

Health Care Services Price List

Health care costs can be confusing. We're here to help.

Understanding your health care costs and payment options is an important part of preparing for your visit at Planned Parenthood. The price you pay for your health care services depends on a variety of factors, including your health insurance plan, Medicaid coverage, or if you qualify for federal, state, or local programs that help cover the cost of your care. We can help you understand your options. Give us a call at 1-800-769-0045 to learn more.

Price List

This list contains the undiscounted costs for our most common health care services. The price listed might be different than the amount you actually pay. For example, if you have health insurance, Medicaid, or qualify for discounted care your out-of-pocket costs might be much lower or even \$0. Let us know if you'd like an estimate of your anticipated charges for your care.

The list also includes CPT (Current Procedural Terminology) codes, which are a set of standardized codes to describe identical medical services among different health care providers. Because everyone uses the same codes to indicate the same services, CPT codes make it easier for you to understand and compare costs.

Planned Parenthood is committed to quality, affordable health care. Please let us know if you have questions or need assistance covering the cost of your visit.

Evaluation & Management		
CODE	DESCRIPTION	UNDISCOUNTED PRICE
99213	An office visit with a provider for a straightforward health concern, patient has been seen by a PPGNHAIK provider within the last 3 years (established)	\$199
99202	An office visit with a provider for a straightforward health concern, patient has not been seen by a PPGNHAIK provider in the last 3 years (new)	\$159

Evaluation & Management - CONT'D		
CODE	DESCRIPTION	UNDISCOUNTED PRICE
99212	An office visit with a provider for a minor health concern, patient has been seen by a PPGNHAIK provider within the last 3 years (established)	\$ 122
99395	Periodic wellness visit age 18-39, (established)	\$258
99385	Periodic wellness visit age 18-39, (new)	\$286
99214	An office visit with a provider for a moderate health concern, patient has been seen by a PPGNHAIK provider within the last 3 years (established)	\$282
99396	Periodic wellness visit age 40-64, (established)	\$275
99386	Periodic wellness visit age 40-64, (new)	\$331
99203	An office visit with a provider for a moderate health concern, patient has not been seen by a PPGNHAIK provider in the last 3 years (new)	\$245
Surgery		
CODE	DESCRIPTION	UNDISCOUNTED PRICE
36415	Venipuncture	\$6
36416	Finger Stick	\$6
11983	Implant Removal/Reinsertion	\$ 384
59840	Induced abortion by dilation and curettage	Up to \$1,100
58300	Insertion of intrauterine contraceptive device (IUD)	\$229
11981	Insertion of contraceptive implant	\$360
58301	Removal of intrauterine contraceptive device (IUD)	\$239
11982	Removal of contraceptive implant	\$252

Surgery - CONT'D		
CODE	DESCRIPTION	UNDISCOUNTED PRICE
59841	Induced abortion by dilation and evacuation	Up to \$1,100
57500	Biopsy of Cervix	\$341
57454	Colposcopy, w/biopsy and ECC	\$371
57455	Colposcopy with Biopsy	\$353
55250	Vasectomy (not provided at all health centers)	\$764

Lab/Pathology		
CODE	DESCRIPTION	UNDISCOUNTED PRICE
87491	Chlamydia	\$50
87591	Gonorrhea	\$50
81025	Urine pregnancy test	\$17
86592	Syphilis	\$9
87389	HIV 1/ HIV 2	\$60
85018	Hemoglobin	\$7
86901	RH (D) Blood Typing	\$8
87210	Wet Mount	\$12
88142	Pap test, thin layer	\$50
86703	Rapid HIV Test	\$40

Radiology		
CODE	DESCRIPTION	UNDISCOUNTED PRICE
76817	OB transvaginal ultrasound	\$221
76830	Non OB transvaginal ultrasound	\$267
76815	OB pelvic ultrasound	\$221
76857	Non OB pelvic ultrasound	\$105

Medicine		
CODE	DESCRIPTION	UNDISCOUNTED PRICE
96372	Injection, Subcutaneous Or Intramuscular	\$46
90471	Immunization administration	\$46
90651	HPV Vaccine (Gardasil 9)	\$250
99156	Moderate sedation, different provider	\$95
90632	HEP A Vaccine	\$72
90746	HEP B Vaccine	\$65

This information is posted under legal requirements outlined in AS 18.23.400 and 7 AAC 86. The undiscounted price may be higher or lower than the amount the individual actually pays for the services on the list. You will be provided with an estimate of the anticipated charges for your nonemergency care upon request. Contracted health plans: Alaska Medicaid, Blue Cross and Blue Shield (Premera), MultiPlan, United Healthcare, Aetna, First Choice, Cigna. CPT® Copyright 2020. 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.