



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 2022

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
99232	\$240.83	Subsequent Hospital Care 25Mins
99212	\$180.65	Office Outpatient Established Patient 10-19 Mins
99391	\$320.98	Periodic Preventive Visit under 1 Yr Old
99203	\$364.65	Office Outpatient New Patient 15-29 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	OB Ultrasound

Surgery		
CPT CODE	Charge	Description
36415	\$7.50	Blood Draw
17110	\$345.60	Destroy Benign Lesion 1-14
59400	\$7,669.53	Routine OB Care including Vaginal Delivery & Postpartum
17000	\$209.60	Destroy Premalignant Lesion, 1st Lesion
58300	\$353.48	Insertion of Intrauterine Device
20610	\$206.58	Drain/Inject Major Joint
58301	\$354.38	Remove Intrauterine Device
54150	\$479.43	Circumcision
69210	\$151.65	Remove Impacted Ear Wax with a Tool, One Side
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	TB Skin Test
85610	\$20.00	INR & Prothrombin Time Fingerstick
80053	\$30.00	Complete Metabolic Panel
81002	\$10.00	Urinalysis, In-clinic

*We contract with Quest to perform the COVID-19 lab test and other lab tests. Quest can be contacted directly for pricing information at **1-866-697-8378**.

Medicine		
CPT CODE	Charge	Description
90471	\$15.00	Immunization Administration Injection, 1st
90686	\$19.58	Flu Shot
90472	\$15.00	Immunization Admin Each Additional Injection
90832	\$229.50	Psychotherapy 30 mins
90837	\$347.85	Psychotherapy 60 mins
90670	\$320.00	Pneumococcal Vaccine
95117	\$32.45	Allergen Immunotherapy
90715	\$45.90	TDAP Vaccine 7 Yrs or Older
90723	\$0	DTap, Hep B, IPV Combination Vaccine
90647	\$0	Haemophilus Influenzae Type B (HIB) Vaccine

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>