

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

Dental

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

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 1 Office Visit	99201	\$ 130
Level 2 Office Visit	99202	216
Level 3 Office Visit	99203	306
Level 4 Office Visit	99204	468
Level 5 Office Visit	99205	591
Established Patient		
Level 1 Office Visit	99211	66
Level 2 Office Visit	99212	129
Level 3 Office Visit	99213	213
Level 4 Office Visit	99214	309
Level 5 Office Visit	99215	415
New Patient Wellness Exam by Age*		
Under 1 year	99381	221
1 to 4 years	99382	255
5 to 11 years	99383	270
12 to 17 years	99384	292
18 to 39 years	99385	379
40 to 64 years	99386	438
65 years +	99387	477
Established Patient Wellness Exam by Age		
Under 1 year	99391	200
1 to 4 years	99392	217
5 to 11 years	99393	221
12 to 17 years	99394	244
18 to 39 years	99395	341
40 to 64 years	99396	364
65 years +	99397	391

*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	\$ 282
Psychotherapy, 30 minutes	90832	138
Psychotherapy, 45 minutes	90834	183
Psychotherapy, 60 minutes	90837	274
Smoking and Tobacco cessation up to 10 minutes	99406	29
Smoking and Tobacco cessation greater than 10 minutes	99407	55
Alcohol and/or substance abuse structured screening & brief intervention	99408	71

* ICHC provides integrated behavioral health. These services are available to established medical patients only.

Dental

Description	Code	Price
Periodic Oral Evaluation	D0120	\$ 85
Limited Oral Evaluation	D0140	125
Comprehensive Oral Evaluation	D0150	150
Intraoral X-ray - Complete series	D0210	213
Intraoral X-ray - Single film	D0220	49
Bitewing X-ray - Single films	D0270	48
Bitewing X-ray - Two films	D0272	75
Panoramic X-ray	D0330	184
Cleaning Adult (prophylaxis)	D1110	148
Cleaning Child (prophylaxis)	D1120	111
Sealant - per tooth	D1351	90
Filling Amalgam - 1 surface	D2140	235
Filling Amalgam - 2 surface	D2150	300
Filling Composite - 1 surface	D2330	276
Filling Composite - 2 surface	D2331	331
Simple extraction	D7140	313
Surgical extraction	D7210	460

Surgery

Description	Code	Price
Incision and drainage of abcess	10060	\$ 347
Cutting of benign lesion (corns/calluses)	11055	180
Insertion of long-lasting contraceptive under the skin	11981	299
Removal of long-lasting contraceptive under the skin	11982	339
Destruction of first lesion (benign skin sunspots)	17000	187
Destruction of 2nd - 14th lesion (benign skin sunspots)	17003	17
Destruction of benign lesions up to 14 (warts)	17110	320
Arthrocentesis/leg joint (drain joint fluid)	20610	179
Venipuncture (blood draw)	36415	18
Removal of impacted cerumen (ear wax)	69209	40

Pathology and Laboratory

Description	Code	Price
Drug Screen	80305	\$ 42
Urinalysis dip	81002	26
Beta HCG/Urine	81025	25
Urine Microalbumin	82044	18
Fingerstick blood glucose	82948	20
Tuberculosis skin test	86580	55
Smear, wet mount saline	87210	20
COVID-19 inhouse	87635	-
Quick Influenza	87804	30
Quick Strep	87880	30

Medicine

Description	Code	Price
Immunization First Injection	90471	\$ 40
Fluarix Influenza Vaccine	90686	23
Zoster Shingles Vaccine	90750	187
Psychiatric evaluation	90791	282
Psychotherapy, 45 minutes	90834	183
Psychotherapy, 60 minutes	90837	274
EKG Tracing	93005	24
Therapeutic, Prophlactic, or Diagnostic Injection	96372	40
Osteopathic manipulative treatment; 1-2 regions	98925	90
Conveyance of Specimen	99000	45