

Physician Reimbursement Estimates (by procedure)

Procedure code	Description	Reimbursement Rate
Office Visits (new patient)		
99202	Level Two-Mild/moderate problem-approximate 20 minute visit	\$66.74
99203	Level Three- Mild/moderate problem-approximate 30 minute visit	\$102.93
99204	Level Four- Moderate/severe problem-approximate 45 minute visit	\$154.76
99205	Level Five- More severe problem-approximate 60 minute visit	\$204.08
Office Visits (established patient)		
99211	Level One- Minimal problems-approximate 5 minute visit	\$21.45
99212	Level Two- Minor/short-term problem- approximate 10 minute visit	\$52.25
99213	Level Three- Mild/moderate problem- approximate 15 minute visit	\$84.31
99214	Level Four- Moderate/severe problem- approximate 25 minute visit	\$119.13
99215	Level Five- Severe problem- approximate 40 minute visit	\$167.63
Preventive Visits		
99385	Preventive visit 18 – 39	\$120.02
99395	Preventive Visit – 18+ Age	\$108.26
OB Office Visits		
59425 with U modifier	Antepartum Care Only; 4-6	\$83.73
59426 with U modifier	Antepartum Care Only; 7 or more	\$91.85
Emergency Room Physician Visit		
99281	ER Visit – Low Severity	\$10.47
99282	ER Visit – Low/Moderate Severity	\$38.38
99283	ER Visit – Moderate Severity	\$65.36
99284	ER Visit – Moderate/High Severity	\$111.23
99285	ER Visit – High Severity	\$161.20
Surgeries		
42820	Tonsil and Adenoid Procedure	\$269.23
43239	Upper Gastrointestinal Endoscopy (with biopsy)	\$342.36
45378	Colonoscopy (flexible/diagnostic)	\$309.95
47562	Cholecystectomy	\$590.35
58670	Laparoscopy	\$340.28

66984	Cataract Removal	\$498.17
69436	Tympanostomy	\$147.10

Diagnostics

70450 (26)	CT Scan Head/Brain (without contrast)	\$37.52
72193 (26)	CT Scan Pelvis (with contrast)	\$51.31
74160 (26)	CT Scan Abdomen (with contrast)	\$56.28
76830 (26)	Pelvic/Transvaginal Ultrasound	\$30.62
76856 (26)	Non Obstetrical Pelvic Scan	\$30.32
80053	Metabolic Lab Panel	\$10.56
81025	Urine Pregnancy Test	\$8.61
85025	Complete Blood Count (CBC) Lab Test	\$7.77

Other

97110	Physical Therapy Procedure (15 minutes)	\$27.57
95810 (26)	Sleep Study	\$109.86

Chiropractic

98940	Chiro manipulative treatment, 1-2 regions	\$25.79
98941	Chiro manipulative treatment, 3-4 regions	\$37.29
98942	Chiro manipulative treatment, five regions	\$48.20

Vision

V2020	Frames	\$88.17
92002	MEDICAL EXAMINATION	\$78.64
92012	Eye exam established patient	\$82.53

Deliveries

59409	Vaginal Delivery Only	\$705.62
59514	Cesarean Delivery Only	\$794.88

Counseling

90791	Psych interview exam	\$164.46
90837	Individual therapy in office or facility	\$145.54

*Fees listed reflect estimated contracted physician payments; hospital costs are excluded.

*Non contracted physician fees may exceed these costs.