

SEE Alternatives Pediatrics Fee Schedule

Effective: 1/1/2022

CPT	DESCRIPTION	Insurance Rate	Instant Pay / Self Pay
99381	Well Child, New Patient <1 year	\$118.00	\$76.70
99382	Well Child, New Patient 1-4 years	\$129.00	\$83.85
99383	Well Child, New Patient 5-11 years	\$127.00	\$82.55
99384	Well Child, New Patient 12-17 years	\$138.00	\$89.70
99385	Well Adult, New Patient 18-21 years	\$138.00	\$89.70
99391	Well Child, Existing Patient <1 year	\$93.00	\$60.45
99392	Well Child, Existing Patient 1-4 years	\$106.00	\$68.90
99393	Well Child, Existing Patient 5-11 years	\$104.00	\$67.60
99394	Well Child, Existing Patient 12-17 years	\$113.00	\$73.45
99395	Well Adult, Existing Patient 18-21 years	\$114.00	\$74.10
99202	Problem Focused, New Patient - Straightforward	\$77.00	\$50.05
99203	Problem Focused, New Patient - Low Complexity	\$113.00	\$73.45
99204	Problem Focused, New Patient - Moderate Complexity	\$174.00	\$113.10
99205	Problem Focused, New Patient - High Complexity	\$223.00	\$144.95
99211	Existing Patient - Weight Check, Hemoglobin	\$22.00	\$14.30
99212	Problem Focused, Existing Patient - Straightforward	\$50.00	\$32.50
99213	Problem Focused, Existing Patient - Low Complexity	\$81.00	\$52.65
99214	Problem Focused, Existing Patient - Mod Complexity	\$120.00	\$78.00
99215	Problem Focused, Existing Patient - High Complexity	\$165.00	\$107.25
85018	Hemoglobin	\$7.00	\$4.55
87880	Rapid strep	\$33.00	\$21.45
87807	RSV test	\$33.00	\$21.45
81002	Urinalysis	\$7.00	\$4.55
82272	Hemocult	\$9.00	\$5.85
51701	Urine Catheterization	\$76.00	\$49.40
87804	Rapid Flu A and B	\$33.00	\$21.45

CPT	DESCRIPTION	Insurance Rate	Instant Pay / Self Pay
82962	Blood Glucose	\$7.00	\$4.55
86580	PPD plcmt	\$11.00	\$7.15
36415	Venous blood draw	\$6.00	\$3.90
92587	Hearing, OAE	\$63.00	\$40.95
99173	Vision Screen	\$6.00	\$3.90
69209	Cerumen, lavage	\$21.00	\$13.65
92567	Tympanometry	\$23.00	\$14.95
94640	Nebulizer treatment	\$26.00	\$16.90
96372	Injection, medication	\$9.00	\$5.85
90460	Vaccine inject w/ counseling	\$6.00	\$3.90
90471	Vaccine inject w/o counseling	\$6.00	\$3.90
90473	Vaccine oral w/o counseling	\$4.00	\$2.60
81025	Preganancy Test	\$18.00	\$11.70
17110	Cantharidin For Warts/Molluscum 14 or less	\$75.00	\$48.75
17111	Cantharidin For Warts/Molluscum 15 or more	\$97.00	\$63.05
87811	COVID-19 W/ VISUAL OBSERVATION	\$63.00	\$40.95