

**WOMEN'S CARE SPECIALISTS, PC FEE SCHEDULE - IN OFFICE SERVICES/ANCILLARY updated 1 11 2022**

CPT	Procedure	Fee
<b><u>NEW Patient</u></b>		
99202	Exp. Visit	100.00
99203	Detailed	145.00
99204	Comprehensive	221.00
99205	High Comp.	280.00

CPT	Procedure	Fee
<b><u>ESTABLISHED Patient</u></b>		
99211	Brief	30.00
99212	Problem	58.00
99213	Expanded	97.00
99214	Detailed	145.00
99215	Comprehensive	177.00

<b><u>NEW Patient</u></b>	<b><u>PREVENTIVE</u></b>
99385 18-39	175.00
99386 40-64	165.00
99387 65+	179.00

<b><u>ESTABLISHED Patient</u></b>	<b><u>PREVENTIVE</u></b>
99395 18-39	127.00
99396 40-64	135.00
99397 65+	151.00

<b><u>MEDICARE</u></b>
G0101 BREAST/ PELVIC EXAM 90.00
Q0091 PAP SMEAR COLL 49.00

**OFFICE SURGERY**

57500	Cervical BX	141.00
57452	Colpo w/o BX	165.00
57454	Colpo Bx ECC	250.00
57455	Colpo BX	220.00
58100	EMB	141.00
+58110	EMB--ADD ON to colpo	100.00
114__	Simple vulvar BX	158.00 - +

S4981	Insertion hormone releasing IUD – 780.00 (Mirena, Kyleena)		
58300	Insertion IUD	125.00	11981 Insertion Nexplanon 223.00
58301	Removal IUD	122.00	11982 Removal Nexplanon 204.00
J7301	SKYLA IUD 13.5 mg	1000.00	11983 Removal/Insertion NEX 300.00
J7298	MIRENA IUD 52 mg	1250.00	J7307 Nexplanon 68 mg 1100.00
J7296	KYLEENA IUD 19.5 mg	1250.00	
J7300	PARAGARD 176 mg	1000.00	
J7297	LILLETTA IUD 52 mg	900.00	

Excision benign vulvar lesion DEP. On SIZE & NUMBER\*\*

57061	cryosurgery(vagina)	208.00
57511	cryosurgery(cervix)	250.00

**MAMMOGRAPHY**

77067	Screening	182.00
+77063	3D add on	75.00
77066	Diagnostic bilateral	217.00
77065	Diagnostic unilateral	176.00
+G0279	3D add on dx mammo	75.00

**ULTRASOUND**

**\*\*Non-OB**

76536	Thyroid	139.00
76641	BREAST Unilateral	131.00
	RT/LT modifiers for bilateral or -50 for medicare	
76700	Abdomen Comprehensive	148.00
76705	Abdomen Limited	110.00
76830	Transvaginal	147.00
76856	Pelvic	142.00
LAB		
36415	Venipuncture Fee	6.00
87210	Wet Prep	7.00
82274	Hemocult	19.00
81002		10.00

**INJECTIONS**

96372	Injection Fee	37.00
90471	1 <sup>st</sup> immunization admin.	33.00
+90472	Each Additional immunization	17.00
90686	Flu vaccine .5	25.00
90715	TDAP .5	57.00
90651	HPV mult. Viral. .5 each one	275.00 (usually total of three separate)
J7291	RHOGAM .3 (7.00 x 15 units)	101.00
J0696	Rocephin 250mg PER 250 mg	44.00 (500 = 88.00)

**\*\*OB**

PEEK	Peekaboo	50.00
	IF multiples	75.00
4DUS	4-D u/s	150.00, if multiples 175.00
59025	NST	100.00 includes tech & prof
76801	U/s <14weeks	158.00
+76802	Each addit'l	81.00
76805	U/s>14 weeks	180.00
+76810	Each addition	116.00
76815	LIMITED	107.00 (one or more fetuses)
76816	U/s Follow-up	139.00
	**Add modifier -59 for each additional	+139.00 each
76818	fetal biophysical profile WITH NST	150.00
76819	fetal biophysical profile without NST	125.00