

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

*As of 12/15/2020*

<b>CPT Code</b>	<b>Evaluation &amp; Management</b>	<b>Price</b>
99396	ESTABLISHED PREVENTIVE VISIT,AGE 40-64	\$ 431.00
99395	ESTABLISHED PREVENTIVE VISIT,AGE 18-39	\$ 380.00
99392	ESTABLISHED PREVENTIVE VISIT,AGE 1-4	\$ 300.00
99391	ESTABLISHED PREVENTIVE VISIT,INFANT < 1 YR	\$ 285.00
99214	ESTABLISHED PATIENT OFFICE VISIT 25 MINUTES	\$ 340.00
99213	ESTABLISHED PATIENT OFFICE VISIT 15 MINUTES	\$ 244.00
99212	ESTABLISHED PATIENT OFFICE VISIT 10 MINUTES	\$ 169.00
99211	ESTABLISHED PATIENT OFFICE VISIT 5 MINUTES	\$ 100.00
99203	NEW PATIENT OFFICE VISIT 30 MINUTES	\$ 327.00
99202	NEW PATIENT OFFICE VISIT 20 MINUTES	\$ 248.00

<b>CPT Code</b>	<b>Surgery</b>	<b>Price</b>
20552	INJECTION TRIGGER POINT, 1 OR 2 MUSCLE(S)	\$ 425.00
58300	INSERT INTRAUTERINE DEVICE	\$ 675.00
69209	REMOVAL IMPACTED CERUMEN BY IRRIGATION, UNILATERAL	\$ 125.00
58301	REMOVE INTRAUTERINE DEVICE	\$ 575.00
17110	DESTRUCTION BENIGN LESIONS UP TO 14	\$ 389.00
20610	ARTHROCENTESIS, ASPIRATION & OR INJECTION MAJOR JOINT/BURSA	\$ 465.00
10060	DRAIN SKIN ABSCESS SIMPLE	\$ 478.00
11104	PUNCH BIOPSY SKIN SINGLE LESION	\$ 910.00
69210	REMOVAL IMPACTED CERUMEN BY INSTRUMENTATION, UNILATERAL	\$ 264.00
20553	INJECT TRIGGER POINT, 3+ MUSCLES	\$ 510.00

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<b>CPT Code</b>	<b>Laboratory and Pathology</b>	<b>Price</b>
81002	URINALYSIS NON-AUTO W/OUT SCOPE	\$ 35.00
87804	INFLUENZA DETECTION TEST	\$ 85.00
87880	STREP A TEST	\$ 82.00
81025	URINE PREGNANCY TEST	\$ 65.00
82274	BLOOD,OCCULT,FECAL HGB,FECES,1-3 SIMULT	\$ 142.00
86580	TUBERCULOSIS INTRADERMAL TEST	\$ 65.00
87210	SMEAR,STAIN,WET MOUNT,INTERPRETATION FOR INFECTIOUS AGENTS	\$ 55.00
85018	HEMOGLOBIN TEST	\$ 40.00
82962	GLUCOSE BLOOD TEST	\$ 37.00
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$ 92.00

<b>CPT Code</b>	<b>Medicine/Treatment</b>	<b>Price</b>
90460	IMMUNIZATION ADMINISTRATION THRU 18YR ANY ROUTE 1ST OR COMPONENT OF VACCINE	\$ 27.44
96372	INJECTION,THERAPEUTIC/PROPHYLACTIC/DIAGNOSTIC, INTRAMUSCULAR OR SUBCUTANEOUS	\$ 102.00
90686	INFLUENZA VACCINE PRESRVATIVE FREE 0.5 ML DOS FOR INTRAMUSCULAR USE	\$ 20.25
90471	IMMUNIZATION ADMINISTRATION,1 SINGLE/COMB VACCINE	\$ 76.00
90461	IMMUNIZATION ADMINISTRATION THRU 18YR ANY ROUTE ADD'L VACCINE COMPT	\$ 27.44
98925	OSTEOPATHIC MANIPULATION,1-2 BODY REGIONS	\$ 145.00
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	\$ 263.00
98927	OSTEOPATHIC MANIPUATION,5-6 BODY REGIONS	\$ 175.00
90707	MEASLES, MUMPS, AND RUBELLA VIRUS IMMUNIZATION, SUBCUTANEOUS	\$ 120.00
90715	TETANUS, DIPHTHERIA, AND PERTUSSIS VACCINE UNDER 7 YRS OF AGE, INTRAMUSCULAR	\$ 90.00

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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](http://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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