

Chelmsford Family Practice Price List

This is a listing of the current prices and fees for medical services at Chelmsford Family Practice. These prices represent the highest cost you could possibly incur for these services at our office, regardless of your insurance benefits. If you would like to know the cost of a service or procedure code that is not listed on this form, please contact our office.

CPT Codes:

The CPT Codes for the individual procedures are listed so our patients can determine their coverage and benefits for that service. If you are unsure how your insurance plan would cover a certain item, you can call the customer service number on your card to ask about your individual benefits for that particular CPT code. This will be the code our office submits for the service. Your insurance will be able to provide an estimate of your costs, based on your specific coverage.

Prices for Preventive Primary Care Services / Annual Wellness Exams

Periodic comprehensive preventive medicine reevaluation and management, including age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions; and the ordering of appropriate immunization(s), laboratory/diagnostic procedures. This visit is considered a preventive wellness exam and does not cover the discussion of problems, conditions, illnesses, or any other care that would be considered part of a "Regular Visit."

CPT CODE	COST	DESCRIPTION			
99391	\$200.00	Annual Wellness Visit age less than 1 year Established Patient			
99392	\$215.00	Annual Wellness Visit age 1-4 Established Patient			
99393	\$230.00	Annual Wellness Visit age 5-11 Established Patient			
99394	\$235.00	Annual Wellness Visit age 12-17 Established Patient			
99395	\$300.00	Annual Wellness Visit age 18-39 Established Patient			
99396	\$325.00	Annual Wellness Visit age 40-64 Established Patient			
99397	\$350.00	Annual Wellness Visit 65+ Established Patient			
99381	\$215.00	Annual Wellness Visit age less than 1 year New Patient			
99382	\$225.00	Annual Wellness Visit age 1-4 New Patient			
99383	\$240.00	Annual Wellness Visit age 5-11 New Patient			
99384	\$300.00	Annual Wellness Visit age 12-17 New Patient			
99385	\$325.00	Annual Wellness Visit age 18-39 New Patient			
99386	\$350.00	Annual Wellness Visit age 40-64 New Patient			
99387	\$375.00	Annual Wellness Visit 65+ New Patient			
G0402	\$300.00	Annual Wellness Visit-Welcome to Medicare AWV			
G0438	\$300.00	Annual Wellness Visit- Medicare First Year AWV			
G0439	\$250.00	Annual Wellness Visit- Medicare AWV each subsequent year			
G0101	\$100.00	Pelvic & Breast Exam (Female Exam)			
Q0091	\$100.00	PAP Smear; Collection and transport to lab (Female Exam)			

Prices for Standard Primary Care Services

Any visit, appointment, Telemed, or phone-only visit with a provider that involves a standard medical examination and/or requires any medical decision making to assess, diagnose, and treat a medical condition or issue will be submitted to your insurance.

The Coding sheet is below; while the codes are mostly based on time, the nature of your visit & severity of issues are also factors for proper coding. Total time includes all time the physician or QHP spend on that visit on the date of service. That means it includes prepping for the visit (e.g. chart review) and anything done after the visit (e.g. calling other clinicians and ordering tests, prescribing medications, or scheduling any other procedures) after the face-to-face portion of the visit.

CPT CODES	COST	TIME	LEVELS OF MEDICAL DECISION MAKING (MDM)	NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED AND ANALYZED	RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY
99202 NEW PATIENT	\$165.00	15 MINS	STRAIGHTFORWARD	MINIMAL	MINIMAL OR NONE	MINIMAL
99203 NEW PATIENT	\$250.00	30 MINS	LOW	LOW	LIMITED	LOW
99204 NEW PATIENT	\$330.00	45 MINS	MODERATE	MODERATE	MODERATE	MODERATE
99205 NEW PATIENT	\$365.00	60 MINS	HIGH	HIGH	EXSTENSIVE	HIGH
99212 ESTABLISHED PATIENT	\$125.00	10 MINS	STRAIGHTFORWARD	MINIMAL	MINIMAL OR NONE	MINIMAL
99213 ESTABLISHED PATIENT	\$175.00	20 MINS	LOW	LOW	LIMITED	LOW
99214 ESTABLISHED PATIENT	\$345.00	30 MINS	MODERATE	MODERATE	MODERATE	MODERATE
99215 ESTABLISHED PATIENT	\$325.00	40 MINS	HIGH	HIGH	EXSTENSIVE	HIGH
99495 HOSPITAL FOLLOW UP	\$345.00	30 MINS	MODERATE	MODERATE	MODERATE	MODERATE
99496 HOSPITAL FOLLOW UP	\$480.00	30 MINS	HIGH	HIGH	HIGH	HIGH
99497 END OF LIFE COUNSELING	\$125.00					
99498 END OF LIFE COUNSELING	\$100.00					

Prices for Vaccinations/Injections

Vaccines for ages 18 and up will also have a code to represent the administration of the vaccine. Each vaccine will have this code attached. If you have a single vaccine, 90471 will be the administration code. For every other vaccine received during the same visit, 90472 will be attached to all other vaccines. Vaccines for ages 17 and under will receive state supplied at no charge.

CPT Code	Cost	Description				
90471	\$55.00	Administration of single vaccine				
90472	\$20.00	Administration of more than one vaccine on the same date				
90632	\$85.00	Hepatitis A - Series of 2 Vaccines				
90746	\$90.00	Hepatitis B - Series of 3 Vaccines				
90732	\$125.00	Pneumovax 23				
90670	\$250.00	Prevnar				
90715	\$40.00	Tdap / Tetanus, Diphtheria, and Pertussis				
90714	\$50.00	TD				
90662	\$55.00	High Dose Flu (65+)				
90688	\$40.00	Flu Vaccine				
96372	\$55.00	Therapeutic Injection only visit (depo, testosterone, vit B12, etc.)				
90651	\$275.00	HPV				
20600	\$85.00	Joint Injection				

Prices for Ancillary Services

Procedure Services listed below may be conducted the same day as your office visit or may be ordered for a different day once your initial evaluation with a provider has been completed.

CPT Code	Cost	Description			
94060	\$125.00	SPIRO, Pre & Post with Nebulizer Treatment			
69210	\$100.00	Cerumen Removal (Earwax Removal)			
93000	\$60.00	EKG & Interpretation			
94640	\$50.00	Nebulizer Treatment			
87804	\$45.00	Rapid-Flu Testing			
81025	\$35.00	Pregnancy Test Urine			
81003	\$12.00	Urinalysis			
83036	\$20.00	A1c Testing			
80061	\$35.00	Lipid Panel			
82947	\$15.00	Glucose Blood Sugar			
92250	\$150.00	Retinavue Diabetic Eye Exam (retinopathy screen)			
87651	\$70.00	Molecular Strep Test			
87428	\$35.00	Flu/Covid Antigen			
87426	\$70.00	Rapid Covid Antigen			
87635	\$120.00	Rapid Covid Molecular			
G2023	\$30.00	Covid-19 Specimen Collection			
J7298	\$920.00	Mirena IUD			
58300/S4981	\$270.00	IUD Insertion			
J7300	\$800.00	Paragard IUD			
58300	\$185.00	IUD Removal			
J7296	\$900.00	Kyleena IUD			
J7301	\$800.00	Skyla IUD			
J7307	\$950.00	Nexplanon Device			
11981	\$250.00	Nexplanon Insertion			
11982	\$210.00	Nexplanon Removal			
11983	\$300.00	Nexplanon Removal & Reinsertion			
10060	\$200.00	Drainage of Skin Abscess			
17110	\$230.00	1-14 Destruct Lesion, Wart			
17111	\$250.00	15 or More Destruction of Lesions, Warts			
11200	\$140.00	Skin Tag Removal			