

Hilliard Pediatrics Fee Schedule

Last Updated: 08/01/2026

CPT Code	Description	Fee
10060	DRAINAGE OF SKIN ABSCESS	200
10120	REMOVE FOREIGN BODY	260
17110	DESTRUCT LESION- 1-14	180
17111	DESTRUCT LESION- 15 OR MORE	250
17250	CHEMICAL CAUTERY- TISSUE	145
24640	TREAT ELBOW DISLOCATION	175
30300	FOREIGN BODY-NOSE	345
51701	INSERT BLADDER CATHETER	135
69200	FOREIGN BODY/EAR	135
69209	REMOVE IMPACTED EAR WAX UNI	25
69210	CERUMEN REMOVAL WITH INSTRUMENTATION	80
80061	LIPID PANEL	30
81002	URINE-NO MICRO	5
81025	URINE PREGNANCY TEST	15
82274	ASSAY TEST FOR BLOOD- FECAL	35
82947	ASSAY- GLUCOSE- BLOOD QUANT	10
85018	HEMOGLOBIN	5
87615	STREP A, DNA, AMP PROBE	60
87804	INFLUENZA ASSAY W/OPTIC	25
87811	QuickVue Rapid COVID Antigen	80
87880	STREP A ASSAY W/OPTIC	25
90380	RSV (Beyfortus) 0.5 mL	1200
90381	RSV (Beyfortus) 1mL	1200
90460	IMADM ANY ROUTE 1ST VAC/TOX	45
90461	INADM ANY ROUTE ADDL VAC/TOX	25
90471	IMMUNIZATION ADMIN	40
90472	IMMUNIZATION ADMIN- EACH ADD	30
90473	IMMUNE ADMIN ORAL/NASAL	40
90474	IMMUNE ADMIN ORAL/NASAL ADDL	25
90480	COVID-19 Seasonal Vx Admin Fee	75
90482	IMMUNIZATION COUNSELING NOT ADMINISTERED: 3-10 MIN	20
90483	IMMUNIZATION COUNSELING NOT ADMINISTERED: 10-20 MIN	40
90484	IMMUNIZATION COUNSELING NOT ADMINISTERED: >20 MIN	60
90620	Meningococcal B (Bexsero)	445
90624	Meningococcal ABCWY (Penmenvy)	530
90633	Hep A- ped/adol- 2 dose (Havrix)	75
90648	Hib (PRP-T)- 4 dose schedule (Hiberix)	30
90651	Gardasil 9	625
90660	FluMist (trivalent)	60
90661	Influenza (Flucelvax Trivalent)	85
90677	Pneumococcal conjugate PCV 20 (Prenar 20)	600
90681	Rotavirus- monovalent (2 dose schedule)	295
90696	DTaP-IPV (Kinrix)	125
90700	DTaP (Infanrix)	60
90707	MMR (Priorix)	190
90710	MMRV (Proquad)	540

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90716	Varicella	375
90723	DTaP-Hep B-IPV (Pediarix)	205
90734	Meningococcal MCV40 (CVX 136)	335
90744	Hep B- adolescent or pediatric (0-18)- 3 dose schedule	60
91321	COVID-19- Moderna Seasonal 6m-11y	300
91322	COVID-19- Moderna Seasonal 12+	350
92551	AUDIOMETRY-SCREEN	25
94640	NEB/MDI (AEROSOL TREATMENT) PER TREATMENT	25
94664	NEB/MDI DEMO	30
94760	MEASURE BLOOD OXYGEN LEVEL	5
96110	DEVELOPMENTAL TEST- LIM	25
96127	BRIEF EMOTIONAL/BEHAV ASSMT	10
96161	HEALTH RISK ASSMT	15
96372	THER/PROPH/DIAG INJ- SC/IM	35
96380	RSV Admin w/ Counseling	45
96381	RSV Admin w/out Counseling	45
99051	MED SERV- EVE/WKEND/HOLIDAY	25
99058	OFFICE EMERGENCY CARE	50
99173	VISUAL ACUITY SCREEN	5
99177	OCULAR INSTRUMNT SCREEN BIL	15
99188	APP TOPICAL FLUORIDE VARNISH	30
99202	Office Visit- New Pt.- Level 2	115
99203	Office Visit- New Pt.- Level 3	180
99204	Office Visit- New Pt.- Level 4	270
99205	Office Visit- New Pt.- Level 5	350
99211	Office Visit- Est Pt.- Level 1	30
99212	Office Visit- Est Pt.- Level 2	80
99213	Office Visit- Est Pt.- Level 3	125
99214	Office Visit- Est Pt.- Level 4	180
99215	Office Visit- Est Pt.- Level 5	260
99381	Preventive Care New Pt. Age less than 1 Year	190
99382	Preventive Care New Pt. Age 1-4	200
99383	Preventive Care New Pt. Age 5-11	205
99384	Preventive Care New Pt. Age 12-17	230
99385	Preventive Care New Pt. Age 18-39	225
99391	Preventive Care Est. Pt. Age less than 1 Year	165
99392	Preventive Care Est. Pt. Age 1-4	175
99393	Preventive Care Est. Pt. Age 5-11	175
99394	Preventive Care Est Pt. Age 12-17	190
99395	Preventive Care Est Pt. Age 18-39	195
99407	BEHAV CHNG SMOKING < 10 MIN	35
99417	PROLNG OFF/OP E/M EA 15 MIN	45
99441	PHONE E/M BY PHYS 5-10 MIN	30
99442	PHONE E/M BY PHYS 11-20 MIN	50
99443	PHONE E/M BY PHYS 21-30 MIN	70
G0312	IMMUNIZATION COUNSELING NOT ADMINISTERED, 5-15 MIN	30
G0313	IMMUNIZATION COUNSELING NOT ADMINISTERED, 15-30 MIN	60

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G0314	COVID VACCINE COUNSELING, 16-30 MIN	60
G0315	COVID VACCINE COUNSELING, 5-15 MIN	30
G0444	ANNUAL DEPRESSION SCREENING	35
G2211	Complex e/m visit add on	40
G2212	Prolong outpt/office vis	45
J0696	Ceftriaxone per 250mg IM	1
J1100	Decadron Inj - per 1mg IM	1
J7613	Albuterol Sulfate per 1mg	1
J8540	Oral Dexamethasone - per 0.25mg	1