

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 2025

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
99396	\$412.30	Periodic Preventive Visit 40-64 Yrs Old
99203	\$364.65	Office Outpatient New Patient 30-44 Mins
99392	\$342.70	Periodic Preventive Visit under 1-4 Yrs Old
99391	\$320.98	Periodic Preventive Visit 1 Yr Old
99212	\$180.65	Office Outpatient Established Patient 10-19 Mins
99232	\$240.83	SBSQ Hospital IP/OBS Care MOD MDM 35 Minutes
99393	\$341.73	Periodic Preventive Visit 5-11 Yrs Old

Radiology

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

Surgery

CPT CODE	Charge	Description
36415	\$7.50	Blood Draw
17110	\$345.60	Destroy Benign Lesion 1-14
59025/26	\$93.98	Fetal Nonstress Test
20610	\$206.58	Drain/Inject Major Joint
69209	\$43.10	Unilateral Impacted Cerumen Removal with Irrigation
17000	\$209.60	Destroy Premalignant Lesion, 1st Lesion
59400	\$7,669.53	Prenatal, Vaginal Delivery & Postpartum Care
54150	\$479.43	Circumcision with Clamp or Device (with Block)
10060	\$392.00	Simple/Single Incision & Drainage Abscess
58300	\$353.48	Insertion of Intrauterine Device

Pathology and Laboratory		
CPT CODE	Charge	Description
81025	\$20.00	Urine Pregnancy Test
86580	\$30.00	Tuberculosis Skin Test
87880	\$25.00	Rapid Strep 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
90656	\$0.00	Influenza Vaccine, Preservative-Free (0.5 mL, IM)
90837	\$347.85	Psychotherapy 60 mins
90472	\$15.00	Immunization Admin Each Additional Injection
90715	\$45.90	TDAP Vaccine 7 Yrs or Older
90707	\$0.00	Measles Mumps Rubella Virus Vaccine
96372	\$38.93	Therapeutic or Preventive Injection
90716	\$0.00	Varicella Vaccine
90647	\$0.00	Hemophilus Influenzae Type B (HIB) Vaccine (Pediatric)
93000	\$45.38	12-lead Routine ECG with Interpretation

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>