

Variety Care - Most Commonly Billed Codes and Pricing

General Primary Care

| CPT Code | Description of Service | Charge for Service | Sliding Fee Scale - Slide A* | Sliding Fee Scale - Slide B* | Sliding Fee Scale - Slide C* | Sliding Fee Scale - Slide D* | Sliding Fee Scale - Slide E* |
|----------|--|--------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| 99213 | Established Patient Office/outpatient Visit with medical history and/or examination | \$ 182.00 | \$ 35.00 | \$ 36.00 | \$ 73.00 | \$ 109.00 | \$ 146.00 |
| 91301 | SARS-Covid-19 Vaccine | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 90471 | Immunization Administration | \$ 41.00 | \$ 10.00 | \$ 11.00 | \$ 16.00 | \$ 25.00 | \$ 33.00 |
| 80053 | COMPREHENSIVE METABOLIC PANEL IH | \$ 118.00 | \$ 13.00 | \$ 24.00 | \$ 47.00 | \$ 71.00 | \$ 94.00 |
| 99214 | Established patient Office/outpatient Visit of moderate complexity | \$ 266.00 | \$ 35.00 | \$ 53.00 | \$ 106.00 | \$ 160.00 | \$ 213.00 |
| 85025 | BLOOD COUNT Panel | \$ 35.00 | \$ 5.00 | \$ 7.00 | \$ 14.00 | \$ 21.00 | \$ 28.00 |
| 0012A | Admin SARSCOV2, 100 mcg/0.5 ml, 2nd, Moderna | \$ 68.00 | \$ 31.00 | \$ 32.00 | \$ 33.00 | \$ 41.00 | \$ 54.00 |
| 80061 | LIPID PANEL / Z7600 | \$ 107.00 | \$ 4.00 | \$ 21.00 | \$ 43.00 | \$ 64.00 | \$ 86.00 |
| 84443 | THYROID STIMULATING HORMONE TSH | \$ 106.00 | \$ 7.00 | \$ 21.00 | \$ 42.00 | \$ 64.00 | \$ 85.00 |
| 0011A | Admin SARSCOV2 100mcg/0.5 ml, 1st, Moderna | \$ 41.00 | \$ 18.00 | \$ 19.00 | \$ 20.00 | \$ 25.00 | \$ 33.00 |
| 83036 | HEMOGLOBIN IH | \$ 58.00 | \$ 9.00 | \$ 12.00 | \$ 23.00 | \$ 35.00 | \$ 46.00 |
| 90472 | IMMUNIZATION ADMINistratoIn | \$ 31.00 | \$ 10.00 | \$ 11.00 | \$ 12.00 | \$ 19.00 | \$ 25.00 |
| 91300 | SARS-Covid-19 Vaccine (Pfizer-BioNTech) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 87635 | SARS COVID-19 Test | \$ 110.00 | \$ 105.00 | \$ 106.00 | \$ 107.00 | \$ 108.00 | \$ 109.00 |
| 83036 | HEMOGLOBIN A1c test | \$ 58.00 | \$ 9.00 | \$ 12.00 | \$ 23.00 | \$ 35.00 | \$ 46.00 |
| 99213 | Established Patient Office/outpatient Visit with medical history and/or examination via Telehealth | \$ 182.00 | \$ 35.00 | \$ 36.00 | \$ 73.00 | \$ 109.00 | \$ 146.00 |
| Z1023 | Comprehensive Metabolic Panel W/Egfr 10231 | \$ 11.00 | \$ 4.00 | \$ 5.00 | \$ 6.00 | \$ 7.00 | \$ 9.00 |
| 99392 | Regular Well Child check for children AGE 1-4 (COMPREHENSIVE PREVENTIVE MEDICINE E&M W H) | \$ 262.00 | \$ 35.00 | \$ 52.00 | \$ 105.00 | \$ 157.00 | \$ 210.00 |
| 99393 | Regular Well Child Check for children AGE 5-11 (COMPREHENSIVE PREVENTIVE MEDICINE E&M W CH) | \$ 261.00 | \$ 35.00 | \$ 52.00 | \$ 104.00 | \$ 157.00 | \$ 209.00 |
| 90686 | Flu Shot (for persons 6 mo & Older) Pre-filled (state) (1 component) | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.01 |

OB/GYN Services

| CPT Code | Description of Service | Charge for Service | Sliding Fee Scale - Slide A* | Sliding Fee Scale - Slide B* | Sliding Fee Scale - Slide C* | Sliding Fee Scale - Slide D* | Sliding Fee Scale - Slide E* |
|----------|---|--------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| 99213 | Established Patient Office/outpatient Visit with medical history and/or examination | \$ 182.00 | \$ 35.00 | \$ 36.00 | \$ 73.00 | \$ 109.00 | \$ 146.00 |
| 87591 | Gonorrhea Test (Neisseria Gonorrhea, Amplified Probe Technique) | \$ 21.00 | \$ 16.00 | \$ 17.00 | \$ 18.00 | \$ 19.00 | \$ 20.00 |
| 87491 | Chlamydia Test (CHLAMYDIA TRACH DNA SDA) | \$ 81.00 | \$ 14.00 | \$ 16.00 | \$ 32.00 | \$ 49.00 | \$ 65.00 |
| 81025 | URINE PREGNANCY TEST (VISUAL COLOR COMPARISON METH) | \$ 27.00 | \$ 3.00 | \$ 5.00 | \$ 11.00 | \$ 16.00 | \$ 22.00 |
| 88175 | Pap Smear Test (CYTOPATHOGLOGY CER VAGINAL PRESERVED IN FLUID) | \$ 104.00 | \$ 35.00 | \$ 36.00 | \$ 42.00 | \$ 62.00 | \$ 83.00 |
| 81003 | Urinalysis (automated, without microscopy) | \$ 15.00 | \$ 3.00 | \$ 4.00 | \$ 8.00 | \$ 9.00 | \$ 12.00 |
| 85025 | BLOOD COUNT Lab Panel | \$ 35.00 | \$ 5.00 | \$ 7.00 | \$ 14.00 | \$ 21.00 | \$ 28.00 |
| 96372 | Injection; Therapeutic, Prophylactic or Diagnostic | \$ 41.00 | \$ 18.00 | \$ 19.00 | \$ 20.00 | \$ 25.00 | \$ 33.00 |
| 87086 | CULTURE BACTERIAL | \$ 50.00 | \$ 9.00 | \$ 10.00 | \$ 20.00 | \$ 30.00 | \$ 40.00 |
| 99212 | Established Patient Office/outpatient Visit with medical history and/or examination | \$ 110.00 | \$ 35.00 | \$ 36.00 | \$ 44.00 | \$ 66.00 | \$ 88.00 |
| 86592 | SYPHILIS TEST | \$ 9.00 | \$ 4.00 | \$ 5.00 | \$ 6.00 | \$ 7.00 | \$ 8.00 |
| 87389 | HIV Test (with 1/2 Antigen & Antibodies 4th Gen. w/reflex) | \$ 27.00 | \$ 22.00 | \$ 23.00 | \$ 24.00 | \$ 25.00 | \$ 26.00 |
| J1050 | Depo Provera Sub-Q 104 mg/0.65 ml | \$ 17.00 | \$ 12.00 | \$ 13.00 | \$ 14.00 | \$ 15.00 | \$ 16.00 |

| | | | | | | | | | | | | | |
|-------|--|----|--------|----|-------|----|-------|----|--------|----|--------|----|--------|
| 87624 | HPV Test (HIGH-RISK Cancer genotypes) | \$ | 97.00 | \$ | 38.00 | \$ | 39.00 | \$ | 39.00 | \$ | 58.00 | \$ | 78.00 |
| 83036 | HEMOGLOBIN Check | \$ | 58.00 | \$ | 9.00 | \$ | 12.00 | \$ | 23.00 | \$ | 35.00 | \$ | 46.00 |
| 86803 | HEPATITIS C ANTIBODY Test | \$ | 15.00 | \$ | 9.00 | \$ | 10.00 | \$ | 11.00 | \$ | 12.00 | \$ | 13.00 |
| 87210 | SMEAR PRIMARY SOURCE W INTERPRETATION | \$ | 26.00 | \$ | 12.00 | \$ | 13.00 | \$ | 13.00 | \$ | 16.00 | \$ | 21.00 |
| 99214 | Established patient Office/outpatient Visit of moderate complexity | \$ | 266.00 | \$ | 35.00 | \$ | 53.00 | \$ | 106.00 | \$ | 160.00 | \$ | 213.00 |
| Z9093 | Thinprep Tis PAP and HPV mRNA E6/E7 90933 | \$ | 201.00 | \$ | 73.00 | \$ | 74.00 | \$ | 81.00 | \$ | 120.00 | \$ | 161.00 |
| 87661 | TRICHOMONAS VAGINALIS, AMPLIFIED PROBE TECH | \$ | 73.00 | \$ | 68.00 | \$ | 69.00 | \$ | 70.00 | \$ | 71.00 | \$ | 72.00 |

Dental Services

| CPT Code | Description of Service | Charge for Service | Sliding Fee Scale - | | | | |
|----------|--|--------------------|---------------------|-----------|-----------|-----------|-----------|
| | | | Slide A* | Slide B* | Slide C* | Slide D* | Slide E* |
| D1206 | TOPICAL FLUORIDE VARNISH THERAPEUTIC APPLICATION | \$ 45.00 | \$ 15.00 | \$ 16.00 | \$ 18.00 | \$ 27.00 | \$ 36.00 |
| D0120 | PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT | \$ 50.00 | \$ 30.00 | \$ 31.00 | \$ 32.00 | \$ 33.00 | \$ 40.00 |
| D1120 | PROPHYLAXIS - CHILD | \$ 69.00 | \$ 40.00 | \$ 41.00 | \$ 42.00 | \$ 43.00 | \$ 55.00 |
| D0274 | BITEWINGS - FOUR FILMS | \$ 64.00 | \$ 40.00 | \$ 41.00 | \$ 42.00 | \$ 43.00 | \$ 51.00 |
| D1110 | PROPHYLAXIS - ADULT | \$ 89.00 | \$ 40.00 | \$ 41.00 | \$ 42.00 | \$ 53.00 | \$ 71.00 |
| D0150 | COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED | \$ 87.00 | \$ 40.00 | \$ 41.00 | \$ 42.00 | \$ 52.00 | \$ 70.00 |
| D0140 | LIMITED ORAL EVALUATION - PROBLEM FOCUSED | \$ 74.00 | \$ 30.00 | \$ 31.00 | \$ 32.00 | \$ 44.00 | \$ 59.00 |
| D7140 | EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT ELEVATI | \$ 207.00 | \$ 50.00 | \$ 51.00 | \$ 83.00 | \$ 124.00 | \$ 166.00 |
| D0330 | PANORAMIC FILM | \$ 111.00 | \$ 40.00 | \$ 41.00 | \$ 44.00 | \$ 67.00 | \$ 89.00 |
| D2392 | RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR | \$ 253.00 | \$ 80.00 | \$ 81.00 | \$ 101.00 | \$ 152.00 | \$ 202.00 |
| D9230 | ANALGESIA ANXIOLYSIS INHALATION OF NITROUS OXIDE | \$ 78.00 | \$ 58.00 | \$ 59.00 | \$ 60.00 | \$ 61.00 | \$ 62.00 |
| D0220 | INTRAORAL - PERIAPICAL FIRST FILM | \$ 45.00 | \$ 40.00 | \$ 41.00 | \$ 42.00 | \$ 43.00 | \$ 44.00 |
| D2391 | RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR | \$ 200.00 | \$ 65.00 | \$ 66.00 | \$ 80.00 | \$ 120.00 | \$ 160.00 |
| D1351 | SEALANT - PER TOOTH | \$ 70.00 | \$ 15.00 | \$ 16.00 | \$ 28.00 | \$ 42.00 | \$ 56.00 |
| D0272 | BITEWINGS - TWO FILMS | \$ 45.00 | \$ 40.00 | \$ 41.00 | \$ 42.00 | \$ 43.00 | \$ 44.00 |
| D9310 | CONSULTATION | \$ 148.00 | \$ 111.00 | \$ 112.00 | \$ 113.00 | \$ 114.00 | \$ 118.00 |
| D0145 | ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE | \$ 68.00 | \$ 30.00 | \$ 31.00 | \$ 32.00 | \$ 41.00 | \$ 54.00 |

Lab Services

| CPT Code | Description of Service | Charge for Service | Sliding Fee Scale - | | | | |
|----------|---|--------------------|---------------------|----------|----------|----------|----------|
| | | | Slide A* | Slide B* | Slide C* | Slide D* | Slide E* |
| 80053 | COMPREHENSIVE METABOLIC PANEL | \$ 118.00 | \$ 13.00 | \$ 24.00 | \$ 47.00 | \$ 71.00 | \$ 94.00 |
| 80061 | LIPID PANEL | \$ 107.00 | \$ 4.00 | \$ 21.00 | \$ 43.00 | \$ 64.00 | \$ 86.00 |
| 85025 | BLOOD COUNT | \$ 35.00 | \$ 5.00 | \$ 7.00 | \$ 14.00 | \$ 21.00 | \$ 28.00 |
| 84443 | THYROID STIMULATING HORMONE TSH | \$ 106.00 | \$ 7.00 | \$ 21.00 | \$ 42.00 | \$ 64.00 | \$ 85.00 |
| 83036 | HEMOGLOBIN | \$ 58.00 | \$ 9.00 | \$ 12.00 | \$ 23.00 | \$ 35.00 | \$ 46.00 |
| 81025 | URINE PREGNANCY TEST VISUAL COLOR COMPARISON METH | \$ 27.00 | \$ 3.00 | \$ 5.00 | \$ 11.00 | \$ 16.00 | \$ 22.00 |
| Z1023 | Comprehensive Metabolic Panel W/Egfr 10231 | \$ 11.00 | \$ 4.00 | \$ 5.00 | \$ 6.00 | \$ 7.00 | \$ 9.00 |
| Z7600 | Lipid Panel 7600 | \$ 107.00 | \$ 4.00 | \$ 21.00 | \$ 43.00 | \$ 64.00 | \$ 86.00 |
| z6399 | CBC (Includes Diff/Plt) 6399 | \$ 35.00 | \$ 5.00 | \$ 7.00 | \$ 14.00 | \$ 21.00 | \$ 28.00 |
| Z0899 | TSH, 3rd Generation 899 | \$ 106.00 | \$ 7.00 | \$ 21.00 | \$ 42.00 | \$ 64.00 | \$ 85.00 |
| Z0496 | Hemoglobin A1c 496 | \$ 58.00 | \$ 9.00 | \$ 12.00 | \$ 23.00 | \$ 35.00 | \$ 46.00 |
| 82570 | CREATININE | \$ 14.00 | \$ 9.00 | \$ 10.00 | \$ 11.00 | \$ 12.00 | \$ 13.00 |
| 87389 | HIV 1/2 Antigen & Antibodies 4th Gen. w/reflex | \$ 27.00 | \$ 22.00 | \$ 23.00 | \$ 24.00 | \$ 25.00 | \$ 26.00 |
| 82043 | ALBUMIN | \$ 27.00 | \$ 22.00 | \$ 23.00 | \$ 24.00 | \$ 25.00 | \$ 26.00 |

| | | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respir | \$ 110.00 | \$ 105.00 | \$ 106.00 | \$ 107.00 | \$ 108.00 | \$ 109.00 |
| 85027 COMPLETE CBC, AUTOMATED | \$ 56.00 | \$ 7.00 | \$ 11.00 | \$ 22.00 | \$ 34.00 | \$ 45.00 |
| 84439 THYROXINE | \$ 74.00 | \$ 11.00 | \$ 15.00 | \$ 30.00 | \$ 44.00 | \$ 59.00 |
| 84460 TRANSFERASE | | | | | | |
| 84450 TRANSFERASE | | | | | | |
| 82306 ASSAY OF VITAMIN D | \$ 118.00 | \$ 110.00 | \$ 111.00 | \$ 111.00 | \$ 111.00 | \$ 111.00 |

X-Ray Services

| CPT Code | Description of Service | Charge for Service | Sliding Fee Scale - Slide A* | Sliding Fee Scale - Slide B* | Sliding Fee Scale - Slide C* | Sliding Fee Scale - Slide D* | Sliding Fee Scale - Slide E* |
|----------|---|--------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| 71046 | X-Ray Exam Chest 2 view | \$ 77.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 62.00 |
| 73560 | X-ray Exam Of Knee, 1 Or 2 | \$ 58.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 54.00 |
| 72110 | X-RAY EXAM OF LOWER SPINE | \$ 86.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 69.00 |
| 73630 | X-ray Exam Of Foot | \$ 56.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 54.00 |
| 74019 | X-RAY EXAM ABDOMEN 2 VIEWS | \$ 85.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 68.00 |
| 73610 | X-ray Exam Of Ankle | \$ 60.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 54.00 |
| 73030 | X-ray Exam Of Shoulder | \$ 55.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 54.00 |
| 73130 | X-ray Exam of Hand | \$ 60.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 54.00 |
| 73110 | X-RAY EXAM OF WRIST | \$ 68.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 54.00 |
| 73502 | X-ray Exam Of Hip | \$ 77.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 62.00 |
| 72052 | X-RAY EXAM OF NECK SPINE | \$ 102.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 61.00 | \$ 82.00 |
| 72080 | X-RAY EXAM OF TRUNK SPINE | \$ 55.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 54.00 |
| 72070 | X-ray Exam Of Thoracic Spine | \$ 56.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 54.00 |
| 73070 | X-ray Exam of Elbow | \$ 55.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 54.00 |
| 73140 | X-RAY EXAM OF FINGER(S) | \$ 65.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 54.00 |
| 73521 | X-RAY EXAM OF HIPS, Bilateral w/AP Pelvis | \$ 60.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 54.00 |
| 71101 | X-RAY EXAM OF RIBS/CHEST, Left | \$ 63.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 54.00 |
| 73590 | X-Ray Exam of Lower Leg | \$ 55.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 54.00 |
| 73090 | X-ray Exam Of Forearm | \$ 55.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 54.00 |
| 72220 | X-RAY EXAM OF TAILBONE | \$ 55.00 | \$ 50.00 | \$ 51.00 | \$ 52.00 | \$ 53.00 | \$ 54.00 |

*As a Federally Qualified Health Center, Variety Care offers a sliding fee discount scale to all our patients based on your household size and income. The prices for each of our sliding fee discount scales is reflected above. We will help you apply and determine if you qualify for one of our scales through our registration process.

This document is being posted to comply with 63 O.S. 1-725.1 to 1-725.5 known as the Transparency in Health Care Prices Act. It will be updated at least annually by the Variety Care compliance officer and will be displayed on the Variety Care website.