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Pricing for our Most Common Services

Top ten ranking based on hospital data from 01/01/2021-12/31/2021

Your hospital bill should never be a surprise, but it can be hard to predict what is needed to treat an illness or restore a person's health. The price you pay is based largely on your insurance coverage.

You will be provided with an estimate of the anticipated charges for your non-emergency care upon request. The estimate should not be considered an actual price quote. Actual charges on the final hospital bill may vary based on medical condition, unknown circumstances or complications, final diagnosis, level of care, type of specialist, and recommended treatment.

Cordova Community Medical Center provides a list of our hospitals most common charges below. Please note that these amounts are gross charges. We charge the same for all patients, but a patient's responsibility may vary depending on rates negotiated with health plans and your individual benefit coverage. Patients without insurance or who do not have enough insurance may qualify for financial assistance.

Pricing is organized into six categories of service defined by the Centers for Medicare and Medicaid Services (CMS). They are as follows:

- Anesthesia (none)
- Evaluation and Management
- Medicine
- Pathology and Laboratory
- Radiology
- Surgery

The description, procedure (CPT) code, and price of the ten most common charges from each category are detailed below.

A copy of this website can be found at:

<http://health.alaska.gov/dph/VitalStats/Pages/transparency/A.aspx>

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CCMC is considered in network with Aetna, Blue Cross, First Choice Health, Government Employees Health Association, United Healthcare, EBMS, PBS, Meritan, UMR and more. If you want specific information on in network companies, reach out to us or your insurance company to enquire about in network coverage.

Evaluation & Management	CPT	Price
Clinic Office Visit, Established Patient, Level 4	99214	Pro Fee: \$377.58
Clinic Office Visit, Established Patient, Level 3	99213	Pro Fee: \$261.29
Emergency Department Visit, Level 4	99284	Facility: \$763.25 Pro-Fee: \$801.41
Emergency Department Visit, Level 3	99283	Facility: \$553.67 Pro Fee: \$541.38
Emergency Department Visit, Level 2	99282	Facility: \$347.71 Pro Fee: \$340.04
Subs Nursing Fac Care Modera	99308	Pro-Fee: \$341.30
Subsequent Hospital Care	99232	Pro Fee: \$448.82
Emergency Department Visit, Level 5	99285	Facility: \$1,158.57 Pro Fee: \$1,216.48
Clinic Outpatient Visit, New Patient, Level 3	99203	Pro Fee: \$391.34
Critical Care, 1st Hour	99291	Facility: \$1469.32 Pro-Fee: \$1542.82

Surgery	CPT	Price
Venipuncture	36415	Facility: \$50.03
Repair S-Facial Wound 2.5cm	12001	Facility: \$816.40 Pro-Fee: \$378.65

Pathology/Laboratory	CPT	Price
CBC Automated Diff	85025	\$100.01
Comprehensive Metabolic Panel	80053	\$310.07
Thyroid Stimulating Hormone	84443	\$90.45
Troponin Quantitative	84484	\$178.82
Lipid Panel	80061	\$203.81
Urinalysis	81003	\$59.96
Basic Metabolic Panel	80048	\$186.58
Glycated Hemoglobin	83036	\$91.67
BNP	83880	\$400.05
D-Dimer	85379	\$191.31

Radiology	CPT	Price
X-Ray Chest 2 Views	71046	Facility; \$564.53 Pro Fee: \$39.90
XR Shoulder 3 Views	73030	Facility: \$405.09 Pro Fee: \$34.65
XR Foot 3 Views	73630	Facility: \$443.85 Pro Fee: \$31.50
CT Head/Brain Without Contrast	70450	Facility: \$2,477.06 Pro Fee: \$156.45
X-Ray Knee 3 Views	73562	Facility: \$501.38 Pro Fee: \$34.65
CT Chest With Contrast	71260	Facility: \$2,809.96 Pro Fee: \$228.90
CT Abdomen & Pelvis With Contrast	74177	Facility: \$4,447.70 Pro Fee: \$337.05
X-Ray Hip Unilateral Comp Min 2-3 Views	73502	Facility: \$481.32 Pro Fee: \$40.95
X-Ray Spine Lumbar 2-3 Views	72100	Facility: \$541.38 Pro Fee: \$40.95
X-Ray Wrist 3 Views	73110	Facility: \$468.83 Pro Fee: \$32.55

Medicine	CPT	Price
PT Manual Therapy 15 Minutes	97140	\$135.00
PT Therapeutic Exercise 15 Minutes	97110	\$135.00
PT Therapeutic Activity 15 Minutes	97530	\$186.27
PT Neuromuscular Re-Education, per 15 min	97112	\$188.79
EKG 12-Lead Tracing	93005	\$116.70
EKG Interpretation	93010	\$122.54
PT Low Complexity Evaluation	97161	\$320.00
IV Push, Initial	96374	\$307.18
PT Gait/Ambulation, per 15 min	97116	\$168.79
PT Ultrasound, per 15 min	97035	\$108.83