



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 2024

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
99391	\$320.98	Periodic Preventive Visit under 1 Yr Old
99392	\$342.70	Periodic Preventive Visit 1-4 Yrs Old
99212	\$180.65	Office Outpatient Established Patient 10-19 Mins
99395	\$384.38	Periodic Preventive Visit 18-39 Yrs Old
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
20610	\$206.58	Drain/Inject Major Joint
58300	\$353.48	Insertion of Intrauterine Device
69209	\$43.10	Unilateral Impacted Cerumen Removal with Irrigation
17000	\$209.60	Destroy Premalignant Lesion, 1st Lesion
10060	\$392.00	Simple/Single Incision & Drainage Abscess
58100	\$328.20	Endometrial Biopsy w/wo Endocervical Biopsy
17003	\$20.68	Destroy Premalignant Lesions 2nd -14
11981	\$319.23	Insertion Drug Delivery Implant

Pathology and Laboratory		
CPT CODE	Charge	Description
81025	\$20.00	Urine Pregnancy Test
87880	\$25.00	Rapid Strep Test
86580	\$30.00	Tuberculosis Skin Test
83036	\$30.00	Hemoglobin A1c Blood 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
90686	\$0.00	Flu Shot
90472	\$15.00	Immunization Admin Each Additional Injection
90837	\$347.85	Psychotherapy 60 mins
93000	\$45.38	12-lead Routine ECG with Interpretation
90715	\$45.90	TDAP Vaccine 7 Yrs or Older
96372	\$38.93	Therapeutic or Preventive Injection
95117	\$32.45	Allergen Immunotherapy, 2 or More Injections
90647	\$0.00	Hemophilus Influenzae Type B (HIB) Vaccine (Pediatric)
90723	\$0.00	DTap, Hep B, IPV Combination Vaccine (Pediatric)
90480	\$98.86	COVID 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>