



Patient Chart #:

Capital Area Pediatrics - Evaluation and Management Services Authorization

The physicians and staff at Capital Area Pediatrics are dedicated to providing your child with the best possible health care outcomes. We do this by following evidence-based medicine guidelines as our standards of care. We are also dedicated to ensuring that our customers are informed consumers and are provided with applicable information concerning the cost of the care that we provide.

At the time of the visit the provider selects the appropriate level of care provided using an evaluation and management code. This code cannot be predetermined and can only be selected after your child has been seen and evaluated. The provider also selects the most appropriate diagnosis code at this time. The diagnosis code determines the medical necessity of the visit. In addition, there may be times in which the providers may determine that it is appropriate to request that lab tests, auditory and/or vision screens, be performed to better diagnose your child's illness, and recommend the best treatment. We can perform a limited amount of lab work in our offices, these tests are considered "CLIA waived" and provide results prior to leaving our offices. Lab tests that are sent to an outside lab are billed to you directly by the lab. Also, if your child requires treatment for Asthma there may be additional charges. If your child requires a surgical service (e.g. removal of warts or foreign body) you will receive a separate consent to treat which will list the risks and benefits, procedure code and fee.

Evaluation and Management Codes: Cannot be determined until after patient is seen and evaluated.

| | | | | | | |
|---------|-------|-----------------------------|----------|-------|--|----------|
| Level 1 | 99211 | Established patient (Nurse) | \$ 37.00 | 99202 | New Patient | \$136.00 |
| Level 2 | 99212 | Established patient | \$ 89.00 | 99203 | New Patient | \$197.00 |
| Level 3 | 99213 | Established patient | \$143.00 | 99204 | New Patient | \$299.00 |
| Level 4 | 99214 | Established patient | \$203.00 | 99205 | New Patient | \$377.00 |
| Level 5 | 99215 | Established patient | \$289.00 | 99051 | Evening/Saturday/Sunday/Holiday Add'l Charge | \$30.00 |

Screens:

| | | |
|-------|-------------------|---------|
| 92567 | Tympanometry | \$26.00 |
| 92551 | Audio 3 | \$26.00 |
| 92552 | Audio, pure tone | \$58.00 |
| 92583 | Audio Pilot | \$92.00 |
| 99173 | Vision Screen | \$ 7.00 |
| 99174 | SPOT PediaVision | \$35.00 |
| 96127 | PSC-17/PHQ/CRAFFT | \$11.00 |
| 96110 | MCHAT/ASQ | \$18.00 |

Asthma Care:

| | | |
|-------|-------------------------------|---------|
| 94760 | Pulse oximetry, single | \$ 6.00 |
| 94761 | Pulse oximetry, multiple | \$ 8.00 |
| 94664 | Teach use of neb/dose inhaler | \$32.00 |
| 94640 | Neb. Treatment (ea) | \$34.00 |
| J7510 | Prednisolone (per 5ML) | \$18.00 |
| J7613 | Albuterol | \$ 9.00 |
| J7644 | Atrovent | \$ 1.00 |
| A7015 | Aerosol mask used w/ DME neb | \$ 3.00 |

| | | |
|----------|---------------------|--------------|
| S8120 | Oxygen (per 5 mins) | \$ 7.00 |
| | Time= _____ | |
| MISCFORM | Forms | \$15.00 each |

CLIA Waived Lab tests:

| | | | | | | | | |
|-------------|-----------------------|---------|-------------|--------------------------|---------|-------|---|----------|
| 81002 | Urinalysis | \$ 9.00 | 85018/36416 | Hemoglobin/Collection | \$19.00 | 87880 | Rapid Strep | \$28.00 |
| 81025 | Pregnancy (Urine) | \$33.00 | 36416/99000 | Newborn Metabolic Screen | \$45.00 | | <i>Negative Rapid Strep requires back-up culture be sent to outside lab</i> | \$35.00 |
| 82272 | Fecal Occult Blood | \$ 9.00 | 82465/83718 | Total Cholesterol | \$34.00 | 87428 | Rapid FLU + Rapid SARS COV | \$6 5.00 |
| 87807 | Rapid RSV/collection | \$28.00 | 80061 | Fasting Lipid Panel | \$40.00 | 86580 | Tuberculin Skin Test | \$25.00 |
| 87804 | Rapid Flu/collection | \$28.00 | 82962 | Glucose | \$ 9.00 | 36415 | Venipuncture | \$10.00 |
| 86308/36416 | Rapid Mono/collection | \$20.00 | 99000 | Handling (Outside lab) | \$35.00 | 36416 | Heel/Toe/Finger Collection | \$10.00 |
| 83655/36416 | Lead/collection | \$35.00 | 87426 | Rapid SARS COV | \$60.00 | | | |

Total Fees for Today's Visit:

| | |
|--|---|
| | You do not have insurance coverage for today's visit |
| | A problem has been identified with your insurance coverage |
| | Services are not covered by your insurance |
| | Capital Area Pediatrics does not participate in your insurance plan |
| <i>The financially responsible party will be liable for all charges rendered at today's visit. A 20% discount maybe applied to the total amount if paid in full at the time of service.</i> | |

I acknowledge that I have been given information and fees related to today's visit.

DATE: _____

PRINT: _____

SIGNATURE: _____

Name of Legally authorized patient/accompanying adult