Chelmsford Primary Care Price Listing

This is a listing of the current prices and fees for medical services at Chelmsford Primary Care. 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	
99395	\$263	Annual Wellness Visit age 18-39- Established Patient	
99396	\$281	Annual Wellness Visit age 40-64-Established Patient	
99397	\$300	Annual Wellness Visit age 65+ Established Patient	
99384	\$263	Annual Wellness Visit age 12-17 – New Patient	
99385	\$300	Annual Wellness Visit age 18-39 – New Patient	
99386	\$319	Annual Wellness Visit age 40-64 New Patient	
99387	\$338	Annual Wellness Visit age 65+ New Patient	
G0402	\$263	Annual Welcome to Medicare AWV	
G0438	\$263	Annual Medicare AWV First Year	
G0439	\$263	Annual Medicare AWV each subsequent Year	
G0101	\$75	Pelvic & Breast Exam (Female Exam)	
Q0091	\$75	PAP Smear; Collection & Transport to Lab (Female Exam)	
No Code	\$200	DOT Exam (Private Pay Only)	

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	\$214	15 Mins	Straightforward	Minimal	Minimal or None	Minimal
99203 New Patient	\$281	30 Mins	Low	Low	Limited	Low
99204 New Patient	\$338	45 Mins	Moderate	Moderate	Moderate	Moderate
99205 New Patient	\$413	60 Mins	High	High	Extensive	High
99212 Existing Patient	\$169	10 Mins	Straightforward	Minimal	Minimal or None	Minimal
99213 Existing Patient	\$225	20 Mins	Low	Low	Limited	Low
99214 Existing Patient	\$300	30 Mins	Moderate	Moderate	Moderate	Moderate
99215 Existing Patient	\$375	40 Mins	High	High	Extensive	High

Prices for Ancillary ServicesProcedure 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	\$113	SPIRO, Pre & Post with Nebulizer Treatment	
69210	\$90	Cerumen Removal (Earwax Removal)	
93000	\$53	EKG & Interpretation	
94640	\$38	Nebulizer Treatment	
87804	\$34	Rapid-Flu Testing – In Office	
86317	\$30	Rapid-Strep Testing- In Office	
36416	\$15	INR Test – In Office	
81025	\$19	Pregnancy Test, Urine Only- In Office	
81002	\$11	Urinalysis In-Office	
83036	\$15	A1cTesting- In Office	
82962	\$15	Glucose Fingerstick Sugar- In Office	
92250	\$75	Retinavue Diabetic Eye Exam (retinopathy screen)	
87426	\$56	Rapid COVID Antigen- In Office Test	
87635	\$68	Rapid COVID Molecular-In Office Test	

Prices for Vaccinations / InjectionsVaccines 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.

CPT Code	Cost	Description
90471	\$75	Administration code for a single vaccine.
90472	\$45	Administration code for more than one vaccine on the same date.
90750	\$308	Shingrix -Series of 2 Vaccine
90636	\$195	Twin Rx (Hep A and Hep B Combined) – Series of 3 or 4 Vaccines
90632	\$113	Hepatitis A – Series of 2 Vaccines
90746	\$128	Hepatitis B – Series of 3 Vaccines
90732	\$203	Pneumovax 23
90670	\$375	Prevnar
90715	\$75	TDaP / Tetanus, Diphtheria, and Pertussis
90714	\$45	TD
90662	\$113	High Dose Flu (65+)
90686	\$56	Regular Dose Flu
96372	\$50	Therapeutic Injection Only Visit (Depo, Testosterone, Vit B, etc.)