

**Providence Alaska Medical Center - 2023 Prices for Top 10 Health Care Services
Most Commonly Performed by CPT Category**

Evaluation and Management		
CPT Code	Procedure Description	Undiscounted Price Facility
99203	NEW PATIENT VISIT - LEVEL 3	\$ 372.00
99204	NEW PATIENT VISIT - LEVEL 4	\$ 475.00
99213	ESTABLISHED PATIENT VISIT - LEVEL 3	\$ 475.00
99214	ESTABLISHED PATIENT VISIT - LEVEL 4	\$ 577.00
99281	EMERGENCY DEPARTMENT VISIT LEVEL I	\$ 469.00
99282	EMERGENCY DEPARTMENT VISIT LEVEL II	\$ 948.00
99283	EMERGENCY DEPARTMENT VISIT LEVEL III	\$ 1,772.00
99284	EMERGENCY DEPARTMENT VISIT LEVEL IV CDM	\$ 3,159.00
99285	EMERGENCY DEPARTMENT VISIT LEVEL V	\$ 5,785.00
99291	CRITICAL CARE FIRST HOUR	\$ 9,426.00

Surgery/Anesthesia		
CPT Code	Procedure Description	Undiscounted Price Facility
10060	DRAINAGE OF SKIN ABSCESS SIMPLE OR SINGLE	\$ 835.00
10061	DRAINAGE OF SKIN ABSCESS COMPLICATED OR MULTIPLE	\$ 1,602.00
12001	SIMPLE REPAIR SUPERFICIAL WOUND <2.5CM SCALP, NECK, AXILLAE, TRUNK	\$ 886.00
12002	SIMPLE REPAIR SUPERFICIAL WOUND 2.6 TO 7.5CM	\$ 886.00
12011	SIMPLE REPAIR SUPERFICIAL WOUND <2.5 FACE, EARS, EYELIDS ,NOSE, LIPS	\$ 886.00
29125	SHORT ARM SPLINT APPLICATION	\$ 975.00
31500	BREATHING TUBE EMERGENCY PROCEDURE	\$ 1,821.00
36415	BLOOD DRAW	\$ 27.00
36430	BLOOD TRANSFUSION SERVICE 1 UNIT	\$ 1,175.00
36556	INSERTION OF CATHETER INTO VESSEL NEAR HEART	\$ 9,468.00

Medicine		
CPT Code	Procedure Description	Undiscounted Price Facility
90471	VACCINE INJECTION	\$ 65.00
93005	ELECTROCARDIOGRAM (EKG) 12 LEAD TRACING ONLY	\$ 758.00
96360	HYDRATION IV INFUSION FIRST HOUR	\$ 1,208.00
96361	HYDRATION IV INFUSION ADDITIONAL HOUR	\$ 264.00
96365	MEDICATION IV INFUSION FIRST HOUR	\$ 1,208.00
96366	MEDICATION IV INFUSION ADDITIONAL HOUR	\$ 264.00
96367	MEDICATION IV INFUSION DIFFERENT DRUG	\$ 264.00
96372	MEDICATION INJECTION INTRAMUSCULAR OR SUBCUTANEOUS	\$ 282.00
96374	MEDICATION IV INJECTION INTO VEIN	\$ 778.00
96375	MEDICATION IV INJECTION INTO VEIN DIFFERENT DRUG	\$ 533.00

Radiology		
CPT Code	Procedure Description	Undiscounted Price Facility
70360	XRAY NECK SOFT TISSUE	\$ 538.00
70450	CT - CAT SCAN HEAD/BRAIN WITHOUT DYE	\$ 3,567.00
70486	CT - CAT SCAN MAXILLOFACIAL WITHOUT DYE	\$ 1,597.00
70490	CT - CAT SCAN SOFT TISSUE NECK WITHOUT DYE	\$ 3,185.00
70491	CT - CAT SCAN SOFT TISSUE NECK WITH DYE	\$ 4,260.00
71045	XRAY CHEST PORTABLE 1 VIEW	\$ 707.00
71046	XRAY EXAM CHEST 2 VIEWS	\$ 778.00
71100	XRAY RIBS 2 VIEWS	\$ 758.00
71101	XRAY RIBS/CHEST	\$ 830.00
71250	CT - CAT SCAN THORAX WITHOUT DYE	\$ 2,980.00

Pathology and Laboratory		
CPT Code	Procedure Description	Undiscounted Price Facility
80048	BASIC METABOLIC PANEL	\$ 63.00
80053	COMPREHEN METABOLIC PANEL	\$ 87.50
80061	LIPID PANEL	\$ 75.00
81001	URINALYSIS AUTO W/SCOPE	\$ 76.00
82962	POC GLUCOSE	\$ 91.00
84484	TROPONIN QUANTITATIVE	\$ 115.00
85025	CBC WITH DIFF AUTO	\$ 60.00
80069	RENAL PANEL	\$ 66.00
80074	HEPATITIS ACUTE PANEL	\$ 254.00
80076	HEPATIC FUNCTION PANEL	\$ 59.00

You will be provided with an estimate of the anticipated charges for your nonemergency care upon request. Please do not hesitate to ask for information.

The prices in this file are only for year **2023 per AK Medicaid requirement**. *For current year pricing, please refer to the [facility website](#).* Professional fees for Surgeon, Anesthesiologist, Radiologist, etc., are billed separately and not included in the hospital facility price. These prices 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, and recommended treatment ordered by the physician.

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