

| Rank | CPT Code | CPT Description | 2019 Fee | SelfPay Discount |
|------|----------|--|----------|------------------|
| | | July 1st, 2020 | | |
| 1 | 99213 | EST PATIENT OFFICE | \$122.00 | \$85.40 |
| 2 | 99214 | EST PATIENT OFFICE | \$185.00 | \$129.50 |
| 3 | 96127 | BRIEF EMOTIONAL/BEHAV ASSMT | \$20.00 | \$20.00 |
| 4 | 99203 | NEW PATIENT OFFICE VISIT | \$178.00 | \$124.60 |
| 5 | 90460 | IMM ADMIN WCOUNSELING UP TO 18YR | \$38.00 | \$38.00 |
| 6 | 99396 | EST PATIENT COMP VISIT 40-64 YRS | \$210.00 | \$147.00 |
| 7 | G0439 | Annual visit | \$202.00 | \$141.40 |
| 8 | 99212 | EST PATIENT OFFICE | \$74.00 | \$51.80 |
| 9 | G0444 | ANNUAL DEPRESSION SCREENING 15 MIN | \$32.00 | \$32.00 |
| 10 | 81002 | UA DIPSTICK | \$10.00 | \$10.00 |
| 11 | 93000 | EKG | \$42.00 | \$42.00 |
| 12 | 87804 | RAPID INFLUENZA TEST | \$30.00 | \$30.00 |
| 13 | 99204 | NEW PATIENT OFFICE VISIT | \$270.00 | \$189.00 |
| 14 | 99490 | CHRON CARE MGMT SRVC 20 MIN | \$68.00 | \$68.00 |
| 15 | 99395 | EST PATIENT COMP VISIT 18-39 YRS | \$199.00 | \$139.30 |
| 16 | 99201 | MIN NEW PATIENT OFFICE VISIT | \$75.00 | \$52.50 |
| 17 | 99392 | EST PATIENT COMP VISIT 1-4 YRS | \$176.00 | \$123.20 |
| 18 | 96110 | DEVELOPMENTAL SCREENING TEST | \$35.00 | \$36.00 |
| 19 | 99391 | EST PATIENT COMP VISIT 0-1 YR | \$215.00 | \$150.50 |
| 20 | 99202 | MOD NEW PATIENT OFFICE VISIT | \$125.00 | \$87.50 |
| 21 | 99215 | EST PATIENT OFFICE | \$239.00 | \$167.30 |
| 22 | 90471 | IMM ADMIN | \$45.00 | \$45.00 |
| 23 | 87880 | RAPID STREP TEST | \$30.00 | \$30.00 |
| 24 | 90834 | PSYTX PT&/FAMILY 45 MINUTES | \$147.00 | \$147.00 |
| 25 | 83036 | GLYCATED HEMOGLOBIN TEST | \$30.00 | \$30.00 |
| 26 | 90837 | PSYTX PT&/FAMILY 60 MINUTES | \$220.00 | \$220.00 |
| 27 | 90715 | Tdap** | \$90.00 | \$90.00 |
| 28 | G8431 | CLIN DEPRESSION SCREEN DOC | \$35.00 | \$35.00 |
| 29 | 99000 | SPECIMEN HANDLING | \$15.00 | \$15.00 |
| 30 | 99393 | EST PATIENT COMP VISIT 5-11 YRS | \$175.00 | \$122.50 |
| 31 | 96160 | PT-FOCUSED HLTH RISK ASSMT | \$20.00 | \$20.00 |
| 32 | 96372 | INJ ADMIN FEE NON IMMUNIZATION | \$38.00 | \$38.00 |
| 33 | 99397 | EST PT COMP VISIT 65 YRS AND UP | \$226.00 | \$158.20 |
| 34 | 90461 | ADDL IMM WCOUNSELING UP TO 18YR | \$25.00 | \$25.00 |
| 35 | 99484 | CARE MGMT SVC BHVL HLTH COND | \$79.00 | \$79.00 |
| 36 | G8510 | NEG SCR D PT NOT ELIG F/U/PLN DOC | \$35.00 | \$35.00 |
| 37 | 85018 | HEMOGLOBIN | \$20.00 | \$20.00 |
| 38 | 99394 | EST PATIENT COMP VISIT 12-17 YRS | \$193.00 | \$135.10 |
| 39 | 90670 | Pneumococcal Conj 13 (Pneumar 13)** PCV13 | \$345.00 | \$345.00 |
| 40 | 85610 | PROTIME | \$15.00 | \$15.00 |
| 41 | 90832 | PSYTX PT&/FAMILY 30 MINUTES | \$140.00 | \$140.00 |
| 42 | 81025 | PREGNANCY TEST | \$20.00 | \$20.00 |
| 43 | D1206 | TOPICAL FLUORIDE VARNISH | \$20.00 | \$20.00 |
| 44 | D0145 | ORAL EVALUATION, PT < 3YRS | \$50.00 | \$50.00 |
| 45 | 36416 | HEEL STICK/CAPILLARY BLOOD DRAW | \$20.00 | \$20.00 |
| 46 | 99381 | NEW PATIENT COMP VISIT 0-1YR | \$230.00 | \$161.00 |
| 47 | 17110 | DESTRUCTION 1-14 BENIGH SKIN NEO | \$184.00 | \$128.80 |
| 48 | 90732 | Pneumococcal Polys 23(Pneumovax 23)** PPSV23 syringe | \$183.00 | \$183.00 |
| 49 | G0009 | PNEUMO VACCINE ADMIN | \$35.00 | \$35.00 |
| 50 | 90647 | PedvaxHIB, 3 dose(Hib PRP-OMP) ** | \$60.00 | \$60.00 |