

**LaTouche Pediatrics LLC Fees 2024**

<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	90480	\$80
RSV Vaccine Administration	96381	\$65

<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>Nexplanon</b>		<b>Fee</b>
Birth Control Consultation	99213/99214/99215	TBD
Pregnancy Test	81025	\$60
Nexplanon Device	J7307	\$1,250
Nexplanon Insertion	11981	\$700
Nexplanon Removal	11982	\$750
Nexplanon Removal w/ Re-insertion	11983	\$1,000

<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.