

Seward Community Health Center
Charge Master as of 11/4/2022

PROCEDURE CODE	PROCEDURE NAME	MODIFIER	CHARGE
0001A	PR IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 1ST DOSE		\$40.00
0002A	PR IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 2ND DOSE		\$40.00
0003A	PR ADM SARSCOV2 30MCG/0.3ML 3RD		\$40.00
0004A	PR ADM SARSCOV2 30MCG/0.3ML BST		\$40.00
0011A	PR IMM ADMN SARSCOV2 100 MCG/0.5 ML 1ST DOSE		\$40.00
0012A	PR IMM ADMN SARSCOV2 100 MCG/0.5 ML 2ND DOSE		\$40.00
0013A	PR ADM SARSCOV2 100MCG/0.5ML 3RD		\$40.00
0021A	PR IMM ADMN SARSCOV2 5X1010 VP/0.5 ML 1ST DOSE		\$27.44
0022A	PR IMM ADMN SARSCOV2 5X1010 VP/0.5 ML 2ND DOSE		\$27.44
0031A	PR IMM ADMN SARSCOV2 AD26 5X1010VP/0.5 ML 1 DOSE		\$40.00
0034A	PR IMM ADMN SARSCOV2 AD26 5X1010 VP/0.5 ML 1 DOSE		\$40.00
0051A	PR ADM SARSCV2 30MCG TRS-SUCR 1		\$40.00
0052A	PR ADM SARSCV2 30MCG TRS-SUCR 2		\$40.00
0053A	PR ADM SARSCV2 30MCG TRS-SUCR 3		\$40.00
0054A	PR ADM SARSCV2 30MCG TRS-SUCR B		\$40.00
0064A	PR ADM SARSCOV2 50MCG/0.25MLBST		\$40.00
0071A	PR ADM SARSCV2 10MCG TRS-SUCR 1		\$40.00
0072A	PR ADM SARSCV2 10MCG TRS-SUCR 2		\$40.00
0074A	PR ADM SARSCV2 10MCG TRS-SUCR B		\$40.00
0081A	PR IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 1ST		\$40.00
0082A	PR IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 2ND		\$40.00
0083A	PR IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 3RD		\$40.00
0111A	PR ADM SARSCOV2 25MCG/0.25ML1ST		\$40.00
0112A	PR ADM SARSCOV2 25MCG/0.25ML2ND		\$40.00
0124A	PR IMM ADMN SARSCOV2 BIVALENT 30 MCG/0.3 ML BST		\$40.00
0134A	PR IMM ADMN SARSCOV2 BIVALENT 50 MCG/0.5 ML BST		\$40.00
10040	PR ACNE SURGERY OF SKIN ABSCESS		\$275.00
10060	PR DRAIN SKIN ABSCESS SIMPLE		\$609.00
10061	PR DRAIN SKIN ABSCESS COMPLIC		\$1,020.00
10080	PR DRAIN PILONIDAL CYST SIMPL		\$931.87
10081	PR DRAIN PILONIDAL CYST COMPLIC		\$1,642.38
10120	PR REMOVE FOREIGN BODY SIMPLE		\$608.00
10121	PR REMOVE FOREIGN BODY COMPLIC		\$1,378.17
10140	PR DRAINAGE OF HEMATOMA/FLUID		\$722.00
10160	PR PUNCTURE DRAINAGE OF LESION		\$500.00
11000	PR DEBRIDEMENT, INFECTED SKIN, UP TO 10% BSA		\$292.77
11042	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,=<20 SQ CM		\$775.00
11055	PR TRIM HYPERKERATOTIC SKIN LESION, ONE		\$263.00
11056	TRIM BENIGN HYPERKERATOTIC SKIN LESION,2-4		\$345.00
11102	PR TANGENTIAL BIOPSY SKIN SINGLE LESION		\$265.00
11104	PR PUNCH BIOPSY SKIN SINGLE LESION		\$629.00
11105	PR PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION		\$301.00
11106	PR INCISIONAL BIOPSY SKIN SINGLE LESION		\$450.00
11107	PR INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION		\$467.72
11200	PR REMOVAL OF SKIN TAGS, UP TO 15		\$500.00
11300	PR SHAV SKIN LES <5MM TRUNK,ARM,LEG		\$575.00
11301	PR SHAV SKIN LES 6-10MM TRUNK,ARM,LEG		\$360.00

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11302	PR SHAV SKIN LES 11-20MM TRUNK,ARM,LEG		\$868.00
11303	PR SHAV SKIN LES >21MM TRUNK,ARM,LEG		\$624.82
11305	PR SHAV SKIN LES <5MM REMAINDR BODY		\$565.00
11306	PR SHAV SKIN LES 6-10MM REMAINDR BODY		\$600.00
11307	PR SHAV SKIN LES 11-20MM REMAINDR BODY		\$528.42
11308	PR SHAV SKIN LES >21MM REMAINDR BODY		\$560.55
11310	PR SHAV SKIN LES <5MM FACE,FACIAL		\$330.00
11311	PR SHAV SKIN LES 6-10MM FACE,FACIAL		\$683.00
11312	PR SHAV SKIN LES 11-20MM FACE,FACIAL		\$556.98
11313	PR SHAV SKIN LES >21MM FACE,FACIAL		\$724.79
11400	PR EXC SKIN BENIG <5MM TRUNK,ARM,LEG		\$615.00
11401	PR EXC SKIN BENIG 0.6-1CM TRUNK,ARM,LEG		\$680.00
11402	PR EXC SKIN BENIG 1.1-2CM TRUNK,ARM,LEG		\$892.50
11403	PR EXC SKIN BENIG 2.1-3CM TRUNK,ARM,LEG		\$1,020.00
11406	PR EXC SKIN BENIG >4CM TRUNK,ARM,LEG		\$1,579.00
11420	PR EXC SKIN BENIG <5MM REMAINDR BODY		\$450.00
11421	PR EXC SKIN BENIG 0.6-1CM REMAINDR BODY		\$600.00
11422	PR EXC SKIN BENIG 1.1-2CM REMAINDR BODY		\$889.00
11423	PR EXC SKIN BENIG 2.1-3CM REMAINDR BODY		\$1,122.00
11424	PR EXC SKIN BENIG 3.1-4CM REMAINDR BODY		\$1,296.05
11426	PR EXC SKIN BENIG >4CM REMAINDR BODY		\$1,888.74
11440	PR EXC SKIN BENIG <5MM FACE,FACIAL		\$650.00
11441	PR EXC SKIN BENIG 0.6-1CM FACE,FACIAL		\$857.00
11442	PR EXC SKIN BENIG 1.1-2CM FACE,FACIAL		\$1,000.00
11443	PR EXC SKIN BENIG 2.1-3CM FACE,FACIAL		\$1,263.92
11446	PR EXC SKIN BENIG >4CM FACE,FACIAL		\$2,913.44
11601	PR EXC SKIN MALIG 0.6-1CM TRUNK,ARM,LEG		\$971.15
11603	PR EXC SKIN MALIG 2.1-3CM TRUNK,ARM,LEG		\$945.00
11641	PR EXC SKIN MALIG 0.6-1CM FACE,FACIAL		\$1,163.95
11643	PR EXC SKIN MALIG 2.1-3CM FACE,FACIAL		\$1,685.22
11719	PR TRIM NAIL(S)		\$92.83
11720	PR DEBRIDEMENT OF NAIL(S), 1-5		\$150.00
11721	PR DEBRIDEMENT OF NAILS, 6 OR MORE		\$163.00
11730	PR REMOVAL OF NAIL PLATE		\$575.00
11732	PR REMOVE ADDITIONAL NAIL PLATE		\$150.00
11740	PR DRAIN BLOOD FROM UNDER NAIL		\$300.00
11750	PR REMOVAL OF NAIL BED		\$1,070.00
11760	PR RECONSTRUC OF NAIL BED		\$2,037.00
11765	PR EXCISION OF NAIL FOLD		\$635.00
11976	PR REMOVAL OF CONTRACEPTIVE CAPSUL		\$749.00
11981	PR INSERTION DRUG DELIVERY IMPLANT		\$803.00
11982	PR REMOVAL DRUG IMPLANT DEVICE		\$890.00
11983	PR REMOVAL W/ REINSERT DRUG IMPLANT DEVICE		\$1,140.00
12001	PR REPR SUPERF WND BODY <2.5CM		\$575.00
12002	PR REPR SUPERF WND BODY 2.6-7.5CM		\$670.64
12004	PR REPR SUPERF WND BODY 7.6-12.5		\$928.42
12011	PR REPR SUPERF WND FACE <2.5CM		\$672.26

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12013	PR REPR SUPERF WND FACE 2.6-5		\$742.00
12014	PR REPR SUPERF WND FACE 5.1-7.5		\$1,349.61
12015	PR REPR SUPERF WND FACE 7.6-12.5		\$1,703.08
12020	PR CLOSURE SUPERF WND DEHIS SIMPLE		\$1,528.13
12021	PR CLOSURE SUPERF WND DEHIS W PACKING		\$974.72
12031	PR LAYR CLOS WND TRUNK,ARM,LEG <2.5 CM		\$833.16
12032	PR LAYR CLOS WND TRUNK,ARM,LEG 2.6-7.5 CM		\$950.00
12034	PR LAYR CLOS WND TRUNK,ARM,LEG 7.6-12.5 CM		\$1,100.00
12041	PR LAYR CLOS WND REST BODY <2.5 CM		\$1,007.00
12042	PR LAYR CLOS WND REST BODY 2.6-7.5 CM		\$982.00
12044	PR LAYR CLOS WND REST BODY 7.6-12.5 CM		\$1,835.18
12047	PR LAYR CLOS WND REST BODY >30 CM		\$3,598.95
12051	PR LAYR CLOS WND FACE,FACIAL <2.5 CM		\$1,581.00
12052	PR LAYR CLOS WND FACE,FACIAL 2.5-5 CM		\$1,175.00
12053	PR LAYR CLOS WND FACE,FACIAL 5.1-7.5 CM		\$1,835.18
12054	PR LAYR CLOS WND FACE,FACIAL 7.6-12.5 CM		\$2,227.92
13120	PR REPR Cmpl WND SCALP,EXTR 1.1-2.5		\$1,556.69
13121	PR REPR Cmpl WND SCALP,EXTR 2.6-7.5		\$2,040.00
13122	PR REP,SKIN,SCALP/EXTREM+5CM/<		\$863.00
13131	PR REPR Cmpl WND HEAD,FAC,HAND 1.1-2.5		\$1,992.28
16020	PR DRESS/DEBRID SMALL BURN NO ANES		\$377.40
17000	PR DESTRUC PREMALIGNANT, FIRST LESION		\$200.00
17003	PR DESTRUC PREMALIGNANT,2-14 LESIONS		\$40.00
17004	PR DESTRUC PREMALIGNANT,15+ LESIONS		\$450.00
17110	PR DESTRUCTION BENIGN LESIONS UP TO 14		\$408.69
17111	DESTRUCTION BENIGN LESIONS 15 OR MORE		\$665.00
17250	PR CHEMICAL CAUTERIZATION OF GRANULATION TISSUE		\$375.00
17263	PR DESTR MALIG TRUNK,EXTREM 2.1-3 CM		\$892.60
19100	PR BIOPSY OF BREAST, NEEDLE CORE		\$892.60
20550	PR INJECT TENDON SHEATH/LIGAMENT		\$436.00
20551	PR INJECT TENDON ORIGIN/INSERT		\$465.00
20552	PR INJECT TRIGGER POINT, 1 OR 2 MUSCLE(S)		\$425.00
20553	PR INJECT TRIGGER POINT, 3+ MUSCLES		\$3,261.00
20600	PR ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US		\$384.00
20605	PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US		\$390.00
20610	PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US		\$498.00
20611	PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US		\$700.00
20612	PR ASPIRAT/INJECTION GANGLION CYST(S)		\$349.00
24640	PR CLOSED RX RADIAL HEAD DISLOC,CHILD		\$991.94
26010	PR DRAIN FINGER ABSCESS,SIMPLE		\$1,535.52
26605	PR CLOSED RX METACARPAL FX,MANIP		\$2,618.71
27323	PR BX THIGH/KNEE SOFT TISSUES,SUPERF		\$1,599.00
28660	PR CLOSED RX I-P JT,TOE DISLOCATION		\$980.03
29065	PR APPLY LONG ARM CAST		\$688.00
29075	PR APPLY FOREARM CAST		\$620.00
29085	PR APPLY HAND/WRIST CAST		\$714.19
29105	PR APPLY LONG ARM SPLINT		\$501.00

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29125	PR APPLY FOREARM SPLINT,STATIC		\$367.00
29126	PR APPLY FOREARM SPLINT,DYNAMIC		\$527.71
29130	PR APPLY FINGER SPLINT,STATIC		\$170.00
29345	PR APPLY LONG LEG CAST		\$1,055.42
29355	PR APPLY LONG LEG CAST,WALKER		\$1,237.93
29405	PR APPLY SHORT LEG CAST		\$475.00
29425	PR APPLY SHORT LEG CAST,WALKER		\$710.23
29505	PR APPLY LONG LEG SPLINT		\$607.06
29515	PR APPLY LOWER LEG SPLINT		\$409.00
29580	PR APPLY OF PASTE BOOT		\$312.00
29700	PR REMV/REVISN BOOT/BODY CAST		\$420.58
29705	PR REMV/REVISN FULL ARM/LEG CAST		\$511.84
30300	PR REMOVE NASAL FOREIGN BODY		\$1,166.52
30901	PR CTRL NOSEBLEED,ANTER,SIMPLE		\$600.00
36000	PR PLACE NEEDLE IN VEIN		\$196.76
36415	PR COLLECTION VENOUS BLOOD,VENIPUNCTURE		\$49.00
36416	PR COLLECTION CAPILLARY BLOOD SPECIMEN		\$37.00
41110	PR EXCIS TONGUE LESN		\$1,337.13
41805	PR REMOVAL FOREIGN BODY, GUM		\$2,182.26
42970	PR CNTRL NASOPHAR BLEED,SIMPLE,W/POST PACKS		\$3,182.13
46040	PR I&D PERIRECTAL ABSCESS		\$3,340.84
46050	PR I&D PERIANAL ABSCESS,SUPERFICIAL		\$1,293.48
46600	PR ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD		\$540.00
51701	PR INSERT,NON-INDWELLING BLADDER CATHETER		\$482.16
51702	PR INSERT,TEMP INDWELLING BLAD CATH,SIMPLE		\$520.00
54056	PR DESTR PENIS LESN,SIMPL,CRYOSURG		\$677.17
54220	PR IRRIGAT CORPUS CAVERN,PRIAPISM		\$1,131.55
55250	PR REMOVAL OF SPERM DUCT(S)		\$1,871.00
56605	PR BIOPSY VULVA/PERINEUM,ONE LESN		\$588.00
57061	PR DESTRUCT,VAGINAL LESION(S),SIMPLE		\$750.00
57160	PR FIT/INSERT INTRAVAG SUPPORT DEVICE		\$455.00
57170	PR FITTING OF DIAPHRAGM/CAP		\$497.63
57420	PR COLPOSCOPY,ENTIRE VAGINA		\$965.55
57421	PR COLPOSCOPY,ENTIRE VAGINA,W/BIOPSY(S)		\$1,184.65
57452	PR COLPOSCOPY,CERVIX W/ADJ VAGINA		\$852.00
57454	PR COLPOSC,CERVIX W/ADJ VAG,W/BX & CURRETAG		\$1,300.00
57455	PR COLPOSCOPY,CERVIX W/ADJ VAGINA,W/BX		\$800.00
57456	PR COLPOSCOPY,CERVIX W/ADJ VAGINA, CURETTAG		\$1,050.96
57500	PR BIOPSY CERVIX, 1 OR MORE, OR EXCISION OF LESION		\$1,280.00
58100	PR BIOPSY OF UTERUS LINING		\$817.00
58300	PR INSERT INTRAUTERINE DEVICE		\$717.00
58301	PR REMOVE INTRAUTERINE DEVICE		\$575.00
59430	PR CARE AFTER DELIVERY ONLY		\$900.00
64405	PR INJECTION AA&/STRD GREATER OCCIPITAL NERVE		\$1,750.00
64415	PR INJECTION AA&/STRD BRACHIAL PLEXUS		\$1,330.00
64417	PR INJECTION AA&/STRD AXILLARY NERVE		\$2,825.00
64418	PR INJECTION AA&/STRD SUPRASCAPULAR NERVE		\$1,962.00

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PROCEDURE CODE	PROCEDURE NAME	MODIFIER	CHARGE
64420	PR INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL		\$1,956.00
64421	PR INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL		\$2,780.00
64425	PR INJECTION AA&/STRD ILIOINGUINAL IH NERVES		\$1,981.00
64445	PR INJECTION AA&/STRD SCIATIC NERVE		\$1,414.00
64446	PR INJECTION AA&/STRD SCIATIC NERVE CONT NFS CATH		\$5,838.00
64447	PR INJECTION AA&/STRD FEMORAL NERVE		\$1,164.00
64448	PR INJECTION AA&/STRD FEMORAL NERVE CONT NFS CATH		\$5,835.00
64450	PR INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH		\$2,000.00
65205	PR REMV F.B.,EYE,SUPERF CONJUNC		\$347.00
65210	PR REMV F.B.,EYE,EMBED CONJUNC		\$330.00
65220	PR REMV F.B.,EYE,CORNEA,NO SLIT		\$423.00
65222	PR REMV F.B.,EYE,CORNEA,SLIT LAMP		\$414.00
67930	PR SUTURE EYELID WOUND,PARTIAL THICK		\$2,241.77
69110	PR REMOVAL EXTERNAL EAR,PARTIAL		\$3,797.13
69200	PR REMV EXT CANAL FOREIGN BODY		\$463.00
69209	PR REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT		\$144.20
69210	PR REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT		\$270.00
76937	PR US GUIDE, VASCULAR ACCESS		\$310.00
80048	CHG BASIC METABOLIC PANEL CALCIUM TOTAL		\$160.00
80053	CHG METABOLIC PANEL,COMPREHENSIVE		\$166.00
80061	CHG LIPID PANEL		\$140.00
80074	CHG HEPATITIS PANEL,ACUTE		\$379.00
80156	ASSAY OF CARBAMAZEPINE TOTAL		\$216.00
80164	CHG DRUG SCREEN QUANT DIPROPYLACETIC ACID TOTAL		\$219.00
80305	CHG DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE		\$110.00
80306	CHG DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS		\$95.00
80307	CHG DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE		\$400.00
80323	CHG ALKALOIDS NOT OTHERWISE SPECIFIED		\$280.00
81000	CHG URINALYSIS, NONAUTO, W/SCOPE		\$60.00
81001	CHG URINALYSIS, AUTO, W/SCOPE		\$47.00
81002	CHG URINALYSIS NONAUTO W/O SCOPE		\$35.00
81003	CHG URINALYSIS, AUTO, W/O SCOPE		\$40.00
81025	CHG URINE PREGNANCY TEST		\$65.00
82010	CHG KETONE BODIES SERUM QUANTITATIVE		\$84.00
82043	CHG URINE ALBUMIN QUANTITATIVE		\$106.00
82105	CHG ALPHA-FETOPROTEIN, SERUM		\$149.00
82120	CHG AMINES,VAGINAL FLUID,QUALITATIVE		\$36.05
82247	CHG BILIRUBIN TOTAL		\$39.00
82248	CHG BILIRUBIN DIRECT		\$76.00
82270	BLOOD OCCULT,BY PEROXID,FECE,SINGLE, COLORECTAL SCREEN		\$43.00
82272	BLOOD OCCULT,BY PEROXID, FECE, 1-3 SIMULT, NON CA SCREEN		\$44.00
82274	CHG BLOOD,OCCULT,FECAL HGB,FECE,1-3 SIMULT		\$180.00
82306	CHG ASSAY OF VIT D,CALCIFEDIOL W FRACTIONS, IF PERFORMED		\$290.00
82570	ASSAY OF URINE CREATININE		\$181.00
82607	CHG VITAMIN B-12		\$150.00
82670	CHG ASSAY OF TOTAL ESTRADIOL		\$240.00
82705	CHG FATS/LIPIDS, FECE, QUALITATIVE		\$120.00

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PROCEDURE CODE	PROCEDURE NAME	MODIFIER	CHARGE
82747	ASSAY OF FOLIC ACID, RBC		\$230.00
82947	ASSAY QUANTITATIVE,BLOOD GLUCOSE		\$45.00
82948	CHG REAGENT STRIP/BLOOD GLUCOSE		\$30.00
82950	CHG GLUCOSE TEST		\$50.00
82951	CHG GLUCOSE TOLERANCE TEST (GTT)		\$115.00
82952	CHG GTT-ADDED SAMPLES		\$30.00
82962	CHG GLUCOSE BLOOD TEST		\$35.00
83001	CHG GONADOTROPIN (FSH)		\$135.00
83002	CHG GONADOTROPIN (LH)		\$134.00
83036	PR GLYCOSYLATED HEMOGLOBIN TEST		\$113.00
83516	CHG IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP		\$180.00
83518	CHG IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP		\$74.11
83525	CHG ASSAY OF INSULIN,TOTAL		\$47.00
83527	CHG ASSAY OF INSULIN,FREE		\$219.00
83540	ASSAY OF IRON		\$66.00
83605	ASSAY OF LACTIC ACID		\$125.00
83615	CHG LACTATE (LD) (LDH) ENZYME		\$53.00
83630	PR LACTOFERRIN, FECAL, QUAL		\$219.00
83690	ASSAY OF LIPASE		\$90.00
83721	ASSAY OF BLOOD LIPOPROTEIN,LDL CHOLEST		\$95.00
83735	ASSAY OF MAGNESIUM		\$65.00
83880	CHG NATRIURETIC PEPTIDE		\$393.00
84100	ASSAY OF INORGANIC PHOSPHORUS		\$51.00
84145	CHG ASSAY OF PROCALCITONIN		\$251.00
84146	ASSAY OF PROLACTIN		\$194.00
84153	CHG PROSTATE SPECIFIC ANTIGEN,TOTAL		\$155.00
84154	CHG PROSTATE SPECIFIC ANTIGEN,FREE		\$195.00
84156	PROTEIN TOT XCPT REFRACTOMETRY URINE		\$112.00
84270	ASSAY OF SEX HORMONE BINDING GLOBULIN		\$263.00
84402	ASSAY OF TESTOSTERONE		\$182.00
84403	ASSAY OF TOTAL TESTOSTERONE		\$225.00
84436	ASSAY OF TOTAL THYROXINE		\$60.00
84439	ASSAY OF FREE THYROXINE		\$130.00
84443	CHG ASSAY THYROID STIM HORMONE		\$170.00
84466	ASSAY OF TRANSFERRIN		\$178.00
84481	CHG TRIIODOTHYRONINE FREE ASSAY (FT-3)		\$275.00
84484	ASSAY OF TROPONIN, QUANT		\$402.00
84550	ASSAY OF URIC ACID, BLOOD		\$50.00
84702	CHORIONIC GONADOTROPIN, QUANT		\$170.00
84703	CHORIONIC GONADOTROPIN, QUAL		\$100.00
85014	CHG HEMATOCRIT		\$60.00
85018	CHG HEMOGLOBIN		\$40.00
85025	CHG COMPLETE CBC & AUTO DIFF WBC		\$83.00
85027	CHG COMPLETE CBC		\$55.00
85379	FIBRIN DEGRADPRODUCTS,D-DIMER, QUANT		\$372.00
85610	CHG PROTHROMBIN TIME		\$48.00
85652	CHG RBC SED RATE, AUTO		\$70.00

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PROCEDURE CODE	PROCEDURE NAME	MODIFIER	CHARGE
85730	CHG THROMBOPLAS TIME PARTIAL		\$175.00
86038	CHG ANTINUCLEAR ANTIBODIES		\$115.00
86140	CHG C-REACTIVE PROTEIN		\$90.00
86200	PR CYCLIC CIRULLINATED PEPTIDE ANTIBODY		\$137.00
86235	CHG NUCLEAR ANTIGEN ANTIBODY		\$90.00
86308	CHG HETEROPHILE ANTIBODIES,SCREEN		\$122.00
86376	CHG MICROSOMAL ANTIBODY		\$124.00
86431	CHG RHEUMATOID FACTOR, QUANT		\$68.00
86480	CHG TB TEST, CELL MEDIATED ANTIGEN RESPONSE,GAMMA INTERFRON		\$220.00
86510	CHG HISTOPLASMOSIS SKIN TEST		\$38.54
86580	CHG TB INTRADERMAL TEST		\$65.00
86592	CHG SYPHILIS TEST NON TREPONEMAL ANTIBODY QUAL		\$53.00
86593	CHG SYPHILIS TEST, QUANTITATIVE		\$70.00
86644	CHG CMV ANTIBODY		\$248.00
86645	CHG CMV ANTIBODY, IGM		\$248.00
86664	CHG EPSTEIN-BARR ANTIBODY,NUCLEAR		\$193.00
86665	CHG EPSTEIN-BARR ANTIBODY,V CAPSID		\$242.00
86677	CHG HELICOBACTER PYLORI		\$237.14
86694	CHG HERPES SIMPLEX TEST		\$207.00
86695	CHG HERPES SIMPLEX TEST		\$148.00
86696	CHG HERPES SIMPLEX TEST, TYPE 2		\$148.00
86706	CHG HEPATITIS B SURFACE AB TEST		\$92.00
86735	CHG MUMPS		\$233.00
86762	CHG RUBELLA		\$90.00
86765	CHG RUBEOLA		\$236.00
86769	CHG ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19		\$55.00
86780	CHG ANTIBODY TREPONEMA PALLIDUM		\$163.00
86787	CHG VARICELLA-ZOSTER		\$149.00
86803	CHG HEPATITIS C AB TEST		\$145.00
86804	CHG HEP C AB TEST, CONFIRM		\$685.00
86850	CHG RBC ANTIBODY SCREEN		\$111.00
86900	CHG BLOOD TYPING SEROLOGIC ABO		\$61.00
86901	CHG BLOOD TYPING SEROLOGIC RH (D)		\$64.00
87015	CHG SPECIMEN CONCENTRAT, INFECT AGENTS		\$79.00
87040	CHG BLOOD CULTURE FOR BACTERIA		\$172.00
87045	CHG STOOL CULTURE,SALMONELLA & SHIGELLA		\$236.00
87046	CHG STOOL CULTURE, ADDL PATHOGENS		\$75.00
87070	CHG CULTURE SPEC, BACTERIA, NOT URINE,STOOL,BLOOD		\$102.00
87077	CHG BACTERIA IDENTIFICATION, AEROBIC ISOLATE		\$39.00
87081	CHG BACTERIA CULTURE SCREEN		\$60.00
87086	CHG URINE CULTURE, COLONY COUNT		\$94.00
87102	CHG FUNGUS ISOLATION CULTURE		\$102.00
87147	CHG CULTURE TYPING, SEROLOGIC		\$75.00
87150	CHG CULTURE TYPING, NUCLEIC ACID AMP PROBE, CULT/ISOLATE, EACH		\$160.00
87177	CHG OVA AND PARASITES SMEARS		\$121.00
87186	CHG ANTIBIOTIC SENS,MIC,EACH		\$84.00
87205	CHG SMEAR,PRIMARY W/INTERP		\$149.00

Seward Community Health Center
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PROCEDURE CODE	PROCEDURE NAME	MODIFIER	CHARGE
87209	PR SMEAR, COMPLEX STAIN, FOR OVA/ PARA		\$166.00
87210	CHG SMEAR,STAIN,WET MNT,INTERP		\$55.00
87338	CHG IAAD IA HPYLORI STOOL		\$335.00
87340	CHG IAAD IA HEPATITIS B SURFACE ANTIGEN		\$118.00
87389	CHG IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE		\$120.00
87400	CHG IAAD IA INFLUENZA A/B EACH		\$55.00
87426	CHG IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS		\$0.00
87427	CHG IAAD IA SHIGA-LIKE TOXIN		\$115.00
87449	CHG IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM		\$187.00
87491	CHG CHYLM D TRACH, DNA, AMP PROBE		\$155.00
87522	CHG IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION		\$516.00
87529	CHG HSV, DNA, AMP PROBE		\$298.00
87591	CHG N.GONORRHOEAE, DNA, AMP PROB		\$175.00
87624	CHG IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES		\$170.00
87640	PR STAPH A, DNA, AMP PROBE		\$222.00
87641	PR MRSA, DNA, AMP PROBE		\$204.00
87798	CHG DETECT AGENT NOS, DNA, AMP		\$116.00
87804	CHG IAADIADOO INFLUENZA		\$85.00
87807	CHG IAADIADOO RESPIRATORY SYNCTIAL VIRUS		\$55.00
87880	CHG IAADIADOO STREPTOCOCCUS GROUP A		\$330.00
87899	CHG IAADIADOO NOT OTHERWISE SPECIFIED		\$99.00
88164	CHG CYTOPATH TBS CERV/VAG MANUAL		\$70.00
88175	PR CYTOPAT,CER/VAG,THIN LAYER,MAN RES,INTER		\$112.00
90384	PR RH IG, FULL-DOSE, IM		\$458.42
90460	PR IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX		\$27.44
90461	PR IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT		\$27.44
90471	PR IMMUNIZ ADMIN,1 SINGLE/COMB VAC/TOXOID		\$27.44
90472	PR IMMUNIZ,ADMIN,EACH ADDL		\$27.44
90473	PR IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX		\$27.44
90474	PR IMMUNIZ ADMIN,INTRANASAL/ORAL,EACH ADDL		\$27.44
90632	PR HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE		\$209.00
90632	PR HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	SL	\$119.00
90633	PR HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE		\$0.00
90636	PR HEPA/HEPB VACCINE ADULT IM		\$430.00
90647	PR HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE		\$0.00
90649	PR 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE		\$370.00
90649	PR 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	SL	\$0.00
90651	PR 9VHPV VACC 2/3 DOSE SCHED IM USE		\$0.00
90651	PR 9VHPV VACC 2/3 DOSE SCHED IM USE	SL	\$0.00
90658	PR IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE		\$40.00
90660	PR LAIV3 VACCINE LIVE FOR INTRANASAL USE		\$116.32
90662	PR IIV VACCINE PRESERV FREE INCREASED AG COUNT IM		\$84.00
90670	PR PCV13 VACCINE FOR INTRAMUSCULAR USE		\$0.00
90674	PR CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE		\$45.00
90674	PR CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	SA	\$0.00
90675	PR RABIES VACCINE, IM		\$0.00
90677	PR PCV20 VACCINE FOR INTRAMUSCULAR USE		\$0.00

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PROCEDURE CODE	PROCEDURE NAME	MODIFIER	CHARGE
90680	PR RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE		\$0.00
90685	PR IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE		\$99.21
90686	PR IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE		\$0.00
90686	PR IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	SL	\$0.00
90687	PR IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE		\$82.11
90687	PR IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE	SL	\$0.00
90694	PR AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE		\$0.00
90696	PR DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE		\$0.00
90696	PR DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	SL	\$0.00
90698	PR DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE		\$328.42
90698	PR DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	SL	\$0.00
90700	DTAP IMMUNIZATION, IM, <7 YO		\$0.00
90707	PR MMR VIRUS IMMUNIZATION, SUBCUT		\$0.00
90713	PR POLIOMYELITIS IMMUNIZATN,INACTV,SUB-Q		\$140.26
90713	PR POLIOMYELITIS IMMUNIZATN,INACTV,SUB-Q	SL	\$0.00
90714	PR TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE		\$69.00
90715	PR TDAP VACCINE >7 YO, IM		\$0.00
90716	PR VAR VACCINE LIVE FOR SUBCUTANEOUS USE		\$0.00
90717	PR YELLOW FEVER IMMUNIZATN,LIVE,SUB-Q		\$348.95
90723	PR DTAP-HEPB-IPV VACCINE INTRAMUSCULAR		\$0.00
90732	PR PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE		\$0.00
90733	PR MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE		\$407.10
90734	PR MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE		\$0.00
90736	PR ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE		\$626.05
90739	PR HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE		\$0.00
90740	PR HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM		\$848.42
90740	PR HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	SL	\$0.00
90744	PR HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM		\$160.79
90744	PR HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	SL	\$0.00
90746	PR HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE		\$134.01
90750	PR HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX		\$0.00
90785	PR PSYCHOTHERAPY COMPLEX INTERACTIVE		\$75.00
90791	PR PSYCHIATRIC DIAGNOSTIC EVALUATION		\$500.00
90832	PR PSYCHOTHERAPY W/PATIENT 30 MINUTES		\$285.00
90832	PR PSYCHOTHERAPY W/PATIENT 30 MINUTES	SA	\$0.00
90833	PR PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN		\$390.00
90833	PR PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	SA	\$295.00
90834	PR PSYCHOTHERAPY W/PATIENT 45 MINUTES		\$260.00
90834	PR PSYCHOTHERAPY W/PATIENT 45 MINUTES	SA	\$0.00
90837	PR PSYCHOTHERAPY W/PATIENT 60 MINUTES		\$240.00
90837	PR PSYCHOTHERAPY W/PATIENT 60 MINUTES	SA	\$0.00
90839	PR PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES		\$569.00
90840	PR PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES		\$130.00
90845	PR PSYCHOANALYSIS		\$322.76
90846	PR FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS		\$250.00
90847	PR FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS		\$286.00
90847	PR FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	SA	\$0.00

Seward Community Health Center
Charge Master as of 11/4/2022

PROCEDURE CODE	PROCEDURE NAME	MODIFIER	CHARGE
90853	PR GROUP PSYCHOTHERAPY		\$100.00
91300	PR SARSCOV2 VACCINE DIL RECON 30 MCG/0.3 ML IM USE		\$0.00
91301	PR SARSCOV2 VACCINE 100 MCG/0.5 ML IM USE		\$99.21
91302	PR SARSCOV2 VACCINE CHADOX1 5X1010 VP/0.5ML IM USE		\$0.00
91303	PR SARSCOV2 VACCINE AD26 5X1010VP/0.5ML IM USE		\$0.00
91305	PR SARSCOV2 VAC 30 MCG TRS-SUCR		\$0.00
91306	PR SARSCOV2 VAC 50MCG/0.25ML IM		\$0.00
91307	PR SARSCOV2 VAC 10 MCG TRS-SUCR		\$0.00
91308	PR SARSCOV2 VACCINE 3MCG/0.2ML TRIS-SUCROSE IM USE		\$0.00
91311	PR SARSCOV2 VAC 30MCG/0.3ML IM		\$0.00
91312	PR SARSCOV2 VACCINE BIVALENT 30 MCG/0.3 ML IM USE		\$0.00
91313	PR SARSCOV2 VACCINE BIVALENT 50 MCG/0.5 ML IM USE		\$0.00
92283	PR COLOR VISION EXAMINATION		\$191.58
92551	PR PURE TONE HEARING TEST, AIR		\$50.00
92552	PR PURE TONE AUDIOMETRY, AIR		\$111.05
92567	PR TYMPANOMETRY		\$146.11
92950	PR HEART/LUNG RESUSCITATION (CPR)		\$2,116.00
93000	PR ELECTROCARDIOGRAM, COMPLETE		\$195.00
93005	PR ELECTROCARDIOGRAM, TRACING		\$185.00
93010	PR ELECTROCARDIOGRAM REPORT		\$115.00
93308	PR ECHO HEART XTHORACIC,LIMITED	26	\$234.00
93308	PR ECHO HEART XTHORACIC,LIMITED	TC	\$665.00
94010	PR BREATHING CAPACITY TEST		\$210.00
94150	PR VITAL CAPACITY TEST		\$115.00
94640	PR PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT		\$125.00
94664	PR DEMO &/OR EVAL,PT USE,AEROSOL DEVICE		\$109.47
94760	PR NONINVASV OXYGEN SATUR;SINGLE		\$30.00
95115	PR IMMUNOTHERAPY, ONE INJECTION		\$36.00
95117	PR IMMUNOTHERAPY, 2+ INJECTIONS		\$54.00
96110	PR DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM		\$51.00
96127	PR BEHAV ASSMT W/SCORE & DOC/STAND INSTRUMENT		\$32.00
96156	PR HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT		\$354.04
96158	PR HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN		\$331.00
96159	PR HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN		\$116.00
96160	PR PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM		\$20.00
96161	PR CAREGIVER HLTH RISK ASSMT SCORE DOC STND INSTRM		\$20.00
96164	PR HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN		\$65.00
96165	PR HEALTH BEHAVIOR IVNTJ GROUP F2F EA ADDL 15 MIN		\$31.38
96167	PR HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN		\$372.07
96168	PR HEALTH BEHAVIOR IVNTJ FAM W/PT F2F EA ADD 15 MIN		\$147.93
96170	PR HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F 1ST 30 MIN		\$416.90
96171	PR HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F EA ADDL 15		\$170.34
96360	PR IV INFUSION, HYDRATION, 31-60 MIN		\$315.00
96361	PR IV INFUSION, HYDRATION, EA ADD HOUR		\$122.00
96365	PR IV INFUSION, THERAP/PROPH/DIAGNOST,INITIAL,1ST HOUR		\$493.00
96366	PR IV INFUSION, THERAP/PROPH/DIAGNOST,INITIAL,EA ADD HOUR		\$159.00
96372	PR INJECTION,THERAP/PROPH/DIAGNOST, IM OR SUBCUT		\$114.00

Seward Community Health Center
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PROCEDURE CODE	PROCEDURE NAME	MODIFIER	CHARGE
96374	PR INJECTION,THERAP/PROPH/DIAGNOST, IV PUSH, INITIAL DRUG		\$440.00
96375	PR INJECTION,THERAP/PROPH/DIAGNOST, IV PUSH, EA ADD, NEW DRUG		\$320.00
96523	PR IRRIG IMPLANTED DRUG DELIVERY DEVICE		\$175.00
97602	PR RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS		\$179.04
98925	PR OSTEOPATHIC MANIP,1-2 BODY REGN		\$145.00
98926	PR OSTEOPATHIC MANIP,3-4 BODY REGN		\$234.50
98927	PR OSTEOPATHIC MANIP,5-6 BODY REGN		\$175.00
98928	PR OSTEOPATHIC MANIP,7-8 BODY REGN		\$200.00
98929	PR OSTEOPATHIC MANIP,9-10 BODY REGN		\$290.00
98960	PR SELF-MGMT EDUC & TRAIN, 1 PT, EA 30 MIN		\$84.00
98966	PR NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN		\$49.91
98967	PR NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN		\$95.55
98968	PR NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN		\$357.00
98970	PR QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MIN		\$61.58
98971	PR QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 11-20MIN		\$160.65
98972	PR QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MIN		\$88.36
99000	PR HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB		\$39.00
99024	PR POST-OP FOLLOW-UP VISIT		\$123.28
99050	PR MEDICAL SERVICES AFTER HRS		\$215.00
99070	PR SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP		\$0.00
99172	PR VISUAL FUNCT SCREENING, BILAT		\$102.63
99173	PR VISUAL SCREENING TEST, BILAT		\$38.00
99195	PR PHLEBOTOMY		\$575.00
99202	PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES		\$248.00
99203	PR OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES		\$346.00
99204	PR OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES		\$510.00
99205	PR OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES		\$937.60
99211	PR OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP		\$95.00
99212	PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN		\$169.00
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN		\$244.00
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN		\$360.00
99215	PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN		\$580.80
99304	PR INITIAL NURSING FACILITY CARE/DAY 25 MINUTES		\$435.61
99305	PR INITIAL NURSING FACILITY CARE/DAY 35 MINUTES		\$300.00
99306	PR INITIAL NURSING FACILITY CARE/DAY 45 MINUTES		\$917.00
99307	PR SBSQ NURSING FACILITY CARE/DAY E/M STABLE 10 MIN		\$182.31
99308	PR SBSQ NURSING FACIL CARE/DAY MINOR COMPLJ 15 MIN		\$260.00
99309	PR SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN		\$280.00
99310	PR SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 35 MIN		\$382.00
99315	PR NURSING FAC DISCHRG DAY,1-30 MIN		\$400.00
99316	PR NURSING FAC DISCHRG DAY,MORE 30 MIN		\$400.00
99318	PR E/M ANNUAL NURSING FACILITY ASSESS STABLE 30 MIN		\$325.49
99341	PR HOME VISIT NEW PATIENT LOW SEVERITY 20 MINUTES		\$155.79
99342	PR HOME VISIT NEW PATIENT MOD SEVERITY 30 MINUTES		\$244.81
99343	PR HOME VST NEW PATIENT MOD-HI SEVERITY 45 MINUTES		\$397.82
99344	PR HOME VISIT NEW PATIENT HI SEVERITY 60 MINUTES		\$511.88
99345	PR HOME VISIT NEW PT UNSTABL/SIGNIF NEW PROB 75 MIN		\$620.37

Seward Community Health Center
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PROCEDURE CODE	PROCEDURE NAME	MODIFIER	CHARGE
99347	PR HOME VISIT EST PT SELF LIMITED/MINOR 15 MINUTES		\$218.00
99348	PR HOME VISIT EST PT LOW-MOD SEVERITY 25 MINUTES		\$305.00
99349	PR HOME VISIT EST PT MOD-HI SEVERITY 40 MINUTES		\$408.00
99350	PR HOME VST EST PT UNSTABLE/SIGNIF NEW PROB 60 MINS		\$567.00
99354	PR PROLONGED SVC OUTPATIENT SETTING 1ST HOUR		\$250.00
99355	PR PROLONGED SVC OUTPATIENT SETTING EA ADDL 30 MIN		\$200.00
99381	PR PREVENTIVE VISIT,NEW,INFANT < 1 YR		\$350.00
99382	PR PREVENTIVE VISIT,NEW,AGE 1-4		\$346.00
99383	PR PREVENTIVE VISIT,NEW,AGE5-11		\$352.00
99384	PR PREVENTIVE VISIT,NEW,12-17		\$390.00
99385	PR PREVENTIVE VISIT,NEW,18-39		\$475.00
99386	PR PREVENTIVE VISIT,NEW,40-64		\$518.40
99387	PR PREVENTIVE VISIT,NEW,65 & OVER		\$584.00
99391	PR PREVENTIVE VISIT,EST, INFANT < 1 YR		\$285.00
99392	PR PREVENTIVE VISIT,EST,AGE 1-4		\$300.00
99393	PR PREVENTIVE VISIT,EST,AGE5-11		\$300.00
99394	PR PREVENTIVE VISIT,EST,12-17		\$330.00
99395	PR PREVENTIVE VISIT,EST,18-39		\$390.00
99396	PR PREVENTIVE VISIT,EST,40-64		\$431.00
99397	PR PREVENTIVE VISIT,EST,65 & OVER		\$589.03
99401	PR PREVENT COUNSEL,INDIV,15 MIN		\$125.00
99402	PR PREVENT COUNSEL,INDIV,30 MIN		\$222.56
99403	PR PREVENT COUNSEL,INDIV,45 MIN		\$278.20
99404	PR PREVENT COUNSEL,INDIV,60 MIN		\$322.71
99406	PR TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES		\$66.00
99407	PR TOBACCO USE CESSATION INTENSIVE >10 MINUTES		\$119.62
99408	PR ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN		\$119.23
99409	PR ALCOHOL/SUBSTANCE SCREEN & INTERVEN >30 MIN		\$203.24
99417	PR PROLONGED OFFICE/OUTPATIENT E/M SVC EA 15 MIN		\$0.00
99421	PR ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES		\$76.03
99422	PR ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES		\$167.47
99423	PR ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES		\$183.51
99441	PR PHYS/QHP TELEPHONE EVALUATION 5-10 MIN		\$99.83
99442	PR PHYS/QHP TELEPHONE EVALUATION 11-20 MIN		\$130.78
99442	PR PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	DOT	\$100.00
99443	PR PHYS/QHP TELEPHONE EVALUATION 21-30 MIN		\$455.23
99450	PR LIFE/DISABILITY EVALUATION		\$216.99
99455	PR WORK RELATED/MED DBLT XM TREATING PHYS		\$185.00
99484	PR CARE MGMT SERVICES BEHAVIORAL HLTH COND 20 MINS		\$222.56
99490	PR CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO		\$70.00
99492	PR 1ST PSYCHIATRIC COLLAB CARE MGMT 1ST 70 MINS		\$523.01
99493	PR SBSQ PSYCHIATRIC COLLAB CARE MGMT 1ST 60 MINS		\$456.24
99494	PR 1ST/SBSQ PSYCH COLLAB CARE MGMT EA ADDL 30 MINS		\$280.98
99497	PR ADVANCE CARE PLANNING FIRST 30 MINS		\$452.00
99498	PR ADVANCE CARE PLANNING EA ADDL 30 MINS		\$322.71
99499	PR UNLISTED E/M SERVICE		\$0.00
99499	PR UNLISTED E/M SERVICE	DOT	\$215.25

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PROCEDURE CODE	PROCEDURE NAME	MODIFIER	CHARGE
99499	PR UNLISTED E/M SERVICE	SP	\$25.00
99999	NO CHARGE E&M		\$0.00
A4467	PR BELT STRAP SLEEV GRMNT COVER		\$71.00
A4550	PR SURGICAL TRAYS		\$100.00
A4565	PR SLINGS		\$30.01
A4580	PR CAST SUPPLIES (PLASTER)		\$150.00
A6531	PR COMPRESSION STOCKING BK30-40		\$69.47
A9999	PR DME SUPPLY OR ACCESSORY, NOS		\$0.00
D1206	PR TOPICAL APPLICATION OF FLUORIDE VARNISH		\$0.00
E0116	PR CRUTCH UNDERARM EACH NO WOOD		\$75.00
E0116	PR CRUTCH UNDERARM EACH NO WOOD	NU	\$70.29
E0190	PR POSITIONING CUSHION		\$120.00
E0190	PR POSITIONING CUSHION	NU	\$114.60
G0008	PR ADMIN INFLUENZA VIRUS VAC		\$27.44
G0009	PR ADMIN PNEUMOCOCCAL VACCINE		\$27.44
G0010	PR ADMIN HEPATITIS B VACCINE		\$27.44
G0071	PR COMM SVCS BY RHC/FQHC 5 MIN		\$18.00
G0101	PR CA SCREEN, PELVIC/BREAST EXAM		\$129.96
G0127	PR TRIM NAIL(S)		\$65.53
G0245	PR INITIAL FOOT EXAM PT LOPS		\$149.99
G0246	PR FOLLOWUP EVAL OF FOOT PT LOP		\$111.00
G0246	PR FOLLOWUP EVAL OF FOOT PT LOP	SA	\$99.99
G0328	PR FECAL BLOOD SCRNM IMMUNOASSAY		\$66.01
G0402	PR INITIAL PREVENTIVE EXAM		\$451.08
G0438	PR PPPS, INITIAL VISIT		\$509.04
G0439	PR PPPS, SUBSEQ VISIT		\$348.00
G0466	PR FQHC VISIT NEW PATIENT		\$274.05
G0467	PR FQHC VISIT, ESTAB PT		\$225.08
G0468	PR FQHC VISIT, IPPE OR AWV		\$283.92
G0469	PR FQHC VISIT, MH NEW PT		\$270.05
G0469	PR FQHC VISIT, MH NEW PT	SA	\$0.00
G0470	PR FQHC VISIT, MH ESTAB PT		\$249.99
G2010	PR REMOT IMAGE SUBMIT BY PT		\$50.86
G2012	PR BRIEF CHECK IN BY MD/QHP		\$65.18
G2025	PR DIS SITE TELE SVCS RHC/FQHC		\$139.89
G2061	PR QUAL NONMD EST PT 5-10M		\$23.80
G2062	PR QUAL NONMD EST PT 11-20M		\$41.92
G2063	PR QUAL NONMD EST PT 21>MIN		\$65.15
H2011	PR CRISIS INTERVEN SVC, 15 MIN		\$75.00
J0561	PR PENICILLIN G BENZATHINE INJ, 100000 UNITS		\$41.30
J0696	PR CEFTRIAZONE SODIUM INJECTION, 250 MG		\$40.00
J0702	PR BETAMETHASONE ACET&SOD PHOSP, 3 MG		\$25.01
J0715	PR CEFTIZOXIME SODIUM / 500 MG		\$65.00
J0735	PR CLONIDINE HYDROCHLORIDE, 1 MG		\$107.03
J1040	PR METHYLPREDNISOLONE 80 MG INJ		\$40.60
J1050	PR MEDROXYPROGESTERONE ACETATE PER MG		\$1.70
J1100	PR DEXAMETHASONE SODIUM PHOS, 1 MG		\$5.00

Seward Community Health Center
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PROCEDURE CODE	PROCEDURE NAME	MODIFIER	CHARGE
J1885	PR KETOROLAC TROMETHAMINE INJ, 15 MG		\$20.00
J1940	PR FUROSEMIDE INJECTION, 20 MG		\$2.30
J1950	PR LEUPROLIDE ACETATE /3.75 MG		\$3,771.00
J2357	PR OMALIZUMAB INJECTION, 5 MG		\$111.00
J2405	PR ONDANSETRON HCL INJECTION, 1 MG		\$7.00
J2550	PR PROMETHAZINE HCL INJECTION, 50 MG		\$25.00
J2790	PR RHO D IMMUNE GLOBULIN INJ, 1 PACKAGE		\$252.00
J2920	PR METHYLPREDNISOLONE INJECTION, 40 MG		\$0.85
J2930	PR METHYLPREDNISOLONE INJECTION, 125 MG		\$30.00
J3030	PR SUMATRIPTAN SUCCINATE / 6 MG		\$162.96
J3301	PR TRIAMCINOLONE ACET INJ NOS, 10 MG		\$15.00
J3420	PR VITAMIN B12 INJECTION, 1000 MCG		\$19.99
J7030	PR NORMAL SALINE SOLUTION INFUS, 1000 ML		\$32.00
J7296	PR KYLEENA, 19.5 MG		\$2,199.37
J7298	PR MIRENA, 52 MG		\$2,040.00
J7300	PR INTRAUT COPPER CONTRACEPTIVE, 1 UNITS		\$1,623.96
J7301	PR SKYLA, 13.5 MG		\$1,672.00
J7307	PR ETONOGESTREL IMPLANT SYSTEM, 1 UNITS		\$1,870.00
J7613	PR ALBUTEROL NON-COMP UNIT, 1 MG		\$10.00
J7620	PR ALBUTEROL IPRATROP NON-COMP, 3 ML		\$15.00
J8499	PR ORAL PRESCRIP DRUG NON CHEMO		\$0.41
L0130	PR FLEX THERMOPLASTIC COLLAR MO		\$0.00
L0172	PR CERV COL SR FOAM 2PC PRE OTS		\$249.94
L1820	PR KO ELAS W/ CONDYLE PADS & JO		\$228.64
L1830	PR KO IMMOB CANVAS LONG PRE OTS		\$145.01
L2999	PR LOWER EXTREMITY ORTHOSIS NOS		\$0.00
L3260	PR AMBULATORY SURGICAL BOOT EAC		\$60.02
L3670	PR SO ACRO/CLAV CAN WEB PRE OTS		\$199.95
L3807	PR WHFO W/O JOINTS PRE CST		\$450.06
L3908	PR WHO COCK-UP NONMOLDE PRE OTS		\$106.03
L3927	PR FO PIP DIP NO JT SPR PRE OTS		\$65.00
L3999	PR UPPER LIMB ORTHOSIS NOS		\$0.00

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PROCEDURE CODE	PROCEDURE NAME	MODIFIER	CHARGE
L4350	PR ANKLE CONTROL ORTHO PRE OTS		\$149.96
L4360	PR PNEUMAT WALKING BOOT PRE CST		\$499.15
L4361	PR PNEUMA/VAC WALK BOOT PRE OTS		\$450.16
L4386	PR NON-PNEUM WALK BOOT PRE CST		\$344.00
M0243	PR CASIRIVI AND IMDEVI INFUSION		\$450.00
PBPSM	PR PATIENT SUPPLIED MEDICATION		\$0.00
Q0162	PR ONDANSETRON ORAL		\$7.00
Q3014	PR TELEHEALTH FACILITY FEE		\$68.59
Q4049	PR FINGER SPLINT, STATIC		\$33.00
S8431	PR COMPRESSION BANDAGE		\$27.99
S8450	PR SPLINT DIGIT		\$41.00
S8451	PR SPLINT WRIST OR ANKLE		\$50.00
2200315	PR KNEE SLEEVE SUPPORT (OPEN/CLOSED PATELLA)		\$8.03
97799PE	CLIENT PHYSICAL EXAM, BASIC		\$185.00
99499SP	PR SPORTS PHYSICAL		\$75.34
A9999AA	PR KNEE BRACE HINGED 16"		\$43.76
97799PES	CLIENT PHYSICAL EXAM, DETAILED		\$220.00
99499DOT	PR DOT PHYSICAL		\$215.25