

**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      | \$ 390.00    |
| 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 | \$ 360.00    |
| 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  | \$ 95.00     |
| 99203           | NEW PATIENT OFFICE VISIT 30 MINUTES         | \$ 346.00    |
| 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                                  | \$ 717.00    |
| 69209           | REMOVAL IMPACTED CERUMEN BY IRRIGATION, UNILATERAL          | \$ 144.20    |
| 58301           | REMOVE INTRAUTERINE DEVICE                                  | \$ 575.00    |
| 17110           | DESTRUCTION BENIGN LESIONS UP TO 14                         | \$ 408.69    |
| 20610           | ARTHROCENTESIS, ASPIRATION & OR INJECTION MAJOR JOINT/BURSA | \$ 498.00    |
| 10060           | DRAIN SKIN ABSCESS SIMPLE                                   | \$ 609.00    |
| 11104           | PUNCH BIOPSY SKIN SINGLE LESION                             | \$ 629.00    |
| 69210           | REMOVAL IMPACTED CERUMEN BY INSTRUMENTATION, UNILATERAL     | \$ 270.00    |
| 20553           | INJECT TRIGGER POINT, 3+ MUSCLES                            | \$ 500.00    |

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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                                       | \$ 66.87     |
| 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   | \$ 35.00     |
| 83036           | GLYCOSYLATED HEMOGLOBIN TEST                               | \$ 113.00    |

| <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 | \$ 114.00    |
| 90686           | INFLUENZA VACCINE PRESRVATIVE FREE 0.5 ML DOS FOR INTRAMUSCULAR USE          | \$ 35.00     |
| 90471           | IMMUNIZATION ADMINISTRATION,1 SINGLE/COMB VACCINE                            | \$ 105.00    |
| 90461           | IMMUNIZATION ADMINISTRATION THRU 18YR ANY ROUTE ADD'L VACCINE COMPT          | \$ 65.00     |
| 98925           | OSTEOPATHIC MANIPULATION,1-2 BODY REGIONS                                    | \$ 145.00    |
| 90834           | PSYCHOTHERAPY W/PATIENT 45 MINUTES   | \$ 260.00    |
| 98927           | OSTEOPATHIC MANIPUATION,5-6 BODY REGIONS                                     | \$ 175.00    |
| 90707           | MEASLES, MUMPS, AND RUBELLA VIRUS IMMUNIZATION, SUBCUTANEOUS                 | \$219        |
| 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 anasthia

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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