<u>Appointment Visit – Non-Wellness</u>

CPT® Code	CPT® Description	Price
99211	Office/Outpatient Visit, Established	\$90.00
99212	Office/Outpatient Visit, Established	\$150.00
99213	Office/Outpatient Visit, Established	\$215.00
99214	Office/Outpatient Visit, Established	\$308.00
99215	Office/Outpatient Visit, Established	\$425.00
99202	Office/Outpatient Visit, New Patient	\$220.00
99203	Office/Outpatient Visit, New Patient	\$300.00
99204	Office/Outpatient Visit, New Patient	\$440.00

Hospital Visitation

CPT®	CPT® Description	Price
99460	Initial Care, Normal Newborn	\$437.00
99462	Newborn Hospital Subsequent Visit	\$165.00
99238	Hospital Discharge Day	\$325.00
99463	Newborn Admit & Discharge Same Day	\$578.00



Laboratory

CPT® Code	CPT® Description	Price
80061	Lipid Panel	\$50.00
81002	Urinalysis, Non-Auto W/O Scope	\$18.00
81003	Urinalysis, Auto W/O Scope	\$35.00
81025	Urine Pregnancy Test	\$35.00
83655	Assay Of Lead	\$30.00
85018	Hemoglobin	\$20.00
87804	Influenza Assay w/Optic	\$72.00
87808	Strep A Assay w/Optic	\$72.00
87807	RSV Assay w/Optic	\$72.00



Well-Child Checks

CPT® Code	CPT® Description	Price
99391	Preventative Visit, Established, Infant	\$275.00
99392	Preventative Visit, EST, 1-4 Years	\$275.00
99393	Preventative Visit, EST, 5-11 Years	\$275.00
99394	Preventative Visit, EST, 12-17 Years	\$275.00
99395	Preventative Visit, EST, 18-39 Years	\$275.00
99173	Visual Accuity Screen 11	\$11.00
99174	GoCheck Kids® - Vision Screening	\$35.00
96161	Caregiver-Focused Health Risk Assessment	\$30.00
99381	Preventative Visit, New, Infant	\$340.00

Surveys

CPT® Code	CPT® Description	Price
96127	Brief Emotional/Behavioral Assessment	\$30.00
96110	Developmental Screen, w/ Scoring & Documenting	\$30.00



Procedures

CPT® Code	CPT® Description	Price
17110	Destruct Lesion, 1-14	\$330.00
17003	Destruct Lesion, 2-14	\$474.00
94640	Nebulizer Treatment	\$100.00
54150	Circumcision	\$750.00
99188	Application of Fluoride Varnish	\$35.00
69210	Remove Impacted Ear Wax, Req. Instrument	\$200.00
69209	Remove Cerumen By Irrigation/Lavage	\$120.00
11981	Insert Drug Implant Device	\$650.00
11982	Remove Drug Implant Device	\$750.00
41010	Tongue Tie	\$328.00

<u>Sutures</u>

CPT® Code	CPT [®] Description	Price
S0630	Removal of Sutures	\$145.00



Medications

CPT® Code	CPT® Description	Price
96372	Therapeutic/Prophylactic/DX Injection SubQ/IM	\$60.00
J1050	Medroxyprogesterone Injection	\$75.00
J0696	Ceftriaxone Sodium Injection	\$15.00
J1100	Dexamethasone Sodium Phosphate	\$15.00
J7307	Nexplanon	\$100.00
J1055	Medroxyprogesterone Acetate Injection	\$75.00
J7613	Bicillin	\$30.00
J7644	Albuterol	\$0.00
C9003(90378)	Palivizumab, Per 50 MG	\$0.01



NOTICE OF POLICIES AND STANDARDS

You will be provided with an estimate of the anticipated charges for your nonemergency care upon receipt of a written request that can be faxed to 907-563-1170, emailed to support@apgkids.com, or mailed to our office at 3340 Providence Dr. #A500, Anchorage, AK 99508. Good Faith Estimate Requests must include the following; Patient's full name, medical condition for which the patient is needing medical treatment for, method preferred for receiving statement, parent/guardian's contact including e-mail address, mailing address and phone number. Please give up to 10 business days for estimates.

This posting is made public on Anchorage Pediatric Group, LLC's website at www.apgkids.com in accordance with Alaska's Department of Health And Social Services Regulations re: Health Care Services Price Transparency (7 AAC 86) and SB 105.

https://aws.state.ak.us/OnlinePublicNotices/Notices/Attachment.aspx?id=122306

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