

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	\$300	Annual Wellness Visit age 18-39- Established Patient
99396	\$325	Annual Wellness Visit age 40-64-Established Patient
99397	\$350	Annual Wellness Visit age 65+ Established Patient
99384	\$300	Annual Wellness Visit age 12-17 – New Patient
99385	\$325	Annual Wellness Visit age 18-39 – New Patient
99386	\$350	Annual Wellness Visit age 40-64 New Patient
99387	\$375	Annual Wellness Visit age 65+ New Patient
G0402	\$225	Annual Welcome to Medicare AWW
G0438	\$225	Annual Medicare AWW First Year
G0439	\$225	Annual Medicare AWW each subsequent Year
G0101	\$100	Pelvic & Breast Exam (Female Exam)
Q0091	\$100	PAP Smear; Collection & Transport to Lab (Female Exam)
No Code	\$100	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	\$150	15 Mins	Straightforward	Minimal	Minimal or None	Minimal
99203 New Patient	\$200	30 Mins	Low	Low	Limited	Low
99204 New Patient	\$250	45 Mins	Moderate	Moderate	Moderate	Moderate
99205 New Patient	\$300	60 Mins	High	High	Extensive	High
99212 Existing Patient	\$125	10 Mins	Straightforward	Minimal	Minimal or None	Minimal
99213 Existing Patient	\$150	20 Mins	Low	Low	Limited	Low
99214 Existing Patient	\$175	30 Mins	Moderate	Moderate	Moderate	Moderate
99215 Existing Patient	\$200	40 Mins	High	High	Extensive	High

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	SPIRO, Pre & Post with Nebulizer Treatment
69210	\$100	Cerumen Removal (Earwax Removal)
93000	\$60	EKG & Interpretation
94640	\$50	Nebulizer Treatment
87804	\$45	Rapid-Flu Testing – In Office
86317	\$40	Rapid-Strep Testing- In Office
36416	\$20	INR Test – In Office
81025	\$25	Pregnancy Test, Urine Only- In Office
92558	\$75	Hearing Screening
81002	\$15	Urinalysis In-Office
83036	\$20	A1cTesting- In Office
82962	\$20	Glucose Fingerstick Sugar- In Office
92250	\$100	Retinavue Diabetic Eye Exam (retinopathy screen)
87426 & G2023	\$120	Collection & Rapid COVID Antigen- In Office Test
87635 & G2023	\$135	Collection & Rapid COVID Molecular-In Office Test

Prices for Vaccinations / Injections

Vaccines 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	\$60	Administration code for a single vaccine.
90472	\$60	Administration code for more than one vaccine on the same date.
90750	\$200	Shingrix -Series of 2 Vaccine
90636	\$150	Twin Rx (Hep A and Hep B Combined) – Series of 3 or 4 Vaccines
90632	\$85	Hepatitis A – Series of 2 Vaccines
90746	\$80	Hepatitis B – Series of 3 Vaccines
90732	\$150	Pneumovax 23
90670	\$290	Prevnar
90715	\$85	TDaP / Tetanus, Diphtheria, and Pertussis
90714	\$60	TD
90662	\$85	High Dose Flu (65+)
90686	\$75	Regular Dose Flu
96372	\$45	Therapeutic Injection Only Visit (Depo, Testosterone, Vit B, etc.)