

Providence Medical Group Alaska
 Primary Care
 Schedule of Gross Charges
 January 1, 2022

CPT	Description	Price
99214	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 time for code selection, 30-39 minutes	\$510.00
99213	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 for code selection, 20-29 minutes	\$348.00
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes	\$789.00
G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	\$538.00
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes	\$516.00
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	\$62.00
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	\$46.00
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	\$100.00
83036	Hemoglobin; glycosylated (A1C)	\$101.00
99215	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 for code selection, 40-54 minutes	\$686.00

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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CPT	Description	Price
J0897	Injection, denosumab, 1 mg	\$39.00
J2315	Injection, naltrexone, depot form, 1 mg	\$5.00
J1050	Injection, medroxyprogesterone acetate, 1 mg	\$1.00
J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	\$21.00
G0008	Administration of influenza virus vaccine	\$62.00
G0009	Administration of pneumococcal vaccine	\$62.00
J3420	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg	\$21.00
J0696	Injection, ceftriaxone sodium, per 250 mg	\$29.00
J2001	Injection, lidocaine hcl for intravenous infusion, 10 mg	\$9.00
J1885	Injection, ketorolac tromethamine, per 15 mg	\$29.00

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