

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

As of 1/1/2026

CPT Code	Evaluation & Management	Price
99213	ESTABLISHED PATIENT OFFICE VISIT 15 MINUTES	\$ 297.00
99214	ESTABLISHED PATIENT OFFICE VISIT 25 MINUTES	\$ 434.00
99203	NEW PATIENT OFFICE VISIT 30 MINUTES	\$ 392.00
99211	ESTABLISHED PATIENT OFFICE VISIT 5 MINUTES	\$ 112.00
99396	ESTABLISHED PREVENTIVE VISIT, AGE 40-64	\$ 461.00
99395	ESTABLISHED PREVENTIVE VISIT, AGE 18-39	\$ 424.00
99212	ESTABLISHED PATIENT OFFICE VISIT 10 MINUTES	\$ 209.00
99392	ESTABLISHED PREVENTIVE VISIT, AGE 1-4	\$ 331.00
99215	ESTABLISHED PATIENT OFFICE VISIT 40 MINUTES	\$ 604.00
99393	ESTABLISHED PREVENTIVE VISIT, AGE 5-11	\$ 351.00

CPT Code	Surgery	Price
17110	DESTRUCTION BENIGN LESIONS UP TO 14	\$ 638.00
20610	ARTHROCENTESIS, ASPIRATION & OR INJECTION MAJOR JOINT/BURSA	\$ 685.00
15853	REMOVE SUTURES/STAPLES NOT REQUIRING ANESTHESIA	\$ 74.00
58301	REMOVE INTRAUTERINE DEVICE	\$ 705.00
69209	REMOVAL IMPACTED CERUMEN BY IRRIGATION, UNILATERAL	\$ 193.00
20552	INJECTION TRIGGER POINT, 1 OR 2 MUSCLE(S)	\$ 448.00
51705	CHANGE CYSTOSTOMY TUBE SIMPLE	\$ 1,180.00
69210	REMOVAL IMPACTED CERUMEN BY INSTRUMENTATION, UNILATERAL	\$ 326.00
10060	INCISION & DRAINAGE SINGLE SIMPLE ABCESS	\$ 621.00
12001	SIMPLE LACERATION REPAIR 2.5C OR LESS	\$ 744.00

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CPT Code	Laboratory and Pathology	Price
87804	INFLUENZA A AND B TEST	\$ 168.00
87807	RESPIRATORY SYNCTIAL VIRUS (RSV) TEST	\$ 85.00
87426	SARS COV-2 AND COVID-19 TEST	\$ 127.00
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$ 115.00
81002	URINALYSIS NONAUTO W/O SCOPE	\$ 35.00
81025	URINE PREGNANCY TEST	\$ 68.00
	WET MOUNT SMEAR PREPARATION FOR DETECTION AND IDENTIFICATION OF INFECTION	
87210	IDENTIFICATION OF INFECTION	\$ 49.00
86580	TUBERCULOSIS (TB) SKIN TEST	\$ 66.00
80305	DRUG CLASS SCREENING	\$ 102.00
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
	INJECTION, THERAPEUTIC/PROPHYLACTIC/DIAGNOSTIC, INTRAMUSCULAR OR SUBCUTANEOUS	
96372	INTRAMUSCULAR OR SUBCUTANEOUS	\$ 131.00
	IMMUNIZATION ADMINISTRATION THRU 18YR ANY ROUTE 1ST OR COMPONENT OF VACCINE	
90460	COMPONENT OF VACCINE	\$ 108.00
90461	IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	\$ 67.00
90471	IMMUNIZATION ADMINISTRATION, 1 SINGLE/COMB VACCINE	\$ 131.00
	COMPLETE ELECTROCARDIOGRAM (EKG) WITH INTERPRETATION AND REPORT	
93000	AND REPORT	\$ 205.00
96127	BEHAVIORAL ASSESSMENT WITH PHQ-9 QUESTIONNAIRE	\$ 41.00
	ADMINISTRATION OF MULTIPLE ALLERGEN IMMUNOTHERAPY INJECTIONS	
95117	INJECTIONS	\$ 56.00
	ADMINISTRATION OF SINGLE ALLERGEN IMMUNOTHERPAY INJECTIONS	
95115	INJECTIONS	\$ 45.00

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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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