

Seward Community Health Center
10 Most Common Prices per CPT* Category

As of 1/1/2025

CPT Code	Evaluation & Management	Price
99213	ESTABLISHED PATIENT OFFICE VISIT 15 MINUTES	\$ 268.00
99214	ESTABLISHED PATIENT OFFICE VISIT 25 MINUTES	\$ 376.00
99203	NEW PATIENT OFFICE VISIT 30 MINUTES	\$ 375.00
99211	ESTABLISHED PATIENT OFFICE VISIT 5 MINUTES	\$ 83.00
99396	ESTABLISHED PREVENTIVE VISIT,AGE 40-64	\$ 431.00
99395	ESTABLISHED PREVENTIVE VISIT,AGE 18-39	\$ 390.00
99212	ESTABLISHED PATIENT OFFICE VISIT 10 MINUTES	\$ 300.00
99392	ESTABLISHED PREVENTIVE VISIT,AGE 1-4	\$ 305.00
99391	ESTABLISHED PREVENTIVE VISIT,INFANT < 1 YR	\$ 285.00
99393	ESTABLISHED PREVENTIVE VISIT,AGE 5-11	\$ 305.00

CPT Code	Surgery	Price
17110	DESTRUCTION BENIGN LESIONS UP TO 14	\$ 556.00
20610	ARTHROCENTESIS, ASPIRATION & OR INJECTION MAJOR JOINT/BURSA	\$ 1,000.00
58300	INSERTION INTRAUTERINE DEVICE	\$ 717.00
58301	REMOVE INTRAUTERINE DEVICE	\$ 575.00
69209	REMOVAL IMPACTED CERUMEN BY IRRIGATION, UNILATERAL	\$ 195.00
20552	INJECTION TRIGGER POINT, 1 OR 2 MUSCLE(S)	\$ 425.00
11721	SURGICAL REMOVAL OF NAIL, 6 OR MORE NAILS	\$ 100.00
69210	REMOVAL IMPACTED CERUMEN BY INSTRUMENTATION, UNILATERAL	\$ 399.00
11730	SIMPLE SURGICAL REMOVAL OF FINGERNAIL OR TOENAIL, PARTIALLY OR COMPLETE	\$ 575.00
11102	SURGICAL REMOVAL OF SKIN LESION	\$ 275.00

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CPT Code	Laboratory and Pathology	Price
87804	INFLUENZA A AND B TEST	\$ 170.00
80061	LIPID PANEL	\$ 140.00
87426	SARS COV-2 AND COVID-19 TEST	\$ 125.00
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$ 113.00
81002	URINALYSIS NONAUTO W/O SCOPE	\$ 35.00
80053	METABOLIC PANEL,COMPREHENSIVE	\$ 166.40
85025	COMPLETE CBC & AUTO DIFF WBC	\$ 83.00
80050	GENERAL HEALTH PANEL INCLUDING METABOLIC PANEL, THYROID STIMULATING HORMONE LEVEL AND COMPLETE CBS	\$ 300.00
80305	DRUG CLASS SCREENING	\$ 110.00
87880	STREPTOCOCCUS GROUP A TEST	\$ 82.00

CPT Code	Medicine/Treatment	Price
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	\$ 260.00
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	\$ 250.00
96372	INJECTION,THERAPEUTIC/PROPHYLACTIC/DIAGNOSTIC, INTRAMUSCULAR OR SUBCUTANEOUS	\$ 128.00
90460	IMMUNIZATION ADMINISTRATION THRU 18YR ANY ROUTE 1ST OR COMPONENT OF VACCINE	\$ 27.44
90461	IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	\$ 27.44
90471	IMMUNIZATION ADMINISTRATION,1 SINGLE/COMB VACCINE	\$ 27.44
97597	ACTIVE WOUND CARE AND DEBRIDEMENT	\$ 345.00
90715	TDAP VACCINE ADMINISTRATION, OVER 7 YEARS OLD	\$ -
95117	ADMINISTRATION OF MULTIPLE ALLERGEN IMMUNOTHERAPY INJECTIONS	\$ 50.00
95115	ADMINISTRATION OF SINGLE ALLERGEN IMMUNOTHERAPY INJECTIONS	\$ 38.00

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Radiology

* We do not perform any radiological services

Anesthesia

* We do not perform anesthesia

Please visit our website at www.sewardhealthcenter.org for more information.

You will be provided with an estimate of the anticipated charges for your nonemergency care upon request. Please do not hesitate to ask for information.

The undiscounted price may be higher or lower than the amount an individual actually pays for the health care services described in the list.

We have contracts to provide health care services as an in-network preferred provider for the following insurers:

Medicaid

Medicare

Aetna

Cigna

First Choice Health Network

Premera/Blue Cross

TriCare

United

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