

Medicine in Motion Fee Schedule

Introduction:

We believe in transparency, something that got lost somewhere along the way with the advent of managed care/HMO intrusions into the health care field. When I first began medical practice in the 1980's, the standard of care was the "fee for service" model. Specifically, one paid one's medical bill at the time of their visit and then submitted the bill to their insurance company in order to receive reimbursement. It was a very straightforward process. Fees were posted for all to see and one knew exactly what they were being charged for. Complete transparency.

With the intrusion of the insurance companies into the managed care field, things changed. No longer could one be sure what they were being charged by a particular medical office. All that was known was the co-pay amount. A patient might pay a \$15 co-pay and be unaware that the medical group was, in reality, submitting a bill to their insurance company for \$300. Unaware, that is, until they received the insurance itemization some 4-6 months later.

The intrusion of the insurance companies did something else. They added layers of complexity to the medical office visit. Offices had to hire additional staff in order to verify insurance cards, submit claims, resubmit denied claims (over and over again). Hiring additional staff for all of this unnecessary work contributed to the escalation of costs of running an office, hence the need to for physicians to raise their prices accordingly.

By returning to our roots as a fee-for-service office, we're able to contain our costs and are able to provide quality medical care at fair pricing for all. We have closely aligned our fees with the limiting charges established by the Centers for Medicare & Medicaid Services (CMS). We've compared these to what other offices in our region charge through the www.fairhealthconsumer.org website, which contains a database of all U.S. medical charges over the recent years, mined from billions of claims data. If you compare our charges to the community standards for our area code (92008), you'll see that we charge considerably less than others in the community. [For example, a 99213 office visit (established expanded visit) in the community averages \$197. We charge \$100, which is also considerably less than most urgent care visits.]

One last thing: be aware that physician charges do not go directly into the physician's pocket. These go towards office expenses (monthly rent, malpractice insurance, medical equipment, office supplies, software leasing, etc). If we can't cover those expenses, we cannot serve the community.

Once again, by not dealing with insurance companies (including Medicare), we're able to keep our costs down and pass the savings on to our patients. Because their charges are so high, many other practices offer "cash discounts" to patients. As we're already far below the average charges, we have no need to offer this. By paying at the time of your visit, you further help us to keep our costs down and keep our charges reasonable. We thank you for this, in advance.

Most Common office visit charges *

CPT (procedural) Code	Explanation	Charges **
99201	New patient, limited visit (10 min)	\$70
99202	New patient, expanded visit (20 min)	\$110
99203	New patient, detailed visit (30 min)	\$150
99204	New patient, comprehensive (45 min)	\$225
99205	New patient, comprehensive (60 min)	\$300
99211	Established patient, brief (5 min)	\$30
99212	Established patient, limited (10 min)	\$60
99213	Established patient, expanded (15 min)	\$100
99214	Established patient, detailed (25 min)	\$150
99215	Established patient, comprehensive (45 min)	\$200
99383	New patient, well child (age 5-11)	\$190
99384	New patient, well child (age 12-17)	\$215
99385	New patient, well adult (18-39 yrs)	\$220
99386	New patient, well adult (40-64 yrs)	\$250
99387	New patient, well adult (65+ yrs)	\$265
99393	Established patient, well child (ages 5-11)	\$175
99394	Established patient, well child (ages 12-17)	\$190
99395	Established patient, well adult (18-39 yrs)	\$200
99396	Established patient, well adult (40-64 yrs)	\$225
99397	Established patient, well adult (65+ yrs)	\$250
99429	Sports/camp physical w/ forms	\$40
99080	Form completions (sports, DMV, FMLA, etc)	Varies w/ complexity
98925	Osteopathic manipulative tx (1-2 regions)	\$60
98926	Osteopathic manipulative tx (3-4 regions)	\$80
	[in addition to appropriate office visit charge; if only coming in for routine OMT, 99211 code will be used.	
96372	Diagnostic/therapeutic injection IM/SQ	\$50***
20610	Injection/aspiration, major joint	\$125***
20605	Injection/aspiration, intermediate joint	\$100***
20600	Injection/aspiration, small joint	\$90***

*Might be subject to change in future;

** Cash and check prices. A credit card processing fee of \$5 will be charged when appropriate.

*** Plus cost of medications.