

**LaTouche Pediatrics LLC Fees 2023**

<b>Acute Office Visit *</b>	<b>New Patient</b>	<b>Fee</b>	<b>Established Patient</b>	<b>Fee</b>
Level 2	99202	\$231	99212	\$151
Level 3	99203	\$290	99213	\$215
Level 4	99204	\$415	99214	\$300
Level 5	99205	\$525	99215	\$405
Prolonged E/M Service	99417	\$101	99417	\$101

\*Visit levels vary based on the complexity of condition, time spent by provider and treatment provided. Additional charges for medications, labs, supplies, procedures or other necessary treatments.

<b>Health Maintenance/Wellness Exam/Physical Exam**</b>	<b>New Patient</b>	<b>Fee</b>	<b>Established Patient</b>	<b>Fee</b>
< 1 year	99381	\$339	99391	\$275
1-4 years	99382	\$334	99392	\$285
5-11 years	99383	\$340	99393	\$285
12-17 years	99384	\$375	99394	\$315
18-24 years	99385	\$385	99395	\$360

\*\*Visit usually covered 100% by most insurance plans. Additional fees/charges for age appropriate labs, vaccines, and assessments performed at visit.

<b>Immunizations</b>		<b>Fee</b>
Administration (initial)	90471/90473	\$60
Administration (each additional vaccine)	90472/90474	\$40
COVID Vaccine Administration	0051A/0052A/0054A	\$80
	0071A/0072A/0074A	
	0111A/0112A/0164A	
	0124A	

<b>Assessments/screenings</b>		<b>Fee</b>
Developmental Assessment	96110	\$25
Emotional Health Assessment	96127	\$12
Ocular Screening	99177	\$30
Tuberculosis (TB) screening	86580	\$46

<b>Labs</b>		<b>Fee</b>
Hgb (QW)	85018	\$50
Urinalysis	81002	\$30
Strep Test (QW)	87651	\$80
Hemocult	82270	\$48
Glucose	82962	\$48
Pregnancy test	81025	\$60
Influenza Test (QW)	87502	\$190
RSV test (QW)	87634	\$100
Lipid Panel (QW)	80061	\$50
Total Cholesterol (QW)	82465	\$22
COVID Rapid Test	87635	\$105

<b>Behavioral Health</b>		<b>Fee</b>
Initial Intake/Visit	H0031	\$455
	90791	\$596
Psychotherapy, 30 min	90832	\$150
Psychotherapy, 45 min	90834	\$200
Psychotherapy, 45 min	90837	\$250
Family Psychotherapy w/o patient	90846	\$250
Family Psychotherapy w/ patient	90847	\$250

<b>Procedures</b>			<b>Fee</b>
1st degree Burn treatment (simple)		16000	\$210
Burn Care/dressing/debride (small <5%)		16020	\$325
Burn Care/dressing/debride (med 5-10%)		16025	\$275
Burn Care/dressing/debride (large >10%)		16030	\$325
Catherization		51701	\$185
Cautery		17250	\$155
Circumcision		54150	\$750
Removal impacted cerumen via irrigation(ear wax)		69209	\$80
Removal impacted cerumen (ear wax)		69210	\$205
Ear Piercing	(not covered by insurance)	69090	\$100
Foreign Body Removal			
	ear	69200	\$300
	Nose	30300	\$360
Incision & Drainage		10060	\$325
Laceration repair			
0.00-2.5 cm	face	12011	\$565
	other	12001	\$525
2.6-7.5 cm	face	12013	\$617
	other	12002	\$535
Laceration Repair-dermabond			
	face	12011	\$255
	other	12001	\$230
Nebulizer treatment # ____	each treatment	94640	\$102
Tympanometry		92587	\$45
Tongue Tie correction		41010	\$400
Wart Removal		17110	\$300
Nail Removal		11730	\$400
Evacuation of nail hematoma		11740	\$225
Administration of Medication		96372	\$65
Fluoride Varnish Application		99188	\$35

<b>Hospital Visitation</b>		
Initial Care, Normal Newborn	99460	\$394
Newborn Hospital Subsequent Visit	99462	\$221
Hospital Discharge < 30 min	99238	\$266
Newborn Admit & Discharge Same Day	99463	\$480

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You can review costs at the Alaska Department of Health and Social Services Health Care Cost Transparency website at <https://go.dhss.ak.local/pub/home/dph/VitalStats/Pages/transparency.aspx>

Un-discounted prices for health care services described in this list may be higher or lower than the amount an individual will actually pay.



## **NOTICE OF POLICIES AND STANDARDS**

Your out of pocket costs vary dependent on your insurance coverage and network participation. LaTouche Pediatrics is an in network preferred provider for ONLY the following plan networks: Alaska Medicaid, Blue Cross, Aetna/Aetna Signature Administrators, Cigna, Moda, Multiplan, & United Healthcare. At your request, LaTouche Pediatrics LLC will provide you with an estimate of the anticipated charges for your child's nonemergency care. Requests can be faxed to 907-562-6527, emailed to [puffin@latouchepediatrics.net](mailto:puffin@latouchepediatrics.net), or mailed to our office at 3340 Providence Dr Ste# A452 Anchorage, AK 99508. Good Faith Estimates 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 information including e-mail address, mailing address, and phone number. Please give up to 10 business days for estimates. Please do not hesitate to ask for this information. Estimates are not inclusive of all possible charges for anticipated treatment. Charges for services will vary significantly in response to conditions that the health care provider cannot reasonably assess before services are provided. This posting is made public on LaTouche Pediatrics, LLC website at [www.latouchepediatrics.com](http://www.latouchepediatrics.com) in accordance with Alaska's Department of Health and Social Services Regulations re: Health Care Services Price Transparency (7AAC 86) and SB 105. <https://aws.state.ak.us/OnlinePublicNotices/Notices/Attachment.aspx?id=122>