

CPT Code	Description	Charge	Medicare	IN Medicaid	IL Medicaid	Sliding Scale P	Sliding Scale Q	Sliding Scale T	Sliding Scale R
99211	Nurse visit	\$25.00	\$8.64	\$16.64	\$157.13	\$5.00	\$10.00	\$13.00	\$14.00
99212	Established office visit level 2	\$80.00	\$164.45	\$181.43	\$157.13	\$25.00	\$35.00	\$40.00	\$50.00
99213	Established office visit level 3	\$133.00	\$164.45	\$181.43	\$157.13	\$25.00	\$35.00	\$40.00	\$50.00
99214	Established office visit level 4	\$198.00	\$164.45	\$181.43	\$157.13	\$25.00	\$35.00	\$40.00	\$50.00
99203	NP office visit level 3	\$198.00	\$164.45	\$181.43	\$157.13	\$25.00	\$35.00	\$40.00	\$50.00
99204	NP office visit level 4	\$305.00	\$164.45	\$181.43	\$157.13	\$25.00	\$35.00	\$40.00	\$50.00
96372	Admin of injection	\$25.00	\$13.32	\$17.61	\$9.81	\$6.00	\$10.00	\$13.00	\$14.00
90471	Adm of immunization	\$44.00	\$15.83	\$15.00	Not covered	\$15.00	\$18.00	\$22.00	\$24.00
36415	Blood draw/venipuncture	\$10.00	\$3.00	\$3.00	\$4.10	\$2.00	\$4.00	\$5.00	\$6.00
80305	Drug Test, urine dip	\$25.00	\$12.60	\$12.60	\$8.98	\$5.00	\$10.00	\$13.00	\$14.00
81003	Urinalysis	\$5.00	\$2.25	\$2.25	\$4.36	\$1.00	\$2.00	\$3.00	\$3.00
81025	Urine pregnancy test	\$10.00			\$2.58	\$2.00	\$4.00	\$5.00	\$6.00
87880	Strep Test	\$20.00	\$16.53	\$16.32	\$15.70	\$4.00	\$8.00	\$10.00	\$14.00
87804	Influenza assay test	\$30.00	\$16.55	\$16.32	\$15.65	\$6.00	\$12.00	\$15.00	\$17.00
Dental Program									
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D0150	New patient Exam, comprehensive	\$82.00	Not covered	\$181.43	\$125.69	\$40.00	\$41.00	\$41.00	\$41.00
D0120	Periodic oral exam	\$82.00	Not covered	\$181.43	\$125.69	\$40.00	\$41.00	\$41.00	\$41.00
D1110	Prophylaxis, adult	\$100.00	Not covered	\$47.75	\$48.38	\$40.00	\$41.00	\$44.00	\$48.00
D1120	Prophylaxis, child	\$60.00	Not covered	\$34.50	\$41.00	\$40.00	\$41.00	\$44.00	\$48.00
D0274	Bitewings - 4 total	\$48.00	Not covered	included in exa	included in exa	included in exa	included in exa	included in exa	included in exam
D0330	Panoramic film	\$87.00	Not covered	included in exa	included in exa	included in exa	included in exa	included in exa	included in exam
D0230	Periapical x/ray, 1 tooth	\$15.00	Not covered	included in exa	included in exa	included in exa	\$7.50	\$7.50	\$7.50
D2330	Fillings, 1 surface	\$108.00	Not covered	\$181.43	\$125.69	\$40.00	\$54.00	\$54.00	\$54.00
D2335	Fillings, 4 surface	\$210.00	Not covered	\$181.43	\$125.69	\$40.00	\$105.00	\$105.00	\$105.00
D7140	Simple extraction single tooth	\$120.00	Not covered	\$181.43	\$125.69	\$40.00	\$60.00	\$60.00	\$60.00
D7210	Surgical Extraction, single tooth	\$220.00	Not covered	\$181.43	\$125.69	\$40.00	\$110.00	\$110.00	\$110.00
Counselling									
CPT Code	Description	Charge	Medicare	IN Medicaid	IL Medicaid	Sliding Scale P	Sliding Scale Q	Sliding Scale T	Sliding Scale R
90837		\$195.00	\$146.81	\$181.43	\$79.11	\$25.00	\$35.00	\$40.00	\$50.00
96158 X4		\$152.00	\$64.28	\$181.43	\$79.11	\$25.00	\$35.00	\$40.00	\$50.00