

Frequently Billed Services						
CPT Code	Description	Billed Charge	Average Commercial Rate	Medicare Rate	Medical Assistance Rate	
99202	Office Visit, New Patient, Level 2	195.00	169.84	72.44	52.62	Evaluation & Management
99203	Office Visit, New Patient, Level 3	277.00	241.14	111.05	80.57	
99212	Office Visit, Established Patient Level 2	116.00	101.35	56.15	41.04	
99213	Office Visit, Established Patient Level 3	190.00	166.64	90.78	66.22	
99214	Office Visit, Established Patient Level 4	278.00	243.15	128.81	94.17	
99215	Office Visit, Established Patient Level 5	372.00	325.66	179.46	131.43	
99441	Phone E/M by Phys 5-10 Minutes	37.00	31.24	56.15	56.07	
99442	Phone E/M by Phys 11-20 Minutes	71.00	60.49	90.90	73.65	
99495	Transition Care Mgmt 14 Day From Discharge	419.00	391.38	205.49	56.07	
99496	Transition Care Mgmt 7 Day From Discharge	591.00	533.18	278.23	73.65	
99385	Preventive Care New Patient Age 18-39	338.00	296.02	0.00	94.92	Preventive Services
99391	Preventive Care Established Patient Age <1 Year	256.00	224.32	0.00	72.26	
99392	Preventive Care Established Patient Age 1-4	273.00	239.14	0.00	77.05	
99393	Preventive Care Established Patient Age 5-11	272.00	238.34	0.00	76.79	
99394	Preventive Care Established Patient Age 12-17	299.00	261.57	0.00	83.59	
99395	Preventive Care Established Patient Age 18-39	305.00	267.58	0.00	85.61	
99396	Preventive Care Established Patient Age 40-64	325.00	284.41	0.00	91.15	
99397	Preventive Care Established Patient Age 65 and Over	349.00	306.04	0.00	98.20	
G0438	Annual Wellness Visit, Initial	439.00	284.15	166.80	122.52	
G0439	Annual Wellness Visit, Subsequent	298.00	192.53	131.51	96.61	
80048	Basic Metabolic Panel	24.00	11.65	8.46	8.46	Other
80053	Comprehensive Metabolic Panel	30.00	14.61	10.56	10.56	
80061	Lipid Panel	35.00	18.57	13.39	13.39	
83036	Glycosylated Hemoglobin (A1C)	27.00	13.50	9.71	9.71	
90686	Influenza Vaccine 6 Months and Older	40.00	19.44	19.58	19.58	