

CPT CODE AND DESCRIPTION	FULL FEE RATE
36415 VENIPUNCTURE	\$ 27.50
76817 TRANSVAGINAL US OBSTETRIC	\$ 451.00
99213 OFFICE/OUTPATIENT VISIT - EST PATIENT	\$ 160.00
A4550 Surgical Tray	\$ 65.00
81025 Urine pregnancy test	\$ 33.00
59025 NON-STRESS TEST FETAL	\$ 165.00
76830 TRANSVAGINAL ULTRASOUND NON-OBSTETRIC	\$ 484.00
99395 PREVENTIVE VISIT ESTABLISHED PATIENT AGE 18-39	\$ 264.00
58300 IUD INSERTION	\$ 275.00
76815 OBSTETRIC ULTRASOUND LIMITED	\$ 385.00
90472 IMMUNIZATION ADMIN EACH ADDITIONAL COMPONENT	\$ 43.00
90471 IMMUNIZATION ADMINISTRATION	\$ 55.00
76805 OBSTETRIC FETAL ANATOMY SCAN	\$ 522.00
99214 OFFICE/OUTPATIENT VISIT ESTABLISHED PATIENT	\$ 236.00
99396 PREVENTIVE VISIT ESTABLISHED PATIENT AGE 40-64	\$ 280.00