

FEE SCHEDULE 2022 – 23

A “Self-Pay Discount” of 20% will be applied to the **TOTAL** charges if a self-pay patient elects to pay in full.

For unlisted services charges please, contact the BTAMC Billing office at (814) 635-2916 option #3

NEW PATIENT VISIT

99202 - **\$110.00**

99203 - **\$180.00**

99204 - **\$204.00**

99205 - **\$276.00**

ESTABLISHED PATIENT VISIT

99212 - **\$80.00**

99213 - **\$100.00**

99214 - **\$175.00**

99215 - **\$205.00**

WOMEN’S HEALTH EXAMS

S0610 – Annual GYN Exam (New) **\$140.00**

S0612 – Annual GYN Exam (Est.) **\$120.00**

S0613 – Annual Breast Exam **\$100.00**

NEW PATIENT – PREVENTATIVE VISIT

99381 – < 1 **\$130.00**

99382 – 1 to 4 Yrs. **\$139.00**

99383 – 5 to 11 Yrs. **\$149.00**

99384 – 12 to 17 Yrs. **\$159.00**

99385 – 18 to 39 Yrs. **\$175.00**

99386 – 40 to 64 Yrs. **\$200.00**

99387 – 65 + Yrs. **\$225.00**

ESTABLISHED PATIENT – PREVENTATIVE VISIT

99391 – < 1 **\$106.00**

99392 – 1 to 4 Yrs. **\$113.00**

99393 – 5 to 11 Yrs. **\$130.00**

99394 – 12 to 17 Yrs. **\$132.00**

99395 – 18 to 39 Yrs. **\$179.00**

99396 – 40 to 64 Yrs. **\$195.00**

99397 – 65 + Yrs. **\$140.00**

DIAGNOSTIC SERVICE CHARGES

93000 – EKG/ECG **\$35.00**

81002 – Urinalysis **\$15.00**

81025 – Urine Pregnancy Test **\$10.00**

87804 – Influenza Assay **\$24.66**

87807 – RSV Immunoassay **\$31.00**

87880 – Strep. A Immunoassay **\$15.00**

36415 – Venipuncture/Venous Blood Draw **\$5.00**

ADDITIONAL EVALUATION & MANAGEMENT

69209 – Ear Irrigation & Flush **\$15.50**

69210 – Impacted Cerumen Removal **\$72.00**

INJECTIONS & IMMUNIZATIONS

86580 – PPD Placement & Read **\$20.00**

90715 – Tdap Vaccine (any age) **\$55.00**

95115 – Allergy Injection (Single) **\$20.00**

95117 – Allergy Injection (Multi) **\$30.00**

96372 – Therapeutic Injection **\$40.00**

INTEGRATED BEHAVIORAL HEALTH SERVICES

90791 – Diagnostic Eval (non-medical) **\$171.00**

90792 – Diagnostic Eval (medical) **\$175.00**

90832 – Individual Psychotherapy (16-37 min.) **\$75.00**

90834 – Individual Psychotherapy (38-52 min.) **\$95.00**

90837 – Individual Psychotherapy (53 + min.) **\$138.00**

90839 – Crisis Psychotherapy (initial 60 min.) **\$148.00**

90840 – Crisis Psychotherapy (add. 30 min.) **\$76.00**

90846 – Family/Couples Counseling w/o patient **\$134.00**

90847 – Family/Couples Counseling with patient **\$144.00**

VACCINE ADMINISTRATION – non VFC Stock

90460 – Immunization for child, age 0-17 **\$36.00**

90461 – Immunization for child, age 0-17 **\$19.00**

90471 – Immunization for adult, age 18 & over **\$30.00**

90472 – Immunization for adult, age 18 & over **\$25.00**

Miscellaneous Form Fee – NO VISIT \$15.00