

Pediatric Services, PA
Clinic Price Transparency Posting

| | CPT Category | CPT Code | CPT Description | Clinic Charge | Average Commercial Ins Payment | Medicaid Payment | Medicare Payment |
|----|--------------|----------|----------------------------------|---------------|--------------------------------|------------------|------------------|
| 1 | E/M | 99201 | New Pt Level 1 | \$ 94.00 | \$ 72.35 | \$ 35.15 | \$ 45.64 |
| 2 | E/M | 99202 | New Pt Level 2 | \$ 202.00 | \$ 150.18 | \$ 54.35 | \$ 71.34 |
| 3 | E/M | 99203 | New Pt Level 3 | \$ 286.00 | \$ 223.42 | \$ 83.05 | \$ 109.11 |
| 4 | E/M | 99204 | New Pt Level 4 | \$ 435.00 | \$ 334.78 | \$ 124.46 | \$ 163.33 |
| 5 | E/M | 99205 | New Pt Level 5 | \$ 550.00 | \$ 434.68 | \$ 163.83 | \$ 215.00 |
| 6 | E/M | 99211 | Established Pt Level 1 | \$ 57.00 | \$ 48.06 | \$ 17.78 | \$ 23.49 |
| 7 | E/M | 99212 | Established Pt Level 2 | \$ 127.00 | \$ 108.08 | \$ 42.67 | \$ 55.87 |
| 8 | E/M | 99213 | Established Pt Level 3 | \$ 200.00 | \$ 172.08 | \$ 68.32 | \$ 89.65 |
| 9 | E/M | 99214 | Established Pt Level 4 | \$ 290.00 | \$ 245.70 | \$ 96.26 | \$ 126.38 |
| 10 | E/M | 99215 | Established Pt Level 5 | \$ 400.00 | \$ 339.18 | \$ 135.12 | \$ 177.29 |
| 11 | Preventive | 90461 | Immunization administration each | \$ 32.00 | \$ 21.15 | \$ 9.76 | N/A |
| 12 | Preventive | 92551 | Hearing Test | \$ 31.00 | \$ 24.58 | \$ 8.19 | N/A |
| 13 | Preventive | 90656 | Flu Vaccine | \$ 35.00 | \$ 20.28 | \$ 17.83 | N/A |
| 14 | Preventive | 90660 | Flu Mist- Nasal | \$ 40.00 | \$ 24.12 | \$ 19.03 | N/A |
| 15 | Preventive | 90744 | Hepatitis B Vaccine | \$ 48.00 | \$ 30.83 | N/A | N/A |
| 16 | Preventive | 91321 | COVID Moderna 6 month to 11 year | \$ 178.00 | \$ 223.26 | \$ 21.81 | N/A |
| 17 | Preventive | 90633 | Hepatitis A Vaccine | \$ 64.00 | \$ 38.54 | N/A | N/A |
| 18 | Preventive | 90460 | Immunization administration each | \$ 57.00 | \$ 38.51 | \$ 12.83 | N/A |
| 19 | Preventive | 90471 | Immunization administration -1st | \$ 57.00 | \$ 35.59 | \$ 12.83 | N/A |
| 20 | Preventive | S0302 | Completed EPSDT | \$ 190.00 | \$ 57.30 | N/A | N/A |
| 21 | Other | 87651 | Strep DNA test | \$ 73.00 | \$ 38.00 | | N/A |
| 22 | Other | 87804 | Flu DNA test | \$ 35.00 | \$ 17.92 | | N/A |
| 23 | Other | 90680 | Rotavirus Vaccine | \$ 150.00 | \$ 81.20 | N/A | N/A |
| 24 | Other | 90698 | Pentacel Vaccine | \$ 170.00 | \$ 113.25 | N/A | N/A |
| 25 | Other | 90716 | Varicella Vaccine | \$ 264.00 | \$ 170.87 | N/A | N/A |

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* The MN Legislature passed a law that requires certain clinics to report amounts for their 25 most frequent services that cost more than \$25.00

*The amounts posted above DO NOT reflect the amount(s) each clinic patient will pay for the services listed.

*Patients covered by commercial health insurance: Your health insurance company has likely negotiated a discount or contracted rate for each service. Your insurance company's negotiated price might be higher or lower than the average commercial payment amount listed above. To learn more about your health insurance company's negotiated price or how much you will owe under the terms of your specific health policy, please contact your health insurance company.

*Definitions:

E/M: Evaluation and Management Service (Office clinic visit).

Preventive: Services indicated as preventive (non-illness related) performed during a well visit.

CPT: CPT stands for Current Procedural Terminology. Clinics use this code to bill the insurance company for the services you received.

Average Commercial Insurance Payment: This is the average amount patients with commercial insurance pay for this procedure. You and your insurance company may split this cost. Your deductible, co-insurance, co-payment and coverage affect how much you'll pay. If you have questions about your insurance, call your insurance company.