

# Full Spectrum Pediatrics – Transparency Pricing

This notice is being posted pursuant to AS 18.23.400. Disclosure and reporting of health care services, price and fee information. Effective December 20, 2020 and until further notice, Full Spectrum Pediatrics charges the following undiscounted prices for the listed health care services.

## Evaluation / Management

CPT Code	Description	Undiscounted Price
99202	New patient office visit/ low complexity	\$200
99212	Established patient office visit/ low complexity	\$135
99213	Established patient office visit/ moderate complexity	\$190
99214	Established patient office visit/ high complexity	\$285
99381	New patient preventative visit <1 year	\$320
99382	New patient preventative visit 1-4 years	\$340
99391	Established patient preventative visit <1 year	\$280
99392	Established patient preventative visit 1-4 years	\$300
99393	Established patient preventative visit 5-11 years	\$300
99394	Established patient preventative visit 12-17 years	\$300

## Anesthesia

CPT Code	Description	Undiscounted Price
N/A	N/A	N/A

## Surgery

CPT Code	Description	Undiscounted Price
16020	Dressing and/or debridement of burns	\$320
17110	Destruction of benign lesions	\$442
24640	Treatment of radial head subluxation	\$514
30300	Foreign body removal/ intranasal	\$886
41010	Frenotomy	\$965
54150	Circumcision	\$779
69200	Foreign body removal/ auditory canal	\$505
69210	Removal of cerumen from ear(s)	\$220

## Radiology

CPT Code	Description	Undiscounted Price
N/A	N/A	N/A

## Pathology and Laboratory

CPT Code	Description	Undiscounted Price
81002	Urinary analysis test	\$25
85018	Hemoglobin test	\$45
87635	COVID-19 test	\$155
87804	Influenza A/B test	\$150
87880	Group A strep test	\$50

## Medicine

CPT Code	Description	Undiscounted Price
90460	Vaccine (Vac) administration through 18 w/ counseling	\$100
90461	Vac administration through 18w/ counseling (each addt Vac)	\$60
90471	Vac administration	\$100
90472	Vac administration (each addt Vac)	\$60
90560	Pulse-Ox monitoring	\$50
90686	Influenza vaccine	\$0
94640	Nebulizer treatment	\$90
96110	Developmental screening questionnaire	\$38
99173	Vision screening test	\$28
99174	Vision photo screening test	\$65

*The undiscounted prices listed may be lower than the amount an individual will actually pay for the healthcare services described. This office is considered a non-facility office and does not charge facility fees. You may also find a copy of these prices on our website at: [fullspectrumpediatrics.com](http://fullspectrumpediatrics.com)*

*You will be provided an estimate of the anticipated charges for your service upon request. Please do not hesitate to ask for information.*

*Full Spectrum Pediatrics is contracted to provide health care services as an in-network preferred provider with the following insurance plans:*

- *Premera BCBS*
- *Aetna*
- *UnitedHealthcare*
- *Multiplan*
- *Cigna*
- *Moda*
- *GEHA*
- *Tricare West*
- *Alaska Medicaid*
- *EBMS*
- *Meritain*