Wilson Health
Shoppable Category: Clinic and Office Visits
Pricing Posted and Effective: 01/01/2021

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Per Federal requirements, the prices posted herein contain the estimated allowable amounts under particular payer plans, and do not reflect the projected amount due from the patient.

Shoppable Service	Service Location	Primary and Ancillary Charges	CPT/ HCPCS Code	Self-Pay Discount *Paid prior to service*	Minimum Third Party Negotiated Charge	Maximum Third Party Negotiated Charge	Anthem Blue Traditional	Anthem Blue Access	Anthem Blue Access Ohio	Anthem Pathway & Pathway X PPO Tiered Hospital Network	Blue Preferred Primary & Primary Plus	Anthem Pathway & Pathway X HMO Tiered Hospital Network	Anthem Pathway Group HMO	Anthem Medicare Advantage	Aetna	Cigna	Medical Mutual Medicare Advantage	Medical Mutual of Ohio	UHC
Office/outpatient clinic visit new patient level 3	**Hospital Outpatient**	**Primary procedure**	**99203**	$ 152.50	$ -	$ 278.77	$ 278.77	$ 239.43	$ 239.43	$ 239.43	$ 239.43	$ 239.43	$ 239.43	$115.93	$ 240.95	$ 274.50	$115.93	$ 256.20	$ -
Office/outpatient clinic visit new patient level 4	**Hospital Outpatient**	**Primary procedure**	**99204**	$ 152.50	$ -	$ 278.77	$ 278.77	$ 239.43	$ 239.43	$ 239.43	$ 239.43	$ 239.43	$ 239.43	$115.93	$ 240.95	$ 274.50	$115.93	$ 256.20	$ -
Office/outpatient clinic visit new patient level 5	**Hospital Outpatient**	**Primary procedure**	**99205**	$ 152.50	$ -	$ 278.77	$ 278.77	$ 239.43	$ 239.43	$ 239.43	$ 239.43	$ 239.43	$ 239.43	$115.93	$ 240.95	$ 274.50	$115.93	$ 256.20	$ -
Office/outpatient clinic visit established patient level 1	**Hospital Outpatient**	**Primary procedure**	99211	$ 57.50	$ -	$ 105.11	$ 105.11	$ 90.28	$ 90.28	$ 90.28	$ 90.28	$ 90.28	$ 90.28	$ 115.93	$ 90.85	$ 103.50	$ 115.93	$ 96.60	$ -
Office/outpatient clinic visit established patient level 2	**Hospital Outpatient**	**Primary procedure**	99212	$ 60.00	$ -	$ 109.68	$ 109.68	$ 94.20	$ 94.20	$ 94.20	$ 94.20	$ 94.20	$ 94.20	$ 115.93	$ 94.80	$ 108.00	$ 115.93	$ 100.80	$ -
Office/outpatient clinic visit established patient level 4	**Hospital Outpatient**	**Primary procedure**	99214	$ 106.00	$ -	$ 193.77	$ 193.77	$ 166.42	$ 166.42	$ 166.42	$ 166.42	$ 166.42	$ 166.42	$ 115.93	$ 167.48	$ 190.80	$ 115.93	$ 178.08	$ -
Office/outpatient clinic preventive exam new patient 18-39 yrs	**Hospital Outpatient**	**Primary procedure**	**99385**	$ 121.00	$ -	$ 217.80	$ -	$ 189.97	$ 189.97	$ 189.97	$ 189.97	$ 189.97	$ 189.97	$ -	$ 191.18	$ 217.80	$0.00	$ 203.28	$ -
Office/outpatient clinic preventive exam new patient 40-64 yrs	**Hospital Outpatient**	**Primary procedure**	**99386**	$ 132.50	$ -	$ 238.50	$ -	$ 208.03	$ 208.03	$ 208.03	$ 208.03	$ 208.03	$ 208.03	$ -	$ 209.35	$ 238.50	$ -	$ 222.60	$ -
Office consulation level 3			99243	Hospital does not perform this service															
Office consulation level 4			99244	Hospital does not perform this service															