

Oneida Medical Services - Women's Health Associates

CPT	DESCRIPTION OF SERVICE	FEE
99202	OFFICE VISIT NEW LEVEL 2	\$142.00
99203	OFFICE VISIT NEW LEVEL 3	\$205.00
99212	OFFICE VISIT EST LEVEL 2	\$83.00
99213	OFFICE VISIT EST LEVEL 3	\$138.00
99214	OFFICE VISIT EST LEVEL 4	\$204.00
99218	OBSERVATION CARE LOW SEVERITY	\$139.77
99219	OBSERVATION CARE MODERATE SEVE	\$190.28
99224	SUBSEQUENT OBSERVATION CARE, P	\$58.00
99283	EMERGENCY DEPT VISIT LEVEL 3	\$86.60
99385	PREVENTIVE VISIT NEW 18-39 YRS	\$187.50
99386	PREVENTIVE VISIT NEW 40-64 YRS	\$217.14
99387	PREVENTIVE VISIT NEW 64 YRS	\$314.00
99395	PREVENTIVE VISIT EST 18-39 YRS	\$225.00
99396	PREVENTIVE VISIT EST 40-64 YRS	\$189.57
99397	PREVENTIVE VISIT EST 64 YRS	\$258.00
10120	REMOVE FOREIGN BODY SUBCUTANEO	\$290.00
11301	SHAVE SKIN LESION .6-1CM TRUN	\$168.00
11400	EXCISE BENIGN LESION .6CM T	\$238.98
49321	LAPAROSCOPY WITH BX	\$669.00
54150	CIRCUMCISION NEWBORN	\$298.00
56605	BIOPSY VULVA/PERINEUM ONE LESI	\$157.76
56740	EXCISION BARTHOLIN'S GLAND OR	\$750.00
57288	SLING SURGERY FOR STRESS INCON	\$1,351.36
57421	COLPOSCOPY VAGINA W/BX	\$298.66
57454	COLPOSCOPY W/BIOPSY CERVIX/END	\$293.20
57460	COLPOSCOPY W/LEEP CERVIX	\$548.30
58100	BIOPSY ENDOMETRIAL W/O CERVICA	\$209.26
58300	INSERT INTRAUTERINE DEVICE	\$225.00
58301	REMOVE INTRAUTERINE DEVICE	\$183.00
J7300	PARAGARD IUD	\$700.00
J7302	MIRENA INTRAUTERINE SYSTEM 20	\$927.18
J7301	SKYLA Levonogestral-releasing	\$800.00
58340	HYSTEOSALPINGOGRAPHY SONOHYST	\$229.32
58350	HYDROTUBATION OF OVIDUCT INCLU	\$186.36
58541	LAP SUPRACERVICAL HYSTERECTOMY	\$1,651.52
58552	LAPROSCOPIC VAG HYST W/ REMOVA	\$1,873.16
58558	HYSTEROSCOPY; D C	\$770.00
58563	HYSTEROSCOPY WITH ENDO ABLATION	\$3,257.92
58565	BILATERAL TUBALLIGATION W/IMPL	\$3,687.44
58661	LAPAROSCOPY W/ OOPHERECTOMY OR SALPINGECTOMY	\$1,226.30
58662	LAPAROSCOPY W/ FULGERATION/EXC	\$1,345.52
58671	LAPAROSCOPY WITH OCCLUSION OF	\$699.56
59025	FETAL NON-STRESS TEST	\$91.52
59400	OBSTETRIC CARE ROUTINE	\$3,942.42
59409	VAGINAL DELIVERY ONLY	\$1,528.10
59510	CESAREAN DELIVERY ROUTINE	\$4,351.92

76705	ULTRASOUND ABDOMINAL LIMITED	\$250.00
76770	ULTRASOUND Retroperitoneal Com	\$255.46
76801	ULTRASOUND, PREGNANT 14 WEEKS	\$245.24
76805	ULTRASOUND PREGNANT UTERUS COM	\$286.14
76810	ULTRASOUND PREGNANT UTERUS COM	\$187.70
76811	ULTRASOUND PREGNANT UTERUS SCR	\$362.24
76813	NF ULTRASCREEN	\$236.84
76815	ULTRASOUND PREGNANT UTERUS LIM	\$174.70
76816	ULTRASOUND PREGNANT UTERUS FOL	\$229.32
76817	ULTRASOUND PREGNANT TRANSVAGIN	\$197.60
76830	ULTRASOUND TRANSVAGINAL	\$243.00
76831	HYSTEROSONOGRAPHY	\$244.12
76856	ULTRASOUND PELVIC COMPLETE	\$240.16
81000	URINALYSIS WITH MICRO	\$20.00
81002	URINALYSIS W/O MICROSCOPY NON-	\$15.00
81025	URINE PREGNANCY TEST	\$20.00
82948	GLUCOSE BLOOD REAGENT STRIP	\$20.00
82950	GLUCOSE TEST POST GLUCOSE DOSE	\$20.00
85018	HEMOGLOBIN	\$5.00
87210	SMEAR, WET MOUNT W/SIMPLE STAI	\$20.00
90471	IMMUNIZATION ADMINISTRATION SI	\$49.00
90472	IMMINUZATION ADMINISTRATION 2+	\$37.00
90656	INFLUENZA VIRUS VACCINE Thimer	\$30.00
90715	TETANUS, DIPHTHERIA TOXOIDS/AC	\$78.00
96372	THERAPEUTIC, PROPHYLACTIC OR D	\$49.00
J0702	BETAMETHASONE 3MG	\$18.00