

Providence Medical Group Alaska
 Behavioral Health Mat-Su
 Schedule of Gross Charges
 January 1, 2026

CPT	Description	Child Psychiatrist	Psychiatrist	Therapist
		Price	Price	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	\$446.00	\$446.00	N/A
90837	Psychotherapy, 60 minutes with patient	\$542.00	\$542.00	\$542.00
90834	Psychotherapy, 45 minutes with patient	\$369.00	\$369.00	\$369.00
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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	\$313.00	\$313.00	N/A
90832	Psychotherapy, 30 minutes with patient	\$286.00	\$286.00	\$286.00
90791	Psychiatric diagnostic evaluation	\$686.00	\$686.00	\$686.00
90792	Psychiatric diagnostic evaluation with medical services	\$710.00	\$710.00	N/A
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 total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	\$627.00	\$627.00	N/A
98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	\$272.00	\$272.00	N/A
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 total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	\$676.00	\$676.00	N/A

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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