

Interior Community Health Center Commonly Performed Services by Category

You are entitled, upon request, to receive a good-faith estimate of reasonably anticipated charges for a given service prior to providing those services and no later than 10 days following the receipt of your request. This estimate does not include other charges (i.e. labs, imaging, consults, referrals) incurred outside of the service rendered by an ICHC Provider and may be subject to change.

Please do not hesitate to ask questions about any fees you may incur.

We are considered an “In-Network Provider” under your insurance policy, if your Insurance Card shows any of the following:

Medical

- Blue Cross of WA & AK and Blue Cross Federal
- Beech Street/Multi Plan Network
- Aetna
- Cigna
- Medicare
- Medicaid of Alaska/DenaliCare
- Tricare West Region Health Net Federal Services

Dental

- United Healthcare
- Blue Cross
- Delta Dental
- Medicaid of Alaska/DenaliCare
- United Concordia
- Principal

For all other insurances, we are considered out-of-network and do not maintain contractual relationships that may reduce the price of our services, but our services are extended to everyone, regardless of their coverage. As a Federally Qualified Health Center everyone may apply for our Sliding Fee Discount Schedule (SFDS). Eligibility for the SFDS is based upon household size and income (at or below 200% of federal poverty level).

Medical Office Visits

Description	Code	Price
New Patient Office Visit*		
Level 2 Office Visit	99202	\$ 222
Level 3 Office Visit	99203	343
Level 4 Office Visit	99204	509
Level 5 Office Visit	99205	672
Established Patient Office Visit		
Level 1 Office Visit	99211	71
Level 2 Office Visit	99212	173
Level 3 Office Visit	99213	276
Level 4 Office Visit	99214	390
Level 5 Office Visit	99215	547
New Patient Wellness Exam by Age*		
Under 1 year	99381	333
1 to 4 years	99382	347
5 to 11 years	99383	361
12 to 17 years	99384	408
18 to 39 years	99385	395
40 to 64 years	99386	457
65 years +	99387	494
Established Patient Wellness Exam by Age		
Under 1 year	99391	299
1 to 4 years	99392	319
5 to 11 years	99393	318
12 to 17 years	99394	347
18 to 39 years	99395	355
40 to 64 years	99396	380
65 years +	99397	409

*New patients are patients at their first visit or patients that have not been seen for three years.

Behavioral Health*

Description	Code	Price
Psychiatric Diagnostic Evaluation	90791	\$ 402
Psychotherapy, 30 minutes	90832	174
Psychotherapy, 45 minutes	90834	230
Psychotherapy, 60 minutes	90837	339
Smoking and Tobacco cessation up to 10 minutes	99406	34
Smoking and Tobacco cessation greater than 10 minutes	99407	64
Alcohol and/or substance abuse structured screening & brief intervention	99408	80

Dental

Description	Code	Price
Periodic Oral Evaluation	D0120	\$ 102
Limited Oral Evaluation	D0140	149
Comprehensive Oral Evaluation	D0150	178
Intraoral X-ray - Complete series	D0210	253
Intraoral X-ray - Single film	D0220	59
Bitewing X-ray - Single films	D0270	57
Bitewing X-ray - Two films	D0272	86
Panoramic X-ray	D0330	219
Cleaning Adult (prophylaxis)	D1110	176
Cleaning Child (prophylaxis)	D1120	130
Sealant - per tooth	D1351	104
Filling Amalgam - 1 surface	D2140	276
Filling Amalgam - 2 surface	D2150	351
Filling Composite - 1 surface	D2330	327
Filling Composite - 2 surface	D2331	392
Simple extraction	D7140	372
Surgical extraction	D7210	545

Surgery

Description	Code	Price
Venipuncture	36415	\$ 18
Arthrocentesis/Leg Joint	20610	199
Destruction of Benign Lesions up to 14 (Warts)	17110	351
Removal Impacted Cerumen Using Irrigation/Lavage, Unilateral	69209	47
Paring or Cutting of Benign Hyperkeratotic Lesion: Single Lesion	11055	221
Tangential Biopsy of Skin: Single Lesion	11102	314
Incision and Drainage of Abscess: Simple or Single	10060	387
Rremoval, Non-Biodegradable Drug Delivery Implant	11982	347
Injection Single or Multiple Trigger Point(s): Three or More Muscle(s)	20553	188
Punch Biopsy of Skin: Single Lesion	11104	389

Pathology and Laboratory

Description	Code	Price
Urine Dip	81002	\$ 31
Drug Screen Multiple Drugs	80305	47
Urine Microalbumin	82044	23
Wet Mount	87210	25
Beta HCG/Urine	81025	30
Quick Strep	87880	35
Quick View Influenza	87804	35
Tuberculosis	86580	11
Hemoglobin A1c Fingerstick	83036	32
Finger Stick Blood Glucose	82948	25

Medicine

Description	Code	Price
Fluarix Quad 0.5ML	90686	\$ 50
Psychotherapy, 60 Minutes w/Pt. Without Medical Eval/Mgt.	90837	339
Immunization First Injection	90471	62
Moderna Vaccine Administration	0134A	40
Psychotherapy, 45 Minutes w/Pt. Without Medical Eval/Mgt.	90834	230
Therapeutic, Prophylactic or Diagnostic Injection	96372	43
EKG Tracing Only, Without Interpretation and Report	93005	20
Fluzone Quad High Dose 0.7ML Syringe	90662	92
Psychiatric Diagnostic Evaluation, Without Medical Service	90791	402
Osteopathic Manipulative Treatment: 1-2 Body Regions Involved	98925	96