

Rank	CPT Code	CPT Description	2021 Fee	30% Self
				Pay Discount
1	99213	EST PATIENT OFFICE	\$ 150.00	\$ 105.00
2	99214	EST PATIENT OFFICE	\$ 213.00	\$ 149.10
3	U0003	Cov-19 amp prb hgh thrupt	\$ 200.00	\$ 200.00
4	0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	\$ 64.00	\$ 64.00
5	99072	Additional supplies and clinical time over and above	\$ 75.00	\$ 75.00
6	0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	\$ 64.00	\$ 64.00
7	96127	BRIEF EMOTIONAL/BEHAV ASSMT	\$ 8.00	\$ 8.00
8	99212	EST PATIENT OFFICE	\$ 93.00	\$ 65.10
9	U0005	Infec agen detec ampli probe	\$ 40.00	\$ 40.00
10	90460	IMM ADMIN WCOUNSELING UP TO 18YR	\$ 28.00	\$ 28.00
11	99490	CHRON CARE MGMT SRVC 20 MIN	\$ 67.00	\$ 46.90
12	90471	IMM ADMIN	\$ 28.00	\$ 28.00
13	99396	EST PATIENT COMP VISIT 40-64 YRS	\$ 210.00	\$ 147.00
14	99203	NEW PATIENT OFFICE VISIT	\$ 184.00	\$ 128.80
15	G0439	Annual visit	\$ 217.00	\$ 151.90
16	G0444	ANNUAL DEPRESSION SCREENING 15 MIN	\$ 31.00	\$ 31.00
17	90688	Influenza (SANOFI) 6mon+ multi-dose-Quad**	\$ 30.00	\$ 30.00
18	99395	EST PATIENT COMP VISIT 18-39 YRS	\$ 199.00	\$ 139.30
19	81002	UA DIPSTICK	\$ 10.00	\$ 10.00
20	99391	EST PATIENT COMP VISIT 0-1 YR	\$ 215.00	\$ 150.50
21	99392	EST PATIENT COMP VISIT 1-4 YRS	\$ 176.00	\$ 123.20
22	99202	MOD NEW PATIENT OFFICE VISIT	\$ 120.00	\$ 84.00
23	0011A	Moderna Covid-19 Vaccine Administration 1st dose	\$ 64.00	\$ 64.00
24	G8431	CLIN DEPRESSION SCREEN DOC	\$ 35.00	\$ 35.00
25	90832	PSYTX PT&/FAMILY 30 MINUTES	\$ 125.00	\$ 87.50
26	0012A	Moderna Covid-19 Vaccine Administration 2nd dose	\$ 60.00	\$ 60.00
27	99204	NEW PATIENT OFFICE VISIT	\$ 274.00	\$ 191.80
28	87635	COVID 19 Molecular	\$ 82.00	\$ 82.00
29	93000	EKG	\$ 24.00	\$ 24.00
30	G8510	NEG SCR D PT NOT ELIG F/U/PLN DOC	\$ 35.00	\$ 35.00
31	99397	EST PT COMP VISIT 65 YRS AND UP	\$ 226.00	\$ 158.20
32	99393	EST PATIENT COMP VISIT 5-11 YRS	\$ 175.00	\$ 122.50
33	96160	PT-FOCUSED HLTH RISK ASSMT	\$ 5.00	\$ 5.00
34	99215	EST PATIENT OFFICE	\$ 296.00	\$ 207.20
35	G0008	FLU VACCINE ADMINISTRATION	\$ 45.00	\$ 45.00
36	99439	CHRONC CARE MGMT SVC EA ADDL	\$ 60.00	\$ 60.00
37	90662	Influenza 65+ High Dose (syringe)	\$ 85.00	\$ 85.00
38	99484	CARE MGMT SVC BHVL HLTH COND	\$ 76.00	\$ 53.20
39	83036	GLYCATED HEMOGLOBIN TEST	\$ 30.00	\$ 30.00
40	99394	EST PATIENT COMP VISIT 12-17 YRS	\$ 193.00	\$ 135.10
41	90461	ADDL IMM WCOUNSELING UP TO 18YR	\$ 21.00	\$ 21.00
42	90715	Tdap (Boostrix)**	\$ 110.00	\$ 110.00
43	99211	EST PATIENT OFFICE	\$ 38.00	\$ 26.60
44	96372	INJ ADMIN FEE NON IMMUNIZATION	\$ 23.00	\$ 23.00
45	87880	RAPID STREP TEST	\$ 30.00	\$ 30.00
46	96110	All other screening tools outside of ASD	\$ 37.00	\$ 37.00
47	96110	DEVELOPMENTAL SCREENING TEST	\$ 35.00	\$ 35.00
48	90834	PSYTX PT&/FAMILY 45 MINUTES	\$ 166.00	\$ 116.20
49	90670	Pevnar 13** (Pneumococcal Conjugate)	\$ 345.00	\$ 345.00
50	D1206	TOPICAL FLUORIDE VARNISH	\$ 20.00	\$ 20.00