



Services and Charges

3340 Providence Drive, Suite 500-Building A, Anchorage, AK 99508
T. 907-562-2423 / F. 907-563-1170

Appointment Visits (well-child checks)

CPT® Code	CPT® Description	APG Price
99391	Preventative Visit, established Infant	\$275.00
99392	Preventative Visit, established 1-4 years	\$275.00
99393	Preventative Visit, established 5-11 years	\$275.00
99394	Preventative Visit, established 12-17 years	\$275.00
99395	Preventative Visit, established 18-22 years	\$275.00
99381	Preventative Visit, NEW Infant	\$340.00

Additional Screenings/Services* at well-child checks

CPT® Code	CPT® Description	APG Price
99173	Visual Acuity Screen	\$11.00
99174	GoCheck Kids® - Vision Screening	\$35.00
99161	Caregiver-Focused Health Assessment	\$30.00
96127	Brief Emotional/Behavior Assessment	\$30.00
96110	Developmental Screen w/Scoring	\$30.00
99188	Application of Fluoride Varnish	\$35.00

***Depending on your insurance plan, these additional screenings/services may not be covered, therefore they will be your responsibility. Please contact your plan for more details on coverage.**



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Appointment Visits (non-wellness)

CPT® Code	CPT® Description	APG Price
99211	Office Visit, established	\$90.00
99212	Office Visit, established	\$150.00
99213	Office Visit, established	\$215.00
99214	Office Visit, established	\$308.00
99215	Office Visit, established	\$425.00
99202	Office Visit, NEW patient	\$220.00
99203	Office Visit, NEW patient	\$300.00
99204	Office Visit, NEW patient	\$440.00

Hospital Visitation

CPT® Code	CPT® Description	APG Price
99460	Initial Care, normal newborn	\$437.00
99462	Newborn Hospital subsequent visit	\$165.00
99238	Newborn Discharge	\$325.00
99463	Newborn Admit/Discharge, same day	\$578.00

Laboratory

CPT® Code	CPT® Description	APG Price
80061	Lipid Panel	\$50.00
81002	Urinalysis, non-auto w/o scope	\$18.00
81003	Urinalysis, auto w/o scope	\$35.00



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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

Procedures

CPT® Code	CPT® Description	APG Price
17110	Cryotherapy (wart removal) 2-14	\$330.00
17111	Cryotherapy (wart removal) 15+	\$400.00
94640	Nebulizer Treatment	\$100.00
54150	Circumcision	\$750.00
69210	Remove impacted earwax, requiring instrument	\$200.00
69209	Remove impacted earwax by irrigation	\$120.00
41010	Tongue tie (Frenotomy)	\$328.00
S0630	Removal of sutures (not placed by APG)	\$145.00
12001, 12002, 12011, 12012	Suture placement (face and non-face)	\$500.00



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Medications/Immunizations

CPT® Code	CPT® Description	APG Price
96372	Therapeutic/prophylactic injection fee	\$60.00
J1050, J1055	Depo-Provera	\$75.00
J7613	Bicillin	\$30.00
90460, 90461	Immunization administration	\$69.00 per immunization

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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