

2024 Health Care Price Transparency

CPT Code	Fee	Description
Evaluation and Management Services	Full Fee	Description
99202	\$256.00	Outpatient visit with a new patient with medical history review and/or examination and straightforward medical decision making with 15-29 minutes of total time spent on the date of the encounter.
99203	\$380.00	Outpatient visit with a new patient with medical history review and/or examination and low level of decision making with 30-44 minutes of total time spent on the date of the encounter.
99204	\$605.00	Outpatient visit with a new patient with medical history review and/or examination and moderate level of decision making with 45-59 minutes of total time spent on the date of the encounter.
99212	\$190.00	Outpatient visit with established patient with medical history review and/or examination and straightforward medical decision making with 10-19 minutes of total time spent on the date of the encounter.
99213	\$273.00	Outpatient visit with established patient with medical history review and/or examination and low level of decision making with 20-29 minutes of total time spent on the date of the encounter.
99214	\$417.00	Outpatient visit with established patient with medical history review and/or examination and moderate level of decision making with 30-39 minutes of total time spent on the date of the encounter.
99215	\$595.00	Outpatient visit with established patient with medical history review and/or examination and high level of decision making with 40-54 minutes of total time spent on the date of the encounter.
99393	\$305.00	Periodic comprehensive preventive medicine including medical history review, examination, counseling, interventions, and labs/diagnostic procedures for established patient age 5-11 years.
99395	\$395.00	Periodic comprehensive preventive medicine including medical history review, examination, counseling, interventions, and labs/diagnostic procedures for established patient age 18-39 years.
99396	\$431.00	Periodic comprehensive preventive medicine including medical history review, examination, counseling, interventions, and labs/diagnostic procedures for established patient age 40-64 years.
Radiology Services	Full Fee	Description
N/A	N/A	N/A
Anesthesia Services	Full Fee	Description
N/A	N/A	N/A

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CPT Code	Fee	Description
Surgery	Full Fee	Description
10060	\$633.00	Cut and drainage of simple or single abscess.
11104	\$629.00	Removal of small skin tissue sample including simple closure.
11981	\$794.00	Insertion or removal of drug delivery devices below the skin.
17110	\$556.00	Destruction of warts or benign skin abnormal tissue other than skin tags or birthmarks; up to 15.
20550	\$459.36	Injections in tendon or ligament to relieve pain or dysfunction due to inflammation.
20610	\$598.00	Removal of fluid from a major joint or bursa (shoulder, hip, knee) by needle without ultrasound guidance.
36415	\$46.00	Blood draw.
66984	\$250.00	Post-op Cataract surgery follow-up with an Ophthalmologist (not the surgeon).
69209	\$144.00	Ear wax removal using water or saline.
69210	\$270.00	Ear wax removal requiring instrumentation (curette, loop, suction pump).
Pathology & Laboratory Services	Full Fee	Description
80305	\$100.00	Drug screening test.
81002	\$35.00	Urine test for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, and/or urobilinogen without a microscope view.
81025	\$65.00	Urine pregnancy test.
82962	\$35.00	Glucose test by glucose monitoring device.
83036	\$113.00	Hemoglobin A1C test.
85610	\$50.00	Prothrombin Time blood test.
86580	\$65.00	Tuberculosis test by injection between the layers of the skin.
87635	\$215.00	COVID-19 test by nasopharyngeal swab.
87804	\$85.00	Quick result Flu test.
87880	\$82.00	Group A Strep test.

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CPT Code	Fee	Description
Medical Services and Procedures	Full Fee	Description
90471	\$105.00	Vaccine administration fee.
90832	\$247.00	30 minute psychotherapy.
90834	\$260.00	45 minute psychotherapy.
90837	\$250.00	60 minute psychotherapy.
92004	\$290.00	Vision exam and evaluation to diagnose and develop a treatment program for a new patient.
92014	\$290.00	Comprehensive Vision examination and evaluation with an established patient.
92310	\$130.00	Contact lens fitting.
92015	\$65.00	Eye exam measuring a patient's prescription for glasses or contact lenses.
96372	\$128.00	Medication injected under the skin or into a muscle.
99024	\$118.00	A post-operative follow-up visit; this follow-up visit is part of the surgery package.

Patients will be provided with an estimate of the anticipated charges for their nonemergency care upon request. Please do not hesitate to ask for information. The undiscounted price may be higher or lower than the amount an individual actually pays for the health care services described in the list.

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PCHS accepts Medicare, Medicaid, and most private insurance.
PCHS is an in-network provider for these private insurances.

AETNA: Medical, Dental, Vision, Behavioral Health
CIGNA: Medical*, Dental, Vision
GEHA/CONNECTION DENTAL: Dental
MODA: Medical, Vision, Behavioral Health
DELTA DENTAL: Dental
MULTIPLAN: Medical, Vision, Behavioral Health*
PREMERA: Medical, Dental, Vision, Behavioral Health
PRINCIPAL: Dental
UNITED (Commercial Only): Medical, Dental, Vision
Eyemed: Vision
VSP: Vision
Spectera: Vision

*Please ask about our exceptions

Coverage may vary depending on the provider.
Please contact your insurance company to verify in-network status and for complete coverage information.

www.PCHSak.org

<https://go.dhss.ak.local/pub/home/dph/VitalStats/Pages/transparency.aspx>