

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	\$ 85.00	\$ 72.35	\$ 35.15	\$ 45.64
2	E/M	99202	New Pt Level 2	\$ 143.00	\$ 121.15	\$ 58.86	\$ 746.10
3	E/M	99203	New Pt Level 3	\$ 206.00	\$ 173.09	\$ 82.86	\$ 107.29
4	E/M	99204	New Pt Level 4	\$ 314.00	\$ 263.33	\$ 125.82	\$ 162.82
5	E/M	99205	New Pt Level 5	\$ 395.00	\$ 331.15	\$ 158.19	\$ 204.48
6	E/M	99211	Established Pt Level 1	\$ 41.00	\$ 35.46	\$ 17.57	\$ 23.01
7	E/M	99212	Established Pt Level 2	\$ 84.00	\$ 71.21	\$ 34.84	\$ 45.00
8	E/M	99213	Established Pt Level 3	\$ 140.00	\$ 117.75	\$ 57.19	\$ 15.00
9	E/M	99214	Established Pt Level 4	\$ 206.00	\$ 173.08	\$ 83.97	\$ 74.13
10	E/M	99215	Established Pt Level 5	\$ 277.00	\$ 232.68	\$ 112.15	\$ 108.56
11	Preventive	90461	Immunization administration each	\$ 25.00	\$ 21.02	\$ 9.76	\$ 145.04
12	Preventive	92551	Hearing Test	\$ 25.00	\$ 19.88	\$ 8.19	N/A
13	Preventive	90688	Flu Vaccine	\$ 27.00	\$ 17.84	\$ 17.83	N/A
14	Preventive	90686	Flu Vaccine .5 pf	\$ 28.00	\$ 19.03	\$ 19.03	N/A
15	Preventive	90744	Hepatitis B Vaccine	\$ 30.00	\$ 26.14	N/A	N/A
16	Preventive	90685	Flu Vaccine .25	\$ 31.00	\$ 21.51	\$ 21.81	N/A
17	Preventive	90633	Hepatitis A Vaccine	\$ 35.00	\$ 33.01	N/A	N/A
18	Preventive	90460	Immunization administration each	\$ 47.00	\$ 30.79	\$ 12.83	N/A
19	Preventive	90471	Immunization administration -1st	\$ 47.00	\$ 30.79	\$ 12.83	N/A
20	Preventive	S0302	Completed EPSDT	\$ 90.00	\$ 20.00	N/A	N/A
21	Other	87880	Rapid Strep Test	\$ 28.00	\$ 16.53	\$ 16.53	N/A
22	Other	87804	Influenza Test	\$ 27.00	\$ 16.55	\$ 16.53	N/A
23	Other	90680	Rotavirus Vaccine	\$ 100.00	\$ 84.90	N/A	N/A
24	Other	90698	Pentacel Vaccine	\$ 105.00	\$ 93.92	N/A	N/A
25	Other	90716	Varicella Vaccine	\$ 133.00	\$ 114.47	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.