

2022 Health Care Price Transparency

CPT Code	Fee	Description
Evaluation and Management Services	Full Fee	Description
99213	\$ 244.00	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	\$ 355.00	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.
99203	\$ 361.00	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	\$ 520.00	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	\$ 180.00	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.
99215	\$ 581.00	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.
99202	\$ 248.00	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.
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.
99205	\$ 938.00	Outpatient visit with a new patient with medical history review and/or examination and high level of decision making with 60-74 minutes of total time spent on the date of the encounter.
99393	\$ 300.00	Preventive checkup for established patient for ages 5-11 yrs.
Radiology Services	Full Fee	Description
N/A	N/A	
Anesthesia Services	Full Fee	Description
N/A	N/A	

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CPT Code	Fee	Description
Surgery	Full Fee	Description
36415	\$ 49.00	Blood draw.
17110	\$ 556.00	Destruction of warts or benign skin abnormal tissue other than skin tags or birthmarks; up to 14.
69209	\$ 144.00	Ear wax removal using water or saline.
20610	\$ 470.00	Removal of fluid from a major joint or bursa (shoulder, hip, knee) by needle without ultrasound guidance.
69210	\$ 277.00	Ear wax removal requiring instrumentation (curette, loop, suction pump).
20605	\$ 380.00	Removal of fluid from an intermediate joint or bursa (wrist, elbow, ankle) by needle without ultrasound guidance.
11104	\$ 629.00	Removal of small skin tissue sample including simple closure.
10060	\$ 614.00	Cut and drainage of simple or single abscess.
20550	\$ 436.00	Injections in tendon or ligament to relieve pain or dysfunction due to inflammation.
51701	\$ 482.00	Straight catheter insertion to measure residual urine.
Pathology & Laboratory Services	Full Fee	Description
81002	\$ -	Urine test for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, and/or urobilinogen without a microscope view.
87635	\$ -	COVID-19 test by nasopharyngeal swab.
83036	\$ 113.00	Hemoglobin A1C test.
80305	\$ -	Drug screening test.
81025	\$ 65.00	Urine pregnancy test.
87880	\$ 82.00	Group A Strep test.
87804	\$ 85.00	Rapid antigen flu test
81000	\$ -	Urine test by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, and/or urobilinogen with a microscope view.
82962	\$ 35.00	Glucose test by glucose monitoring device.
86580	\$ 72.00	Tuberculosis test by injection between the layers of the skin.

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CPT Code	Fee	Description
Medical Services and Procedures	Full Fee	Description
90832	\$ 285.00	30 minute psychotherapy.
90471	\$ 27.44	Vaccine administration fee.
92015	\$ 55.00	Test to measure eye refraction for prescription eyeglasses or contact lenses.
92014	\$ 230.00	Eye exam that includes medical examination and evaluation with diagnosis and treatment.
99024	\$ -	Check up visit after surgery.
90792	\$ 692.00	Psychiatric assessment for diagnosis.
90715	\$ -	Vaccine for tetanus, diphtheria and pertussis.
91306	\$ -	Moderna COVID-19 booster vaccine.
96372	\$ 128.00	Medication injected under the skin or into a muscle.
93000	\$ 189.00	Routine electrocardiogram (ECG) with at least 12 leads, with interpretation and report.

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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MEDICAL		*								
EYE CARE										
DENTAL										
BEHAVIORAL HEALTH					*					
*Please ask about exceptions	AETNA	CIGNA	EYEMED	MODA	MODA DENTAL	MULTIPLAN	PREMERA	SPECTERA	UNITED	VSP

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<https://health.alaska.gov/dph/VitalStats/Pages/transparency/A.aspx>