

Ministry Name
 Prices Posted and Effective
 Charge Display

Providence Home Health
 1/1/2024
 Gross Charges

Notes: The Hospice codes below are required to be listed by AK price transparency regulations but are used infrequently. In reality most persons on Hospice without a payor such as Medicaid would pay a daily rate of \$239.20 which would cover most services.

CPT Code/Description	PRICE
Hospice Codes	
99222 - Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of	\$ 495
99233 - Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of t	\$ 385
99239 - Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter	\$ 261
99306 - Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for cod	\$ 313
99309 - Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter	\$ 133
99310 - Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for	\$ 287
99342 - Home or residence 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 total time on the date of the encounter for code selection,	\$ 276
99344 - Home or residence 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 total time on the date of the encounter for code select	\$ 504
99345 - Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection,	\$ 646
99347 - Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code	\$ 192
99348 - Home or residence 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 total time on the date of the encounter for code se	\$ 266
99349 - Home or residence 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 total time on the date of the encounter for co	\$ 387
99350 - Home or residence 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 total time on the date of the encounter for code s	\$ 517
99417 - Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List se	\$ 169
99497 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with	\$ 403
99498 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List sep	\$ 353

Home Health Codes

While not required under current price transparency regulations below is a list of Home Health Prices for undiscounted services

Skilled Nursing Start of Care Visit	\$ 589.00
Psyche Nurse Start of Care Visit	\$ 589.00
Physical Therapy Start of Care Visit	\$ 589.00
Occupational Therapy Start of Care Visit	\$ 589.00
Speech Therapy Start of Care Visit	\$ 589.00

Skilled Nursing Routine Care Visit	\$	441.00
Psyche Nurse Routine Visit	\$	520.00
Physical Therapy Routine Care Visit	\$	441.00
Occupational Therapy Routine Care Visit	\$	441.00
Speech Therapy Routine Care Visit	\$	441.00
Social Worker Routine Care Visit	\$	520.00
Home Health Aide Routine Care Visit	\$	202.00

You will be provided with an estimate of anticipated charges for our non emergency care upon request. Please do not hesitate to ask for information.

Preferred health care insurers (as defined in AS 21.54.500) contracted with the Providence In Home Services.

- Premera
- Providence Health Plan
- Aetna Healthcare
- First Choice Health

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