

Provider Name: LaTouche Pediatrics, LLC

2023 Price List

Acute Office Visit*

<u>CPT Code</u>	<u>Name of Procedure</u>	<u>Price</u>
99202	New Patient: Level 2	\$231
99203	New Patient: Level 3	\$290
99204	New Patient: Level 4	\$415
99205	New Patient: Level 5	\$525
99212	Established Patient: Level 2	\$151
99213	Established Patient: Level 3	\$215
99214	Established Patient: Level 4	\$300
99215	Established Patient: Level 5	\$405
99417	Prolonged E/M Service	\$101

*Visit levels vary based on the complexity of condition, time spent by provider and treatment provided. Additional charges for medications, labs, supplies, procedures, or other necessary treatments.

Health Maintenance/Wellness Exam/Physical Exam**

<u>CPT Code</u>	<u>Name of Procedure</u>	<u>Price</u>
99381	New Patient: < 1 year	\$339
99382	New Patient: 1-4 years	\$334
99383	New Patient: 5-11 years	\$340
99384	New Patient: 12-17 years	\$375
99385	New Patient: 18-24 years	\$385
99391	Established Patient: < 1 year	\$275
99392	Established Patient: 1-4 years	\$285
99393	Established Patient: 5-11 years	\$285
99394	Established Patient: 12-17 years	\$315
99395	Established Patient: 18-24 years	\$360

**Visit usually covered 100% by most insurance plans. Additional fees/charges for age-appropriate labs, vaccines, and assessments performed at visit.

Immunizations

<u>CPT Code</u>	<u>Name of Procedure</u>	<u>Price</u>
90471/90473	Administration (initial)	\$60
90472/90474	Administration (each additional vaccine)	\$40
90480	COVID Vaccine Administration	\$80
96381	RSV Vaccine Administration	\$65

Assessments/screenings

<u>CPT Code</u>	<u>Name of Procedure</u>	<u>Price</u>
96110	Developmental Assessment	\$25
96127	Emotional Health Assessment	\$12
99177	Ocular Screening	\$30
86580	Tuberculosis (TB) screening	\$46

Labs

<u>CPT Code</u>	<u>Name of Procedure</u>	<u>Price</u>
85018	Hgb (QW)	\$50
81002	Urinalysis	\$30
87651	Strep Test (QW)	\$80
82270	Hemocult	\$48
82962	Glucose	\$48
81025	Pregnancy test	\$60
87502	Influenza Test (QW)	\$190
87634	RSV test (QW)	\$100
80061	Lipid Panel (QW)	\$50
82465	Total Cholesterol (QW)	\$22
87635	COVID Rapid Test	\$105

Behavioral Health

<u>CPT Code</u>	<u>Name of Procedure</u>	<u>Price</u>
H0031	Initial Intake/Visit	\$455
90791		\$596
90832	Psychotherapy, 30 min	\$150
90834	Psychotherapy, 45 min	\$200
90837	Psychotherapy, 45 min	\$250
90846	Family Psychotherapy w/o patient	\$250
90847	Family Psychotherapy w/ patient	\$250

Procedures

<u>CPT Code</u>	<u>Name of Procedure</u>	<u>Price</u>
16000	1 st degree Burn treatment (simple)	\$210
16020	Burn Care/dressing/debride (small <5%)	\$325
16025	Burn Care/dressing/debride (med 5-10%)	\$275
16030	Burn Care/dressing/debride (large >10%)	\$325
51701	Catherization	\$185
17250	Cautery	\$155
54150	Circumcision	\$750
69209	Removal impacted cerumen via irrigation (ear wax)	\$80
69210	Removal impacted cerumen (ear wax)	\$205
69090	Ear Piercing (not covered by insurance)	\$100
69200	Foreign Body Removal – Ear	\$300
30300	Foreign Body Removal – Nose	\$360
10060	Incision & Drainage	\$325
12011	Laceration repair – 0.00-2.5cm – face	\$565
12001	Laceration repair – 0.00-2.5cm – other	\$525
12013	Laceration repair – 2.6-7.5cm – face	\$617
12002	Laceration repair – 2.6-7.5cm – other	\$535
12011	Laceration repair – dermabond – face	\$255
12001	Laceration repair – dermabond – other	\$230
94640	Nebulizer treatment # ____ – each treatment	\$102
92587	Tympanometry	\$45
41010	Tongue Tie correction	\$400
17110	Wart Removal	\$300
11730	Nail Removal	\$400
11740	Evacuation of nail hematoma	\$225
96372	Administration of Medication	\$65
99188	Fluoride Varnish Application	\$35

Hospital Visitation

<u>CPT Code</u>	<u>Name of Procedure</u>	<u>Price</u>
99460	Initial Care, Normal Newborn	\$394
99462	Newborn Hospital Subsequent Visit	\$221
99238	Hospital Discharge < 30 min	\$266
99463	Newborn Admit & Discharge Same Day	\$480

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You can review costs at the Alaska Department of Health and Social Services Health Care Cost Transparency website at <https://go.dhss.ak.local/pub/home/dph/VitalStats/Pages/transparency.aspx>.

Un-discounted prices for health care services described in this list may be higher or lower than the amount an individual will actually pay.



NOTICE OF POLICIES AND STANDARDS

Your out of pocket costs vary dependent on your insurance coverage and network participation. LaTouche Pediatrics is an in network preferred provider for ONLY the following plan networks: Alaska Medicaid, Blue Cross, Aetna/Aetna Signature Administrators, Cigna, Moda, Multiplan, & United Healthcare. At your request, LaTouche Pediatrics LLC will provide you with an estimate of the anticipated charges for your child's nonemergency care. Requests can be faxed to 907-562-6527, emailed to puffin@latouchepediatrics.net, or mailed to our office at 3340 Providence Dr Ste# A452 Anchorage, AK 99508. Good Faith Estimates must include the following; Patient's full name, medical condition for which the patient is needing medical treatment for, method preferred for receiving statement, parent/guardian's contact information including e-mail address, mailing address, and phone number. Please give up to 10 business days for estimates. Please do not hesitate to ask for this information. Estimates are not inclusive of all possible charges for anticipated treatment. Charges for services will vary significantly in response to conditions that the health care provider cannot reasonably assess before services are provided. This posting is made public on LaTouche Pediatrics, LLC website at www.latouchepediatrics.com in accordance with Alaska's Department of Health and Social Services Regulations re: Health Care Services Price Transparency (7AAC 86) and SB 105.
<https://aws.state.ak.us/OnlinePublicNotices/Notices/Attachment.aspx?id=122>