

The undiscounted pricing may be higher or lower than the amount an individual actually pays for the health care services described in the list.

As a Federally Qualified Health Center we offer a Sliding Fee Discount. Eligibility is based upon household size and income per federal poverty guidelines.

10 Most Common Codes per CPT* Category 2023

Evaluation & Management		
CPT Code	Charge	Description
99202	\$ 295.00	OFFICE OUTPATIENT NEW 20 MINUTES
99203	\$ 350.00	OFFICE OUTPATIENT NEW 30 MINUTES
99204	\$ 536.00	OFFICE OUTPATIENT NEW 45 MINUTES
99211	\$ 150.00	OFFICE OUTPATIENT VISIT 5 MINUTES
99212	\$ 195.00	OFFICE OUTPATIENT VISIT 10 MINUTES
99213	\$ 275.00	OFFICE OUTPATIENT VISIT 15 MINUTES
99214	\$ 385.00	OFFICE OUTPATIENT VISIT 25 MINUTES
99441	\$ 130.00	PHYS/QHP TELEPHONE EVALUATION 5-10 MIN
99442	\$ 145.00	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN
99443	\$ 206.00	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN

Surgery		
CPT Code	Charge	Description
11719	\$12.50	TRIMMING NONDYSTROPHIC NAILS
11721	\$ 12.50	DEBRIDEMENT NAIL ANY METHOD 6/>
12001	\$ 643.00	SIMPLE REPAIR 2.5CM/<
17110	\$ 575.00	DESTRUCTION BENIGN LESIONS UP TO 14
20552	\$ 412.00	INJECTION TRIGGER POINT 1/2 MUSCLES
20610	\$ 412.00	ARTHROCENTESIS ASPIR/INJECT MAJOR JOINT
29580	\$ 351.00	STRAPPING UNNA BOOT
36415	\$ 47.00	COLLECTION VENOUS BLOOD VENIPUNCTURE
36416	\$ 23.00	COLLECTION CAPILLARY BLOOD SPECIMEN
69209	\$ 93.00	REMOVAL IMPACTED CERUMEN

Radiology

CPT Code	Charge	Description
71046	\$ 177.00	XRAY CHEST 2 VIEWS
72100	\$ 213.00	XRAY SPINE LUMBOSACRAL 2/3 VIEWS
73130	\$ 198.00	XRAY HAND MINIMUM 3 VIEWS
72040	\$ 231.00	XRAY SPINE CERVICAL 2 OR 3 VIEWS
73630	\$ 204.00	XRAY FOOT COMPLETE MINIMUM 3 VIEWS
73030	\$ 240.00	XRAY SHOULDER COMPLETE MINIMUM 2 VIEWS
73560	\$ 197.00	XRAY KNEE 1to2 VIEWS
73502	\$ 250.00	XRAY HIP UNILATERAL WITH PELVIS 2-3 VIEWS
74018	\$ 179.00	XRAY ABDOMEN 1 VIEW
73110	\$ 206.00	XRAY WRIST COMPLETE MINIMUM 3 VIEWS

Pathology and Laboratory

CPT Code	Charge	Description
80050	\$ 123.00	GENERAL HEALTH PANEL
80053	\$ 41.00	COMPREHENSIVE METABOLIC PANEL
80061	\$ 50.00	LIPID PANEL
80305	\$ 62.00	DRUG TEST PRESUMPTIVE, ANY NUMBER OF DRUG
81002	\$ 16.00	URINALYSIS NON-AUTO W/O MICROSCOPE
83037	\$ 44.00	HEMOBLOBIN: GLYCOSYLATED (A1c)
84153	\$ 56.00	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL
84443	\$ 55.00	ASSAY OF THYROID STIMULATING HORMONE TSH
85025	\$ 28.00	BLOOD COUNT COMPLETE
87635	\$110.00	COVID-19 LABORATORY TEST (IN HOUSE)

Medicine

CPT Code	Charge	Description
90460	\$ 28.00	IMMUNIZATION ADM THRU 18YR 1ST VACCINE
90471	\$ 42.00	IMMUNIZATION ADM SUBQ VACCINE
90674	\$ 47.00	INFLUENZA VACCINE, FLUCELVAX
90715	\$ 83.00	TDAP VACCINE 7 YRS/>
93000	\$ 168.00	ELECTROCARDIOGRAM, ROUTINE ECG
96372	\$ 109.00	THERAPEUTIC INJECTION
BEHAVIORAL HEALTH		
90832	\$ 201.00	PSYCHOTHERAPY W/PATIENT 30 MINUTES
90834	\$ 232.00	PSYCHOTHERAPY W/PATIENT 45 MINUTES
90837	\$ 268.00	PSYCHOTHERAPY W/PATIENT 60 MINUTES
90853	\$ 155.00	GROUP PSYCHOTHERAPY
90791	\$371.00	PSYCHIATRIC DIAGNOSTIC EVAL
90792	\$701.00	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SVCS
96127	\$31.00	BRIEF EMPTIONAL/BEHAVORIAL ASSESSMENT

Vision

CPT Code	Charge	Description
92014	\$ 289.00	Ophthalmological services: Medical Exam and evaluation...
Glasses- Flat fee		
Glass, S	\$95.00	Glasses - Single
Glass, B	\$135.00	Glasses - Bifocal
Glass, T	\$155.00	Glasses - Tri Focal
Glass, P	\$195.00	Glasses Progressive
Glass,11	\$100.00	Photochromic Coating

Glass, 12	\$75.00	Anti-Reflective Coating
Anesthesia		
No anesthesia services provided		

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