



**Internal Medicine Primary Care  
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Undiscounted Prices for Top Ten Services in 2024

Per Alaska State law (AS 18.23.400), commonly referred to as the Health Care Price Transparency Law, health care providers and facilities are required to annually compile and report a list of the most frequently billed services for the previous year, within each of the six sections of the Current Procedural Terminology, Category I (CPT) book. The six sections are:

1. Evaluation and Management
2. Anesthesia
3. Surgery
4. Radiology
5. Pathology and Laboratory
6. Medicine

These amounts do not include any discounts that may be available to you. What this means is that if we are in-network

with your insurance, we have a contracted rate (called an allowable rate) that will be lower than the prices listed here. In addition, you will need to understand the deductibles, co-pays, and co-insurance for your health insurance plan. The actual amount a patient pays out of pocket may be substantially lower than the prices listed below.

If we are **not in network** with your insurance, then our charges will be no higher than the prices listed here. You will need to understand the deductibles, co-pays, and co-insurance for your out-of-network coverage.

We are in-network with the following insurance companies:

- Aetna and associated plans in the Aetna Network.
- Premera Blue Cross Blue Shield and associated BCBS plans.
- Cigna
- Medicaid

For any insurance not listed above, we are considered out of network.

## Good Faith Estimate

You will be provided with what is called a Good Faith Estimate of anticipated charges for our care upon request. Please do not hesitate to ask for a good faith estimate. This estimate will only include **our** estimated fees; we cannot provide estimates to providers or facilities that we refer you to. However, we can provide you with their contact information so you can get an estimate from them. The good faith estimate is generally provided in writing and we may ask you to sign off that you received it. This estimate is not necessarily what you will pay once all the charges are calculated. It is only our best estimate at the time.

## Evaluation and Management Codes for 2024:

<u>*CPT</u>	<u>Description</u>	<u>Cost</u>
<b>99385</b>	<b>Annual Physical New Patient Age 18-39</b>	<b>\$523</b>

CPT code 99385 designates a comprehensive preventive medicine evaluation and management service for new patients, emphasizing the in-depth assessment involved in preventive care.

<b>99386</b>	<b>Annual Physical New Patient Age 40-64</b>	<b>\$550</b>
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CPT Code 99386 refers to an intricate preventive evaluation and management service tailored for new patients aged

between 40 to 64 years. This code is emblematic of a thorough assessment encompassing the patient's health history, risk factors, and potential healthcare requirements.

**99395 Annual Physical Established Patient Age 18-39 \$385**

The 99395 CPT code is used to describe a preventive outpatient office visit for an established patient between the ages of 18 and 39.

**99396 Annual Physical Established Patient Age 40-64 \$473**

The 99396 CPT code is used to describe a preventive outpatient office visit for an established patient between the ages of 40 and 64.

**99213 Office Visit Established Patient \$216**

Low level exam, established patient

**99214 Office Visit Established Patient \$321**

Moderate level exam, established patient

**99215 Office Visit Established Patient \$517**

High level exam, established patient

**99203 Office Visit New Patient \$318**

Low level exam, new patient

**99204 Office Visit New Patient** **\$497**  
Moderate level exam, new patient

**99205 Office Visit New Patient** **\$645**  
High level exam, new patient

**Anesthesia Codes for 2024:**

Not applicable to our clinic

**Procedure Codes for 2024:**

<b><u>CPT</u></b>	<b><u>Description</u></b>	<b><u>Cost</u></b>
<b>36415</b>	<b>Venipuncture</b>	<b>\$38</b>
<b>93000</b>	<b>EKG</b>	<b>\$172</b>
<b>93015</b>	<b>Stress Test</b>	<b>\$770</b>
<b>95800</b>	<b>Home Sleep Study</b>	<b>\$1005</b>
<b>9410</b>	<b>Spirometry</b>	<b>\$264</b>
<b>94060</b>	<b>Spirometry Multi</b>	<b>\$495</b>

**Radiology Codes for 2024:**

Not applicable to our clinic

**Laboratory Codes for 2024:**

<b><u>CPT</u></b>	<b><u>Description</u></b>	<b><u>Cost</u></b>
80053	Metabolic Comp Test	\$121
80061	Lipid Panel	\$133
83036	Hemoglobin A1c	\$91
84443	TSH	\$138
82306	Vitamin D	\$274
81003	Urinalysis	\$38

**Medicine Codes for 2024:**

<b><u>CPT</u></b>	<b><u>Description</u></b>	<b><u>Cost</u></b>
90715	TDAP	\$88
90658	Flu	\$36
90746	Hep B	\$154
90707	MMR	\$121
90732	Pneumonia	\$132
90716	Varivax (chickenpox)	\$182
90471	Injection Fee, one vaccine	\$55
90472	Injection Fee (each additional)	\$33
96372	Injection Fee Medications	\$88

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The State of Alaska Department of Health and Social Services (DHSS) is responsible for overseeing this law, their website is: <https://health.alaska.gov/dph/VitalStats/Pages/transparency/A.aspx>