



# Services and Charges

3340 Providence Drive, Suite 500-Building A, Anchorage, AK 99508  
T. 907-562-2423 / F. 907-563-1170

## Appointment Visits (well-child checks)

CPT® Code	CPT® Description	APG Price
<b>99391</b>	<b>Preventative Visit, established Infant</b>	<b>\$275.00</b>
<b>99392</b>	<b>Preventative Visit, established 1-4 years</b>	<b>\$275.00</b>
<b>99393</b>	<b>Preventative Visit, established 5-11 years</b>	<b>\$275.00</b>
<b>99394</b>	<b>Preventative Visit, established 12-17 years</b>	<b>\$275.00</b>
<b>99395</b>	<b>Preventative Visit, established 18-22 years</b>	<b>\$275.00</b>
<b>99381</b>	<b>Preventative Visit, NEW Infant</b>	<b>\$340.00</b>

## Additional Screenings/Services\* at well-child checks

CPT® Code	CPT® Description	APG Price
<b>99173</b>	<b>Visual Acuity Screen</b>	<b>\$11.00</b>
<b>99174</b>	<b>GoCheck Kids® - Vision Screening</b>	<b>\$35.00</b>
<b>99161</b>	<b>Caregiver-Focused Health Assessment</b>	<b>\$30.00</b>
<b>96127</b>	<b>Brief Emotional/Behavior Assessment</b>	<b>\$30.00</b>
<b>96110</b>	<b>Developmental Screen w/Scoring</b>	<b>\$30.00</b>
<b>99188</b>	<b>Application of Fluoride Varnish</b>	<b>\$35.00</b>

**\*Depending on your insurance plan, these additional screenings/services may not be covered, therefore they will be your responsibility. Please contact your plan for more details on coverage.**



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## Appointment Visits (non-wellness)

CPT® Code	CPT® Description	APG Price
<b>99211</b>	<b>Office Visit, established</b>	<b>\$90.00</b>
<b>99212</b>	<b>Office Visit, established</b>	<b>\$150.00</b>
<b>99213</b>	<b>Office Visit, established</b>	<b>\$215.00</b>
<b>99214</b>	<b>Office Visit, established</b>	<b>\$308.00</b>
<b>99215</b>	<b>Office Visit, established</b>	<b>\$425.00</b>
<b>99202</b>	<b>Office Visit, NEW patient</b>	<b>\$220.00</b>
<b>99203</b>	<b>Office Visit, NEW patient</b>	<b>\$300.00</b>
<b>99204</b>	<b>Office Visit, NEW patient</b>	<b>\$440.00</b>

## Hospital Visitation

CPT® Code	CPT® Description	APG Price
<b>99460</b>	<b>Initial Care, normal newborn</b>	<b>\$437.00</b>
<b>99462</b>	<b>Newborn Hospital subsequent visit</b>	<b>\$165.00</b>
<b>99238</b>	<b>Newborn Discharge</b>	<b>\$325.00</b>
<b>99463</b>	<b>Newborn Admit/Discharge, same day</b>	<b>\$578.00</b>

## Laboratory

CPT® Code	CPT® Description	APG Price
<b>80061</b>	<b>Lipid Panel</b>	<b>\$50.00</b>
<b>81002</b>	<b>Urinalysis, non-auto w/o scope</b>	<b>\$18.00</b>
<b>81003</b>	<b>Urinalysis, auto w/o scope</b>	<b>\$35.00</b>



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<b>81025</b>	<b>Urine Pregnancy Test</b>	<b>\$35.00</b>
<b>83655</b>	<b>Assay Of Lead</b>	<b>\$30.00</b>
<b>85018</b>	<b>Hemoglobin</b>	<b>\$20.00</b>
<b>87804</b>	<b>Influenza Assay w/optic</b>	<b>\$72.00</b>
<b>87808</b>	<b>Strep A Assay w/optic</b>	<b>\$72.00</b>
<b>87807</b>	<b>RSV Assay w/optic</b>	<b>\$72.00</b>

## Procedures

<b>CPT® Code</b>	<b>CPT® Description</b>	<b>APG Price</b>
<b>17110</b>	<b>Cryotherapy (wart removal) 2-14</b>	<b>\$330.00</b>
<b>17111</b>	<b>Cryotherapy (wart removal) 15+</b>	<b>\$400.00</b>
<b>94640</b>	<b>Nebulizer Treatment</b>	<b>\$100.00</b>
<b>54150</b>	<b>Circumcision</b>	<b>\$750.00</b>
<b>69210</b>	<b>Remove impacted earwax, requiring instrument</b>	<b>\$200.00</b>
<b>69209</b>	<b>Remove impacted earwax by irrigation</b>	<b>\$120.00</b>
<b>41010</b>	<b>Tongue tie (Frenotomy)</b>	<b>\$328.00</b>
<b>S0630</b>	<b>Removal of sutures (not placed by APG)</b>	<b>\$145.00</b>
<b>12001, 12002, 12011, 12012</b>	<b>Suture placement (face and non-face)</b>	<b>\$500.00</b>



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## Medications/Immunizations

CPT® Code	CPT® Description	APG Price
<b>96372</b>	<b>Therapeutic/prophylactic injection fee</b>	<b>\$60.00</b>
<b>J1050, J1055</b>	<b>Depo-Provera</b>	<b>\$75.00</b>
<b>J7613</b>	<b>Bicillin</b>	<b>\$30.00</b>
<b>90460, 90461</b>	<b>Immunization administration</b>	<b>\$69.00 per immunization</b>

### NOTICE OF POLICIES AND STANDARDS

You will be provided with an estimate of the anticipated charges for your nonemergency care upon receipt of a written request that can be faxed to 907-563-1170, emailed to [support@apgkids.com](mailto:support@apgkids.com), or mailed to our office at 3340 Providence Dr. #A500, Anchorage, AK 99508. Good Faith Estimate Requests must include the following; Patient's full name, medical condition for which the patient is needing medical treatment for, method preferred for receiving statement, parent/guardian's contact including e-mail address, mailing address and phone number. Please give up to 10 business days for estimates.

This posting is made public on Anchorage Pediatric Group, LLC's website at [www.apgkids.com](http://www.apgkids.com) in accordance with Alaska's Department of Health And Social Services Regulations re: Health Care Services Price Transparency (7 AAC 86) and SB 105.

<https://aws.state.ak.us/OnlinePublicNotices/Notices/Attachment.aspx?id=122306>

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