



PRIMARY CARE PRICE TRANSPARENCY

Frequently billed Services						
CPT Code	Description	Billed Charge	Average Commercial Rate (Allowed Amount)	Medicare Rate	Medical Assistance Rate	
99201	Office/E & M Service Problem Focused; New Patient	\$115.00	\$91.36	\$45.64	\$31.34	Evaluation & Management
99202	Office/E & M Service Expanded Problem; New Patient	\$198.00	\$154.48	\$76.10	\$53.17	
99203	Office/E & M Service Detailed; New Patient	\$281.00	\$220.11	\$107.29	\$76.30	
99204	Office/E & M Service Comprehensive; New Patient	\$432.00	\$319.15	\$162.82	\$116.11	
99205	Office/E & M Service Comprehensive; New Patient	\$533.00	\$423.79	\$204.48	\$145.40	
99211	Office/E & M Service Minimal	\$56.00	\$40.88	\$23.01	\$14.38	
99212	Office/E & M Service Problem Focused	\$121.00	\$88.12	\$45.15	\$31.08	
99213	Office/E & M Service Expanded Problem	\$190.00	\$149.19	\$74.13	\$51.89	
99214	Office/E & M Service Detailed	\$279.00	\$217.65	\$108.56	\$76.56	
99215	Office/E & M Service Comprehensive	\$376.00	\$292.98	\$145.04	\$102.76	
99384	Preventive Service 12 To 17 Years New Patient	\$359.00	\$276.43	\$136.68	\$96.84	Preventive
99385	Preventive Service 18 To 39 Years New Patient	\$349.00	\$268.86	\$132.21	\$93.76	
99386	Preventive Service 40 To 64 Years New Patient	\$406.00	\$310.67	\$153.20	\$108.93	
99394	Preventive Service 12 To 17 Years	\$302.00	\$223.48	\$116.86	\$82.72	
99395	Preventive Service 18 To 39 Years	\$318.00	\$236.56	\$119.39	\$84.52	
99396	Preventive Service 40 To 64 Years	\$338.00	\$252.90	\$127.11	\$89.92	
99397	Preventive Service 65 Years And Over	\$364.00	\$279.61	\$136.68	\$97.10	
G0101	Pelvic & Clinical Breast Examination	\$146.00	\$102.20	\$38.73	\$25.44	Other
76817	Ob Ultrasound, Transvaginal	\$273.00	\$201.27	\$97.77	\$67.11	
76816	Ultra Sound - Ob (Fetal Evaluation/Growth Evaluation)	\$315.00	\$235.31	\$115.48	\$79.55	
76830	Ultrasound Transvaginal	\$337.00	\$249.87	\$123.90	\$76.58	
76857	Follicular and/or GYN Ultrasound	\$252.00	\$116.85	\$49.15	\$29.14	
76819	Ultrasound, Fetal Biophysical W/O Nst	\$250.00	\$184.02	\$89.88	\$61.25	
76856	Ultra Sound, Gyn Transabdominal	\$308.00	\$235.76	\$111.14	\$68.86	
76805	Ultrasound-Ob Fetal And Maternal Evaluation	\$398.00	\$297.52	\$142.39	\$98.10	

Please note: Patients covered by commercial insurance companies or Medicare Advantage plans have rates specific to their particular company and policy. The amounts posted here do not reflect the amount individual patients or their health insurance plan will owe for the services listed. For specific information about the amount you will owe for the services you receive, please contact your insurer.