



Summit Psychiatry Associates Fee Schedules

CPT Code	Service Description	Alaska Rate		
90791	Psychiatric Diagnostic Evaluation	\$595.00		
90792	Psych Eval w/ Medical Services	\$650.00		
99203	New Pt Eval & Mgmt – Detailed	\$318.75		
99204	New Pt Eval & Mgmt – Mod Complexity	\$467.50		
99205	New Pt Eval & Mgmt – High Complexity	\$624.75		
99213	Est Pt Eval & Mgmt – Detailed	\$270.75		
99214	Est Pt Eval & Mgmt – Mod Complexity	\$399.50		
99215	Est Pt Eval & Mgmt – High Complexity	\$510.00		
90833	Indiv Therapy w/ E&M – 30 min	\$200.00		
90836	Indiv Therapy w/ E&M – 45 min	\$250.00		
90838	Indiv Therapy w/ E&M – 60 min	\$300.00		
90846	Family Therapy w/o Patient	\$225.00		
90847	Family Therapy w/ Patient	\$315.00		
96127	Brief Emotional Assessment	\$30.00		
96372	Injection	\$102.00		
H0031	Mental Health Intake Assessment	\$467.50		
90785	Interactive Complexity	\$32.00		
Chronic Care / Case Management				
99452	Interprofessional Consultation Note	\$211.00		
99487	Comp. Chronic Care Mgmt 1st 60 min	\$400.00		
99489	^Each Additional 60 Mins	\$226.00		
99490	Chron Care Mgmt 1st 20 Mins	\$180.00		
99439	^Each Additional 20 mins.	\$173.00		
99491	Chron Care Mgmt 1st 30 mins. QHP	\$498.00		

Disclaimer: Charges are subject to change without notice.

The fee schedule provided reflects current charges specific to Alaska and does not represent the full list of services offered by Summit Psychiatry Associates, LLC. Separate fee schedules are available for each state, based on regional benchmarks provided by FAIR Health. To request a detailed rate list or inquire about services in your area, please contact us at admin@summit-pa.org or 907-215-2353.

Learn more about healthcare pricing at: www.fairhealthconsumer.org

Payment Policies:

Sliding Fee Scale: Available upon request for self-pay patients without insurance. Eligibility is based on household income and family size.

Hardship Waivers: May be considered at the end of the year for individuals experiencing financial hardship.

Medicaid Copays: Patients aged 18 and older are required to pay the \$3.00 Medicaid copay prior to each visit.

Private Insurance Copays: All private insurance copays are due before the start of each visit.

Please note: Sliding scale discounts apply only to self-pay services and are not available for services billed to Medicaid, Medicare, or private insurance.