

Interior Community Health Center 10 Most 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

Dental

- Blue Cross
- Cigna
- United Health Care-Dental Benefits Providers
- Delta Dental
- Medicaid of Alaska/DenaliCare

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).

Office Visits

Description	Code	Price
New Patient Level 2 Office Visit	99202	\$ 195
New Patient Level 3 Office Visit	99203	281
New Patient Level 4 Office Visit	99204	392
Established Patient Level 1 Office Visit	99211	56
Established Patient Level 2 Office Visit	99212	114
Established Patient Level 3 Office Visit	99213	190
Established Patient Level 4 Office Visit	99214	280
Wellness Established Patient 12-17 years old	99394	220
Wellness Established Patient 40-64 years old	99396	328
Smoking and Tobacco cessation up to 10min	99406	29

Surgical Procedures

Description	Code	Price
Intravenous blood draw	36415	\$ 18
Destruction of skin lesions other than skin tags up to 14	17110	293
Removal impacted ear wax	69209	37
IUD Removal	58301	248
IUD Insertion	58300	192
Biopsy of skin	11100	276
Trimming of nails (Nondystrophic)	11719	38
Lesion (e.g. common wart), Destruction first lesion	17000	173
Toenail removal	11730	277
Removal impacted ear wax require instruments	69210	127

Medicine

Description	Code	Price
Injection of medication	96372	\$ 30
EKG tracing	93005	22
Fluzone	90686	23
Psychotherapy, 60 minutes	90837	258
Osteopathic manipulative treatment; 1-2 regions	98925	83
Health and behavior assessment 15 min	96150	44
Immunization first injection	90471	30
Nebulizer treatment	94640	49
Gardasil	90651	168
Menactra	90734	91

Pathology and Lab

Description	Code	Price
Urine microalbumin	82044	\$ 15
Urinalysis	81002	13
Complete blood count	87804	23
Quick strep	87880	25
Wet mount	87210	17
Urine pregnancy test	81025	20
Drug screening	80305	35
Finger stick - glucose	82948	17
Fecal occult - Colon cancer test	82270	11
Quick influenza	86580	11