

Medicaid, Medicare and Commercial Payments for Commonly Reported Pediatric Services, 2004/05

Wisconsin

IMPORTANT NOTICE AND ANTITRUST WARNING

The data in this study reflects aggregated historical information. It is designed to assist both providers and purchasers of health care services in making independent decisions regarding practice management and the provision and purchase of health care services. This study is being offered for these informational purposes only. It does not reflect the official position of the American Academy of Pediatrics on issues relating to costs, reimbursement or other fee-related information. Study data must not be used for the purpose of fixing prices, fees or other charges, boycotting providers or purchasers of health care services, or to limit competition or restrain trade in any other manner. This or any other improper use of the study data is prohibited by federal and state antitrust laws and is subject to severe penalties. The American Academy of Pediatrics recommends that the user consult with competent legal counsel about any questions the user has regarding the use of the study data.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Sources:

Medicaid payments were provided by states in response to the Medicaid Reimbursement Survey conducted by the American Academy of Pediatrics for 2004-2005. Medicare payments represent geographically adjusted 2004 rates published by CMS. Commercial payments, by region, are based on median fee-for-service payment according to the MarketScan database published by Medstat for 2004. MarketScan consists of mainly claims submitted to self-insured plans by large employers in 50 states and DC.

Notes:

(1) CPT® is a trademark of the American Medical Association. (2) MarketScan: Copyright © 2004, the MEDSTAT Group, Inc. All Rights Reserved. (3) Unless otherwise noted, the highest non-facility Medicaid payment rate is presented in this report when multiple rates are used by the state. (4) Medicare rates are GPCI-adjusted for geographic variation in medical care cost. Medicare rates may vary by region in states with multiple Medicare carriers. Fees are reported as ranges in states where Medicare rates vary by region or carrier.

Abbreviations:

BO: Bundled with other services, i.e., Payment for covered services is always bundled into payment for other services not specified. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident.

BR: By Report (same as **MP:** Manually priced) i.e., Carrier will establish payment amounts for these services, generally on a case-by-case basis following review of documentation, such as an operative report.

LFS: National limit amount per Clinical and Diagnostic Lab Fee Schedule.

na: Unavailable.

NA: Not applicable.

NC: Not covered.

NIS: RVUs for code not included in RBRVS schedule.

NL: Information not provided by state, nor found on Medicaid fee schedule posted on state's web site.

NP: Information not provided by state.

OM: Other method(s).

SSV: State-supplied vaccine. MNVP: Minnesota's Vaccine Program.

VAFAC: Vaccine Assurance for All Children Program of South Carolina.

VFC: Vaccine for Children program.

Contact Suk-fong Tang, Department of Practice, for questions and comments about this report. Contact Dan Walter, Division of State Government Affairs, for Medicaid questions and advocacy advice. Contact Lou Terranova, Division of Division of Health Care Finance and Quality Improvement, for private health insurance questions and advocacy advice.

Medicaid, Medicare and Commercial Payments: Wisconsin

2004/05 Payments for Commonly Reported Pediatric CPT® Codes

<u>Preventive Medicine Services</u>	Medicaid	Medicare	Commercial		
			<i>25th %tile</i>	<i>median</i>	<i>75th %tile</i>
99381 - New Patient, under 1 year	\$56.96	\$98.08	\$97.00	\$112.83	\$133.81
99382 - New Patient, 1 through 4 years	\$56.96	\$105.81	\$101.44	\$120.00	\$140.00
99383 - New Patient, 5 through 11 years	\$56.96	\$103.73	\$105.52	\$124.00	\$140.00
99384 - New Patient, 12 through 17 years	\$56.96	\$112.83	\$122.82	\$140.60	\$168.00
99385 - New Patient, 18 through 39 years	\$56.96	\$112.83	\$141.02	\$170.62	\$193.60
99391 - Established Patient, under 1 year	\$56.96	\$74.76	\$82.25	\$95.40	\$113.36
99392 - Established Patient, 1 through 4 years	\$56.96	\$83.85	\$85.25	\$100.80	\$115.00
99393 - Established Patient, 5 through 11 years	\$56.96	\$82.81	\$94.34	\$106.00	\$118.55
99394 - Established Patient, 12 through 17 years	\$56.96	\$91.59	\$101.75	\$114.00	\$130.00
99395 - Established Patient, 18 through 39 years	\$56.96	\$92.63	\$112.50	\$138.60	\$158.67
99401 - Individual Counseling, 15 min	NC	\$42.66	\$33.72	\$43.00	\$51.00*
99402 - Individual Counseling, 30 min	NC	\$67.41	\$49.36	\$68.00	\$88.55*
<u>Office and Other Outpatient Services</u>					
99201 - New Patient, office visit	\$28.23	\$34.79	\$46.67	\$60.00	\$70.65
99202 - New Patient, expanded office visit	\$48.89	\$62.20	\$73.70	\$91.18	\$106.29
99203 - New Patient, low complexity	\$81.22	\$92.46	\$103.20	\$123.20	\$144.00
99204 - New Patient, moderate complexity	\$118.15	\$130.93	\$143.20	\$166.26	\$201.14
99205 - New Patient, high complexity	\$163.25	\$166.65	\$186.00	\$214.00	\$265.00
99211 - Established Patient, office visit	\$13.00	\$20.20	\$24.85	\$28.80	\$37.00
99212 - Established Patient, expanded office visit	\$23.41	\$36.18	\$45.22	\$56.72	\$65.55
99213 - Established Patient, low complexity	\$32.30	\$50.59	\$67.05	\$79.48	\$88.00
99214 - Established Patient, moderate complexity	\$56.67	\$79.11	\$98.88	\$118.00	\$133.45
99215 - Established Patient, high complexity	\$74.46	\$115.15	\$138.45	\$166.00	\$198.32
92551 - Screening test, hearing evaluation	OM	NIS	\$17.00	\$21.59	\$28.48
92567 - Tympanometry, hearing evaluation	\$17.03	\$19.97	\$27.58	\$35.46	\$45.95
99173 - Screening test, visual acuity	MP	NIS	\$11.70	\$14.72	\$17.00

Notes: FFS Medicaid payment (rates included in this report) may not apply to some or all services used by children in capitated plans. According to FFY2002 MSIS reports published by CMS, 72% of Wisconsin children (under age 19) enrolled in Medicaid were in capitated plans. * average payment for North Central region (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD and WI). ** national average. Regional or national averages are reported where data is insufficient at the state or regional level.

	Medicaid	Medicare	Commercial		
			25th %tile	median	75th %tile
<u>Newborn Care</u>					
99431 - Initial newborn care	\$107.36	\$58.48	\$100.46	\$156.20	\$199.78
99433 - Subsequent newborn care	\$33.20	\$30.73	\$49.91	\$71.60	\$83.97
99435 - Admit and discharge on same day	\$108.31	\$75.29	\$88.13	\$92.76	\$104.00*
99436 - Physician attendance at delivery	MP	\$73.90	\$88.20	\$90.96	\$143.41*
99440 - Newborn resuscitation	\$92.48	\$146.20	\$177.28	\$180.12	\$209.00*
54150 - Circumcision; newborn	\$60.03	\$108.01	\$186.82	\$215.80	\$286.20
<u>Immunizations:</u>					
<i>Does Wisconsin provide vaccines through a universal immunization program? Yes</i>					
90471 - One immunization administration	NA	\$7.61	\$9.41	\$13.50	\$17.00
90472 - Each additional immunization administration	NA	\$5.18	\$8.00	\$10.95	\$15.01
90473 - One immunization administration, oral or intranasal	NA		\$10.20	\$13.50	\$18.00
90645 - []			\$26.00	\$33.00	\$45.60~
90646 - [] Hemophilus Influenza B	\$3.21		\$24.33	\$25.00	\$30.00~
90647 - []			\$27.92	\$33.00	\$39.64~
90648 - []			\$27.71	\$35.25	\$41.83~
90657 - Influenza virus (6-35 months)	\$7.49	Medicare reimburses for vaccine products using 106% of the product's average sale price (ASP)	\$8.01	\$10.00	\$15.00~
90658 - Influenza virus (3+ years)	\$7.49		\$10.00	\$11.88	\$16.02~
90660 - Influenza virus, intranasal use	\$54.31		\$19.55	\$32.00	\$50.00~
90669 - Pneumococcal conjugate vaccine	\$3.21		\$73.83	\$84.63	\$99.95~
90700 - DTaP (< 7 years)	\$3.28		\$24.96	\$34.85	\$38.34~
90701 - DTP	\$12.62		\$20.46	\$31.60	\$36.00~
90702 - DT (< 7 years)	\$13.95		\$14.00	\$17.75	\$23.00~
90707 - Measles, mumps, rubella	\$3.28		\$43.76	\$50.38	\$60.00~
90713 - IPV	\$3.28		\$25.30	\$29.27	\$37.80~
90716 - Varicella	\$3.21		\$62.51	\$74.43	\$85.00~
90718 - Td (>= 7 years)	\$16.27	\$12.35	\$15.30	\$20.46~	
90721 - DTaP, HIB	\$6.56	\$42.60	\$49.32	\$63.00~	
90744 - Hepatitis B, (pediatric/adolescent age)	\$3.21		\$26.19	\$40.04	\$51.85~
<u>Evaluation and Management</u>					
99217 - Observation care discharge, day management	\$41.33	\$68.11	\$93.00	\$118.97	\$136.38
99218 - Initial observation care, low severity	\$60.03	\$64.64	\$83.75	\$121.54	\$152.16
99219 - Initial observation care, intermediate severity	\$66.13	\$108.11	\$164.90	\$200.26	\$230.00
99220 - Initial observation care, high severity	\$75.70	\$151.56	\$203.31	\$265.60	\$310.00
99354 - Prolonged service, outpatient, 1st hour, face-to-face	MP	\$94.36	\$137.10	\$155.00	\$218.84
99355 - Same as 99354, each additional 30 min	MP	\$93.67	\$91.98	\$115.00	\$136.40*
99356 - Prolonged service, inpatient, 1st hour, face-to-face	\$88.09	\$87.61	\$94.00	\$107.98	\$131.00*
99357 - Same as 99356, each additional 30 min	\$88.09	\$87.96	\$90.00	\$100.00	\$115.00**

~ Commercial rates should not be compared directly to Medicaid rates where states supply vaccines via universal immunization programs. * average payment for North Central region (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD and WI). ** national average. Regional or national averages are reported where data is insufficient at the state or regional level.

	Medicaid	Medicare	Commercial		
			25th %tile	median	75th %tile
<u>Evaluation and Management, cont.</u>					
99358 - Prolonged service, 1st hour, not face-to-face	NC	NIS	\$219.72	\$581.47	\$969.30 *
99359 - Same as 99358, each additional 30 min	NC	NIS	\$43.20	\$70.79	\$91.28 **
99361 - Team medical conference, 30 min	NC	NIS	\$35.00	\$52.50	\$100.00 *
99362 - Team medical conference, 60 min	NC	NIS	\$121.00	\$171.00	\$195.00 *
99371 - Telephone call, simple or brief	NC	NIS	\$45.00	\$50.00	\$50.00 *
99372 - Telephone call, intermediate	NC	NIS	\$45.00	\$50.00	\$50.00 *
99373 - Telephone call - complex or lengthy	NC	NIS	\$25.00	\$57.00	\$95.61 *
99374 - Supervision of patient under home health agency care(15-29 min)	NC	\$66.97	\$40.00	\$73.20	\$97.81 *
99375 - Same as 99374, 30 min or more	NC	\$120.77	\$75.00	\$113.40	\$139.77 *
<u>Hospital Care</u>					
99221 - Initial hospitalization, per day, low complexity	\$60.03	\$65.34	\$93.13	\$119.73	\$148.50
99222 - Initial hospitalization, per day, moderate complexity	\$66.13	\$108.80	\$141.22	\$176.90	\$214.01
99223 - Initial hospitalization, per day, high complexity	\$75.70	\$151.59	\$151.59	\$219.70	\$296.56
99231 - Subsequent hospitalization, per day, low complexity	\$20.42	\$32.52	\$32.52	\$53.25	\$76.71
99232 - Subsequent hospitalization, per day, moderate complexity	\$25.56	\$53.70	\$53.70	\$75.79	\$102.98
99233 - Subsequent hospitalization, per day, high complexity	\$40.02	\$76.35	\$76.35	\$134.00	\$173.21
99238 - Hospital discharge, day management, 30 min or under	\$37.59	\$68.14	\$85.17	\$107.00	\$131.00
<u>Consultations</u>					
99241 - Office consultation, problem focused	\$47.09	\$48.06	\$81.00	\$93.73	\$117.00
99242 - Office consultation, straightforward decision	\$57.53	\$88.14	\$126.65	\$155.31	\$171.68
99243 - Office consultation, low complexity	\$78.49	\$116.31	\$163.90	\$199.76	\$223.43
99244 - Office consultation, moderate complexity	\$98.09	\$164.97	\$208.60	\$257.00	\$300.20
99245 - Office consultation, high complexity	\$99.08	\$213.26	\$269.80	\$336.66	\$386.00
99254 - Initial inpatient consultation, moderate complexity	\$87.84	\$137.11	\$149.32	\$213.00	\$266.48
99255 - Initial inpatient consultation, high complexity	\$98.09	\$188.55	\$192.53	\$284.00	\$363.24
<u>Pathology and Laboratory</u>					
81000 - Urinalysis, non-automated with microscopy	\$4.37	\$4.43 (LFS)	\$6.65	\$10.68	\$15.79
81002 - Urinalysis, non-automated without microscopy	\$3.54	\$3.57 (LFS)	\$6.10	\$6.79	\$10.00
86580 - Tuberculosis, intradermal	\$7.07	\$9.66	\$15.75	\$20.36	\$25.22
87081 - Throat culture	\$9.16	\$9.26 (LFS)	\$18.13	\$21.11	\$32.54
87880 - Rapid Streptococcus screen	\$16.58	\$16.76 (LFS)	\$30.11	\$40.30	\$48.62

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	Medicaid	Medicare	Commercial		
			25th %tile	median	75th %tile
Mental Health					
90801 - Psychiatric diagnostic interview examination	\$80.13	\$147.39	\$105.00	\$140.00	\$181.60
90804 - Individual psychotherapy, 20-30 min face-to-face	\$40.06	\$63.47	\$55.20	\$63.00	\$82.45
90806 - Individual psychotherapy, 45-50 min face-to-face	\$80.13	\$95.34	\$80.00	\$110.50	\$130.00
90808 - Individual psychotherapy, 75-80 min face-to-face	\$120.19	\$142.48	\$138.00	\$170.00	\$205.80
90862 - Pharmacological management	\$31.68	\$49.99	\$60.00	\$70.00	\$97.75
90887 - Interpretation or explanation of results	\$80.13	\$86.86	\$74.00	\$97.18	\$110.00 *
96110 - Developmental testing, limited	\$80.13	\$12.40	\$23.00	\$37.10	\$50.40 *
96111 - Developmental testing, extended	\$80.13	\$140.01	\$79.22	\$127.06	\$200.00 *
Specialty Care Codes					
Allergy/Immunology					
95004 - Percutaneous tests with allergenic extracts	\$2.15	\$3.79	\$128.00	\$210.14 [#]	\$336.00
95010 - Percutaneous tests, sequential and incremental	\$6.91	\$17.37	\$40.39	\$75.00 [#]	\$151.20 *
95015 - Intracutaneous tests, with biologicals	\$7.19	\$11.13	\$65.97	\$168.00 [#]	\$349.00 *
95024 - Intracutaneous tests with allergenic extracts	\$4.60	\$5.53	\$72.16	\$121.40 [#]	\$176.00
95115 - Allergenic immunotherapy, single injection	\$3.69	\$13.83	\$18.01	\$20.55	\$24.30
95117 - Allergen immunotherapy, two or more injections	\$4.90	\$17.99	\$24.85	\$28.77	\$34.71
Cardiology					
92950 - Cardiopulmonary resuscitation	\$117.79	\$183.58	\$214.76	\$226.05	\$300.00 *
93303 - Transthoracic echocardiography	\$219.43	\$208.47	\$326.68	\$448.20	\$750.80
93307 - Echocardiography, real-time with image documentation	\$119.52	\$189.79	\$263.00	\$418.90	\$578.79
93320 - Doppler echocardiograph	\$55.45	\$83.25	\$133.00	\$198.80	\$275.55
93501 - Right heart catheterization	\$297.28	\$780.98	Facility: \$1498.36; Professional: \$273.95 ~		
93510 - Left heart catheterization	\$410.98	\$1,606.09	Facility: \$2336.25; Professional: \$344.00 ~		
Critical Care / Neonatal and Pediatric Critical Care					
31500 - Intubation, endotracheal	\$106.91	\$111.89	\$145.09	\$276.94	\$389.00
31622 - Bronchoscopy	\$332.74	\$253.93	\$437.10	\$824.77	\$923.98
32000 - Thoracentesis	\$89.65	\$168.65	\$121.19	\$142.70	\$217.04 *
32020 - Thoracostomy tube	\$284.86	\$212.41	\$246.18	\$263.43	\$375.66 *
36555 - Insertion of non-tunneled CVC~ ; <5 yrs old	\$314.97	\$314.97	\$158.71	\$221.00	\$367.50 **
36568 - Insertion of peripherally inserted CVC~; <5 yrs old	\$362.55	\$362.55	\$146.75	\$198.00	\$384.00 **
36600 - Arterial puncture, diagnostic	\$24.02	\$29.24	\$28.97	\$33.81	\$46.00 *
36620 - Arterial line placement	\$64.04	\$53.52	\$135.67	\$219.30	\$252.45
99291 - Critical care, first hour	\$88.09	\$235.63	\$345.51	\$441.15	\$489.00
99292 - Critical care, additional 30 minutes	\$44.04	\$105.35	\$101.70	\$117.45	\$141.81 *

* average payment for North Central region (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD and WI). ** national average. Regional or national averages are reported where data is insufficient at the state or regional level. # Commercial payment may represent multiple services under same code reported per patient encounter. ~ national median only - state and regional data suppressed due to data irregularity.

<u>Critical Care/Neonatal and Pediatric Critical Care, contd.</u>	Medicaid	Medicare	Commercial		
			<u>25th %tile</u>	<u>median</u>	<u>75th %tile</u>
36510 - Umbilical vein catheterization	\$97.42	\$172.69	na	na	na
36660 - Umbilical artery catheterization	\$186.79	\$70.76	\$69.00	\$82.13	\$95.73**
99293 - Initial pediatric critical care	MP	\$795.83	\$142.50	\$830.20	\$1120.00**
99294 - Subsequent pediatric critical care	MP	\$393.74	\$460.31	\$554.00	\$1208.90*
99295 - Initial neonatal critical care	\$502.64	\$903.34	\$1005.90	\$1096.09	\$1185.05*
99296 - Subsequent neonatal critical care	\$351.86	\$395.82	\$479.21	\$487.22	\$592.18*
<u>Intensive Low Birth Weight Services</u>					
99298 - Subseq intensive care, <1500gm present body weight	MP	\$138.81	\$162.56	\$171.11	\$208.88*
99299 - Subseq intensive care, 1500-2500gm present body weight	MP	\$130.17	\$159.06	\$160.76	\$210.00*
<u>Emergency Care</u>					
10120 - Simple surgical removal of foreign body	\$41.22	\$100.07	\$114.97	\$154.70	\$180.68
12015 - Simple surgical repair of facial wound(7.6-12.5cm)	\$135.12	\$239.12	\$198.39	\$242.57	\$324.00*
36400 - Venipuncture necessitating physician skill, < 3 yrs, femoral or jugular vein	\$33.87	\$24.57	\$20.96	\$28.00	\$39.44*
36410 - Venipuncture necessitating physician skill, >= 3 yrs	\$10.01	\$17.45	\$20.00	\$25.00	\$33.00
36415 - Routine venipuncture	NC	NIS	\$12.00	\$15.00	\$18.26
36416 - Finger, heel, ear stick	NC	NIS	\$8.22	\$12.33	\$17.80
62270 - Lumbar puncture, diagnostic	\$58.70	\$151.29	\$224.00	\$268.08	\$325.75
99141 - Conscious sedation; IV/IM/inhalation	NC	BO	\$127.50	\$205.50	\$245.70
99142 - Conscious sedation; oral/rectal/intranasal	NC	BO	\$60.00	\$79.45	\$128.00*
99282 - ED visit, low complexity	\$30.30	\$27.03	\$80.65	\$104.00	\$115.00
99283 - ED visit, moderate complexity	\$40.54	\$60.28	\$141.08	\$172.00	\$193.80
99284 - ED visit, detailed	\$92.11	\$93.63	\$216.80	\$252.00	\$285.00
<u>Gastrointestinal</u>					
43239 - Upper gastrointestinal endoscopy with biopsy	\$481.90	\$306.20	\$455.80	\$598.00	\$887.68
44389 - Colonoscopy with biopsy	\$352.11	\$349.09	\$307.06	\$400.64	\$498.50**
45331 - Sigmoidoscopy with biopsy	\$106.45	\$146.46	\$215.55	\$316.23	\$389.30
<u>Ophthalmology</u>					
67311 - Strabismus surgery, horizontal	\$797.91	\$481.27	\$474.00	\$668.50	\$1018.65*
67314 - Strabismus surgery, vertical	\$797.46	\$543.85	\$549.29	\$664.28	\$970.75*
68810 - Nasolacrimal probing	\$81.23	\$154.64	\$110.00	\$178.35	\$230.00*
<u>Otolaryngology</u>					
42820 - Tonsillectomy/adenoidectomy, under 12 years	\$265.50	\$276.96	\$567.87	\$845.40	\$985.00
42821 - Tonsillectomy/adenoidectomy, 12 years or over	\$265.52	\$299.08	\$760.27	\$976.80	\$1101.24
69436 - Tympanostomy and tubes	\$212.13	\$155.68	\$246.68	\$472.58	\$668.80

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	Medicaid	Medicare	Commercial		
			25th %tile	median	75th %tile
<u>Plastic Surgery</u>					
40700 - Cleft lip repair	\$1,044.21	\$842.84	\$992.13	\$1228.52	\$1691.05**
42200 - Cleft palate repair	\$895.03	\$797.61	\$928.75	\$1225.87	\$1465.00**
<u>Pulmonology</u>					
94010 - Spirometry, including graphic record	\$41.46	\$30.56	\$67.33	\$86.00	\$127.30
94640 - Inhalation treatment	\$15.72	\$11.75	\$34.51	\$44.74	\$57.60
94664 - Demonstration/evaluation	\$16.82	\$12.39	\$21.67	\$36.67	\$56.73
<u>Radiology</u>					
71010 - Frontal chest x-ray	\$27.71	\$26.07	\$25.74	\$35.47	\$44.82
<u>Surgery</u>					
28262 - Extensive clubfoot release	\$895.03	\$1,173.57	\$1165.07	\$1481.84	\$1819.00**
44950 - Appendectomy	\$533.73	\$558.12	\$658.81	\$711.99	\$944.95*
49500 - Bilateral inguinal hernia, 6 mos to under 5 yrs	\$465.66	\$331.26	\$391.71	\$486.06	\$752.29*
49505 - Bilateral inguinal hernia, 5 years or over	\$465.66	\$450.80	\$840.05	\$1322.02	\$1574.00
<u>Urology and Dialysis</u>					
50200 - Renal biopsy	\$184.88	\$133.94	\$157.00	\$193.91	\$291.81*
90918 - ESRD (end stage renal disease) services, < 2 years	MP	\$682.91	na	na	na
90919 - ESRD, 2 through 11 years	MP	\$469.03	\$467.78	\$553.21	\$614.25**
90920 - ESRD, 12 through 19 years	MP	\$410.65	\$411.00	\$475.00	\$659.07**
90945 - Peritoneal dialysis	MP	\$73.69	\$73.69	\$77.58	\$218.57*
<u>Dental Services</u>					
D0120 - Periodic exam	\$15.76	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> } NIS </div>	na		
D1120 - Prophylaxis, child	\$21.60		na		
D1203 - Topical fluoride treatment, child	\$12.76		na		
D2150 - Amalgam - two surfaces, primary or permanent	\$44.55		na		
D2330 - Resin-based composite - one surface anterior	\$40.91		na		
D1351 - Sealant, per tooth	\$16.99		na		
D2930 - Stainless steel crown on a primary tooth	\$95.28		na		
D3220 - Pulpotomy	\$47.58		na		
D7140 - Extraction	\$41.81	na			

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