



An estimate will be provided for non-emergency health care services upon request. The prices listed are the amount billed by KCHC before any insurance payments or discounts are applied. An individual’s amount due for services may vary. As a Federally Qualified Health Center, we offer a Sliding Fee Discount. Eligibility is based on household size and income per federal poverty guidelines.

10 Most Common Codes Per Category 2023

Evaluation and Management		
CPT CODE	Charge	Description
99213	\$295.90	Office Outpatient Established Patient 20-29 Mins
99214	\$420.95	Office Outpatient Established Patient 30-39 Mins
99215	\$595.05	Office Outpatient Established Patient 40-54 Mins
99232	\$240.83	Subsequent Hospital Care 25 Mins
99396	\$412.30	Periodic Preventive Visit 40-64 Yrs Old
99203	\$364.65	Office Outpatient New Patient 15-29 Mins
99391	\$320.98	Periodic Preventive Visit under 1 Yr Old
99212	\$180.65	Office Outpatient Established Patient 10-19 Mins
99392	\$342.70	Periodic Preventive Visit 1-4 Yrs Old
99238	\$239.58	Hospital Discharge Day Management 30 Mins

Radiology		
CPT CODE	Charge	Description
76801	\$371.00	14-week OB Ultrasound (1 st Gestation)
76802	\$201.73	14-week OB Ultrasound (Each Gestation)

Surgery		
CPT CODE	Charge	Description
36415	\$7.50	Blood Draw
59025-26	\$93.98	Fetal Nonstress Test
17110	\$345.60	Destroy Benign Lesion 1-14
20610	\$206.58	Drain/Inject Major Joint
59400	\$7,669.53	Routine OB Care including Vaginal Delivery & PP
17000	\$209.60	Destroy Premalignant Lesion, 1st Lesion
58300	\$353.48	Insertion of Intrauterine Device
58301	\$354.38	Remove Intrauterine Device
17003	\$20.68	Destroy Premalignant Lesions 2nd -14

Pathology and Laboratory		
CPT CODE	Charge	Description
81025	\$20.00	Urine Pregnancy Test
87880	\$25.00	Rapid Strep Test
86580	\$30.00	Tuberculosis Skin Test
85610	\$20.00	INR & Prothrombin Time Fingerstick
80053	\$30.00	Complete Metabolic Panel
83036	\$30.00	Hemoglobin A1c Blood Test

* We contract with Quest to perform various lab tests. For pricing information and inquiries related to lab tests, please contact Quest directly at **1-866-697-8378**.

Medicine		
CPT CODE	Charge	Description
90471	\$15.00	Immunization Administration Injection, 1st
90686	\$0.00	Flu Shot
90472	\$15.00	Immunization Admin Each Additional Injection
90837	\$347.85	Psychotherapy 60 mins
90670	\$0.00	Pneumococcal Vaccine (Pediatric)
90715	\$45.90	TDAP Vaccine 7 Yrs or Older
90832	\$229.50	Psychotherapy 30 mins
95117	\$32.45	Allergen Immunotherapy
90647	\$0.00	Hemophilus Influenzae Type B (HIB) Vaccine (Pediatric)
90723	\$0.00	DTap, Hep B, IPV Combination Vaccine (Pediatric)

Anesthesia is not provided at KCHC.

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Alaska Department of Health Price Transparency Medical Provider Price Lists:

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