

Effective April 25, 2024

2024			
Type of Service	CPT Code and description		Charge
Radiology	70450,TC: CT BRAIN WITHOUT CONTRAST		\$ 1139.00
	71046,TC: CHEST, PA & LATERAL-TC		\$ 97.00
	73030,TC: SHOULDER, COMP MIN 2VIEW-TC		\$ 108.00
	73110,TC: WRIST, COMP MIN 3 VIEW-TC		\$ 137.00
	73562,TC: KNEE, 3 VIEW-TC		\$ 133.00
			\$ -
Lab	36415,IH: VENIPUNCTURE IN HOUSE		\$ 80.00
	80048: BASIC METABOLIC PANEL		\$ 34.00
	81002: URINE DIP, NON-AUTO, W/O SCOPE		\$ 14.00
	81025: PREGNANCY TEST- URINE		\$ 35.00
	84484: TROPONIN, QUANT		\$ 50.00
	85025: CBC		\$ 32.00
			\$ -
ER Professional Fees	99281: ER PRO FEE LEVEL 1		\$ 120.00
	99282: ER PRO FEE LEVEL 2		\$ 163.00
	99283: ER PRO FEE LEVEL 3		\$ 277.00
	99284: ER PRO FEE LEVEL 4		\$ 471.00
	99285: ER PRO FEE LEVEL 5		\$ 682.00
			\$ -
ER Facility Fees	99281,FAC: ER FACILITY LEVEL 1		\$ 120.00
	99282,FAC: ER FACILITY LEVEL 2		\$ 163.00
	99283,FAC: ER FACILITY LEVEL 3		\$ 277.00
	99284,FAC: ER FACILITY LEVEL 4		\$ 471.00
	99285,FAC: ER FACILITY LEVEL 5		\$ 682.00
			\$ -
Injections/Procedures	J2405: ZOFTRAN/ONDANSETRON 1 MG/2ML INJ		\$ 1.00
	J7040: NORMAL SALINE 500CC IV		\$ 6.00
	90471: IMMUNIZATION ADMIN; 1 VACCINE		\$ 85.00
	90715: ADACEL; TDAP; 7 YEARS OR OLDER, IM		\$ 157.00
	93005: ELECTROCARDIOGRAM, TRACING		\$ 26.00
	93010: ELECTROCARDIOGRAM REPORT		\$ 32.00
	96360: *IV INFUS, HYDR, INIT TO 1 HR		\$ 133.00
	96361: *IV INFUS, HYDR, BEYOND 1ST HR		\$ 51.00
	96374: *INJECTION/IV PUSH, SINGLE OR INDV		\$ 151.00

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Type of Service	CPT Code and description			Charge
Office Visits	99202: OFFICE VISIT, NEW PT., LEVEL 2			\$ 219.00
	99203: OFFICE VISIT, NEW PT., LEVEL 3			\$ 336.00
	99204: OFFICE VISIT, NEW PT., LEVEL 4			\$ 503.00
	99205: OFFICE VISIT, NEW PT., LEVEL 5			\$ 662.00
	99211: OFFICE VISIT, NURSE VISIT			\$ 72.00
	99212: OFFICE VISIT, EST PT., LEVEL 2			\$ 172.00
	99213: OFFICE VISIT, EST PT., LEVEL 3			\$ 275.00
	99214: OFFICE VISIT, EST PT., LEVEL 4			\$ 387.00
	99215: OFFICE VISIT, EST PT., LEVEL 5			\$ 544.00
	Lab	36415: VENIPUNCTURE		
87880: STREP TEST, QUICK				\$ 50.00
81002: URINE DIP, NON-AUTO, W/O SCOPE				\$ 11.00
87804: INFLUENZA- QUICK				\$ 50.00
85025: CBC				\$ 24.00
Radiology	71046,TC: CHEST, PA & LATERAL-TC			\$ 73.00
	73562,TC: KNEE, 3 VIEW-TC			\$ 100.00
	70450,TC: CT BRAIN WITHOUT CONTRAST			\$ 214.00
	74177,TC: CT ABDOMEN AND PELVIS; WITH CONTRAST			\$ 702.00
	72125,TC: CT CERVICAL W/O CONTRAST			\$ 269.00
Procedures	90471: IMMUNIZATION ADMIN; 1 VACCINE			\$ 64.00
	90715: ADACEL; TDAP; 7 YEARS OR OLDER, IM			\$ 118.00
	98926: OSTEOPATHIC MANIP 3-4 BODY REGIONS			\$ 136.00
	69210: CERUMEN IMPACTION REMOVAL REQUIRING INSTRUMENTATION			\$ 145.00
Preventative Care*	99381: PREVENTIVE CARE NEW PT. AGE LESS THAN 1 YEAR			\$ 330.00
	99382: PREVENTIVE CARE NEW PT. AGE 1-4			\$ 330.00
	99383: PREVENTIVE CARE NEW PT. AGE 5-11			\$ 358.00
	99384: PREVENTIVE CARE NEW PT. AGE 12-17			\$ 401.00
	99385: PREVENTIVE CARE NEW PT. AGE 18-39			\$ 390.00
	99386: PREVENTIVE CARE NEW PT. AGE 40-64			\$ 448.00
	99387: PREVENTIVE CARE NEW PT. AGE 65 AND OVER			\$ 646.00
	99391: PREVENTIVE CARE EST. PT. AGE LESS THAN 1 YEAR			\$ 297.00
	99392: PREVENTIVE CARE EST. PT. AGE 1-4			\$ 316.00
	99393: PREVENTIVE CARE EST. PT. AGE 5-11			\$ 315.00
	99394: PREVENTATIVE CARE EST PT 12-17 YRS			\$ 343.00
	99395: PREVENTIVE CARE EST PT. AGE 18-39			\$ 351.00
	99396: PREVENTIVE CARE EST PT. AGE 40-64			\$ 373.00
99397: PREVENTIVE CARE EST PT. AGE 65 AND OVER			\$ 402.00	