



## **PRICE TRANSPARENCY**

Pursuant to Alaska Statute 18.23.400, listed below are the most commonly performed services and associated costs for the Dahl Memorial Clinic, located at 350 14<sup>th</sup> Ave in Skagway, Alaska.

Please note the listed, undiscounted prices may be higher or lower than the amount an individual actually pays for healthcare services described in the list.

Upon request, you will be provided with an estimate of anticipated charges for your nonemergency care. Please allow up to 10 days for this information to be provided to you.

Dahl Memorial Clinic is currently contracted with Aetna, Premera Blue Cross of Alaska, Medicare, Alaska Medicaid, United Healthcare, and Tricare.

Current Procedural Terminology (CPT) breaks codes down into 6 categories: Evaluation and Management, Anesthesiology, Surgery, Radiology, Pathology/Laboratory, and Medicine. Listed below are the most frequently performed services and prices for each category.

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## Evaluation and Management

<b>CPT Code</b>	<b>Description</b>	<b>Price Before Discount</b>
99202	New Patient - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	\$203
99203	New Patient - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	\$288
99204	New Patient - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	\$440
99205	New Patient - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	\$556
99212	Established Patient - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	\$132
99213	Established Patient - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	\$200

<b>CPT Code</b>	<b>Description</b>	<b>Price Before Discount</b>
99214	Established Patient - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	\$291
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	\$282
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	\$342
99215	Established Patient - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	\$392

**Radiology: Incl. Nuclear Medicine & Diagnostic Ultrasound**

<b>CPT Code</b>	<b>Description</b>	<b>Price Before Discount</b>
71046	Radiologic examination, chest; 2 views	\$197
74018	Radiologic examination, abdomen; 1 view	\$205
73562	Radiologic examination, knee; 3 views	\$194
73030	Radiologic examination, shoulder; complete, minimum of 2 views	\$220
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	\$198
73110	Radiologic examination, wrist; complete, minimum of 3 views	\$185
73130	Radiologic examination, hand; minimum of 3 views	\$183

<b>CPT Code</b>	<b>Description</b>	<b>Price Before Discount</b>
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	\$203
73610	Radiologic examination, ankle; complete, minimum of 3 views	\$181
71045	Radiologic examination, chest; single view	\$153

### Anesthesiology:

Dahl Memorial Clinic does not bill any anesthesiology codes from the anesthesia section of the CPT.

### Surgery

<b>CPT Code</b>	<b>Description</b>	<b>Price Before Discount</b>
36415	Collection of venous blood by venipuncture	\$38
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	\$35
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	\$283
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	\$347
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	\$595
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	\$354
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	\$393
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	\$321
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	\$300
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	\$529

## Pathology and Laboratory

<b>CPT Code</b>	<b>Description</b>	<b>Price Before Discount</b>
80053	<b>Comprehensive metabolic panel</b> This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium, total (82310), Carbon dioxide (bicarbonate)(82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT)(SGPT)(84460), Transferase, aspartate amino (AST)(SGOT)(84450), Urea nitrogen (BUN)(84520)	\$89
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	\$55
80061	<b>Lipid panel</b> This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol)(83718), Triglycerides (84478)	\$144
83036	Hemoglobin; glycosylated (A1C)	\$112
87880	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A	\$74
81025	Urine pregnancy test, by visual color comparison methods	\$81
82043	Albumin; urine (eg, microalbumin), quantitative	\$107
82553	Creatine kinase (CK), (CPK); MB fraction only	\$187
83874	Myoglobin	\$152
84484	Troponin, quantitative	\$85

## Medicine

<b>CPT Code</b>	<b>Description</b>	<b>Price Before Discount</b>
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	\$31
90480	Covid Vaccine Administration	\$40
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$77
90837	Psychotherapy, 60 minutes with patient	\$179
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory	\$27
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	\$31
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	\$56
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	\$103
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service	\$108
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	\$85