

## Metropolitan Pediatrics Fee Schedule 2010

<u>CPT4</u>	<u>CPT4 Description</u>	<u>Fee</u>
<b>SURGICAL PROCEDURES</b>		
10060	DRAINAGE OF SKIN ABSCESS	\$244.00
10120	REMOVE FOREIGN BODY	\$297.00
10160	PUNCTURE DRAINAGE OF LESION	\$277.00
11200	REMOVAL OF SKIN TAGS	\$184.00
11730	REMOVAL OF NAIL PLATE	\$209.00
11740	DRAIN BLOOD FROM UNDER NAIL	\$101.00
11750	REMOVAL OF NAIL BED	\$474.00
11765	EXCISION OF NAIL FOLD, TOE	\$297.00
12001	REPAIR SUPERFICIAL WOUND(S)	\$337.00
12002	REPAIR SUPERFICIAL WOUND(S)	\$358.00
12011	REPAIR SUPERFICIAL WOUND(S)	\$356.00
12013	REPAIR SUPERFICIAL WOUND(S)	\$392.00
12042	INTMD WND REPAIR N-HG/GENIT	\$618.00
16000	INITIAL TREATMENT OF BURN(S)	\$154.00
16020	DRESS/DEBRID P-THICK BURN (S)	\$182.00
17000	DESTRUCT PREMALG LESION	\$170.00
17110	DESTRUCT B9 LESION, 1-14	\$227.00
17111	DESTRUCT LESION, 15 OR MORE	\$273.00
17250	CHEMICAL CAUTERY, TISSUE	\$162.00
23500	TREAT CLAVICLE FRACTURE	\$461.00
24500	TREAT HUMERUS FRACTURE	\$748.00
24640	TREAT ELBOW DISLOCATION	\$276.00
24650	TREAT RADIUS FRACTURE	\$545.00
25500	TREAT FRACTURE OF RADIUS	\$567.00
25530	TREAT FRACTURE OF ULNA	\$501.00
25560	TREAT FRACTURE RADIUS & ULNA	\$526.00
25600	TREAT FRACTURE RADIUS/ULNA	\$614.00
26600	TREAT METACARPAL FRACTURE	\$613.00
26720	TREAT FINGER FRACTURE, EACH	\$412.00
26750	TREAT FINGER FRACTURE, EACH	\$387.00
27372	REMOVAL OF FOREIGN BODY	\$1,277.00
28490	TREAT BIG TOE FRACTURE	\$305.00

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28495	TREAT BIG TOE FRACTURE	\$374.00
28510	TREATMENT OF TOE FRACTURE	\$262.00
28540	TREAT FOOT DISLOCATION	\$430.00
28570	TREAT FOOT DISLOCATION	\$348.00
29065	APPLICATION OF LONG ARM CAST	\$203.00
29075	APPLICATION OF FOREARM CAST	\$189.00
29105	APPLY LONG ARM SPLINT	\$186.00
29125	APPLY FOREARM SPLINT	\$148.00
29130	APPLICATION OF FINGER SPLINT	\$89.00
29405	APPLY SHORT LEG CAST	\$191.00
29515	APPLICATION LOWER LEG SPLINT	\$157.00
29705	REMOVAL/REVISION OF CAST	\$145.00
30300	REMOVE NASAL FOREIGN BODY	\$481.00
30901	CONTROL OF NOSEBLEED	\$230.00
30903	CONTROL OF NOSEBLEED INT	\$431.00
31500	INSERT EMERGENCY AIRWAY	\$251.00
36405	BLOOD DRAW < 3 YRS SCALP VEIN	\$60.00
36406	BLOOD DRAW < 3 YRS OTHER VEIN	\$41.00
36410	NON-ROUTINE BLOOD DRAW > 3 YRS	\$45.00
36415	ROUTINE VENIPUNCTURE	\$15.00
36416	CAPILLARY BLOOD DRAW	\$15.00
51701	INSERT BLADDER CATHETER	\$130.00
54150	CIRCUMCISION W/REGIONAL BLOCK	\$335.00
65205	REMOVE FOREIGN BODY FROM EYE	\$123.00
69200	CLEAR OUTER EAR CANAL	\$263.00
69210	REMOVE IMPACTED EAR WAX	\$113.00
 <b>LAB PROCEDURES</b>		
81002	URINALYSIS NONAUTO, W/O SCOPE	\$10.00
81003	URINALYSIS, AUTO, W/O SCOPE	\$10.00
81025	URINE PREGNANCY TEST	\$15.00
82272	OCCULT BLD FECES, 1-3 TESTS	\$12.00
82962	GLUCOSE MONITOR	\$8.00
85018	HEMOGLOBIN	\$15.00
86318	MONO TEST	\$30.00

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86580	TB INTRADERMAL TEST	\$18.00
87210	SMEAR, WET MOUNT, SALINE/INK	\$10.00
87804	INFLUENZA ASSAY W/OPTIC	\$26.00
87807	RSV ASSAY W/OPTIC	\$26.00
87880	STREP A ASSAY W/OPTIC	\$26.00

### IMMUNIZATION ADMINISTRATION CODES

90465	IMMUNE ADMIN 1 INJ, < 8 YRS	\$49.00
90466	IMMUNE ADMIN ADDL INJ, < 8 Y	\$26.00
90467	IMMUNE ADMIN O OR N, < 8 YRS	\$36.00
90468	IMMUNE ADMIN O/N, ADDL < 8 Y	\$25.00
90470	H1N1 IMMUNIZATION ADMINISTRATION	\$49.00
90471	IMMUNIZATION ADMIN	\$49.00
90472	IMMUNIZATION ADMIN, EACH ADD	\$26.00
90473	IMMUNE ADMIN ORAL/NASAL	\$36.00
90474	IMMUNE ADMIN ORAL/NASAL ADDL	\$22.00

### IMMUNIZATION CPT CODES

90632	HEP A VACCINE, ADULT IM	\$58.00
90633	HEP A VACC, PED/ADOL, 2 DOSE	\$39.00
90648	HIB VACCINE, PRP-T, IM	\$28.00
90649	HPV VACCINE 4 VALENT, IM	\$190.00
90655	FLU VACCINE NO PRESERV 6-35M	\$30.00
90656	FLU VACCINE NO PRESERV 3 & >	\$30.00
90657	FLU VACCINE, 3 YRS, IM	\$30.00
90658	FLU VACCINE, 3 YRS & >, IM	\$30.00
90660	FLU VACCINE, NASAL	\$30.00
90669	PNEUMOCOCCAL VACC, PED <5	\$126.00
90680	ROTAVIRUS VACC 3 DOSE, ORAL	\$95.00
90696	DTAP-IPV VACC 4-6 YR IM	\$67.00
90698	DTAP-HIB-IP VACCINE, IM	\$104.00
90700	DTAP VACCINE, < 7 YRS, IM	\$37.00
90702	DT VACCINE < 7, IM	\$18.00
90704	MUMPS VACCINE, SC	\$28.00
90705	MEASLES VACCINE, SC	\$23.00
90706	RUBELLA VACCINE, SC	\$24.00

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90707	MMR VACCINE, SC	\$67.00
90710	MMRV VACCINE, SC	\$173.00
90713	POLIOVIRUS, IPV, SC/IM	\$33.00
90714	TD VACCINE NO PRSRV >= 7 IM	\$33.00
90715	TDAP VACCINE >7 IM	\$51.00
90716	CHICKEN POX VACCINE, SC	\$115.00
90718	TD VACCINE > 7, IM	\$23.00
90732	PNEUMOCOCCAL VACCINE	\$48.00
90734	MENINGOCOCCAL VACCINE, IM	\$148.00
90744	HEP B VACC PED/ADOL 3 DOSE IM	\$43.00
90746	HEP B VACCINE, ADULT, IM	\$68.00

### TESTS AND OTHER SERVICES

92552	PURE TONE AUDIOMETRY, AIR	\$55.00
92555	SPEECH THRESHOLD AUDIOMETRY	\$40.00
92567	TYMPANOMETRY	\$40.00
93000	ELECTROCARDIOGRAM, COMPLETE	\$51.00
93005	ELECTROCARDIOGRAM, TRACING	\$31.00
94010	BREATHING CAPACITY TEST	\$74.00
94060	EVALUATION OF WHEEZING	\$126.00
94200	LUNG FUNCTION TEST (MBC/MVV)	\$49.00
94640	AIRWAY INHALATION TREATMENT	\$34.00
94664	EVALUATE PT USE OF INHALER	\$34.00
94760	MEASURE BLOOD OXYGEN LEVEL	\$6.00
94761	MEASURE BLOOD OXYGEN LEVEL	\$9.00
96110	DEVELOPMENTAL TEST, LIM	\$30.00
99000	SPECIMEN HANDLING	\$16.00
99060	OUT OF OFFICE EMERG MED SERV	\$50.00
99070	PKU CARD	\$27.00
99173	VISUAL ACUITY SCREEN	\$20.00

### THERAPEUTIC INJECTIONS

96360	HYDRATION IV INFUSION, INIT	\$129.00
96361	HYDRATE IV INFUSION, ADD-ON	\$38.00
96365	THER/PROPH/DIAG IV INF, INIT	\$160.00
96372	THER/PROPH/DIAG INJ, SC/IM	\$49.00

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96374	THER/PROPH/DIAG INJ, IV PUSH	\$124.00
96375	TX/PRO/DX INJ NEW DRUG ADDON	\$54.00
<b>NEW PATIENT OFFICE VISITS</b>		
99201	OFFICE/OUTPATIENT VISIT, NEW	\$92.00
99202	OFFICE/OUTPATIENT VISIT, NEW	\$161.00
99203	OFFICE/OUTPATIENT VISIT, NEW	\$232.00
99204	OFFICE/OUTPATIENT VISIT, NEW	\$360.00
99205	OFFICE/OUTPATIENT VISIT, NEW	\$449.00
<b>ESTABLISHED OFFICE VISITS</b>		
99211	OFFICE/OUTPATIENT VISIT, EST	\$41.00
99212	OFFICE/OUTPATIENT VISIT, EST	\$92.00
99213	OFFICE/OUTPATIENT VISIT, EST	\$156.00
99214	OFFICE/OUTPATIENT VISIT, EST	\$231.00
99215	OFFICE/OUTPATIENT VISIT, EST	\$312.00
<b>OBSERVATION CARE</b>		
99217	OBSERVATION CARE DISCHARGE	\$152.00
99218	OBSERVATION CARE	\$149.00
<b>HOSPITAL VISITS</b>		
99221	INITIAL HOSPITAL CARE	\$226.00
99222	INITIAL HOSPITAL CARE	\$308.00
99223	INITIAL HOSPITAL CARE	\$452.00
99231	SUBSEQUENT HOSPITAL CARE	\$89.00
99232	SUBSEQUENT HOSPITAL CARE	\$162.00
99233	SUBSEQUENT HOSPITAL CARE	\$232.00
99234	OBSERV/HOSP SAME DATE	\$300.00
99235	OBSERV/HOSP SAME DATE	\$398.00
99238	HOSPITAL DISCHARGE DAY	\$160.00
99239	HOSPITAL DISCHARGE DAY	\$235.00
99283	EMERGENCY DEPT VISIT	\$144.00
99284	EMERGENCY DEPT VISIT	\$268.00
99291	CRITICAL CARE, FIRST HOUR	\$595.00
99292	CRITICAL CARE, ADD'L 30 MIN	\$270.00

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### PROLONGED OFFICE VISIT

99354	PROLONGED SERVICE, OFFICE	\$207.00
99355	PROLONGED SERVICE, OFFICE	\$217.00
99356	PROLONGED SERVICE, INPATIENT	\$203.00
99357	PROLONGED SERVICE, INPATIENT	\$203.00
99358	PROLONGED SERV, W/O CONTACT	\$247.00
99359	PROLONGED SERV, W/O CONTACT	\$119.00
99360	PHYSICIAN STANDBY SERVICES	\$139.00

### NEW PATIENT PHYSICAL EXAM

99381	PREV VISIT, NEW PAT INF	\$201.00
99382	PREV VISIT, NEW PAT 1-4 YRS	\$221.00
99383	PREV VISIT, NEW, AGE 5-11	\$221.00
99384	PREV VISIT, NEW, AGE 12-17	\$240.00
99385	PREV VISIT, NEW, AGE 18-39	\$240.00

### ESTABLISHED PHYSICAL EXAM

99391	PREV VISIT, EST PAT, INF	\$173.00
99392	PREV VISIT, EST, AGE 1-4	\$193.00
99393	PREV VISIT, EST, AGE 5-11	\$192.00
99394	PREV VISIT, EST, AGE 12-17	\$212.00
99395	PREV VISIT, EST, AGE 18-39	\$213.00

### PREVENTATIVE COUNSELING

99401	PREVENTIVE COUNSELING, INDIV	\$77.00
99402	PREVENTIVE COUNSELING, INDIV	\$136.00
99403	PREVENTIVE COUNSELING, INDIV	\$192.00
99404	PREVENTIVE COUNSELING, INDIV	\$247.00