Providence Medical Group Alaska Pediatric Subspecialties Schedule of Gross Charges January 1, 2022

СРТ	Description	Price
	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15	\$93.00
97803	minutes	\$93.00
	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each	\$108.00
97802	15 minutes	\$108.00
	Office or other outpatient visit for the evaluation and management of an established patient, which requires a	
	medically appropriate history and/or examination and moderate level of medical decision making. When using	\$510.00
99214	time for code selection, 30-39 minute	
	Office or other outpatient visit for the evaluation and management of an established patient, which requires a	
	medically appropriate history and/or examination and high level of medical decision making. When using time	\$686.00
99215	for code selection, 40-54 minutes	
83036	Hemoglobin; glycosylated (A1C)	\$101.00
	Office or other outpatient visit for the evaluation and management of an established patient, which requires a	
	medically appropriate history and/or examination and low level of medical decision making. When using time	\$348.00
99213	for code selection, 20-29 minutes	
	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2	
	of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of	\$667.00
99233	high complexity.	
94375	Respiratory flow volume loop	\$258.00
	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required	
	time of the primary procedure which has been selected using total time, requiring total time with or without	\$158.00
99417	direct patient contact beyond the usual services	
	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum	\$269.00
95251	of 72 hours; analysis, interpretation and report	\$269.00

You will be provided with an estimate of the anticipated charges for your nonemergency care upon request. Please do not hesitate to ask for information.

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