

LaTouche Pediatrics LLC Fees 2025				
Acute Office Visit *				
Description	New Patient	Fee	Established Patient	Fee
Level 2	99202	\$231	99212	\$151
Level 3	99203	\$290	99213	\$236
Level 4	99204	\$415	99214	\$332
Level 5	99205	\$570	99215	\$467
Prolonged E/M Service	99417	\$101	99417	\$101

*Visit levels vary based on the complexity of condition, time spent by provider and treatment provided. Additional charges for medications, labs, supplies, procedures or other necessary treatments.

Health Maintenance/Wellness Exam/Physical Exam**				
Description	New Patient	Fee	Established Patient	Fee
< 1 year	99381	\$339	99391	\$294
1-4 years	99382	\$334	99392	\$313
5-11 years	99383	\$340	99393	\$312
12-17 years	99384	\$398	99394	\$341
18-24 years	99385	\$385	99395	\$360

**Visit usually covered 100% by most insurance plans. Additional fees/charges for age appropriate labs, vaccines, and assessments performed at visit.

Immunizations		
Description	CPT Code	Fee
Administration (initial)	90471/90473	\$69
Administration (each additional vaccine)	90472/90474	\$49
COVID Vaccine Administration	90480	\$135
RSV Vaccine Administration	96381	\$84

Assessments/screenings		
Description	CPT Code	Fee
Developmental Assessment	96110	\$50
Emotional Health Assessment	96127	\$20

Description	CPT Code	Fee
Ocular Screening	99177	\$30
Tuberculosis (TB) screening	86580	\$46

Labs		
Description	CPT Code	Fee
Hgb (QW)	85018	\$50
Urinalysis	81002	\$30
Strep Test (QW)	87651	\$80
Hemocult	82270	\$48
Glucose	82962	\$48
Pregnancy test	81025	\$60
Influenza Test (QW)	87502	\$190
RSV test (QW)	87634	\$100
Lipid Panel (QW)	80061	\$50
A1C	83036	\$38
COVID Rapid Test	87635	\$122
Lead Test	83655	\$28
Bilirubin Test	88720	\$20

Nexplanon		
Description	CPT Code	Fee
Birth Control Consultation	99213/99214/99215	TBD
Pregnancy Test	81025	\$60
Nexplanon Device	J7307	\$1,429
Nexplanon Insertion	11981	\$700
Nexplanon Removal	11982	\$750
Nexplanon Removal w/ Re-insertion	11983	\$1,000

Procedures		
Description	CPT Code	Fee
1st degree Burn treatment (simple)	16000	\$341
Burn Care/dressing/debride (small <5%)	16020	\$368
Burn Care/dressing/debride (med 5-10%)	16025	\$672
Burn Care/dressing/debride (large >10%)	16030	\$350
Catherization	51701	\$185
Cautery	17250	\$372
Circumcision	54150	\$750
Removal impacted cerumen via irrigation(ear wax)	69209	\$80
Removal impacted cerumen (ear wax)	69210	\$205
Ear Piercing (not covered by insurance)	69090	\$100
Foreign Body Removal		
Ear	69200	\$344
Nose	30300	\$899
Skin Tag Removal	11200	\$396
Incision & Drainage	10060	\$543
Laceration repair		
0.00-2.5 cm		
Face	12011	\$565
Other	12001	\$525
2.6-7.5 cm		
Face	12013	\$617
Other	12002	\$535
Laceration Repair-dermabond		
Face	12011	\$400
Other	12001	\$400
Nebulizer treatment #_____ (each treatment)	94640	\$102
Tympanometry	92567	\$70
Tongue Tie correction	41010	\$925
Wart Removal	17110	\$487
Nail Removal	11730	\$491
Evacuation of nail hematoma	11740	\$247
Administration of Medication (Injection)	96372	\$65
Fluoride Varnish Application	99188	\$50

Hospital Visitation		
Description	CPT Code	Fee
Initial Care, Normal Newborn	99460	\$394
Newborn Hospital Subsequent Visit	99462	\$221
Hospital Discharge < 30 min	99238	\$266
Newborn Admit & Discharge Same Day	99463	\$480

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You can review costs at the Alaska Department of Health and Social Services Health Care Cost Transparency website at <https://go.dhss.ak.local/pub/home/dph/VitalStats/Pages/transparency.aspx>

Un-discounted prices for health care services described in this list may be higher or lower than the amount an individual will actually pay.