

Providence Medical Group Alaska  
 Behavioral Health Anchorage  
 Schedule of Gross Charges  
 January 1, 2022

CPT	Description	Child Psychiatrist	Psychiatrist	Therapist
		Price	Price	Price
90834	Psychotherapy, 45 minutes with patient	\$406.00	\$368.00	\$260.00
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	N/A	N/A	\$175.00
90837	Psychotherapy, 60 minutes with patient	\$594.00	\$537.00	\$382.00
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 minute	\$484.00	\$438.00	N/A
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination	\$502.00	\$455.00	N/A
90832	Psychotherapy, 30 minutes with patient	\$315.00	\$285.00	\$203.00
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 of moderate	\$350.00	\$316.00	N/A
90853	Group psychotherapy (other than of a multiple-family group)	\$124.00	\$112.00	\$79.00
90785	Interactive complexity (List separately in addition to the code for primary procedure)	\$24.00	\$22.00	\$18.00
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed	N/A	\$461.00	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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