

**PROVIDENCE TRANSITIONAL CARE CENTER
SCHEDULE OF CHARGES
JANUARY 1, 2023**

SERVICE:	CHARGE:
Nursing Care, Room and Board, Laundry, Housekeeping, Social and Activities Services	\$ 1,689.00/day
Therapies:	
SERVICE:	CHARGE:
Physical, Occupational, Speech, Respiratory Therapy Evaluation	\$ 149.00/unit (15 minutes) \$ 295.00
Prescription Drugs	List Price
Medical Supplies	List Price
In House Physician Services	Per Fee Schedule
Specialty Beds:	
SERVICE:	CHARGE:
KinAir MedSurg	\$ 184.00/day
First Step Select Overlay	\$ 76.00/day
BariMaxx	\$ 292.00/day
BariMaxx II	\$ 336.00/day
MaxxAir ETS	\$ 175.00/day
Synergy 48"	\$ 41.00/day
Synergy 36"	\$ 19.60/day
P500	\$ 63.00/day
300WS	\$ 26.00/day
TotalCare Bariatric Plus	\$ 165.00/day
Total Care	\$ 129.00/day
Burke Tri-Flex w/o Air mat	\$ 109.00/day
Burke Tri-Flex w/ Air mat	\$ 150.00/day
Versa Care	\$ 68.00/day
Envision	\$ 42.00/day
Envella	\$ 117.00/day
Compella	\$ 141.00/day
Specialty Beds	\$ 129.00/day
Wound Vacs:	
SERVICE:	CHARGE:
VAC Freedom	\$ 268.00/day
VAC ATS Therapy	\$ 266.00/day
Kalypto Wound Vac	\$ 176.00/day
Veriflow	\$ 79.00/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
- Wound Care
- 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	\$296.00
92521	Evaluation of speech fluency	Varies	\$446.00
92522	Evaluation of speech sound pr	Varies	\$446.00
92523	Evaluation of speech sound	Varies	\$446.00
92524	Behavioral and qualitative ana	Varies	\$446.00
92526	Swallow Function Therapy	Varies	\$296.00
92607	Exam for speech device Rx	Varies	\$447.00
92608	Eval of speech Device add (15)	Varies	\$447.00
92609	Use of speech device	Varies	\$296.00
92610	Evaluate swallowing function	Varies	\$447.00
96105	Assessment of Aphasia add (15)	Varies	\$287.00/unit (15 minutes)

CPT Code	Description	Time in Min	Billed Charge
97032	E-Stim 1:1	15	\$149.00
97110	Therapeutic Exercises	15	\$149.00/unit (15 minutes)
97112	Neuromuscular ReEd	15	\$149.00/unit (15 minutes)
97116	Gait Training	15	\$149.00/unit (15 minutes)
97129	Ther IVNTJ 1st 15 Min	15	\$149.00
97130	Ther IVNTJ EA ADD 15 Min	Varies	\$149.00/unit (15 minutes)
97140	Manual Therapy	15	\$149.00/unit (15 minutes)
97161	PT Eval Low Complex	20	\$296.00
97162	PT Eval Mod Complex	30	\$296.00
97163	PT Eval High Complex	45	\$296.00
97164	PT Re-eval Est Plan Care	Varies	\$149/unit
97165	OT Eval Low Complex	30	\$296.00

CPT Code	Description	Time in Min	Billed Charge
97166	OT Eval Mod Complex	30	\$296.00
97167	OT Eval High Complex	30	\$296.00
97168	OT Re-eval Est Plan Care	Varies	\$149.00
97530	Functional Training	15	\$149.00/unit (15 minutes)
97535	Self Care Management Trg	15	\$149.00/unit (15 minutes)
97537	Reintergration Training	15	\$149.00/unit (15 minutes)
97542	Wheelchair Training	15	\$149.00/unit (15 minutes)
97760	Initial Orthot Training	15	\$149.00/unit (15 minutes)
97761	Initial Prost Training	15	\$149.00/unit (15 minutes)
97763	Orth/Proth Mgnt/Train	15	\$149.00/unit (15 minutes)

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

[Medical Provider Price Pages \(alaska.gov\)](https://www.alaska.gov/health/socialservices/pricepages)

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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