



Most Common Services and Charges Organized by CPT Code

Understanding the costs associated with medical care can be challenging. Below, you'll find a list of the most common CPT codes we use for various types of services, including procedures, preventive care, sick visits and follow-ups, and lab work. While this list is not exhaustive, it offers a helpful overview of the services you are most likely to see on your medical claim.

Below is the categorized fee schedule, organized by class for easy reference. Each section corresponds to a different class of services.

E/M (Evaluation & Management)

Evaluation & Management (E/M) services are the insurance company term for medical visits where a healthcare provider assesses a patient's condition, makes a diagnosis, and develops a treatment plan. These visits can range from routine check-ups to more complex medical evaluations. The level of service depends on factors like time spent with the patient, medical decision-making, and the complexity of the condition being treated. E/M is considered a separate service from Preventive Care (like annual check-ups and well-woman visits), procedures, etc..

Office Visit

- **99212** – Established Patient – *Level 2 - E/M service* – **\$130.17**
- **99213** – Established Patient – *Level 3 - E/M service* – **\$209.04**
- **99214** – Established Patient – *Level 4 - E/M service* – **\$294.79**
- **99215** – Established Patient – *Level 5 - E/M service* – **\$415.01**
- **99202** – New Patient – *Level 2 - E/M service* – **\$166.16**
- **99203** – New Patient – *Level 3 - E/M service* – **\$256.51**
- **99204** – New Patient – *Level 4 - E/M service* – **\$384.38**
- **99205** – New Patient – *Level 5 - E/M service* – **\$506.89**
- **G2211** – Primary Care – *reported with new and established patient office/outpatient evaluation/E/M* – **\$48.00**

Telemedicine and Phone E/M Services

Established Patient - Phone

- **98012** – Established Patient – *Level 2 - Phone E/M service* – **\$83.46**
- **98013** – Established Patient – *Level 3 - Phone E/M service* – **\$145.48**
- **98014** – Established Patient – *Level 4 - Phone E/M service* – **\$212.86**
- **98015** – Established Patient – *Level 5 - Phone E/M service* – **\$309.34**

New Patient - Phone

- **98008** – New Patient – *Level 2 - Phone E/M service* – **\$111.79**
- **98009** – New Patient – *Level 3 - Phone E/M service* – **\$185.30**

- **98010** – New Patient – *Level 4 - Phone E/M service* – **\$288.67**
- **98011** – New Patient – *Level 5 - Phone E/M service* – **\$375.19**

Established Patient - Telemedicine

- **98004** – Established Patient – *Level 2 - Telemedicine E/M service* – **\$91.12**
- **98005** – Established Patient – *Level 3 - Telemedicine E/M service* – **\$159.27**
- **98006** – Established Patient – *Level 4 - Telemedicine E/M service* – **\$235.07**
- **98007** – Established Patient – *Level 5 - Telemedicine E/M service* – **\$311.64**

New Patient - Telemedicine

- **98000** – New Patient – *Level 2 - Telemedicine E/M service* – **\$117.92**
- **98001** – New Patient – *Level 3 - Telemedicine E/M service* – **\$194.49**
- **98002** – New Patient – *Level 4 - Telemedicine E/M service* – **\$310.11**
- **98003** – New Patient – *Level 5 - Telemedicine E/M service* – **\$411.18**

Chronic Care Management via Telemedicine

- **98016** – *Telemedicine-based chronic care management, requiring a minimum of 20 minutes of clinical staff time per month* – **\$30.07**

Health Risk Assessments

- **96161** – Health Risk Assessment – *Administration of health risk assessment test to caregiver* – **\$5.52**
- **99173** – Vision Screening – *Vision screening (through age 21), graduated visual acuity test* – **\$6.14**
- **96127** – Brief Emotional/Behavioral Assessment – *Brief EMC* – **\$10.00**
- **96160** – Health Risk Assessment – *Administration of a standardized health risk assessment* – **\$8.00**
- **96110** – Health Hx Questionnaire Assessment – *Developmental testing; limited with interpretation and report* – **\$21.48**

Mental Health

- **90832** – Counseling – *Individual psychotherapy services rendered for 30 minutes* – **\$144.22**
- **90833** – Counseling – *CBT, somatic release and educational counseling, add-on code* – **\$132.56**
- **90836** – Counseling – *Individual psychotherapy, 45 minutes* – **\$200.00**
- **90837** – Counseling – *Individual psychotherapy, 60 minutes* – **\$275.00**
- **90838** – Counseling – *Individual psychotherapy, add-on code, 60 minutes* – **\$300.00**
- **99407** – Counseling – *Behavioral change intervention for smoking cessation, intensive* – **\$45.00**

- **96156** – Counseling – *Health behavior assessment, clinical interview* – **\$150.00**
- **90846** – Counseling – *Family psychotherapy without the patient* – **\$180.00**
- **90847** – Counseling – *Family psychotherapy with the patient* – **\$200.00**

Chronic Care Coordination

- **99487** – Complex Care – *Complex care management services, 60-minute time requirement* – **\$281.90**
- **99489** – Complex Care – *Additional 30 minutes of chronic care management* – **\$140.95**
- **90785** – Complex Care – *Add-on code interactive complexity: the need to manage additional factors during patient care* – **\$27.59**

Prolonged Care

- **99417** – Prolonged Office Visit – *Prolonged E/M service beyond minimum required time* – **\$80.00**
- **99358** – Prolonged Non-Face-to-Face Service – *Prolonged service without direct patient contact* – **\$185.37**
- **G2212** – Primary Care – *Prolonged office or other outpatient evaluation; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact.* – **\$80.00**

Preventive Care

Preventive care services are designed to help patients stay healthy and detect potential health issues early. These services include screenings, counseling, and other preventive measures tailored to your needs. Below is a categorized fee schedule for preventive care codes for quick reference.

Preventive Medicine Counseling

Preventive medicine counseling involves discussions with your provider about ways to maintain or improve your health and prevent future medical conditions.

- **99401** – *Preventive medicine counseling, approximately 15 minutes* – **\$50.00**
- **99402** – *Preventive medicine counseling, approximately 30 minutes* – **\$75.00**
- **99403** – *Preventive medicine counseling, approximately 45 minutes* – **\$100.00**
- **99404** – *Preventive medicine counseling, approximately 60 minutes* – **\$125.00**

Substance Use Screening and Counseling

These services focus on identifying and addressing substance use to promote healthier behaviors.

- **99408** – *Alcohol and/or substance use screening and intervention, 15-30 minutes* – **\$85.00**
- **99409** – *Alcohol and/or substance use screening and intervention, more than 30 minutes* – **\$150.00**
- **99406** – *Behavioral change intervention for smoking cessation, 3-10 minutes* – **\$31.88**
- **99407** – *Behavioral change intervention for smoking cessation, intensive* – **\$45.00**

Health Risk Assessments

Health risk assessments are tools to identify potential health risks and guide preventive care planning.

- **96127** – *Brief emotional/behavioral assessment (e.g., depression inventory, ADHD scale)* – **\$10.00**
- **96160** – *Administration of a standardized health risk assessment* – **\$8.00**
- **96161** – *Administration of a health risk assessment test to caregiver* – **\$5.52**
- **96110** – *Developmental screening; with interpretation and report* – **\$21.48**

Screenings and Exams

Screenings and exams are vital for early detection of potential health issues and for maintaining overall health.

- **99173** – *Vision screening (through age 21), graduated visual acuity test* – **\$6.14**
- **99459** – *Remote monitoring care plan oversight services; 20 minutes or more* – **\$75.00**

Preventive Physical Exams

Preventive physical exams help assess overall health and include various screenings based on age and gender.

Preventive Established Patients

- **99391** – *Periodic comprehensive preventive medicine reevaluation and management, infant (to age 1)* – **\$150.00**
- **99392** – *Child (age 1-4)* – **\$160.00**
- **99393** – *Child (age 5-11)* – **\$170.00**
- **99394** – *Adolescent (age 12-17)* – **\$180.00**
- **99395** – *Adult (age 18-39)* – **\$190.00**
- **99396** – *Adult (age 40-64)* – **\$200.00**
- **99397** – *Adult (age 65 and over)* – **\$210.00**

Preventive New Patients

- **99381** – *Initial comprehensive preventive medicine evaluation and management, infant (to age 1)* – **\$160.00**
- **99382** – *Child (age 1-4)* – **\$170.00**
- **99383** – *Child (age 5-11)* – **\$180.00**
- **99384** – *Adolescent (age 12-17)* – **\$190.00**
- **99385** – *Adult (age 18-39)* – **\$200.00**
- **99386** – *Adult (age 40-64)* – **\$210.00**

- **99387 – Adult (age 65 and over) – \$220.00**

Procedure Fee Schedule

Procedures are a critical part of medical care, ranging from diagnostic tests to treatments that improve health outcomes. Below is a categorized list of procedure codes for easy reference.

Injections and Infusions

- **96372 – Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular – \$40.00**
- **96360 – Intravenous infusion, hydration; initial, 31 minutes to 1 hour – \$75.00**
- **96361 – Intravenous infusion, hydration; each additional hour – \$30.00**
- **96365 – Intravenous infusion for therapy/diagnosis, up to 1 hour – \$120.00**

Vaccines and Immunizations

- **90460 – Administration of first vaccine/toxoid component via any route – \$25.00**
- **90461 – Administration of additional vaccine/toxoid component – \$15.00**
- **90471 – Immunization administration (single vaccine) – \$30.00**
- **90472 – Immunization administration (each additional vaccine) – \$20.00**
- **90474 – Immunization administration by intranasal/oral route (each additional vaccine) – \$20.00**
- **90619 – Meningococcal vaccine – \$160.00**
- **90633 – Hepatitis A vaccine, pediatric dosage – \$75.00**
- **90648 – Haemophilus influenzae type b vaccine – \$35.00**
- **90651 – Human papillomavirus vaccine (HPV), 9-valent – \$250.00**
- **90670 – Pneumococcal conjugate vaccine, 13-valent – \$200.00**
- **90681 – Rotavirus vaccine, pentavalent – \$120.00**
- **90696 – Diphtheria, tetanus toxoids, and acellular pertussis vaccine, inactivated poliovirus vaccine – \$80.00**
- **90697 – Diphtheria, tetanus toxoids, acellular pertussis, inactivated poliovirus, Haemophilus influenzae type b, and hepatitis B vaccine – \$140.00**
- **90698 – Diphtheria, tetanus toxoids, acellular pertussis, Haemophilus influenzae type b, and inactivated poliovirus vaccine – \$135.00**
- **90700 – Diphtheria, tetanus toxoids, and acellular pertussis vaccine – \$60.00**
- **90707 – Measles, mumps, and rubella virus vaccine (MMR) – \$90.00**
- **90710 – Measles, mumps, rubella, and varicella virus vaccine – \$200.00**
- **90713 – Poliovirus vaccine, inactivated – \$50.00**
- **90715 – Tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap) – \$65.00**

- **90716** – *Varicella virus vaccine* – **\$140.00**
- **90723** – *Diphtheria, tetanus toxoids, acellular pertussis, hepatitis B, and inactivated poliovirus vaccine* – **\$160.00**
- **90744** – *Hepatitis B vaccine, pediatric dosage* – **\$45.00**
- **90746** – *Hepatitis B vaccine, adult dosage* – **\$75.00**
- **90750** – *Zoster (shingles) vaccine* – **\$220.00**

Physical Therapy and Rehabilitation

- **97010** – *Hot or cold packs therapy* – **\$15.00**
- **97014** – *Electrical stimulation therapy* – **\$25.00**
- **97032** – *Application of electrical stimulation* – **\$30.00**
- **97036** – *Hydrotherapy* – **\$50.00**
- **97124** – *Massage therapy* – **\$50.00**
- **97140** – *Manual therapy techniques* – **\$45.00**

Chiropractic Manipulative Treatment

- **98925** – *Chiropractic manipulative treatment (1-2 regions)* – **\$45.00**
- **98926** – *Chiropractic manipulative treatment (3-4 regions)* – **\$55.00**
- **98927** – *Chiropractic manipulative treatment (5 regions)* – **\$65.00**
- **98928** – *Chiropractic manipulative treatment (1-2 regions, established patient)* – **\$50.00**
- **98929** – *Chiropractic manipulative treatment (3-4 regions, established patient)* – **\$60.00**

Minor Procedures and Dermatology

- **10060** – *Incision and drainage of abscess; simple or single* – **\$120.00**
- **10080** – *Incision and drainage of pilonidal cyst; simple* – **\$150.00**
- **11200** – *Removal of skin tags, up to 15 lesions* – **\$100.00**
- **11301** – *Shaving of epidermal lesion, face; lesion diameter 0.6 to 1.0 cm* – **\$75.00**
- **11306** – *Shaving of epidermal lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm* – **\$100.00**
- **11400** – *Excision of benign lesion, trunk, arms, or legs; lesion diameter 0.5 cm or less* – **\$150.00**
- **11402** – *Excision of benign lesion, trunk, arms, or legs; lesion diameter 1.1 to 2.0 cm* – **\$200.00**
- **11421** – *Excision of benign lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm* – **\$250.00**
- **11441** – *Excision of benign lesion, face, ears, eyelids, nose, lips; lesion diameter 0.6 to 1.0 cm* – **\$300.00**

- **12001** – Simple repair of superficial wounds, scalp, neck, axillae, external genitalia, trunk, and/or extremities; 2.5 cm or less – **\$125.00**
- **15853** – Removal of sutures under anesthesia – **\$200.00**
- **17000** – Destruction of benign or premalignant lesions, first lesion – **\$75.00**
- **17110** – Destruction of benign lesions other than skin tags or cutaneous vascular lesions; up to 14 lesions – **\$150.00**

Gynecological Procedures

- **58301** – Removal of intrauterine device (IUD) – **\$150.00**

Ear and Nasal Procedures

- **69209** – Removal of cerumen (ear wax), impaction; unilateral – **\$50.00**
- **69210** – Removal of cerumen (ear wax), impaction; requiring instrumentation, unilateral – **\$100.00**

Biopsy and Wound Care

- **11102** – Tangential biopsy of skin; single lesion – **\$75.00**
- **11103** – Tangential biopsy of skin; each additional lesion – **\$50.00**
- **11104** – Punch biopsy of skin; single lesion – **\$100.00**
- **11105** – Punch biopsy of skin; each additional lesion – **\$75.00**
- **97597** – Debridement of open wound, first 20 sq cm or less – **\$120.00**

Lab Services Fee Schedule

Laboratory services are essential for diagnosing and monitoring various health conditions. Some tests are available as point-of-care (POC) tests, meaning they are conducted and resulted during the patient visit for faster decision-making. Below is a categorized fee schedule for lab services.

Specimen Collection

- **99000** – Handling and/or conveyance of specimen for transfer to a laboratory – **\$15.00**
- **36416** – Collection of capillary blood specimen (e.g., finger, heel, ear stick) – **\$10.00**
- **36415** – Collection of venous blood by venipuncture – **\$15.00**
- **36410** – Collection of blood via venipuncture from a patient under three years old – **\$25.00**

Chemistry and Metabolic Tests

- **82947** – Glucose; quantitative measurement – **\$20.00**
- **82962** – Glucose, blood by glucose monitoring device (point of care) – **\$25.00** (POC)

Pregnancy and Reproductive Health

- **81025** – Urine pregnancy test, visual color comparison – **\$30.00** (POC)

Urinalysis

- **81002** – *Urinalysis without microscopy* – **\$15.00** (POC)

Drug and Infectious Disease Testing

- **80305** – *Drug test(s), presumptive, qualitative* – **\$50.00**
- **87807** – *Rapid testing for respiratory syncytial virus (RSV)* – **\$45.00** (POC)
- **87880** – *Rapid testing for Streptococcus (strep throat test)* – **\$35.00** (POC)
- **87428** – *Infectious agent detection by nucleic acid (e.g., COVID-19, Influenza A/B, RSV)* – **\$100.00** (POC)

Nutrition and Metabolic Support

- **B4224** – *Parenteral nutrition supply kit* – **Cost varies by supplier**