

Providence Medical Group Alaska  
 Family Medicine Clinic  
 Schedule of Gross Charges  
 January 1, 2022

CPT	Description	Price
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
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
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making	\$330.00
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	\$62.00
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered	\$29.00
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	\$29.00
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
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	\$62.00
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient	\$397.00
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	\$62.00

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
J1050	Injection, medroxyprogesterone acetate, 1 mg	\$1.00
J0561	Injection, penicillin g benzathine, 100,000 units	\$70.00
J2315	Injection, naltrexone, depot form, 1 mg	\$5.00
J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	\$21.00
J1885	Injection, ketorolac tromethamine, per 15 mg	\$29.00
G0008	Administration of influenza virus vaccine	\$62.00
J0897	Injection, denosumab, 1 mg	\$39.00
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

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