

SEE Alternatives Pediatrics Fee Schedule

Effective: 1/1/2024

CPT	DESCRIPTION	Insurance Rate	Instant Pay / Self Pay
99381	Well Child, New Patient <1 year	\$142.00	\$92.30
99382	Well Child, New Patient 1-4 years	\$155.00	\$100.75
99383	Well Child, New Patient 5-11 years	\$152.00	\$98.80
99384	Well Child, New Patient 12-17 years	\$166.00	\$107.90
99385	Well Adult, New Patient 18-21 years	\$166.00	\$107.90
99391	Well Child, Existing Patient <1 year	\$112.00	\$72.80
99392	Well Child, Existing Patient 1-4 years	\$127.00	\$82.55
99393	Well Child, Existing Patient 5-11 years	\$125.00	\$81.25
99394	Well Child, Existing Patient 12-17 years	\$136.00	\$88.40
99395	Well Adult, Existing Patient 18-21 years	\$137.00	\$89.05
99202	Problem Focused, New Patient - Straightforward	\$92.00	\$59.80
99203	Problem Focused, New Patient - Low Complexity	\$138.00	\$89.70
99204	Problem Focused, New Patient - Moderate Complexity	\$209.00	\$135.85
99205	Problem Focused, New Patient - High Complexity	\$272.00	\$176.80
99211	Existing Patient - Weight Check, Hemoglobin	\$28.00	\$18.20
99212	Problem Focused, Existing Patient - Straightforward	\$64.00	\$41.60
99213	Problem Focused, Existing Patient - Low Complexity	\$105.00	\$68.25
99214	Problem Focused, Existing Patient - Mod Complexity	\$152.00	\$98.80
99215	Problem Focused, Existing Patient - High Complexity	\$211.00	\$137.15
85018	Hemoglobin	\$8.00	\$5.20
87880	Rapid strep	\$40.00	\$26.00
87807	RSV test	\$40.00	\$26.00
81002	Urinalysis	\$8.00	\$5.20
82272	Hemocult	\$11.00	\$7.15
51701	Urine Catheterization	\$91.00	\$59.15
87804	Rapid Flu A and B	\$40.00	\$26.00

CPT	DESCRIPTION	Insurance Rate	Instant Pay / Self Pay
82962	Blood Glucose	\$8.00	\$5.20
86580	PPD plcmt	\$13.00	\$8.45
36415	Venous blood draw	\$7.00	\$4.55
92587	Hearing, OAE	\$75.00	\$48.75
99173	Vision Screen	\$7.00	\$4.55
69209	Cerumen, lavage	\$26.00	\$16.90
92567	Tympanometry	\$28.00	\$18.20
94640	Nebulizer treatment	\$31.00	\$20.15
96372	Injection, medication	\$14.00	\$9.10
90460	Vaccine inject w/ counseling	\$8.00	\$5.20
90471	Vaccine inject w/o counseling	\$8.00	\$5.20
90473	Vaccine oral w/o counseling	\$5.00	\$3.25
81025	Preganancy Test	\$21.00	\$13.65
17110	Cantharidin For Warts/Molluscum 14 or less	\$90.00	\$58.50
17111	Cantharidin For Warts/Molluscum 15 or more	\$116.00	\$75.40
87811	COVID-19 W/ VISUAL OBSERVATION	\$55.00	\$35.75
96127	Emotional/behavioral assessment	\$8.00	\$5.20
96110	Developmental testing	\$12.00	\$7.80
12001		\$157.00	\$102.05
12002		\$193.00	\$125.45
12004		\$265.00	\$172.25
12005		\$334.00	\$217.10
12006		\$437.00	\$284.05
12007		\$492.00	\$319.80
12011		\$178.00	\$115.70
12013		\$213.00	\$138.45
12014		\$271.00	\$176.15
12015		\$354.00	\$230.10

CPT	DESCRIPTION	Insurance Rate	Instant Pay / Self Pay
12016		\$420.00	\$273.00
12017		\$420.00	\$273.00
12018		\$420.00	\$273.00