

Rank	CPT Code	CPT Description	2022 Fee	Self-Pay
1	99214	EST PATIENT OFFICE	\$ 226.00	\$ 158.20
2	99213	EST PATIENT OFFICE	\$ 159.00	\$ 111.30
3	U0003	Cov-19 amp prb hgh thrupt	\$ 200.00	\$ 140.00
4	U0005	Infec agen detec ampli probe	\$ 43.00	\$ 30.10
5	96127	BRIEF EMOTIONAL/BEHAV ASSMT	\$ 20.00	\$ 20.00
6	99212	EST PATIENT OFFICE	\$ 98.00	\$ 68.60
7	90460	IMM ADMIN WCOUNSELING UP TO 18YR	\$ 38.00	\$ 38.00
8	90471	IMM ADMIN	\$ 45.00	\$ 45.00
9	80061	LIPID PANEL	\$ 21.00	\$ 21.00
10	99396	EST PATIENT COMP VISIT 40-64 YRS	\$ 210.00	\$ 147.00
11	90686	Influenza Fluarix 2021 Quad 6mon+ prefilled syrg**	\$ 28.00	\$ 28.00
12	99203	NEW PATIENT OFFICE VISIT	\$ 196.00	\$ 137.20
13	G0439	Annual visit	\$ 230.00	\$ 161.00
14	G0444	ANNUAL DEPRESSION SCREENING 15 MIN	\$ 33.00	\$ 33.00
15	80053	COMPREHEN METABOLIC PANEL	\$ 17.00	\$ 17.00
16	0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	\$ 84.50	\$ 65.00
17	99391	EST PATIENT COMP VISIT 0-1 YR	\$ 215.00	\$ 150.50
18	0003A	ADM SARSCOV2 30MCG/0.3ML 3RD DOSE	\$ 84.50	\$ 65.00
19	99204	NEW PATIENT OFFICE VISIT	\$ 292.00	\$ 204.40
20	99392	EST PATIENT COMP VISIT 1-4 YRS	\$ 176.00	\$ 123.20
21	83036	GLYCATED HEMOGLOBIN TEST	\$ 16.00	\$ 16.00
22	99490	CHRON CARE MGMT SRVC 20 MIN	\$ 106.00	\$ 74.20
23	81002	UA DIPSTICK	\$ 10.00	\$ 10.00
24	85025	COMPLETE CBC W/AUTO DIFF WBC	\$ 12.00	\$ 12.00
25	90832	PSYTX PT&/FAMILY 30 MINUTES	\$ 133.00	\$ 93.10
26	99395	EST PATIENT COMP VISIT 18-39 YRS	\$ 199.00	\$ 139.30
27	G8431	CLIN DEPRESSION SCREEN DOC	\$ 35.00	\$ 35.00
28	87635	COVID 19 Molecular	\$ 87.00	\$ 87.00
29	99397	EST PT COMP VISIT 65 YRS AND UP	\$ 226.00	\$ 158.20
30	0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	\$ 84.50	\$ 65.00
31	99215	EST PATIENT OFFICE	\$ 315.00	\$ 220.50
32	80050	GENERAL HEALTH PANEL	\$ 76.00	\$ 76.00
33	99393	EST PATIENT COMP VISIT 5-11 YRS	\$ 175.00	\$ 122.50
34	99439	CHRONC CARE MGMT SVC EA ADDL 20 MIN	\$ 80.00	\$ 80.00
35	G8510	NEG SCR D PT NOT ELIG F/U/PLN DOC	\$ 35.00	\$ 35.00
36	96110	All other screening tools outside of ASD	\$ 37.00	\$ 37.00
37	84443	ASSAY THYROID STIM HORMONE	\$ 27.00	\$ 27.00
38	G0008	FLU VACCINE ADMINISTRATION	\$ 45.00	\$ 45.00
39	90662	Influenza Fluzone 2021 65+ High Dose Quad syringe PRSV FREE **	\$ 85.00	\$ 85.00
40	99202	MOD NEW PATIENT OFFICE VISIT	\$ 128.00	\$ 89.60
41	90723	Pediarix (DTaP- Hep B- IPV)**	\$ 145.00	\$ 145.00
42	87880	RAPID STREP TEST	\$ 30.00	\$ 30.00
43	96372	INJ ADMIN FEE NON IMMUNIZATION	\$ 38.00	\$ 38.00
44	87633	RESP VIRUS 12-25 TARGETS	\$ 834.00	\$ 834.00
45	96160	PT-FOCUSED HLTH RISK ASSMT	\$ 20.00	\$ 20.00
46	90680	Rotavirus Oral (RotaTeq)**	\$ 140.00	\$ 140.00

47	82306	ASSAY OF VITAMIN D	\$ 47.00	\$ 47.00
48	93000	EKG	\$ 42.00	\$ 42.00
49	99394	EST PATIENT COMP VISIT 12-17 YRS	\$ 193.00	\$ 135.10
50	99072	Additional supplies and clinical time over and above	\$ 85.00	\$ 85.00

Updated 8/22/22