

SUMMIT COMMUNITY CARE CLINIC COMMON SERVICES & FEES

CPT	DESCRIPTION	FEE
99213	Office Visit	\$182.00
99214	Office Visit	\$269.00
36415	Venipuncture	\$8.00
90460	Immunization Administration	\$54.00
90471	Immunization Administration	\$54.00
96127	Patient Health Questionnaire Given	\$50.00
99202	Office Visit	\$186.00
99212	Office Visit	\$109.00
99203	Office Visit	\$231.00
90834	Telehealth Psychotherapy (45 mins)	\$141.00
90832	Telehealth Psychotherapy (30 mins)	\$110.00
90837	Psychotherapy (60 mins)	\$206.00
D1110	Prophylaxis – Adult	\$100.00
D1206	Fluoride Varnish	\$41.00
D0120	Periodic Oral Evaluation	\$55.00
D0150	Comprehensive Oral Evaluation	\$94.00
D0190	Dental Screening	\$42.00
D0140	Limited Oral Evaluation	\$82.00
D4910	Periodontal Maintenance	\$156.00
D7140	Tooth Extract, Erupted Tooth and/or Exposed Root	\$248.00
D2392	Resin Composite – 2 Surfaces, Posterior	\$349.00
D1120	Prophylaxis – Child	\$75.00
D4342	Periodontal Scale and Root Plan, 1-3th/quad	\$223.00
D1351	Sealant Per Tooth	\$84.00
D2391	Resin Composite – 1 Surface, Posterior	\$268.00
D4341	Periodontal Scale and Root Plan, 4+ per quad	\$277.00