (laser surgery, electrocautery, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
	Removal impacted cerumen requiring instrumentation, unilateral

10 Most Commonly Performed—Radiology Codes

We do not bill for this category

10 Most Commonly Performed – **Pathology and Laboratory Codes:**

CPT Code/Cost	Description of Service
80050/\$266	General Health Panel – includes CMP & CBC
80053/\$115	Comprehensive metabolic panel
80061/\$132	Lipid Panel
81002/\$36	Urinalysis- non-automated, without microscopy
81025/\$68	Urine pregnancy test, by visual color comparison methods
82272/\$38	Blood , occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
82306/\$312	Vitamin D; 25 hydroxy, includes fractions if performed
82728/\$133	Ferritin
87880/\$82	Streptococcus, group A
88175/\$136	Pap Smear

10 Most Commonly Performed – **Medicine Codes**

CPT Code/Cost	Description of Service
90460/\$60	Immunization administration through 18 years of age via any route of counseling, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered
90461/\$36	Each additional vaccine or toxoid component administered- through 18 years of age
90471/\$60	Immunization administration 1 vaccine – 19 years and older
90472/\$36	Each additional vaccine-19 years and older
90636/\$249	Hepatitis A and Hepatitis B , adult dose
90649/\$289	Human Papillomavirus Vaccine types 6,11,16,18 – 3 dose schedule
90658/\$42	Influenza virus vaccine
90715/\$61	Tdap age 7 years and older
90716/\$199	Varicella virus vaccine
90732/\$88	Pneumococcal polysaccharide vaccine

This document can be found on our website: conerstoneclinic.org

If you have any questions, please feel free to contact us at 907-522-7090.