

Physician Services Fee Schedule

CPT	DESCRIPTION	FEE
36415	BLOOD DRAW ROUTINE	\$ 12.50
36416	BLOOD COLLECTION BY STICK	\$ 20.00
85610	PROTIME INOFFICE	\$ 15.00
90460	IMMUN ADM <18YRS EACH INJ	\$ 55.00
90471	IMMUN ADMIN SINGLE	\$ 38.00
90662	INFLUENZA IMMUN HIGH DOSE	\$ 79.00
90670	PREVNAR 13	\$ 260.00
90686	FLU QUAD 3+ YRS	\$ 50.00
90688	FLU QUAD 3+ YRS	\$ 50.00
93000	EKG	\$ 59.00
94760	PULSE OXIMETRY SINGLE	\$ 54.00
96372	IM INJECTION	\$ 38.00
99173	VISUAL SCREENING ACUITY	\$ 31.00
99203	OFFICE VISIT NEW LEVEL 3	\$ 165.00
99204	OFFICE VISIT NEW LEVEL 4	\$ 250.00
99212	OFFICE VISIT EST LEVEL 2	\$ 67.00
99213	OFFICE VISIT EST LEVEL 3	\$ 110.00
99214	OFFICE VISIT EST LEVEL 4	\$ 165.00
99391	PREVENTIVE VISIT EST <1	\$ 118.00
99392	PREVENTIVE VISIT EST 1-4	\$ 132.00
99396	PREVENTIVE VIS EST 40-64	\$ 160.00
G0008	ADMIN FLU VACCINE	\$ 38.00
G0009	ADMIN PNEUMOCOCC VACCINE	\$ 38.00
G0101	PELVIC/BREAST EXAM	\$ 63.00
G0439	MEDICARE ANNUAL VISIT	\$ 166.00