

2023 HEALTH CARE PRICE TRANSPARENCY

Evaluation & Management Services	Full Fee	Description
CPT Code	Fee	Description
99202	\$ 256.00	Outpatient visit with a new patient with medical history review &/or examination & straightforward medical decision making with 15-29 minutes total time spent on the date of the encounter.
99203	\$ 380.00	Outpatient visit with a new patient with medical history review and/or examination and low level of decision making with 30-44 minutes total time spent on the date of the encounter.
99204	\$ 605.00	Outpatient visit with a new patient with medical history review and/or examination and moderate level of decision making with 45-59 minutes total time spent on the date of the encounter.
99212	\$ 190.00	Outpatient visit with established patient with medical history review &/or examination & straightforward medical decision making with 10-19 minutes total time spent on the date of the encounter.
99213	\$ 273.00	Outpatient visit with established patient with medical history review and/or examination and low level of decision making with 20-29 minutes total time spent on the date of the encounter.
99214	\$ 417.00	Outpatient visit with established patient with medical history review and/or examination and moderate level of decision making with 30-39 minutes total time spent on the date of the encounter.
99215	\$ 595.00	Outpatient visit with established patient with medical history review and/or examination and high level of decision making with 40-54 minutes total time spent on the date of the encounter.
99393	\$ 305.00	Periodic comprehensive preventive medicine including medical history review, examination, counseling interventions, and labs/diagnostic procedures for established patient age 5-11 years.
99395	\$ 395.00	Periodic comprehensive preventive medicine including medical history review, examination, counseling interventions, and labs/diagnostic procedures for established patient age 18-39 years.
99396	\$ 431.00	Periodic comprehensive preventive medicine including medical history review, examination, counseling interventions, and labs/diagnostic procedures for established patient age 40-64 years.
Radiology Services	Full Fee	Description
N/A	N/A	N/A
Anesthesia Services	Full Fee	Description
N/A	N/A	N/A

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Surgery	Full Fee	Description
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10060	\$ 614.00	Cut and drainage of simple or single abscess.
11104	\$ 629.00	Removal of small skin tissue sample including simple closure.
11981	\$ 794.00	Insertion or removal of drug delivery device below skin.
17110	\$ 556.00	Destruction of warts or benign skin abnormal tissue other than skin tags or birthmarks; up to 15.
20550	\$ 455.00	Injections in tendon or ligament to relieve pain or dysfunction due to inflammation.
20610	\$ 598.00	Removal of fluid from a major joint or bursa (shoulder, hip, knee) by needle without ultrasound guidance.
36415	\$ 46.00	Blood draw.
66984	\$ 250.00	Post-op Cataract surgery follow-up with an Ophthalmologist (not the surgeon).
69209	\$ 144.00	Ear wax removal using water or saline.
69210	\$ 270.00	Ear wax removal requiring instrumentation (curette, loop, suction pump).
Pathology & Laboratory Services	Full Fee	Description
CPT Code	Fee	Description
80305	\$ 100.00	Drug screening test.
81000	\$ 45.00	Urine test by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, and/or urobilinogen with a microscope view.
81002	\$ 35.00	Urine test for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, and/or urobilinogen without a microscope view.
81025	\$ 65.00	Urine pregnancy test.
82962	\$ 35.00	Glucose test by glucose monitoring device.
83036	\$ 113.00	Hemoglobin A1C test.
86580	\$ 65.00	Tuberculosis test by injection between the layers of the skin.
87365	\$ 215.00	COVID-19 test by nasopharyngeal swab.
87804	\$ 85.00	Quick result Flu test.
87880	\$ 82.00	Group A Strep test.

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Medical Services & Procedures	Full Fee	Description
CPT Code	Fee	Description
90471	\$ 105.00	Vaccine administration fee.
90792	\$ 855.00	Psychiatric assessment for diagnosis.
90832	\$ 247.00	30 minute psychotherapy.
90834	\$ 260.00	45 minute psychotherapy.
90837	\$ 250.00	60 minute psychotherapy.
92004	\$ 290.00	Vision exam and evaluation to diagnose and develop a treatment program for a new patient.
92014	\$ 290.00	Comprehensive Vision examination and evaluation with an established patient.
92015	\$ 65.00	Eye exam measuring prescription for glasses or contact lenses.
96372	\$ 128.00	Medication injected under the skin or into a muscle.
99024	\$ -	A post-operative follow-up visit; this follow-up visit is part of the surgery package.

Patients will be provided with an estimate of the anticipated charges for their nonemergency care upon request. Please do not hesitate to ask for information. The undiscounted price may be higher or lower than the amount an individual actually pays for the health care services described in the list.

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PCHS accepts Medicare, Medicaid, and most private insurances.

PCHS is an in-network provider for these private insurances.

MEDICAL	*											
DENTAL												
VISION												
BEHAVIORAL HEALTH					*							
*Please ask about exceptions	AETNA	CIGNA	GEHA	MODA	DELTA DENTAL	MULTIPLAN	PREMERA	UNITED (Commercial Only)	Eyemed	VSP	Spectera	Davis Vision

Coverage may vary depending on the provider.

Please contact your insurance company to verify in-network status & complete coverage information.

www.PCHSak.org

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