

Code	Description of charge	Fee	Average Ins reimbursement	Medicaid reimbursement
99391	Prev visit, est, infant	\$162.00	\$154.86	\$77.56
99392	Prev visit, est, age 1-4	\$175.00	\$166.04	\$82.58
99393	Prev visit, est, age 5-11	\$173.00	\$165.73	\$82.30
99394	Prev visit, est, age 12-17	\$191.00	\$183.00	\$90.39
99395	Prev visit, est, age 18 +	\$194.00	\$187.17	\$92.34
90670	Pneumococcal vaccine	\$200.00	\$193.91	\$215.33
90680	Rotavirus vaccine	\$120.00	\$82.35	\$0.00
90651	Human Papilloma Virus 9 (HPV-9) vaccine	\$215.00	\$199.58	\$271.11
90723	DtaP-HepB-IPV	\$100.00	\$76.12	\$0.00
90734	Meningococcal vaccine	\$140.00	\$119.04	\$122.31
99212	Office visit, est lvl II	\$78.00	\$66.13	\$34.87
99213	Office visit, est lvl III	\$128.00	\$113.56	\$57.49
99214	Office visit, est lvl IIII	\$189.00	\$168.85	\$83.97
99215	Office visit, est lvl IIIII	\$251.00	\$229.12	\$112.15
99203	Office visit, new lvl III	\$189.00	\$157.75	\$82.86
87070	Culture, bacteria, other	\$26.00	\$11.96	\$9.57
94010	Breathing capacity test	\$81.00	\$60.40	\$25.34
85025	Hemogram w/platelet ct & diff	\$45.00	\$10.83	\$8.63
94640	Pressurized or nonpressurized inhalation	\$35.00	\$31.24	\$12.80
87880	Strep a assay w/optic	\$35.00	\$18.10	\$16.53
80061	Lipid Panel	\$40.00	\$18.63	
87807	respiratory syncytial virus	\$50.00	\$16.68	
87804	Influenza screen A/B each	\$40.00	\$18.16	
17110	Destruction (eg, laser surgery, electrosurg	\$225.00	\$194.53	
82274	Blood, occult, by fecal hemoglobin detern	\$40.00	\$24.26	