

**PROVIDENCE TRANSITIONAL CARE CENTER
SCHEDULE OF CHARGES
JANUARY 1, 2021**

SERVICE:

CHARGE:

Nursing Care, Room and Board,
Laundry, Housekeeping, Social and
Activities Services \$ 1,592.00/day

Therapies:

Physical, Occupational, Speech, Respiratory \$
141.00/unit (15 minutes)

Common CPT codes: see next page

| | |
|-----------------------------|------------------|
| Prescription Drugs | List Price |
| Medical Supplies | List Price |
| In House Physician Services | Per Fee Schedule |

Specialty Beds:

| | |
|---------------------------|---------------|
| KinAir MedSurg | \$ 174.00/day |
| First Step Select Overlay | \$ 72.00/day |
| BariMaxx | \$ 276.00/day |
| BariMaxx II | \$ 317.00/day |
| MaxxAir ETS | \$ 165.00/day |
| Synergy 48" | \$ 39.00/day |
| Synergy 36" | \$ 18.50/day |
| P500 | \$ 59.00/day |

| | |
|----------------------------|---------------|
| 300WS | \$ 24.00/day |
| TotalCare Bariatric Plus | \$ 155.00/day |
| Total Care | \$ 122.00/day |
| Burke Tri-Flex w/o Air mat | \$ 103.00/day |
| Burke Tri-Flex w/ Air Mat | \$ 142.00/day |
| Versa Care | \$ 64.00/day |
| Envision | \$ 40.00/day |
| Envella | \$ 111.00/day |
| Specialty Beds | \$ 122.00/day |
| Wound Vacs: | |
| VAC Freedom | \$ 253.00/day |
| VAC ATS Therapy | \$ 251.00/day |
| Kalypto Wound Vac | \$ 166.00/day |
| Veriflow | \$ 75.00/day |

The following services are not provided by Providence Transitional Care Center and are billed separately by the provider. (Exception: Lab and X-ray are provided to Medicare patients on a Part A covered stay and VA patients on a VA covered stay.)

- Laboratory
- X-ray
- Physician Fees
- Emergency Transportation
- Personal Services (i.e., beauty/barber shop, newspaper, cable TV, internet access, special hygiene supplies for personal preferences, etc.).

| CPT Code | Description | Time in Min | Billed Charge |
|----------|--------------------------------|-------------|-----------------------------|
| 92507 | Speech.language Treatment | Varies | \$ 279.00 |
| 92521 | Evaluation of speech fluency | Varies | \$ 421.00 |
| 92522 | Evaluation of speech sound pr | Varies | \$ 421.00 |
| 92523 | Evaluation of speech sound | Varies | \$ 421.00 |
| 92524 | Behavioral and qualitative ana | Varies | \$ 421.00 |
| 92526 | Swallow Function Therapy | Varies | \$ 279.00 |
| 92607 | Exam for speech device Rx | Varies | \$ 421.00 |
| 92608 | Eval of speech Device add (15) | Varies | \$ 141.00/unit (15 minutes) |
| 92609 | Use of speech device | Varies | \$ 279.00 |
| 92610 | Evaluate swallowing function | Varies | \$ 421.00 |
| 96105 | Assessment of Aphasia add (15) | Varies | \$ 279.00/unit (15 minutes) |
| 97032 | E-Stim 1:1 | 15 | \$ 141.00 |
| 97110 | Therapeutic | 15 | \$ 141.00/unit (15 |

| | | | |
|-------|-----------------------------------|--------|-----------------------------|
| | Exercises | | minutes) |
| 97112 | Neuromuscular ReEd | 15 | \$ 141.00/unit (15 minutes) |
| 97116 | Gait Training | 15 | \$ 141.00/unit (15 minutes) |
| 97129 | Ther IVNTJ 1 st 15 Min | 15 | \$ 141.00 |
| 97130 | Ther IVNT J EA ADD 15 Min | Varies | \$ 141.00/unit (15 minutes) |
| 97140 | Manual Therapy | 15 | \$ 141.00/unit (15 minutes) |
| 97161 | PT Eval Low Complex | 20 | \$ 279.00 |
| 97162 | PT Eval Mod Complex | 30 | \$ 279.00 |
| 97163 | PT Eval High Complex | 45 | \$ 279.00 |
| 97164 | PT Re-eval Est Plan Care | Varies | \$ 141.00/unit |
| 97165 | OT Eval Low Complex | 30 | \$ 279.00 |
| 97166 | OT Eval Mod Complex | 30 | \$ 279.00 |
| 97167 | OT Eval High Complex | 30 | \$ 279.00 |
| 97168 | OT Re-eval Est Plan Care | Varies | \$ 141.00 |
| 97530 | Functional Training | 15 | \$ 141.00/unit (15 minutes) |
| 97535 | Self Care Mangement Trg | 15 | \$ 141.00/unit (15 minutes) |

| | | | |
|-------|-------------------------|----|-----------------------------|
| 97537 | Reintergration Training | 15 | \$ 141.00/unit (15 minutes) |
| 97542 | Wheelchair Training | 15 | \$ 141.00/unit (15 minutes) |
| 97760 | Initial Orthot Training | 15 | \$ 141.00/unit (15 minutes) |
| 97761 | Initial Prost Training | 15 | \$ 141.00/unit (15 minutes) |
| 97763 | Orth/Proth Mgnt/Train | 15 | \$ 141.00/unit (15 minutes) |

The following web address for the Alaska Department of Health and Social Services contains posted prices

[Medical Provider Price Pages \(alaska.gov\)](http://alaska.gov)

The undiscounted prices for health care services described in this list may be higher or lower than the amount an individual will pay.

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.

First Choice Health

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