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Pricing for our Most Common Services

Top ten ranking based on hospital data from 01/01/2023-12/31/2023

Your hospital bill should never be a surprise, but it can be hard to predict what is needed to treat an illness or restore a person's health. The price you pay is based largely on your insurance coverage.

You will be provided with an estimate of the anticipated charges for your non-emergency care upon request. The estimate 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, level of care, type of specialist, and recommended treatment.

Cordova Community Medical Center provides a list of our hospitals most common charges below. Please note that these amounts are gross charges. We charge the same for all patients, but a patient's responsibility may vary depending on rates negotiated with health plans and your individual benefit coverage. Patients without insurance or who do not have enough insurance may qualify for financial assistance.

Pricing is organized into six categories of service defined by the Centers for Medicare and Medicaid Services (CMS). They are as follows:

- Anesthesia (none)
- Evaluation and Management
- Medicine
- Pathology and Laboratory
- Radiology
- Surgery

The description, procedure (CPT) code, and price of the ten most common charges from each category are detailed below.

A copy of this website can be found at:

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

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CCMC is considered in network with Aetna, Blue Cross, First Choice Health, Government Employees Health Association, United Healthcare, EBMS, PBS, Meritan, UMR and more. If you want specific information on in network companies, reach out to us or your insurance company to enquire about in network coverage.

Evaluation & Management	CPT	Price
New Patient Visit, Level 3	99203	Facility: \$274.00 Pro Fee: \$400.00
New Patient Visit, Level 4	99204	Facility: \$401.00 Pro Fee: \$610.00
Established Patient Visit, Level 2	99212	Facility: \$133.00 Pro Fee: \$128.00
Established Patient Visit, Level 3	99213	Facility: \$160.00 Pro Fee: \$253.00
Established Patient Visit, Level 4	99214	Facility: \$283.00 Pro Fee: \$373.00
Subsequent Hospital Care, Level 2	99232	Pro Fee: \$298.00
Emergency Department Visit, Level 2	99282	Facility: \$725.00 Pro Fee: \$400.00
Emergency Department Visit, Level 3	99283	Facility: \$1,307.00 Pro Fee: \$781.00
Emergency Department Visit, Level 4	99284	Facility: \$2,602.00 Pro Fee: \$1,274.00
Emergency Department Visit, Level 5	99285	Facility: \$4,650.00 Pro Fee: \$2,089.00

Surgery	CPT	Price
Debridement, Subcutaneous Tissue <20 SQ CM	11042	Facility: \$473.00 Pro Fee: \$541.00
Paring or Cutting Begin Lesion 2 to 4 Lesions	11056	Facility: \$306.00 Pro Fee: \$186.00
Trimming Nondystrophic Nails, Any Number	11719	Facility: \$98.00 Pro Fee: \$108.00
Simple Repair of Superficial Wound, <2.5 CM	12001	Facility: \$454.00 Pro Fee: \$480.00
Simple Repair of Superficial Wound, 2.5-7.5 CM	12002	Facility: \$752.00 Pro Fee: \$752.00
Arthrocentesis, Aspiration and/or Injection, Intermediate Joint	20605	Facility: \$1,250.00 Pro Fee: \$1,250.00
Arthrocentesis, Aspiration and/or Injection, Major Joint	20610	Facility: \$1,723.00 Pro Fee: \$1,723.00
Injection, Single or Multiple Trigger Point Muscles	20552	Facility: \$907.00 Pro Fee: \$800.00
Application of Short Arm Splint, Static	29125	Facility: \$714.00 Pro Fee: \$761.00
Application of Finger Splint, Static	29130	Facility: \$250.00 Pro Fee: \$268.00

Pathology/Laboratory	CPT	Price
Basic Metabolic Panel	80048	\$193.00
Comprehensive Metabolic Panel	80053	\$233.00
Lipid Panel	80061	\$184.00
Urinalysis Dip/Tablet Reagent Non-Auto W/Micro	81000	\$63.00
Urinalysis Dip/Tablet Reagent Auto W/O Micro	81003	\$102.00
Hemoglobin Glycosylated (A1C)	83036	\$220.00
Assay of Thyroid Stimulating Hormone (TSH)	84443	\$215.00
Assay of Troponin, Qualitative	84484	\$575.00
Blood Count, Complete (CBC)	85025	\$235.00
Culture, Bacterial Quantitative Urine	87086	\$189.00

Radiology	CPT	Price
Computed Tomography, Head or Brain, W/O Contrast	70450	Facility: \$3,075.00 Pro Fee: \$536.00
Radiologic Exam, Chest Single View	71045	Facility: \$656.00 Pro Fee: \$52.00
Radiologic Exam, Chest Two View	71046	Facility: \$656.00 Pro Fee: \$52.00
Computed Tomography, Thorax Diagnostic W/O Contrast	71250	Facility: \$3,259.00 Pro Fee: \$486.00
Radiologic Exam, Shoulder Min Two Views	73030	Facility: \$737.00 Pro Fee: \$78.00
Radiologic Exam, Wrist Complete Min Three Views	73110	Facility: \$596.00 Pro Fee: \$56.00
Radiologic Exam, Hip Unilateral Two to Three Views	73502	Facility: \$717.00 Pro Fee: \$75.00
Radiologic Exam, Knee Three Views	73562	Facility: \$895.00 Pro Fee: \$67.00
Radiologic Exam, Foot Complete Min Three Views	73630	Facility: \$741.00 Pro Fee: \$54.00
Computed Tomography, Abdomen and Pelvis W/Contrast	74177	Facility: \$6,790.00 Pro Fee: \$985.00

Medicine	CPT	Price
Immunization Administration	90471	\$55.00
Psychotherapy, 60 minutes with patient	90837	\$266.00
Electrocardiogram (EKG), Routine (Facility)	93005	\$797.00
Electrocardiogram (EKG), Routine (Pro-Fee)	93010	\$96.00
Therapeutic, Prophylactic, or Diagnostic Injection (Facility)	96374	\$398.00
Therapeutic Procedure, 1/> Areas Each 15 Min Excercises	97110	\$211.00
Therapeutic Procedure, 1/> Areas Each 15 Min Neuromuscular Re-Education	97112	\$246.00
Manual Therapy Techniques, 1/> Regions Each 15 Min	97140	\$251.00
Physical Therapy Evaluation	97161	\$331.00
Therapeutic Activities Direct Patient Contact, Each 15 Min	97530	\$256.00