

Sunshine Community Health Center
Price Transparency Listing
AS 18.23.400



An estimate of will be provided for non emergency health care services upon request. Please do not hesitate to ask for information.

We are considered an "In-Network Provider" for the following insurers:

- * Aetna
- * Blue Cross/Premera
- * Delta Dental
- * Medicaid / DenaliCare
- * Medicare
- * Multi Plan Network
- * TriCare
- * United Health Care
- * Veterans Community Care Network

The undiscounted pricing may be higher or lower than the amount an individual actually pays for the health care services described in the list.

As a Federally Qualified Health Center we offer a Sliding Fee Discount. Eligibility is based upon household size and income per federal poverty guidelines.

10 Most Common Codes per CPT* Category 2020

Evaluation & Management

CPT Code	Charge	Description
99202	\$ 220.00	OFFICE OUTPATIENT NEW 20 MINUTES
99203	\$ 310.00	OFFICE OUTPATIENT NEW 30 MINUTES
99204	\$ 470.00	OFFICE OUTPATIENT NEW 45 MINUTES
99211	\$ 95.00	OFFICE OUTPATIENT VISIT 5 MINUTES
99212	\$ 150.00	OFFICE OUTPATIENT VISIT 10 MINUTES
99213	\$ 210.00	OFFICE OUTPATIENT VISIT 15 MINUTES
99214	\$ 310.00	OFFICE OUTPATIENT VISIT 25 MINUTES
99441	\$ 45.00	PHYS/QHP TELEPHONE EVALUATION 5-10 MIN
99442	\$ 85.00	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN
99443	\$ 125.00	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN

Surgery

CPT Code	Charge	Description
11719	\$ 90.00	TRIMMING NONDYSTROPHIC NAILS
11721	\$ 228.00	DEBRIDEMENT NAIL ANY METHOD 6/>
12001	\$ 455.00	SIMPLE REPAIR 2.5CM/<
17110	\$ 558.00	DESTRUCTION BENIGN LESIONS UP TO 14
20552	\$ 277.00	INJECTION TRIGGER POINT 1/2 MUSCLES
20610	\$ 304.00	ARTHROCENTESIS ASPIR/INJECT MAJOR JOINT
29580	\$ 306.00	STRAPPING UNNA BOOT
36415	\$ 35.00	COLLECTION VENOUS BLOOD VENIPUNCTURE
36416	\$ 22.00	COLLECTION CAPILLARY BLOOD SPECIMEN
69209	\$ 70.00	REMOVAL IMPACTED CERUMEN

Radiology

CPT Code	Charge	Description
71046	\$ 108.00	RADIOLOGIC EXAM CHEST 2 VIEWS
72100	\$ 133.00	RADEX SPINE LUMBOSACRAL 2/3 VIEWS
73130	\$ 130.00	RADEX HAND MINIMUM 3 VIEWS
72040	\$ 133.00	RADEX SPINE CERVICAL 2 OR 3 VIEWS
73630	\$ 121.00	RADEX FOOT COMPLETE MINIMUM 3 VIEWS
73030	\$ 117.00	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS
73560	\$ 124.00	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS
73502	\$ 239.00	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS
74018	\$ 156.00	RADIOLOGIC EXAM ABDOMEN 1 VIEW
73110	\$ 150.00	RADEX WRIST COMPLETE MINIMUM 3 VIEWS

Pathology and Laboratory

CPT Code	Charge	Description
80050	\$ 118.75	GENERAL HEALTH PANEL
80053	\$ 39.50	COMPREHENSIVE METABOLIC PANEL
80061	\$ 47.75	LIPID PANEL
80305	\$ 60.00	DRUG TEST PRESUMPTIVE, ANY NUMBER OF DRUG
81002	\$ 15.00	URINALYSIS NON-AUTO W/O MICROSCOPE
83037	\$ 42.25	HEMOBLOBIN: GLYCOSYLATED (A1c)
84153	\$ 53.50	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL
84443	\$ 53.00	ASSAY OF THYROID STIMULATING HORMONE TSH
85025	\$ 26.25	BLOOD COUNT COMPLETE
87635	\$ -	COVID-19 LABORATORY TEST (IN HOUSE)

Medicine

CPT Code	Charge	Description
90460	\$ 27.00	IMMUNIZATION ADM THRU 18YR 1ST VACCINE
90471	\$ 40.00	IMMUNIZATION ADM SUBQ VACCINE
90674	\$ 33.00	INFLUENZA VACCINE, FLUCELVAX
90715	\$ 67.00	TDAP VACCINE 7 YRS/>
90832	\$ 180.00	PSYCHOTHERAPY W/PATIENT 30 MINUTES
90834	\$ 215.00	PSYCHOTHERAPY W/PATIENT 45 MINUTES
90837	\$ 260.00	PSYCHOTHERAPY W/PATIENT 60 MINUTES
90853	\$ 120.00	GROUP PSYCHOTHERAPY
93000	\$ 105.00	ELECTROCARDIOGRAM, ROUTINE ECG
96372	\$ 105.00	THERAPEUTIC INJECTION

Anesthesia

No anesthesia services provided

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