

| LaTouche Pediatrics LLC Fees 2024 | | | | |
|---|----------------------------|---------|---------------------|-------|
| Acute Office Visit * | | | | |
| | New Patient | Fee | Established Patient | Fee |
| 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. | | | | |
| Health Maintenance/Wellness Exam/Physical Exam** | | | | |
| | New Patient | Fee | Established Patient | Fee |
| < 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. | | | | |
| Immunizations | | | | |
| Administration (initial) | 90471/90473 | \$60 | | |
| Administration (each additional vaccine) | 90472/90474 | \$40 | | |
| COVID Vaccine Administration | 90480 | \$80 | | |
| RSV Vaccine Administration | 96381 | \$65 | | |
| | | | | |
| Assessments/screenings | | | | |
| Developmental Assessment | 96110 | \$25 | | |
| Emotional Health Assessment | 96127 | \$12 | | |
| | | | | |
| Ocular Screening | 99177 | \$30 | | |
| Tuberculosis (TB) screening | 86580 | \$46 | | |
| | | | | |
| Labs | | | | |
| Hgb (QW) | 85018 | \$50 | | |
| Urinalysis | 81002 | \$30 | | |
| Strep Test (QW) | 87651 | \$80 | | |
| Hemoccult | 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 | | |
| | | | | |
| Nexplanon | | | | |
| 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 | | |
| | | | | |
| Procedures | | | | |
| 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 | |
| | | | | |
| Hospital Visitation | | | | |
| 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.