

**Capital Women's Care  
Division 64 Self Pay Discount**

CPT	FEE	DISCOUNTED PRICE	DESCRIPTION	CPT	FEE	DISCOUNTED PRICE	DESCRIPTION
<b>CONSULTATION CODES</b>				<b>CONTRACEPTIVES</b>			
99214	\$125.00	\$100.00	PROBLEM-FOCUSED	58300	\$270.00	\$216.00	IUD INSERT
99242	\$225.00	\$180.00	EXPANDED FOCUSED	58301	\$345.00	\$276.00	IUD REMOVE
99243	\$310.00	\$248.00	DETAILED	J7298	\$1,435.00	NO DISCOUNT	MIRENA
99244	\$455.00	\$365.00	COMPHREHENSIVE	J7297	\$1,275.00		LILETTA
99245	\$555.00	\$444.00	COMPLEX FOCUSED	J7296	\$2,025.00		KYLEENA
<b>NEW WELL WOMAN</b>				J7300	\$1,335.00		PARAGARD
99384	\$335.00	\$268.00	AGE 12-17	<b>INJECTIONS</b>			
99385	\$325.00	\$260.00	AGE 18-39	93672	\$75.00	NO DISCOUNT	IN/SC MED
99386	\$375.00	\$300.00	AGE 40-64	90471	\$75.00		IMMUN > 18 YRS
99387	\$410.00	\$328.00	AGE 65 & OVER	90649	\$260.00		HPV4 (3 Doses)
<b>QUEST UNINSURED PATIENT PROGRAM LAB CHARGES</b>				90651	\$375.00		HPV9
CYIM1	QUEST UPP FEE	\$32.71	CYTYC PAP & RVW	90658	\$30.00		FLU
90887	QUEST UPP FEE	\$43.33	HPV RNA HR	J2790	\$215.00		RHOGAM
91826	QUEST UPP FEE	\$43.33	HPV, GENO 16,18/45	90715	\$95.00	TDAP	
	QUEST UPP FEE			<b>IN-HOUSE LABS</b>			
	QUEST UPP FEE			82270	\$10.00	NO DISCOUNT	HEMOCULT
	QUEST UPP FEE			82274	\$55.00		HEMOC, IMMUNOASSY
	QUEST UPP FEE			83986	\$15.00		PH BODY FLUID
<b>ESTABLISHED WELL WOMAN</b>				81025	\$20.00		PREGNANCY TEST
99394	\$285.00	\$228.00	AGE 12-17	81002	\$10.00		URINE DIP
99395	\$290.00	\$232.00	AGE 18-39	36415	\$10.00		VENIPUNCTURE
99396	\$310.00	\$248.00	AGE 40-64	87210	\$15.00	WET MOUNT	
99397	\$335.00	\$268.00	AGE 65 & OVER	<b>GYN ULTRASOUNDS</b>			
<b>MEDICARE WELL WOMAN</b>				76856	\$385.00	\$308.00	GYN COMPLETE
99387	\$410.00	\$328.00	NEW WELL OVER 65	76857	\$215.00	\$172.00	GYN LIMITED
99397	\$335.00	\$268.00	EST WELL OVER 65	76830	\$390.00	\$312.00	GYN TRANSVAGINAL
G0101	\$50.00	\$40.00	PELVIC/BREAST EXAM	76831	\$380.00	\$304.00	HYSTEROSONOGRAM
G0328	\$55.00	\$44.00	FEC BLD IMMUN	58340	\$360.00	\$288.00	GYN INTRO SALINE
Q0091	\$55.00	\$44.00	PAP SMEAR	93976	\$650.00	\$520.00	GYN DOPPLER ABD/PELVIC
<b>NEW E/M</b>				<b>OB ULTRASOUNDS</b>			
99201	\$130.00	\$104.00	MINIMAL	59025	\$145.00	\$116.00	NST X
99202	\$220.00	\$176.00	LIMITED	76801	\$385.00	\$308.00	< 14 WEEKS 0 DAYS
99203	\$320.00	\$256.00	INTERMEDIATE	76802	\$200.00	\$160.00	EA ADD'L FETUS
99204	\$485.00	\$388.00	EXTENDED	76805	\$450.00	\$360.00	> OR = 14 WEEKS 0 DAYS
99205	\$600.00	\$480.00	COMPHREHENSIVE	76810	\$295.00	\$236.00	EA ADD'L FETUS
<b>ESTABLISHED E/M</b>				76811	\$560.00	\$448.00	LEVEL 2
99211	\$60.00	\$43.00	MINIMAL	76812	\$640.00	\$512.00	EA ADD'L FETUS
99212	\$130.00	\$104.00	LIMITED	76813	\$365.00	\$292.00	1ST TRIM FETAL NUCHAL
99213	\$215.00	\$172.00	INTERMEDIATE	76814	\$240.00	\$192.00	EA ADD'L FETUS
99214	\$315.00	\$252.00	EXTENDED	76815	\$275.00	\$220.00	LIMITED 1 + FETUS
99215	\$420.00	\$336.00	COMPHREHENSIVE	76816	\$355.00	\$284.00	F/U or RE-EVAL
<b>SELF PAY OBSTETRICAL PACKAGES</b>				76817	\$310.00	\$248.00	TRANSVAGINAL OB
1-21	Weeks	Vaginal \$3500.00	C-Section \$3800.00	76818	\$370.00	\$296.00	BPP WITH NST
22-24	Weeks	Vaginal \$3236.00	C-Section \$3325.00	76819	\$270.00	\$216.00	BPP WITHOUT NST
25-28	Weeks	Vaginal \$3036.00	C-Section \$3125.00	76820	\$145.00	\$116.00	DOPPLER, UMBILICAL
29-32	Weeks	Vaginal \$2836.00	C-Section \$2925.00	76821	\$290.00	\$232.00	DOPPLER MCA
33-36	Weeks	Vaginal \$2636.00	C-Section \$2725.00	93976	\$650.00	\$520.00	DOPPLER UTERINE ARTERY
37+	Weeks	Vaginal \$2400.00	C=Section \$2525.00	76825	\$840.00	\$672.00	FETAL ECHO, INITIAL
<b>NEXPLANON</b>				76826	\$505.00	\$404.00	RETAL ECHO, REPEAT
11981	\$410.00	\$320.00	INSERTION	76827	\$230.00	\$184.00	DOPPLER ECHO, INITIAL
11982	\$465.00	\$372.00	REMOVAL	76828	\$160.00	\$128.00	DOPPLER ECHO, REPEAT
11983	\$635.00	\$508.00	REMOVAL/REINSERT.	76376	\$105.00	\$84.00	4D STUDY
J7307	\$1,550.00	NO DISCOUNT	Nexplanon Drug	93325	\$80.00	\$64.00	COLOR FLOW MAPPING

Discount only applied when paying in full at time of visit