

**GREENLAKE PRIMARY CARE FEE SCHEDULE**

updated 9-13-2016

Prices subject to change; your individual insurance price will vary depending on your contract.

Please call if your procedure is not listed.

No discount on vaccines

CODE	DESCRIPTION	Cash Discount	
		FULL	25%
10060	I&D, ABCESS, SIMPLE	187.00	140.25
10120	REMOVAL OF FOREIGN BODY	239.00	179.25
11000	DEBRIDEMENT OF AN ULCER	92.00	69.00
11055	PARING/CUTTING OF BENIGN LESION	81.00	60.75
11056	PARING/CUTTING	101.00	75.75
11100	BIOPSY, SKIN, 1ST LESION	168.00	126.00
11200	REMOVAL OF SKIN TAGS	137.00	102.75
11201	REMOVAL OF SKIN TAGS EACH ADDTL	33.00	24.75
11301	SHAVE LESION 0.6 TO 1.0 CM	154.00	115.50
11302	SHAVE LESION 1.1-2.0 CM	184.00	138.00
11306	SHAVE SKIN LESION	162.00	121.50
11310	SHAVE LESION < 0.5 CM	141.00	105.75
11311	SHAVE LESION 0.6 TO 1.0 CM	177.00	132.75
11401	EXC BENIGN, TRUNK 0.6-1.0	243.00	182.25
11402	EXCISION, BENIGN 1.1 TO 2.0 CM	270.00	202.50
11420	EXC, HEAD, FACE, NECK <0.5 CM	202.00	151.50
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	261.00	195.75
17000	DESTRUCT, 1ST LESION	129.00	96.75
17003	DESTRUCT, EACH ADDITONAL 2-14	13.00	9.75
17110	DESTRUCT, FLAT WARTS < 15	169.00	126.75
17250	CHEMICAL CAUTER. OF GRAN. TISSUE	116.00	87.00
17250	CHEMICAL CAUTERIZATION	0.00	0.00
18010	ANGLE BRUSH	12.00	8.40
18011	DETAIL BRUSH	11.00	7.70
20605	INJECTION WRIST, ARM OR ANKLE	106.00	79.50
36410	VENIPUNCTURE BY MD < 4 YEARS OLD	34.00	25.50
36415	VENIPUNCTURE, BLOOD DRAW	14.00	10.50
36416	HEEL STICK	14.00	10.50
46083	INCISION OF THROMBOSED HEMMOR.	281.00	210.75
46900	DESTRUCT, LESION, ANAL, SIMPLE	364.00	273.00
46924	DESTR. LESION, ANUS	853.00	639.75
54056	CRYOSURGERY, PENIS	235.00	176.25
57170	DIAPHRAGM OR CERVICAL CAP FITTING	185.00	138.75
58100	ENDROMETRIAL BIOPSY	197.00	147.75
58300	IUD PLACEMENT	190.00	142.50
58301	IUD REMOVAL	182.00	136.50
69200	REMOVAL OF FOREIGN BODY FR EAR	217.00	162.75
69210	EAR IRRIGATION	88.00	66.00
81000	URINALYSIS W/ MICRO DIP	11.00	8.25
81002	URINALYSIS	8.00	6.00
81025	PREGNANCY TEST, URINE	15.00	11.25
82270	BLOOD, OCCULT	11.00	8.25
82947	GLUCOSE	14.00	10.50

<b>CODE</b>	<b>DESCRIPTION</b>	<b>FULL</b>	<b>25%</b>
82962	BLOOD, SUGAR	7.00	5.25
85018	HEMATOCRIT ALL AGES	12.00	9.00
86580	TUBERCULOSIS, INTRADERMAL	19.00	14.25
87210	WET MOUNT FOR INFECTIOUS AGENTS	15.00	11.25
87220	KOH	12.00	9.00
87430	STREP, RAPID	35.00	26.25
90465	IMMUNIZATION ADMINISTRATION <8 YRS	41.00	30.75
90466	IMMUN. ADMIN EACH ADDT'L <8YEARS	41.00	30.75
90470	H1N1 ADMIN	41.00	30.75
90471	IMMUNIZATION ADMIN > 8 YEARS	41.00	30.75
90472	IMMUNZ. ADMIN EACH ADDT'L >8 YEARS	20.00	15.00
90633	HEPATITIS A VACCINE	21.00	
90645	HEMOPHILIUS INFLUENZA B VACC	21.00	
90646	HPV VACCINE	150.00	
90648	HIB	10.00	
90649	GARDASIL	150.00	
90657	FLU VACCINE AGES 6-35 MONTHS	0.00	
90658	FLU VACCINE AGES 3+ IM	23.00	
90669	PNEUMOCOCCAL CONJ VACCINE < 5 Y/O	85.00	
90670	PCV13	10.00	
90680	ROTOVIRUS*	83.75	
90700	DIPHTHERIA, TETANUS AND PERT. (DTAP)	25.00	
90702	Td	22.00	
90707	MMR (MEASLES, MUMPS AND RUBELLA)	50.00	
90713	POLIO VACCINE (IPV)	17.00	
90715	TDAP	10.00	
90715	TDAP ADULT	50.00	
90716	VARICELLA VIRUS VACCINE(CHICK POX)	17.00	
90718	TETANUS AND DIPHTHERIA TOXOIDS	26.00	
90723	PEDIARIX DTAP, POLIO, HEPB	10.00	
90732	PNEUMOCOCCAL VACCINE > 5 YEARS	40.00	
90734	MENACTRA		
90736	ZOSTER (SHINGLES) VACCINE	200.00	
90744	HEPATITIS B VACCINE	17.00	
90746	HEP B VACCINE FOR ADULTS		
90772	INJ THERAPEUTIC DRUG	39.00	29.25
93000	ROUTINE ECG	43.00	32.25
93040	ECG RHYTHM	27.00	20.25
94010	SPIROMETRY, SPIROGRAM	64.00	48.00
94060	SPIRO W/ BRONCHODILATION	110.00	82.50
94640	INHALATION TREATMENT	25.00	18.75
94664	NEBULIZER/EVAL PT USE OF INHALER	28.00	21.00
94760	SINGLE OXIMETRY	5.00	3.75
94761	MULTIPLE OXIMETRY	11.00	8.25
95115	ALLERGY SHOT	23.00	17.25
99050	AFTER OFFICE HOURS	66.00	49.50
99070	SUPPLIES	25.00	18.75
99201	OFFICE VISIT, OUTPATIENT, NEW	70.00	52.50
99202	OFFICE VISIT, OUTPATIENT, NEW	122.00	91.50
99203	OFFICE VISIT, OUTPATIENT, NEW	179.00	134.25

99204	OFFICE VISIT, OUTPATIENT, NEW	274.00	205.50
99205	OFFICE VISIT, OUTPATIENT, NEW	345.00	258.75
99211	OFFICE VISIT, OUTPATIENT, EST	38.00	28.50
99212	OFFICE VISIT, OUTPATIENT, EST	72.00	49.50
99213	OFFICE VISIT, OUTPATIENT, EST	118.00	88.50
99214	OFFICE VISIT, OUTPATIENT, EST	177.00	132.75
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FULL</b>	<b>25%</b>
99215	OFFICE VISIT, OUTPATIENT EST	240.00	180.00
99241	CONSULTATION, OUTPATIENT	94.00	70.50
99242	CONSULTATION, OUTPATIENT	175.00	131.25
99243	CONSULTATION, OUTPATIENT	240.00	180.00
99244	CONSULTATION, OUTPATIENT	354.00	265.50
99245	CONSULTATION, OUTPATIENT	438.00	328.50
99304	NURSING HOME, LEVEL 1, NEW	153.00	114.75
99305	NURSING HOME, LEVEL 2, NEW	214.00	160.50
99306	NURSING HOME, LEVEL 3, NEW	274.00	205.50
99307	NURSING HOME, LEVEL 1, EST	76.00	57.00
99308	NURSING HOME, LEVEL 2, EST	116.00	87.00
99309	NURSING HOME, LEVEL 3, EST	155.00	116.25
99310	NURSING HOME, LEVEL 4, EST	228.00	171.00
99347	HOME VISIT, ESTAB. (15 MIN)	102.00	76.50
99348	HOME VISIT, ESTAB. (25 MIN)	153.00	114.75
99349	HOME VISIT, ESTAB. (40 MIN)	224.00	168.00
99381	O/V NEW, PREV <1 YEAR	168.00	126.00
99382	O/V NEW PREV 1-4 YEARS	189.00	141.75
99383	O/V NEW, PREV 5-11 YEARS	186.00	139.50
99384	O/V NEW PREV 12-17 YEARS	194.00	145.50
99385	O/V NEW, PREV 18-39 YEARS	203.00	152.25
99386	O/V NEW, PREV 40-64 YEARS	238.00	178.50
99387	O/V NEW, PREV 65+ YEARS	260.00	195.00
99391	O/V EST, PREV <1 YEAR	140.00	105.00
99392	O/V EST, PREV 1-4 YEARS	157.00	117.75
99393	O/V EST, PREV 5-11 YEARS	155.00	116.25
99394	O/V EST PREV, 12-17 YEARS	171.00	128.25
99395	O/V EST PREV, 18-39 YEARS	172.00	129.00
99396	O/V EST PREV 40-64 YEARS	189.00	141.75
99397	O/V EST PREV 65+ YEARS	211.00	158.25

<b>CODE</b>	<b>DESCRIPTION</b>	<b>FULL</b>	<b>25%</b>
99431	NEWBORN, HX AND EXAM (HOSP)	108.00	81.00
99432	NEWBORN, HX AND EXAM (NOT IN HOSP)	161.00	120.75
99433	NEWBORN SUBSEQUENT HOSP. CARE	58.00	43.50
99435	NEWBORN SAME DAY HX AND D/C	147.00	110.25
G0008	FLU VACCINE ADMIN	36.00	27.00
G0009	PNEUMOVAX ADMIN	36.00	27.00
G0179	HOME CARE RECERTIFICATION	85.00	63.75
G0182	HOME CARE RECERTIFICATION	213.00	159.75
G0344	MEDICARE INITIAL PE 1ST 6 MO	139.67	
G0377	ADMIN FEE FOR ZOSTER 2007 ONLY	30.00	

J1055	DEPO PROVERA	
J1080	TESTOSTERONE	
J3420	B-12	6.00

90466,90471,90472 STATE SUPPLIED \$15.60  
Most children's vaccines are state supplied.