

**Oneida Medical Practice - Quick Care**

<b>CPT</b>	<b>Description of Service</b>	<b>FEE</b>
99051	SERVICE PROVIDED IN OFFICE REG	\$29.94
99201	OFFICE VISIT NEW LEVEL 1	\$98.95
99202	OFFICE VISIT NEW LEVEL 2	\$170.87
99203	OFFICE VISIT NEW LEVEL 3	\$246.74
99204	Office Visit New Level 4	\$380.00
99211	OFFICE VISIT EST LEVEL 1	\$48.00
99212	OFFICE VISIT EST LEVEL 2	\$99.71
99213	OFFICE VISIT EST LEVEL 3	\$167.00
99214	OFFICE VISIT EST LEVEL 4	\$247.00
10060	I D ABSCESS SIMPLE	\$225.20
10120	REMOVE FOREIGN BODY SUBCUTANEO	\$290.00
12001	REPAIR SUPERFIC WOUND 2.6	\$185.00
12002	REPAIR SUPERFIC WOUND 2.6-7.5	\$265.00
12011	REPAIR SUPERFIC WOUND 2.6CM	\$209.00
17250	CHEMICAL CAUTERY GRANULATION T	\$100.00
20000	INCISION ABSCESS SOFT TISSUE S	\$387.50
29105	APPLY SPLINT LONG ARM	\$197.00
29125	APPLY SPLINT SHORT ARM STATIC	\$158.00
29130	APPLY SPLINT FINGER STATIC	\$80.00
29280	STRAPPING HAND OR FINGER	\$100.00
29505	APPLY SPLINT LONG LEG	\$202.00
29515	APPLY SPLINT SHORT LEG	\$157.00
29530	STRAPPING KNEE	\$95.00
29540	STRAPPING ANKLE	\$98.00
36415	Collection Of Venous Blood By	\$25.00
65220	REMOVE FOREIGN BODY CORNEA W/O	\$125.00
69000	DRAIN ABSCESS/HEMATOMA EXTERNA	\$365.00
69200	REMOVE FOREIGN BODY EXT AUDITO	\$75.00
69210	REMOVE IMPACTED CERUMEN	\$100.00
81002	URINALYSIS W/O MICROSCOPY NON-	\$5.00
81025	URINE PREGNANCY TEST	\$13.00
82374	CARBON DIOXIDE (BICARBONATE)	\$10.00
82565	CREATININE BLOOD	\$11.00
82947	GLUCOSE QUANTITATIVE	\$8.00
84132	POTASSIUM SERUM PLASMA OR WHOL	\$9.00
84295	SODIUM SERUM PLASMA OR WHOLE B	\$10.00
84520	UREA NITROGEN QUANTITATIVE	\$8.00
85014	Hematocrit	\$5.00
87880	STREPTOCOCCUS A BY IMMUNOASSAY	\$24.00
90471	IMMUNIZATION ADMINISTRATION SI	\$33.00
90715	TETANUS, DIPHTHERIA TOXOIDS/AC	\$150.52
93005	ELECTROCARDIOGRAM TRACING ONLY	\$15.00
94640	Pressurized/Non-Pressurized In	\$45.00
96360	IV INFUSION, HYDRATION, 31 MIN	\$150.00

96365	IV INFUSION FOR THERAPY,PROPHY	\$150.00
96372	THERAPEUTIC, PROPHYLACTIC OR D	\$50.00
J1885	INJECTION KETOROLAC TROMETHAMI	\$24.00
Q4022	CAST SUPPLIES, SHORT ARM SPLIN	\$28.00
Q4049	FINGER SPLINT, STATIC	\$5.00
J0696 1G	ROCEPHIN 1 GM	\$36.00
J1885 X4	INJECT KETOROLAC TROMETHAMINE	\$96.00

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On Accounting Date: 03/29/15

ONEIDA MEDICAL PRACTICE

Title Page for Fee Reimbursement Analysis by Payor (Averages)

Selected Options:

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For Service Dates: 06/30/14 - 12/31/14

Locations: 3

Rendering Doctor

Doctors: All Doctors

Insurance Companies: All Insurance Companies

Insurance Groups: All Insurance Groups

CPT/HCPCS Codes: All CPT/HCPCS Codes

Specialties: All Specialties

Create XML for Export: Yes, Show Sort Name/Descriptions

**SORT OPTIONS**

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Sort One: CPT/HCPCS Code

Sort Two:

Sort Two:

Sort Three:

Sort Four:

Notes:

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Zero dollar payments have been factored into calculations.

Standard fee based on CPT/HCPCS codes as of 00/00/00

Service Count, Visits and Units are based on ALL CPT/HCPCS performed for the given date range.

This report includes ONLY paid charges for the time period selected.

This report does NOT include payments made during this period of time that were not applied to charges.

