Code	Description of charge	Fee	Average Ins reimbusement	Medicaid reimbursement
99391	Prev visit, est, infant	$162,00	$154,86	$77,56
99392	Prev visit, est, age 1-4	$175,00	$166,04	$82,58
99393	Prev visit, est, age 5-11	$173,00	$165,73	$82,30
99394	Prev visit, est, age 12-17	$191,00	$183,00	$90,39
99395	Prev visit, est, age 18 +	$194,00	$187,17	$92,34
90670	Pneumococcal vaccine	$200,00	$193,91	$215,33
90680	Rotavirus vaccine	$120,00	$82,35	$0,00
90651	Human Papilloma Virus 9 (HPV-9) vaccine	$215,00	$199,58	$271,11
90723	DtaP-HepB-IPV	$100,00	$76,12	$0,00
90734	Meningococcal vaccine	$140,00	$119,04	$122,31
99212	Office visit, est lvl II	$78,00	$66,13	$34,87
99213	Office visit, est lvl III	$128,00	$113,56	$57,49
99214	Office visit, est lvl IIII	$189,00	$168,85	$83,97
99215	Office visit, est lvl IIIII	$251,00	$229,12	$112,15
99203	Office visit, new lvl III	$189,00	$157,75	$82,86
87070	Culture, bacteria, other	$26,00	$11,96	$9,57
94010	Breathing capacity test	$81,00	$60,40	$25,34
85025	Hemogram w/platelet ct & diff	$45,00	$10,83	$8,63
94640	Pressurized or nonpressurized inhalation t	$35,00	$31,24	$12,80
87880	Strep a assay w/optic	$35,00	$18,10	$16,53
80061	Lipid Panel	$40,00	$18,63	
87807	respiratory syncytial virus	$50,00	$16,68	
87804	Influenza screen A/B each	$40,00	$18,16	
17110	Destruction (eg, laser surgery, electrosurg	$225,00	$194,53	
82274	Blood, occult, by fecal hemoglobin deterr	$40,00	$24,26	