

**Central Peninsula Hospital & Physician Clinics**  
**Undiscounted Prices for the Top 10 Health Care Services by CPT Category**  
**Prices effective 7/1/2023**

You will be provided with an estimate of the anticipated charges for your nonemergency care upon request. Please do not hesitate to ask for information. Facility Prices are displayed for services when performed at Central Peninsula Hospital. Professional prices are displayed when performed by a Provider that is billed by Central Peninsula Hospital & performed at the Hospital or in Family and Specialty Physicians Clinics owned by Central Peninsula Hospital. These prices should not be considered an actual price quote. Actual charges on the final hospital bill may vary based on medical condition, unknown circumstances or complications, final diagnosis, and recommended treatment ordered by the physician.

**State of Alaska Price Transparency Webpage:**

<http://dhss.alaska.gov/dph/VitalStats/Pages/transparency.aspx>

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**This listing includes the following Provider Groups & Locations enrolled in Alaska Medicaid, owned by Central Peninsula Hospital:**

Central Peninsula Hospital  
Central Peninsula Hospital DME  
Central Peninsula Hospital Physicians  
Care Transitions  
Serenity House Treatment Facility  
Serenity House  
Diamond Willow Sober Living  
Central Peninsula Family Practice  
Central Peninsula Family & Pediatrics  
Central Peninsula Kenai Spine  
Central Peninsula Surgical Associates

Central Peninsula Foot & Ankle  
Central Peninsula Orthopedics  
Central Peninsula Urology  
Central Peninsula Women's Health  
Central Peninsula Internal Medicine  
Central Peninsula Mental Wellness  
Central Peninsula Diabetes Center  
Central Peninsula Gastroenterology  
Central Peninsula Urgent Care  
Central Peninsula Oncology  
Heritage Place

**Central Peninsula Hospital and Clinics are  
Contracted with the following Payors and Networks:**

Aetna - PPO and Managed choice plans

Cigna

First Choice PPO Network

GEHA-PPO USA

Kenai Peninsula Borough/Kenai Peninsula Borough School District

Moda

NPPN/Multiplan/Beechstreet/PCHS Network

Premera Blue Cross

Rehn

Three Rivers Provider Network

United Healthcare - Effective 9/1/2023

## Evaluation and Management

<b>CPT</b>	<b>Procedure Description</b>	<b>Facility</b>	<b>Professional</b>
99213	Established Patient Visit - Level 3		Family Practice - \$270 Specialty Clinic - \$277
99214	Established Patient Visit - Level 4		Family Practice - \$323 Specialty Clinic - \$351
99285	Emergency Department Visit Level 5	\$3,854	\$1,430
99203	New Patient Visit - Level 3		Family Practice - \$318 Specialty Clinic - \$323
99215	Established Patient Visit - Level 5		Family Practice - \$426 Specialty Clinic - \$485
99212	Established Patient Visit - Level 2		Family Practice - \$227 Specialty Clinic - \$229
99204	New Patient Visit - Level 4		Family Practice - \$459 Specialty Clinic - \$467
99283	Emergency Department Visit Level 3	\$1,193	\$777
99284	Emergency Department Visit Level 4	\$2,116	\$962
99205	New Patient Visit - Level 5		Family Practice - \$600 Specialty Clinic - \$630

## Surgery

<b>CPT</b>	<b>Procedure Description</b>	<b>Facility</b>	<b>Professional</b>
36415	Routine Venipuncture	\$47	Family Practice - \$30 Specialty Clinic - \$30
11721	Debridement Of Nails, 6 Or More	\$312	Specialty Clinic - \$192
20610	Arthrocentesis Injection, Major Joint Or Bursa With Ultrasound	\$1,349	Family Practice - \$453 Specialty Clinic - \$527
11042	Debride SubQ Tissue <20 sq cm	\$768	Family Practice - \$578 Specialty Clinic - \$578
45380	Colonoscopy With Biopsy	\$6,446	Specialty Clinic - \$2705
51798	Ultrasound measurement of bladder capacity after voiding	\$168	Specialty Clinic - \$321
43239	EGD Transoral Biopsy	\$7,550	Specialty Clinic - \$2201
45378	Diagnostic Colonoscopy	\$6,608	Specialty Clinic - \$2477
45385	Colonoscopy With Snare Removal Of Tumor, Polyp Or Other Lesion	\$6,509	Specialty Clinic - \$3496
36430	Blood Transfusion Service	\$807	

**Medicine**

<b>CPT</b>	<b>Procedure Description</b>	<b>Facility</b>	<b>Professional</b>
97110	Therapeutic Exercises, 15 Min	\$195	
94640	Airway Inhalation Treatment	\$437	Family Practice - \$91 Specialty Clinic - \$93
97140	Manual Therapy, 15 min	\$195	
93005	ECG (EKG) 12 Lead Tracing	\$519.00	Family Practice - \$163 Specialty Clinic - \$165
96375	Medication IV Injection into Vein Different Drug	\$118	
97530	Therapeutic Activities, 15 Min	\$195	
96361	IV Hydration each additonal hour	\$175	Specialty Clinic - \$194
97112	Neuromuscular Reeducation	\$195	
96374	Therapeutic, prophylactic, or diagnostic injection	\$259	
96372	Medication Injection Intramuscular or Subcutaneous	\$129	Family Practice - \$94 Specialty Clinic - \$94

<b>Anesthesia</b>		
<b>CPT</b>	<b>Procedure Description</b>	<b>Professional</b>
99100	Special Anesthesia Service - Less Than 1 Yr Or Greater Than 70 Yrs Old	\$197.00
00812	Anesthesia For Lower Intestinal Endoscopy - Screening Colonoscopy	\$1,269.45
00811	Anesthesia For Lower Intestinal Endoscopy	\$1,332.62
00731	Anesthesia For Upper Gastrointestinal Endoscopy	\$1,352.26
00840	Anesthesia For Procedure In Lower Abdomen	\$3,410.26
99140	Anesthesia Complicated By Emergency Conditions	\$390.00
00813	Anesthesia For Combined Upper And Lower Gastrointestinal Endoscopy	\$1,700.59
64448	Continuous infusion of anesthetic agent and/or steroid into femoral nerve through catheter	\$2,271.76
01402	Anesthesia for open or endoscopic total knee joint replacement	\$4,633.08
01480	Anesthesia For Open Procedure On Bones Of Lower Leg/Ankle/Foot	\$2,405.56

## Radiology

<b>CPT</b>	<b>Procedure Description</b>	<b>Facility</b>
71045	Xray Chest 1 View	\$562
77067	Mammogram Screening Digital Bilateral with Cad	\$495
77063	Tomosynthesis - Screening Breast Bilateral	\$238
74177	Cat Scan Abdomen & Pelvis With Contrast	\$5,611
71046	Xray Chest 2 Views	\$819
70450	Cat Scan Head/Brain Without Contrast	\$3,314
73630	Xray Foot 3 Views	\$767
73562	Xray Knee 3 Views	\$851
77080	Bone density measurement	\$540
76705	Limited ultrasound scan of abdomen	\$639



## Pathology & Laboratory

CPT	Procedure Description	Facility
85025	Complete Blood Count W/ Auto Differential	\$226
80053	Comprehensive Metabolic Panel	\$189
82947	Glucose Blood Quantitative	\$57
83735	Magnesium	\$120
84443	Thyroid Stimulating Hormone (TSH)	\$163
80048	Basic Metabolic Panel	\$165
84484	Troponin Quantitative	\$318
86140	C-Reactive Protein	\$134
		\$382 Facility
88305	Level 4 Surgical Pathology	\$281 Professional
81001	Urinalysis Auto with scope	\$105