

Seward Community Health Center
Master Fee Schedule as of 1/1/2024

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
10040	PR ACNE SURGERY OF SKIN ABSCESS	PR INTEGUMENTARY SYSTEM SERVICES	10040	CPT(R)		\$465.71
10060	PR DRAIN SKIN ABSCESS SIMPLE	PR INTEGUMENTARY SYSTEM SERVICES	10060	CPT(R)		\$660.00
10061	PR DRAIN SKIN ABSCESS COMPLIC	PR INTEGUMENTARY SYSTEM SERVICES	10061	CPT(R)		\$1,050.00
10080	PR DRAIN PILONIDAL CYST SIMPL	PR INTEGUMENTARY SYSTEM SERVICES	10080	CPT(R)		\$1,030.08
10081	PR DRAIN PILONIDAL CYST COMPLIC	PR INTEGUMENTARY SYSTEM SERVICES	10081	CPT(R)		\$1,815.47
10120	PR REMOVE FOREIGN BODY SIMPLE	PR INTEGUMENTARY SYSTEM SERVICES	10120	CPT(R)		\$703.00
10121	PR REMOVE FOREIGN BODY COMPLIC	PR INTEGUMENTARY SYSTEM SERVICES	10121	CPT(R)		\$1,523.41
10140	PR DRAINAGE OF HEMATOMA/FLUID	PR INTEGUMENTARY SYSTEM SERVICES	10140	CPT(R)		\$824.85
10160	PR PUNCTURE DRAINAGE OF LESION	PR INTEGUMENTARY SYSTEM SERVICES	10160	CPT(R)		\$598.90
11000	PR DEBRIDEMENT, INFECTED SKIN, UP TO 10% BSA	PR INTEGUMENTARY SYSTEM SERVICES	11000	CPT(R)		\$323.63
11042	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,=<20 SQ CM	PR INTEGUMENTARY SYSTEM SERVICES	11042	CPT(R)		\$775.00
11043	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,=<20 SQ CM	PR INTEGUMENTARY SYSTEM SERVICES	11043	CPT(R)		\$3,900.00
11044	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,BONE,=<20 SQ CM	PR INTEGUMENTARY SYSTEM SERVICES	11044	CPT(R)		\$2,549.55
11045	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,EACH ADD 20 SQ CM	PR INTEGUMENTARY SYSTEM SERVICES	11045	CPT(R)		\$95.00
11046	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,EACH ADD 20 SQ CM	PR INTEGUMENTARY SYSTEM SERVICES	11046	CPT(R)		\$600.00
11047	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,BONE,EACH ADD 20 SQ CM	PR INTEGUMENTARY SYSTEM SERVICES	11047	CPT(R)		\$951.15
11055	PR TRIM HYPERKERATOTIC SKIN LESION, ONE	PR INTEGUMENTARY SYSTEM SERVICES	11055	CPT(R)		\$275.00
11056	TRIM BENIGN HYPERKERATOTIC SKIN LESION,2-4	PR INTEGUMENTARY SYSTEM SERVICES	11056	CPT(R)		\$345.00
11102	PR TANGENTIAL BIOPSY SKIN SINGLE LESION	PR INTEGUMENTARY SYSTEM SERVICES	11102	CPT(R)		\$275.00
11104	PR PUNCH BIOPSY SKIN SINGLE LESION	PR INTEGUMENTARY SYSTEM SERVICES	11104	CPT(R)		\$620.00
11105	PR PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	PR INTEGUMENTARY SYSTEM SERVICES	11105	CPT(R)		\$301.00
11106	PR INCISIONAL BIOPSY SKIN SINGLE LESION	PR INTEGUMENTARY SYSTEM SERVICES	11106	CPT(R)		\$947.20
11107	PR INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	PR INTEGUMENTARY SYSTEM SERVICES	11107	CPT(R)		\$517.01
11200	PR REMOVAL OF SKIN TAGS, UP TO 15	PR INTEGUMENTARY SYSTEM SERVICES	11200	CPT(R)		\$500.00
11300	PR SHAV SKIN LES <5MM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11300	CPT(R)		\$575.00
11301	PR SHAV SKIN LES 6-10MM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11301	CPT(R)		\$379.83
11302	PR SHAV SKIN LES 11-20MM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11302	CPT(R)		\$564.37
11303	PR SHAV SKIN LES >21MM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11303	CPT(R)		\$690.67
11305	PR SHAV SKIN LES <5MM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11305	CPT(R)		\$367.04
11306	PR SHAV SKIN LES 6-10MM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11306	CPT(R)		\$477.55
11307	PR SHAV SKIN LES 11-20MM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11307	CPT(R)		\$584.11
11308	PR SHAV SKIN LES >21MM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11308	CPT(R)		\$619.63
11310	PR SHAV SKIN LES <5MM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11310	CPT(R)		\$465.71
11311	PR SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	PR INTEGUMENTARY SYSTEM SERVICES	11311	CPT(R)		\$572.27
11312	PR SHAV SKIN LES 11-20MM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11312	CPT(R)		\$615.68
11313	PR SHAV SKIN LES >21MM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11313	CPT(R)		\$801.17
11400	PR EXC SKIN BENIG <5MM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11400	CPT(R)		\$561.00
11401	PR EXC SKIN BENIG 0.6-1CM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11401	CPT(R)		\$575.00
11402	PR EXC SKIN BENIG 1.1-2CM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11402	CPT(R)		\$816.00
11403	PR EXC SKIN BENIG 2.1-3CM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11403	CPT(R)		\$1,200.00
11406	PR EXC SKIN BENIG >4CM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11406	CPT(R)		\$2,182.00

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PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
11420	PR EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	PR INTEGUMENTARY SYSTEM SERVICES	11420	CPT(R)		\$690.00
11421	PR EXC SKIN BENIG 0.6-1CM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11421	CPT(R)		\$925.00
11422	PR EXC SKIN BENIG 1.1-2CM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11422	CPT(R)		\$792.00
11423	PR EXC SKIN BENIG 2.1-3CM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11423	CPT(R)		\$1,200.00
11424	PR EXC SKIN BENIG 3.1-4CM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11424	CPT(R)		\$1,432.64
11426	PR EXC SKIN BENIG >4CM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11426	CPT(R)		\$2,087.79
11440	PR EXC SKIN BENIG <5MM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11440	CPT(R)		\$400.00
11441	PR EXC SKIN BENIG 0.6-1CM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11441	CPT(R)		\$600.00
11442	PR EXC SKIN BENIG 1.1-2CM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11442	CPT(R)		\$1,136.64
11443	PR EXC SKIN BENIG 2.1-3CM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11443	CPT(R)		\$1,397.12
11446	PR EXC SKIN BENIG >4CM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11446	CPT(R)		\$3,220.48
11601	PR EXC SKIN MALIG 0.6-1CM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11601	CPT(R)		\$1,073.49
11603	PR EXC SKIN MALIG 2.1-3CM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11603	CPT(R)		\$1,381.33
11641	PR EXC SKIN MALIG 0.6-1CM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11641	CPT(R)		\$1,286.61
11643	PR EXC SKIN MALIG 2.1-3CM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11643	CPT(R)		\$1,862.83
11719	PR TRIM NAIL(S)	PR INTEGUMENTARY SYSTEM SERVICES	11719	CPT(R)		\$102.61
11720	PR DEBRIDEMENT OF NAIL(S), 1-5	PR INTEGUMENTARY SYSTEM SERVICES	11720	CPT(R)		\$165.00
11721	PR DEBRIDEMENT OF NAILS, 6 OR MORE	PR INTEGUMENTARY SYSTEM SERVICES	11721	CPT(R)		\$100.00
11730	PR REMOVAL OF NAIL PLATE	PR INTEGUMENTARY SYSTEM SERVICES	11730	CPT(R)		\$575.00
11732	PR REMOVE ADDITIONAL NAIL PLATE	PR INTEGUMENTARY SYSTEM SERVICES	11732	CPT(R)		\$144.00
11740	PR DRAIN BLOOD FROM UNDER NAIL	PR INTEGUMENTARY SYSTEM SERVICES	11740	CPT(R)		\$307.84
11750	PR REMOVAL OF NAIL BED	PR INTEGUMENTARY SYSTEM SERVICES	11750	CPT(R)		\$1,070.00
11760	PR RECONSTRUC OF NAIL BED	PR INTEGUMENTARY SYSTEM SERVICES	11760	CPT(R)		\$1,582.61
11765	PR EXCISION OF NAIL FOLD	PR INTEGUMENTARY SYSTEM SERVICES	11765	CPT(R)		\$635.41
11976	PR REMOVAL OF CONTRACEPTIVE CAPSUL	PR INTEGUMENTARY SYSTEM SERVICES	11976	CPT(R)		\$935.36
11981	PR INSERTION DRUG DELIVERY IMPLANT	PR INTEGUMENTARY SYSTEM SERVICES	11981	CPT(R)		\$788.84
11982	PR REMOVAL DRUG IMPLANT DEVICE	PR INTEGUMENTARY SYSTEM SERVICES	11982	CPT(R)		\$890.00
11983	PR REMOVAL W/ REINSERT DRUG IMPLANT DEVICE	PR INTEGUMENTARY SYSTEM SERVICES	11983	CPT(R)		\$1,260.00
12001	PR REPR SUPERF WND BODY <2.5CM	PR INTEGUMENTARY SYSTEM SERVICES	12001	CPT(R)		\$684.83
12002	PR REPR SUPERF WND BODY 2.6-7.5CM	PR INTEGUMENTARY SYSTEM SERVICES	12002	CPT(R)		\$720.00
12004	PR REPR SUPERF WND BODY 7.6-12.5	PR INTEGUMENTARY SYSTEM SERVICES	12004	CPT(R)		\$1,385.28
12011	PR REPR SUPERF WND FACE <2.5CM	PR INTEGUMENTARY SYSTEM SERVICES	12011	CPT(R)		\$720.00
12013	PR REPR SUPERF WND FACE 2.6-5	PR INTEGUMENTARY SYSTEM SERVICES	12013	CPT(R)		\$869.00
12014	PR REPR SUPERF WND FACE 5.1-7.5	PR INTEGUMENTARY SYSTEM SERVICES	12014	CPT(R)		\$1,491.84
12015	PR REPR SUPERF WND FACE 7.6-12.5	PR INTEGUMENTARY SYSTEM SERVICES	12015	CPT(R)		\$1,882.56
12020	PR CLOSURE SUPERF WND DEHIS SIMPLE	PR INTEGUMENTARY SYSTEM SERVICES	12020	CPT(R)		\$1,689.17
12021	PR CLOSURE SUPERF WND DEHIS W PACKING	PR INTEGUMENTARY SYSTEM SERVICES	12021	CPT(R)		\$1,077.44
12031	PR LAYR CLOS WND TRUNK,ARM,LEG <2.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12031	CPT(R)		\$1,203.73
12032	PR LAYR CLOS WND TRUNK,ARM,LEG 2.6-7.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12032	CPT(R)		\$950.00
12034	PR LAYR CLOS WND TRUNK,ARM,LEG 7.6-12.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12034	CPT(R)		\$1,890.00
12041	PR LAYR CLOS WND REST BODY <2.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12041	CPT(R)		\$875.00

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12042	PR LAYR CLOS WND REST BODY 2.6-7.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12042	CPT(R)		\$982.00
12044	PR LAYR CLOS WND REST BODY 7.6-12.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12044	CPT(R)		\$2,028.59
12047	PR LAYR CLOS WND REST BODY >30 CM	PR INTEGUMENTARY SYSTEM SERVICES	12047	CPT(R)		\$3,978.24
12051	PR LAYR CLOS WND FACE,FACIAL <2.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12051	CPT(R)		\$1,581.00
12052	PR LAYR CLOS WND FACE,FACIAL 2.5-5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12052	CPT(R)		\$1,348.00
12053	PR LAYR CLOS WND FACE,FACIAL 5.1-7.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12053	CPT(R)		\$2,028.59
12054	PR LAYR CLOS WND FACE,FACIAL 7.6-12.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12054	CPT(R)		\$2,462.72
13120	PR REPR CMPL WND SCALP,EXTR 1.1-2.5	PR INTEGUMENTARY SYSTEM SERVICES	13120	CPT(R)		\$1,720.75
13121	PR REPR CMPL WND SCALP,EXTR 2.6-7.5	PR INTEGUMENTARY SYSTEM SERVICES	13121	CPT(R)		\$2,332.48
13122	PR REP,SKIN,SCALP/EXTREM+5CM/<	PR INTEGUMENTARY SYSTEM SERVICES	13122	CPT(R)		\$974.83
13131	PR REPR CMPL WND HEAD,FAC,HAND 1.1-2.5	PR INTEGUMENTARY SYSTEM SERVICES	13131	CPT(R)		\$2,202.24
16020	PR DRESS/DEBRID SMALL BURN NO ANES	PR INTEGUMENTARY SYSTEM SERVICES	16020	CPT(R)		\$513.07
17000	PR DESTRUC PREMALIGNANT, FIRST LESION	PR INTEGUMENTARY SYSTEM SERVICES	17000	CPT(R)		\$200.00
17003	PR DESTRUC PREMALIGNANT,2-14 LESIONS	PR INTEGUMENTARY SYSTEM SERVICES	17003	CPT(R)		\$40.00
17004	PR DESTRUC PREMALIGNANT,15+ LESIONS	PR INTEGUMENTARY SYSTEM SERVICES	17004	CPT(R)		\$974.83
17110	PR DESTRUCTION BENIGN LESIONS UP TO 14	PR INTEGUMENTARY SYSTEM SERVICES	17110	CPT(R)		\$556.00
17111	DESTRUCTION BENIGN LESIONS 15 OR MORE	PR INTEGUMENTARY SYSTEM SERVICES	17111	CPT(R)		\$485.00
17250	PR CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	PR INTEGUMENTARY SYSTEM SERVICES	17250	CPT(R)		\$710.62
17263	PR DESTR MALIG TRUNK,EXTREM 2.1-3 CM	PR INTEGUMENTARY SYSTEM SERVICES	17263	CPT(R)		\$986.67
19100	PR BIOPSY OF BREAST, NEEDLE CORE	PR INTEGUMENTARY SYSTEM SERVICES	19100	CPT(R)		\$986.67
20550	PR INJECT TENDON SHEATH/LIGAMENT	PR MUSCULOSKELETAL SERVICES	20550	CPT(R)		\$455.00
20551	PR INJECT TENDON ORIGIN/INSERT	PR MUSCULOSKELETAL SERVICES	20551	CPT(R)		\$465.00
20552	PR INJECT TRIGGER POINT, 1 OR 2 MUSCLE(S)	PR MUSCULOSKELETAL SERVICES	20552	CPT(R)		\$425.00
20553	PR INJECT TRIGGER POINT, 3+ MUSCLES	PR MUSCULOSKELETAL SERVICES	20553	CPT(R)		\$500.00
20600	PR ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	PR MUSCULOSKELETAL SERVICES	20600	CPT(R)		\$410.00
20605	PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	PR MUSCULOSKELETAL SERVICES	20605	CPT(R)		\$392.00
20610	PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	PR MUSCULOSKELETAL SERVICES	20610	CPT(R)		\$500.00
20611	PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	PR MUSCULOSKELETAL SERVICES	20611	CPT(R)		\$600.00
20612	PR ASPIRAT/INJECTION GANGLION CYST(S)	PR MUSCULOSKELETAL SERVICES	20612	CPT(R)		\$537.66
21011	PR EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ < 2CM	PR MUSCULOSKELETAL SERVICES	21011	CPT(R)		\$3,248.52
21014	PR EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2+CM	PR MUSCULOSKELETAL SERVICES	21014	CPT(R)		\$5,123.54
24640	PR CLOSED RX RADIAL HEAD DISLOC,CHILD	PR MUSCULOSKELETAL SERVICES	24640	CPT(R)		\$1,129.53
26010	PR DRAIN FINGER ABSCESS,SIMPLE	PR MUSCULOSKELETAL SERVICES	26010	CPT(R)		\$1,748.51
26605	PR CLOSED RX METACARPAL FX,MANIP	PR MUSCULOSKELETAL SERVICES	26605	CPT(R)		\$2,981.95
27323	PR BX THIGH/KNEE SOFT TISSUES,SUPERF	PR MUSCULOSKELETAL SERVICES	27323	CPT(R)		\$1,820.80
28660	PR CLOSED RX I-P JT,TOE DISLOCATION	PR MUSCULOSKELETAL SERVICES	28660	CPT(R)		\$1,115.97
29065	PR APPLY LONG ARM CAST	PR MUSCULOSKELETAL SERVICES	29065	CPT(R)		\$549.00
29075	PR APPLY FOREARM CAST	PR MUSCULOSKELETAL SERVICES	29075	CPT(R)		\$620.00
29085	PR APPLY HAND/WRIST CAST	PR MUSCULOSKELETAL SERVICES	29085	CPT(R)		\$813.26
29105	PR APPLY LONG ARM SPLINT	PR MUSCULOSKELETAL SERVICES	29105	CPT(R)		\$501.00
29125	PR APPLY FOREARM SPLINT,STATIC	PR MUSCULOSKELETAL SERVICES	29125	CPT(R)		\$367.00

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29126	PR APPLY FOREARM SPLINT,DYNAMIC	PR MUSCULOSKELETAL SERVICES	29126	CPT(R)		\$600.91
29130	PR APPLY FINGER SPLINT,STATIC	PR MUSCULOSKELETAL SERVICES	29130	CPT(R)		\$320.00
29345	PR APPLY LONG LEG CAST	PR MUSCULOSKELETAL SERVICES	29345	CPT(R)		\$1,201.82
29355	PR APPLY LONG LEG CAST,WALKER	PR MUSCULOSKELETAL SERVICES	29355	CPT(R)		\$1,409.65
29405	PR APPLY SHORT LEG CAST	PR MUSCULOSKELETAL SERVICES	29405	CPT(R)		\$720.00
29425	PR APPLY SHORT LEG CAST,WALKER	PR MUSCULOSKELETAL SERVICES	29425	CPT(R)		\$808.74
29505	PR APPLY LONG LEG SPLINT	PR MUSCULOSKELETAL SERVICES	29505	CPT(R)		\$556.00
29515	PR APPLY LOWER LEG SPLINT	PR MUSCULOSKELETAL SERVICES	29515	CPT(R)		\$522.00
29580	PR APPLY OF PASTE BOOT	PR MUSCULOSKELETAL SERVICES	29580	CPT(R)		\$312.00
29700	PR REMV/REVISN BOOT/BODY CAST	PR MUSCULOSKELETAL SERVICES	29700	CPT(R)		\$478.92
29705	PR REMV/REVISN FULL ARM/LEG CAST	PR MUSCULOSKELETAL SERVICES	29705	CPT(R)		\$582.84
30300	PR REMOVE NASAL FOREIGN BODY	PR RESPIRATORY SYSTEM SERVICES	30300	CPT(R)		\$1,328.32
30901	PR CTRL NOSEBLEED,ANTER,SIMPLE	PR RESPIRATORY SYSTEM SERVICES	30901	CPT(R)		\$600.00
36000	PR PLACE NEEDLE IN VEIN	PR CARDIOVASCULAR SYSTEM SERVICES	36000	CPT(R)		\$254.61
36415	PR COLLECTION VENOUS BLOOD,VENIPUNCTURE	CHG LABORATORY	36415	CPT(R)		\$46.00
36416	PR COLLECTION CAPILLARY BLOOD SPECIMEN	CHG LABORATORY	36416	CPT(R)		\$41.34
41110	PR EXCIS TONGUE LESN	PR DIGESTIVE SYSTEM SERVICES	41110	CPT(R)		\$1,522.60
41805	PR REMOVAL FOREIGN BODY, GUM	PR DIGESTIVE SYSTEM SERVICES	41805	CPT(R)		\$2,484.96
42970	PR CNTRL NASOPHAR BLEED,SIMPLE,W/POST PACKS	PR DIGESTIVE SYSTEM SERVICES	42970	CPT(R)		\$3,623.52
46040	PR I&D PERIRECTAL ABSCESS	PR DIGESTIVE SYSTEM SERVICES	46040	CPT(R)		\$3,804.25
46050	PR I&D PERIANAL ABSCESS,SUPERFICIAL	PR DIGESTIVE SYSTEM SERVICES	46050	CPT(R)		\$1,472.90
46600	PR ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	PR DIGESTIVE SYSTEM SERVICES	46600	CPT(R)		\$540.00
51701	PR INSERT,NON-INDWELLING BLADDER CATHETER	PR URINARY SYSTEM SERVICES	51701	CPT(R)		\$470.46
51702	PR INSERT,TEMP INDWELLING BLAD CATH,SIMPLE	PR URINARY SYSTEM SERVICES	51702	CPT(R)		\$625.78
51705	PR CHANGE OF BLADDER TUBE,SIMPLE	PR URINARY SYSTEM SERVICES	51705	CPT(R)		\$986.00
54056	PR DESTR PENIS LESN,SIMPL,CRYOSURG	PR MALE GENITAL SYSTEM SERVICES	54056	CPT(R)		\$945.24
54220	PR IRRIGAT CORPUS CAVERN,PRIAPISM	PR MALE GENITAL SYSTEM SERVICES	54220	CPT(R)		\$1,579.49
55250	PR REMOVAL OF SPERM DUCT(S)	PR MALE GENITAL SYSTEM SERVICES	55250	CPT(R)		\$2,400.00
56605	PR BIOPSY VULVA/PERINEUM,ONE LESN	PR FEMALE GENITAL SYSTEM SERVICES	56605	CPT(R)		\$752.12
57061	PR DESTRUCT,VAGINAL LESION(S),SIMPLE	PR FEMALE GENITAL SYSTEM SERVICES	57061	CPT(R)		\$926.30
57160	PR FIT/INSERT INTRAVAG SUPPORT DEVICE	PR FEMALE GENITAL SYSTEM SERVICES	57160	CPT(R)		\$428.00
57170	PR FITTING OF DIAPHRAGM/CAP	PR FEMALE GENITAL SYSTEM SERVICES	57170	CPT(R)		\$530.45
57420	PR COLPOSCOPY,ENTIRE VAGINA	PR FEMALE GENITAL SYSTEM SERVICES	57420	CPT(R)		\$1,029.22
57421	PR COLPOSCOPY,ENTIRE VAGINA,W/BIOPSY(S)	PR FEMALE GENITAL SYSTEM SERVICES	57421	CPT(R)		\$1,262.78
57452	PR COLPOSCOPY,CERVIX W/ADJ VAGINA	PR FEMALE GENITAL SYSTEM SERVICES	57452	CPT(R)		\$910.47
57454	PR COLPOSC,CERVIX W/ADJ VAG,W/BX & CURRETAG	PR FEMALE GENITAL SYSTEM SERVICES	57454	CPT(R)		\$1,300.00
57455	PR COLPOSCOPY,CERVIX W/ADJ VAGINA,W/BX	PR FEMALE GENITAL SYSTEM SERVICES	57455	CPT(R)		\$1,060.00
57456	PR COLPOSCOPY,CERVIX W/ADJ VAGINA, CURETTAG	PR FEMALE GENITAL SYSTEM SERVICES	57456	CPT(R)		\$1,120.27
57500	PR BIOPSY CERVIX, 1 OR MORE, OR EXCISION OF LESION	PR FEMALE GENITAL SYSTEM SERVICES	57500	CPT(R)		\$1,200.00
58100	PR BIOPSY OF UTERUS LINING	PR FEMALE GENITAL SYSTEM SERVICES	58100	CPT(R)		\$817.00
58300	PR INSERT INTRAUTERINE DEVICE	PR FEMALE GENITAL SYSTEM SERVICES	58300	CPT(R)		\$717.00

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58301	PR REMOVE INTRAUTERINE DEVICE	PR FEMALE GENITAL SYSTEM SERVICES	58301	CPT(R)		\$575.00
59425	PR ANTEPARTUM CARE ONLY, 4-6 VISITS	PR OB SERVICES	59425	CPT(R)		\$2,414.72
59426	PR ANTEPARTUM CARE ONLY, >7 VISITS	PR OB SERVICES	59426	CPT(R)		\$4,749.99
59430	PR CARE AFTER DELIVERY ONLY	PR OB SERVICES	59430	CPT(R)		\$900.00
64405	PR INJECTION AA&/STRD GREATER OCCIPITAL NERVE	PR NERVOUS SYSTEM SERVICES	64405	CPT(R)		\$1,486.84
64415	PR INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	PR NERVOUS SYSTEM SERVICES	64415	CPT(R)		\$1,328.59
64417	PR INJECTION AA&/STRD AXILLARY NERVE W/IMG GDN	PR NERVOUS SYSTEM SERVICES	64417	CPT(R)		\$2,907.90
64418	PR INJECTION AA&/STRD SUPRASCAPULAR NERVE	PR NERVOUS SYSTEM SERVICES	64418	CPT(R)		\$2,019.74
64420	PR INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	PR NERVOUS SYSTEM SERVICES	64420	CPT(R)		\$2,013.16
64421	PR INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	PR NERVOUS SYSTEM SERVICES	64421	CPT(R)		\$2,861.84
64425	PR INJECTION AA&/STRD ILIOINGUINAL IH NERVES	PR NERVOUS SYSTEM SERVICES	64425	CPT(R)		\$2,039.47
64445	PR INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	PR NERVOUS SYSTEM SERVICES	64445	CPT(R)		\$1,414.00
64446	PR INJECTION AA&/STRD SCIATIC NRV CONT NFS CATH IMG	PR NERVOUS SYSTEM SERVICES	64446	CPT(R)		\$6,006.58
64447	PR INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	PR NERVOUS SYSTEM SERVICES	64447	CPT(R)		\$1,234.00
64448	PR INJECTION AA&/STRD FEM NRV CONT NFS CATH IMG GDN	PR NERVOUS SYSTEM SERVICES	64448	CPT(R)		\$2,220.00
64450	PR INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	PR NERVOUS SYSTEM SERVICES	64450	CPT(R)		\$2,000.00
64455	PR NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	PR NERVOUS SYSTEM SERVICES	64455	CPT(R)		\$1,100.00
65205	PR REMV F.B.,EYE,SUPERF CONJUNC	PR OPHTHALMOLOGY SERVICES	65205	CPT(R)		\$496.99
65210	PR REMV F.B.,EYE,EMBED CONJUNC	PR OPHTHALMOLOGY SERVICES	65210	CPT(R)		\$573.80
65220	PR REMV F.B.,EYE,CORNEA,NO SLIT	PR OPHTHALMOLOGY SERVICES	65220	CPT(R)		\$646.09
65222	PR REMV F.B.,EYE,CORNEA,SLIT LAMP	PR OPHTHALMOLOGY SERVICES	65222	CPT(R)		\$496.00
67930	PR SUTURE EYELID WOUND,PARTIAL THICK	PR OPHTHALMOLOGY SERVICES	67930	CPT(R)		\$2,552.73
69110	PR REMOVAL EXTERNAL EAR,PARTIAL	PR AUDITORY SYSTEM SERVICES	69110	CPT(R)		\$4,323.83
69200	PR REMV EXT CANAL FOREIGN BODY	PR AUDITORY SYSTEM SERVICES	69200	CPT(R)		\$538.00
69209	PR REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	PR AUDITORY SYSTEM SERVICES	69209	CPT(R)		\$130.00
69210	PR REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	PR AUDITORY SYSTEM SERVICES	69210	CPT(R)		\$266.00
76937	PR US GUIDE, VASCULAR ACCESS	PR IMAGING	76937	CPT(R)		\$353.78
80048	CHG BASIC METABOLIC PANEL CALCIUM TOTAL	CHG LABORATORY	80048	CPT(R)		\$100.00
80050	CHG GENERAL HEALTH PANEL	CHG LABORATORY	80050	CPT(R)		\$300.00
80053	CHG METABOLIC PANEL,COMPREHENSIVE	CHG LABORATORY	80053	CPT(R)		\$166.40
80055	CHG OBSTETRIC PANEL	CHG LABORATORY	80055	CPT(R)		\$626.71
80061	CHG LIPID PANEL	CHG LABORATORY	80061	CPT(R)		\$140.00
80074	CHG HEPATITIS PANEL,ACUTE	CHG LABORATORY	80074	CPT(R)		\$564.38
80076	CHG HEPATIC FUNCTION PANEL	CHG LABORATORY	80076	CPT(R)		\$138.00
80143	CHG DRUG ASSAY ACETAMINOPHEN	CHG LABORATORY	80143	CPT(R)		\$246.00
80156	ASSAY OF CARBAMAZEPINE TOTAL	CHG LABORATORY	80156	CPT(R)		\$216.71
80164	CHG DRUG SCREEN QUANT DIPROPYLACETIC ACID TOTAL	CHG LABORATORY	80164	CPT(R)		\$219.64
80203	CHG DRUG SCREEN QUANTITATIVE ZONISAMIDE	CHG LABORATORY	80203	CPT(R)		\$278.21
80230	CHG DRUG ASSAY INFLIXIMAB	CHG LABORATORY	80230	CPT(R)		\$568.14
80305	CHG DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	CHG LABORATORY	80305	CPT(R)		\$100.00
80306	CHG DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	CHG LABORATORY	80306	CPT(R)		\$85.20

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PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
80307	CHG DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	CHG LABORATORY	80307	CPT(R)		\$400.00
80323	CHG ALKALOIDS NOT OTHERWISE SPECIFIED	CHG LABORATORY	80323	CPT(R)		\$281.14
81000	CHG URINALYSIS, NONAUTO, W/SCOPE	CHG LABORATORY	81000	CPT(R)		\$45.00
81001	CHG URINALYSIS, AUTO, W/SCOPE	CHG LABORATORY	81001	CPT(R)		\$47.00
81002	CHG URINALYSIS NONAUTO W/O SCOPE	CHG LABORATORY	81002	CPT(R)		\$35.00
81003	CHG URINALYSIS, AUTO, W/O SCOPE	CHG LABORATORY	81003	CPT(R)		\$40.00
81025	CHG URINE PREGNANCY TEST	CHG LABORATORY	81025	CPT(R)		\$66.87
81162	CHG BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	CHG LABORATORY	81162	CPT(R)		\$7,286.00
81374	PR HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	CHG LABORATORY	81374	CPT(R)		\$462.71
82010	CHG KETONE BODIES SERUM QUANTITATIVE	CHG LABORATORY	82010	CPT(R)		\$123.00
82024	ASSAY OF ACTH	CHG LABORATORY	82024	CPT(R)		\$459.79
82043	CHG URINE ALBUMIN QUANTITATIVE	CHG LABORATORY	82043	CPT(R)		\$106.00
82088	ASSAY OF ALDOSTERONE	CHG LABORATORY	82088	CPT(R)		\$371.00
82105	CHG ALPHA-FETOPROTEIN, SERUM	CHG LABORATORY	82105	CPT(R)		\$225.50
82120	CHG AMINES,VAGINAL FLUID,QUALITATIVE	CHG LABORATORY	82120	CPT(R)		\$38.00
82175	CHG ASSAY OF ARSENIC	CHG LABORATORY	82175	CPT(R)		\$266.50
82247	CHG BILIRUBIN TOTAL	CHG LABORATORY	82247	CPT(R)		\$46.86
82248	CHG BILIRUBIN DIRECT	CHG LABORATORY	82248	CPT(R)		\$38.07
82270	BLOOD OCCULT,BY PEROXID,FECE,SINGLE, COLORECTAL SCREEN	CHG LABORATORY	82270	CPT(R)		\$44.00
82272	BLOOD OCCULT,BY PEROXID, FECE,S, 1-3 SIMULT, NON CA SCREEN	CHG LABORATORY	82272	CPT(R)		\$54.00
82274	CHG BLOOD,OCCULT,FECEAL HGB,FECE,S,1-3 SIMULT	CHG LABORATORY	82274	CPT(R)		\$180.00
82306	CHG ASSAY OF VIT D,CALCIFEDIOL W FRACTIONS, IF PERFORMED	CHG LABORATORY	82306	CPT(R)		\$290.00
82310	ASSAY OF CALCIUM, TOTAL	CHG LABORATORY	82310	CPT(R)		\$58.57
82365	CHG CALCULUS ASSAY,INFRARED SPECTR	CHG LABORATORY	82365	CPT(R)		\$190.36
82397	CHG CHEMILUMINESCENT ASSAY	CHG LABORATORY	82397	CPT(R)		\$190.36
82525	ASSAY OF COPPER	CHG LABORATORY	82525	CPT(R)		\$181.57
82530	CHG CORTISOL, FREE	CHG LABORATORY	82530	CPT(R)		\$103.00
82533	CHG TOTAL CORTISOL	CHG LABORATORY	82533	CPT(R)		\$240.14
82550	ASSAY OF CK (CPK)	CHG LABORATORY	82550	CPT(R)		\$80.00
82570	ASSAY OF URINE CREATININE	CHG LABORATORY	82570	CPT(R)		\$70.00
82607	CHG VITAMIN B-12	CHG LABORATORY	82607	CPT(R)		\$150.00
82627	CHG DEHYDROEPIANDROSTERONE-SULFATE	CHG LABORATORY	82627	CPT(R)		\$213.00
82652	CHG ASSAY, DIHYDROXYVITAMIN D W/FRACTIONS, IF PERFORMED	CHG LABORATORY	82652	CPT(R)		\$395.22
82653	CHG ELASTASE PANCREATIC FECAL QUANTITATIVE	CHG LABORATORY	82653	CPT(R)		\$521.29
82670	CHG ASSAY OF TOTAL ESTRADIOL	CHG LABORATORY	82670	CPT(R)		\$240.00
82679	ASSAY OF ESTRONE	CHG LABORATORY	82679	CPT(R)		\$300.00
82705	CHG FATS/LIPIDS, FECE,S, QUALITATIVE	CHG LABORATORY	82705	CPT(R)		\$120.07
82728	ASSAY OF FERRITIN	CHG LABORATORY	82728	CPT(R)		\$131.50
82746	CHG BLOOD FOLIC ACID SERUM	CHG LABORATORY	82746	CPT(R)		\$160.00
82747	ASSAY OF FOLIC ACID, RBC	CHG LABORATORY	82747	CPT(R)		\$231.36
82784	CHG ASSAY OF GAMMAGLOBULIN IGA, IGD, IGG, IGM, EACH	CHG LABORATORY	82784	CPT(R)		\$109.40

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PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
82947	ASSAY QUANTITATIVE,BLOOD GLUCOSE	CHG LABORATORY	82947	CPT(R)		\$45.00
82948	CHG REAGENT STRIP/BLOOD GLUCOSE	CHG LABORATORY	82948	CPT(R)		\$35.14
82950	CHG GLUCOSE TEST	CHG LABORATORY	82950	CPT(R)		\$60.00
82951	CHG GLUCOSE TOLERANCE TEST (GTT)	CHG LABORATORY	82951	CPT(R)		\$128.00
82952	CHG GTT-ADDED SAMPLES	CHG LABORATORY	82952	CPT(R)		\$55.64
82962	CHG GLUCOSE BLOOD TEST	CHG LABORATORY	82962	CPT(R)		\$35.00
83001	CHG GONADOTROPIN (FSH)	CHG LABORATORY	83001	CPT(R)		\$204.86
83002	CHG GONADOTROPIN (LH)	CHG LABORATORY	83002	CPT(R)		\$228.43
83018	CHG HEAVY METAL QUANTIATIVE EACH NES	CHG LABORATORY	83018	CPT(R)		\$234.29
83036	PR GLYCOSYLATED HEMOGLOBIN TEST	CHG LABORATORY	83036	CPT(R)		\$113.00
83498	ASSAY OF PROGESTERONE 17-D	CHG LABORATORY	83498	CPT(R)		\$269.00
83516	CHG IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	CHG LABORATORY	83516	CPT(R)		\$259.59
83518	CHG IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP	CHG LABORATORY	83518	CPT(R)		\$73.21
83520	CHG IMMUNOASSAY ANALYTE QUANTITATIVE NOS	CHG LABORATORY	83520	CPT(R)		\$231.36
83521	CHG IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	CHG LABORATORY	83521	CPT(R)		\$231.36
83525	CHG ASSAY OF INSULIN,TOTAL	CHG LABORATORY	83525	CPT(R)		\$47.00
83527	CHG ASSAY OF INSULIN,FREE	CHG LABORATORY	83527	CPT(R)		\$219.64
83540	ASSAY OF IRON	CHG LABORATORY	83540	CPT(R)		\$66.00
83605	ASSAY OF LACTIC ACID	CHG LABORATORY	83605	CPT(R)		\$125.93
83615	CHG LACTATE (LD) (LDH) ENZYME	CHG LABORATORY	83615	CPT(R)		\$52.71
83630	PR LACTOFERRIN, FECAL, QUAL	CHG LABORATORY	83630	CPT(R)		\$219.64
83655	ASSAY OF LEAD	CHG LABORATORY	83655	CPT(R)		\$130.35
83690	ASSAY OF LIPASE	CHG LABORATORY	83690	CPT(R)		\$147.61
83721	ASSAY OF BLOOD LIPOPROTEIN,LDL CHOLEST	CHG LABORATORY	83721	CPT(R)		\$95.00
83735	ASSAY OF MAGNESIUM	CHG LABORATORY	83735	CPT(R)		\$70.00
83825	ASSAY OF MERCURY	CHG LABORATORY	83825	CPT(R)		\$284.07
83835	ASSAY OF METANEPHRINES	CHG LABORATORY	83835	CPT(R)		\$374.00
83880	CHG NATRIURETIC PEPTIDE	CHG LABORATORY	83880	CPT(R)		\$393.00
83970	CHG ASSAY OF PARATHORMONE	CHG LABORATORY	83970	CPT(R)		\$362.68
83993	CHG ASSAY FOR CALPROTECTIN FECAL	CHG LABORATORY	83993	CPT(R)		\$471.50
84100	ASSAY OF INORGANIC PHOSPHORUS	CHG LABORATORY	84100	CPT(R)		\$74.28
84134	ASSAY OF PREALBUMIN	CHG LABORATORY	84134	CPT(R)		\$197.00
84144	ASSAY OF PROGESTERONE	CHG LABORATORY	84144	CPT(R)		\$200.00
84145	CHG ASSAY OF PROCALCITONIN	CHG LABORATORY	84145	CPT(R)		\$251.86
84146	ASSAY OF PROLACTIN	CHG LABORATORY	84146	CPT(R)		\$202.00
84153	CHG PROSTATE SPECIFIC ANTIGEN,TOTAL	CHG LABORATORY	84153	CPT(R)		\$155.00
84154	CHG PROSTATE SPECIFIC ANTIGEN,FREE	CHG LABORATORY	84154	CPT(R)		\$196.21
84155	CHG PROTEIN TOT XCPT REFRACTOMETRY SERUM	CHG LABORATORY	84155	CPT(R)		\$46.86
84156	PROTEIN TOT XCPT REFRACTOMETRY URINE	CHG LABORATORY	84156	CPT(R)		\$116.46
84165	CHG PROTEIN E-PHORESIS, SERUM	CHG LABORATORY	84165	CPT(R)		\$152.29
84207	ASSAY OF VITAMIN B-6	CHG LABORATORY	84207	CPT(R)		\$371.93

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PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
84244	CHG ASSAY OF RENIN	CHG LABORATORY	84244	CPT(R)		\$263.00
84270	ASSAY OF SEX HORMONE BINDING GLOBULIN	CHG LABORATORY	84270	CPT(R)		\$263.57
84402	ASSAY OF TESTOSTERONE	CHG LABORATORY	84402	CPT(R)		\$182.00
84403	ASSAY OF TOTAL TESTOSTERONE	CHG LABORATORY	84403	CPT(R)		\$225.00
84425	ASSAY OF VITAMIN B-1	CHG LABORATORY	84425	CPT(R)		\$254.00
84436	ASSAY OF TOTAL THYROXINE	CHG LABORATORY	84436	CPT(R)		\$60.00
84439	ASSAY OF FREE THYROXINE	CHG LABORATORY	84439	CPT(R)		\$130.00
84442	ASSAY OF THYROXINE BNDNG GLOBULIN	CHG LABORATORY	84442	CPT(R)		\$234.00
84443	CHG ASSAY THYROID STIM HORMONE	CHG LABORATORY	84443	CPT(R)		\$170.00
84446	ASSAY OF VITAMIN E	CHG LABORATORY	84446	CPT(R)		\$180.00
84466	ASSAY OF TRANSFERRIN	CHG LABORATORY	84466	CPT(R)		\$178.64
84478	ASSAY OF TRIGLYCERIDES	CHG LABORATORY	84478	CPT(R)		\$58.57
84481	CHG TRIIODOTHYRONINE FREE ASSAY (FT-3)	CHG LABORATORY	84481	CPT(R)		\$245.00
84482	CHG TRIIODOTHYRONINE T3 REVERSE	CHG LABORATORY	84482	CPT(R)		\$284.07
84484	ASSAY OF TROPONIN, QUANT	CHG LABORATORY	84484	CPT(R)		\$442.90
84550	ASSAY OF URIC ACID, BLOOD	CHG LABORATORY	84550	CPT(R)		\$50.00
84590	ASSAY OF VITAMIN A	CHG LABORATORY	84590	CPT(R)		\$223.00
84630	ASSAY OF ZINC	CHG LABORATORY	84630	CPT(R)		\$174.00
84702	CHORIONIC GONADOTROPIN, QUANT	CHG LABORATORY	84702	CPT(R)		\$170.00
84703	CHORIONIC GONADOTROPIN, QUAL	CHG LABORATORY	84703	CPT(R)		\$100.00
85014	CHG HEMATOCRIT	CHG LABORATORY	85014	CPT(R)		\$41.00
85018	CHG HEMOGLOBIN	CHG LABORATORY	85018	CPT(R)		\$40.00
85025	CHG COMPLETE CBC & AUTO DIFF WBC	CHG LABORATORY	85025	CPT(R)		\$83.00
85027	CHG COMPLETE CBC	CHG LABORATORY	85027	CPT(R)		\$55.00
85379	FIBRIN DEGRADPRODUCTS,D-DIMER, QUANT	CHG LABORATORY	85379	CPT(R)		\$164.00
85384	CHG FIBRINOGEN, ACTIVITY	CHG LABORATORY	85384	CPT(R)		\$114.21
85610	CHG PROTHROMBIN TIME	CHG LABORATORY	85610	CPT(R)		\$50.00
85652	CHG RBC SED RATE, AUTO	CHG LABORATORY	85652	CPT(R)		\$70.00
85730	CHG THROMBOPLAS TIME PARTIAL	CHG LABORATORY	85730	CPT(R)		\$93.71
86036	CHG ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	CHG LABORATORY	86036	CPT(R)		\$243.07
86038	CHG ANTINUCLEAR ANTIBODIES	CHG LABORATORY	86038	CPT(R)		\$132.79
86039	CHG ANTINUCLEAR ANTIBODIES TITER	CHG LABORATORY	86039	CPT(R)		\$111.29
86140	CHG C-REACTIVE PROTEIN	CHG LABORATORY	86140	CPT(R)		\$90.00
86146	CHG BETA 2 GLYCOPROTEIN I ANTIBODY,EA	CHG LABORATORY	86146	CPT(R)		\$275.29
86147	CHG CARDIOLIPIN ANTIBODY	CHG LABORATORY	86147	CPT(R)		\$228.43
86160	CHG COMPLEMENT, ANTIGEN	CHG LABORATORY	86160	CPT(R)		\$148.13
86200	PR CYCLIC CIRULLINATED PEPTIDE ANTIBODY	CHG LABORATORY	86200	CPT(R)		\$214.36
86225	CHG DNA ANTIBODY, NATV/2 STRAND	CHG LABORATORY	86225	CPT(R)		\$196.21
86231	CHG ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	CHG LABORATORY	86231	CPT(R)		\$169.00
86235	CHG NUCLEAR ANTIGEN ANTIBODY	CHG LABORATORY	86235	CPT(R)		\$124.00
86255	CHG FLUORESCENT ANTIBODY; SCREEN	CHG LABORATORY	86255	CPT(R)		\$237.00

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PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
86258	CHG GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	CHG LABORATORY	86258	CPT(R)		\$211.00
86304	CHG IMMUNOASSAY, TUMOR ANTIGEN, CA 125	CHG LABORATORY	86304	CPT(R)		\$310.43
86308	CHG HETEROPHILE ANTIBODIES,SCREEN	CHG LABORATORY	86308	CPT(R)		\$116.72
86341	CHG ISLET CELL ANTIBODY	CHG LABORATORY	86341	CPT(R)		\$214.00
86364	CHG TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	CHG LABORATORY	86364	CPT(R)		\$216.71
86376	CHG MICROSOMAL ANTIBODY	CHG LABORATORY	86376	CPT(R)		\$124.00
86431	CHG RHEUMATOID FACTOR, QUANT	CHG LABORATORY	86431	CPT(R)		\$124.90
86480	CHG TB TEST, CELL MEDIATED ANTIGEN RESPONSE,GAMMA INTERFRON	CHG LABORATORY	86480	CPT(R)		\$187.14
86510	CHG HISTOPLASMOSIS SKIN TEST	CHG LABORATORY	86510	CPT(R)		\$38.07
86580	CHG TB INTRADERMAL TEST	CHG LABORATORY	86580	CPT(R)		\$65.00
86592	CHG SYPHILIS TEST NON TREPONEMAL ANTIBODY QUAL	CHG LABORATORY	86592	CPT(R)		\$91.80
86593	CHG SYPHILIS TEST, QUANTITATIVE	CHG LABORATORY	86593	CPT(R)		\$70.29
86644	CHG CMV ANTIBODY	CHG LABORATORY	86644	CPT(R)		\$246.00
86645	CHG CMV ANTIBODY, IGM	CHG LABORATORY	86645	CPT(R)		\$248.93
86664	CHG EPSTEIN-BARR ANTIBODY,NUCLEAR	CHG LABORATORY	86664	CPT(R)		\$193.29
86665	CHG EPSTEIN-BARR ANTIBODY,V CAPSID	CHG LABORATORY	86665	CPT(R)		\$243.07
86677	CHG HELICOBACTER PYLORI	CHG LABORATORY	86677	CPT(R)		\$234.29
86694	CHG HERPES SIMPLEX TEST	CHG LABORATORY	86694	CPT(R)		\$207.93
86695	CHG HERPES SIMPLEX TEST	CHG LABORATORY	86695	CPT(R)		\$199.14
86696	CHG HERPES SIMPLEX TEST, TYPE 2	CHG LABORATORY	86696	CPT(R)		\$248.93
86704	CHG HEP B CORE AB TEST, TOTAL	CHG LABORATORY	86704	CPT(R)		\$190.36
86705	CHG HEP B CORE AB TEST, IGM	CHG LABORATORY	86705	CPT(R)		\$222.57
86706	CHG HEPATITIS B SURFACE AB TEST	CHG LABORATORY	86706	CPT(R)		\$166.93
86735	CHG MUMPS	CHG LABORATORY	86735	CPT(R)		\$234.29
86762	CHG RUBELLA	CHG LABORATORY	86762	CPT(R)		\$149.36
86765	CHG RUBEOLA	CHG LABORATORY	86765	CPT(R)		\$237.21
86769	CHG ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	CHG LABORATORY	86769	CPT(R)		\$166.93
86778	CHG TOXOPLASMA, IGM	CHG LABORATORY	86778	CPT(R)		\$240.14
86780	CHG ANTIBODY TREPONEMA PALLIDUM	CHG LABORATORY	86780	CPT(R)		\$164.00
86787	CHG VARICELLA-ZOSTER	CHG LABORATORY	86787	CPT(R)		\$225.50
86800	CHG THYROGLOBULIN ANTIBODY	CHG LABORATORY	86800	CPT(R)		\$115.00
86803	CHG HEPATITIS C AB TEST	CHG LABORATORY	86803	CPT(R)		\$145.00
86804	CHG HEP C AB TEST, CONFIRM	CHG LABORATORY	86804	CPT(R)		\$222.57
86812	CHG HLA TYPING, A,B,OR C /SINGLE	CHG LABORATORY	86812	CPT(R)		\$339.71
86850	CHG RBC ANTIBODY SCREEN	CHG LABORATORY	86850	CPT(R)		\$111.29
86880	ANTIHUMAN GLOBULIN DIR EA ANTISERUM	CHG LABORATORY	86880	CPT(R)		\$79.07
86900	CHG BLOOD TYPING SEROLOGIC ABO	CHG LABORATORY	86900	CPT(R)		\$61.50
86901	CHG BLOOD TYPING SEROLOGIC RH (D)	CHG LABORATORY	86901	CPT(R)		\$64.43
87015	CHG SPECIMEN CONCENTRAT, INFECT AGENTS	CHG LABORATORY	87015	CPT(R)		\$79.07
87040	CHG BLOOD CULTURE FOR BACTERIA	CHG LABORATORY	87040	CPT(R)		\$172.79
87045	CHG STOOL CULTURE,SALMONELLA & SHIGELLA	CHG LABORATORY	87045	CPT(R)		\$120.07

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PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
87046	CHG STOOL CULTURE, ADDL PATHOGENS	CHG LABORATORY	87046	CPT(R)		\$117.14
87070	CHG CULTURE SPEC, BACTERIA, NOT URINE,STOOL,BLOOD	CHG LABORATORY	87070	CPT(R)		\$131.79
87075	CHG CULTURE SPECIMEN, ANAEROBIC	CHG LABORATORY	87075	CPT(R)		\$172.79
87077	CHG BACTERIA IDENTIFICATION, AEROBIC ISOLATE	CHG LABORATORY	87077	CPT(R)		\$128.20
87081	CHG BACTERIA CULTURE SCREEN	CHG LABORATORY	87081	CPT(R)		\$82.00
87086	CHG URINE CULTURE, COLONY COUNT	CHG LABORATORY	87086	CPT(R)		\$94.00
87102	CHG FUNGUS ISOLATION CULTURE	CHG LABORATORY	87102	CPT(R)		\$102.50
87109	CHG MYCOPLASMA CULTURE	CHG LABORATORY	87109	CPT(R)		\$277.00
87147	CHG CULTURE TYPING, SEROLOGIC	CHG LABORATORY	87147	CPT(R)		\$82.30
87150	CHG CULTURE TYPING, NUCLEIC ACID AMP PROBE, CULT/ISOLATE, EACH	CHG LABORATORY	87150	CPT(R)		\$160.00
87177	CHG OVA AND PARASITES SMEARS	CHG LABORATORY	87177	CPT(R)		\$102.50
87186	CHG ANTIBIOTIC SENS,MIC,EACH	CHG LABORATORY	87186	CPT(R)		\$154.90
87205	CHG SMEAR,PRIMARY W/INTERP	CHG LABORATORY	87205	CPT(R)		\$73.21
87209	PR SMEAR, COMPLEX STAIN, FOR OVA/ PARA	CHG LABORATORY	87209	CPT(R)		\$178.64
87210	CHG SMEAR,STAIN,WET MNT,INTERP	CHG LABORATORY	87210	CPT(R)		\$47.00
87329	CHG IAAD IA GIARDIA	CHG LABORATORY	87329	CPT(R)		\$161.07
87338	CHG IAAD IA HPYLORI STOOL	CHG LABORATORY	87338	CPT(R)		\$336.79
87340	CHG IAAD IA HEPATITIS B SURFACE ANTIGEN	CHG LABORATORY	87340	CPT(R)		\$123.10
87389	CHG IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	CHG LABORATORY	87389	CPT(R)		\$166.80
87400	CHG IAAD IA INFLUENZA A/B EACH	CHG LABORATORY	87400	CPT(R)		\$100.00
87426	CHG IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	CHG LABORATORY	87426	CPT(R)		\$125.00
87427	CHG IAAD IA SHIGA-LIKE TOXIN	CHG LABORATORY	87427	CPT(R)		\$181.57
87449	CHG IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	CHG LABORATORY	87449	CPT(R)		\$187.43
87480	CHG CANDIDA, DNA, DIR PROBE	CHG LABORATORY	87480	CPT(R)		\$178.64
87491	CHG CHYLM D TRACH, DNA, AMP PROBE	CHG LABORATORY	87491	CPT(R)		\$155.00
87493	CHG CYTOMED, DNA, AMP PROBE	CHG LABORATORY	87493	CPT(R)		\$301.64
87510	CHG GARDNER VAG, DNA, DIR PROBE	CHG LABORATORY	87510	CPT(R)		\$178.64
87522	CHG IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	CHG LABORATORY	87522	CPT(R)		\$779.00
87529	CHG HSV, DNA, AMP PROBE	CHG LABORATORY	87529	CPT(R)		\$298.71
87535	CHG IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCR PJ	CHG LABORATORY	87535	CPT(R)		\$657.00
87563	CHG IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	CHG LABORATORY	87563	CPT(R)		\$269.43
87591	CHG N.GONORRHOEAE, DNA, AMP PROB	CHG LABORATORY	87591	CPT(R)		\$175.00
87624	CHG IADNA HUMAN PAPILOMAVIRUS HIGH-RISK TYPES	CHG LABORATORY	87624	CPT(R)		\$97.50
87635	CHG IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	CHG LABORATORY	87635	CPT(R)		\$215.00
87640	PR STAPH A, DNA, AMP PROBE	CHG LABORATORY	87640	CPT(R)		\$222.57
87641	PR MRSA, DNA, AMP PROBE	CHG LABORATORY	87641	CPT(R)		\$205.00
87660	CHG TRICHOMONAS VAGIN, DIR PROBE	CHG LABORATORY	87660	CPT(R)		\$190.36
87798	CHG DETECT AGENT NOS, DNA, AMP	CHG LABORATORY	87798	CPT(R)		\$60.00
87801	CHG DETECT AGENT, MULT ORGS, DNA, AMP	CHG LABORATORY	87801	CPT(R)		\$538.86
87804	CHG IAADIADOO INFLUENZA	CHG LABORATORY	87804	CPT(R)		\$85.00
87807	CHG IAADIADOO RESPIRATORY SYNCTIAL VIRUS	CHG LABORATORY	87807	CPT(R)		\$75.00

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PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
87880	CHG IAADIADOO STREPTOCOCCUS GROUP A	CHG LABORATORY	87880	CPT(R)		\$82.00
87899	CHG IAADIADOO NOT OTHERWISE SPECIFIED	CHG LABORATORY	87899	CPT(R)		\$99.57
88164	CHG CYTOPATH TBS CERV/VAG MANUAL	CHG LABORATORY	88164	CPT(R)		\$105.43
88175	PR CYTOPAT,CER/VAG,THIN LAYER,MAN RES,INTER	CHG LABORATORY	88175	CPT(R)		\$80.13
90384	PR RH IG, FULL-DOSE, IM	PR IMMUNE GLOBULINS	90384	CPT(R)		\$458.42
90460	PR IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	PR IMMUNIZATIONS	90460	CPT(R)		\$105.00
90461	PR IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	PR IMMUNIZATIONS	90461	CPT(R)		\$65.00
90471	PR IMMUNIZ ADMIN,1 SINGLE/COMB VAC/TOXOID	PR IMMUNIZATIONS	90471	CPT(R)		\$105.00
90472	PR IMMUNIZ,ADMIN,EACH ADDL	PR IMMUNIZATIONS	90472	CPT(R)		\$65.00
90473	PR IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	PR IMMUNIZATIONS	90473	CPT(R)		\$60.00
90474	PR IMMUNIZ ADMIN,INTRANASAL/ORAL,EACH ADDL	PR IMMUNIZATIONS	90474	CPT(R)		\$30.00
90480	PR ADMN SARSCOV2 VACC 1 DOSE	PR THERAPEUTIC INJECTIONS	90480	CPT(R)		\$27.44
90619	PR MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	PR THERAPEUTIC INJECTIONS	90619	CPT(R)		\$0.00
90632	PR HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	PR THERAPEUTIC INJECTIONS	90632	CPT(R)		\$303.00
90632	PR HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	PR THERAPEUTIC INJECTIONS	90632	CPT(R)	SL	\$119.00
90633	PR HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	PR THERAPEUTIC INJECTIONS	90633	CPT(R)		\$0.00
90636	PR HEPA/HEPB VACCINE ADULT IM	PR THERAPEUTIC INJECTIONS	90636	CPT(R)		\$443.00
90647	PR HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	PR THERAPEUTIC INJECTIONS	90647	CPT(R)		\$0.00
90649	PR 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	PR THERAPEUTIC INJECTIONS	90649	CPT(R)		\$543.95
90649	PR 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	PR THERAPEUTIC INJECTIONS	90649	CPT(R)	SL	\$0.00
90651	PR 9VHPV VACC 2/3 DOSE SCHED IM USE	PR THERAPEUTIC INJECTIONS	90651	CPT(R)		\$0.00
90651	PR 9VHPV VACC 2/3 DOSE SCHED IM USE	PR THERAPEUTIC INJECTIONS	90651	CPT(R)	SL	\$0.00
90658	PR IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	PR IMMUNIZATIONS	90658	CPT(R)		\$68.42
90660	PR LAIV3 VACCINE LIVE FOR INTRANASAL USE	PR IMMUNIZATIONS	90660	CPT(R)		\$116.32
90662	PR IIV VACCINE PRESERV FREE INCREASED AG COUNT IM	PR IMMUNIZATIONS	90662	CPT(R)		\$71.00
90670	PR PCV13 VACCINE FOR INTRAMUSCULAR USE	PR THERAPEUTIC INJECTIONS	90670	CPT(R)		\$0.00
90671	PR PCV15 VACCINE FOR INTRAMUSCULAR USE	PR THERAPEUTIC INJECTIONS	90671	CPT(R)		\$0.00
90674	PR CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	PR IMMUNIZATIONS	90674	CPT(R)		\$50.00
90674	PR CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	PR IMMUNIZATIONS	90674	CPT(R)	SA	\$0.00
90675	PR RABIES VACCINE, IM	PR THERAPEUTIC INJECTIONS	90675	CPT(R)		\$0.00
90677	PR PCV20 VACCINE FOR INTRAMUSCULAR USE	PR THERAPEUTIC INJECTIONS	90677	CPT(R)		\$0.00
90680	PR RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	PR THERAPEUTIC INJECTIONS	90680	CPT(R)		\$0.00
90685	PR IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	PR IMMUNIZATIONS	90685	CPT(R)		\$99.21
90686	PR IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	PR IMMUNIZATIONS	90686	CPT(R)		\$0.00
90686	PR IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	PR IMMUNIZATIONS	90686	CPT(R)	SL	\$0.00
90687	PR IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE	PR IMMUNIZATIONS	90687	CPT(R)		\$82.11
90687	PR IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE	PR IMMUNIZATIONS	90687	CPT(R)	SL	\$0.00
90688	PR IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	PR IMMUNIZATIONS	90688	CPT(R)		\$0.00
90694	PR AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE	PR THERAPEUTIC INJECTIONS	90694	CPT(R)		\$0.00
90696	PR DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	PR THERAPEUTIC INJECTIONS	90696	CPT(R)		\$0.00
90696	PR DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	PR THERAPEUTIC INJECTIONS	90696	CPT(R)	SL	\$0.00

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PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
90698	PR DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	PR THERAPEUTIC INJECTIONS	90698	CPT(R)		\$328.42
90698	PR DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	PR THERAPEUTIC INJECTIONS	90698	CPT(R)	SL	\$0.00
90700	DTAP IMMUNIZATION, IM, <7 YO	PR THERAPEUTIC INJECTIONS	90700	CPT(R)		\$0.00
90707	PR MMR VIRUS IMMUNIZATION, SUBCUT	PR THERAPEUTIC INJECTIONS	90707	CPT(R)		\$0.00
90713	PR POLIOMYELITIS IMMUNIZATN,INACTV,SUB-Q	PR THERAPEUTIC INJECTIONS	90713	CPT(R)		\$140.26
90714	PR TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	PR THERAPEUTIC INJECTIONS	90714	CPT(R)		\$40.00
90715	PR TDAP VACCINE >7 YO, IM	PR THERAPEUTIC INJECTIONS	90715	CPT(R)		\$0.00
90716	PR VAR VACCINE LIVE FOR SUBCUTANEOUS USE	PR THERAPEUTIC INJECTIONS	90716	CPT(R)		\$0.00
90717	PR YELLOW FEVER IMMUNIZATN,LIVE,SUB-Q	PR THERAPEUTIC INJECTIONS	90717	CPT(R)		\$348.95
90723	PR DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	PR THERAPEUTIC INJECTIONS	90723	CPT(R)		\$0.00
90732	PR PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	PR THERAPEUTIC INJECTIONS	90732	CPT(R)		\$180.00
90733	PR MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	PR THERAPEUTIC INJECTIONS	90733	CPT(R)		\$407.10
90734	PR MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	PR THERAPEUTIC INJECTIONS	90734	CPT(R)		\$0.00
90736	PR ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	PR THERAPEUTIC INJECTIONS	90736	CPT(R)		\$626.05
90739	PR HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	PR THERAPEUTIC INJECTIONS	90739	CPT(R)		\$0.00
90740	PR HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	PR THERAPEUTIC INJECTIONS	90740	CPT(R)		\$848.42
90740	PR HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	PR THERAPEUTIC INJECTIONS	90740	CPT(R)	SL	\$0.00
90744	PR HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	PR THERAPEUTIC INJECTIONS	90744	CPT(R)		\$160.79
90744	PR HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	PR THERAPEUTIC INJECTIONS	90744	CPT(R)	SL	\$0.00
90746	PR HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	PR THERAPEUTIC INJECTIONS	90746	CPT(R)		\$193.70
90750	PR HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	PR THERAPEUTIC INJECTIONS	90750	CPT(R)		\$0.00
90785	PR PSYCHOTHERAPY COMPLEX INTERACTIVE	PR MENTAL HEALTH SERVICES	90785	CPT(R)		\$75.00
90791	PR PSYCHIATRIC DIAGNOSTIC EVALUATION	PR MENTAL HEALTH SERVICES	90791	CPT(R)		\$550.00
90832	PR PSYCHOTHERAPY W/PATIENT 30 MINUTES	PR MENTAL HEALTH SERVICES	90832	CPT(R)		\$247.00
90832	PR PSYCHOTHERAPY W/PATIENT 30 MINUTES	PR MENTAL HEALTH SERVICES	90832	CPT(R)	SA	\$0.00
90833	PR PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	PR MENTAL HEALTH SERVICES	90833	CPT(R)		\$390.00
90833	PR PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	PR MENTAL HEALTH SERVICES	90833	CPT(R)	SA	\$295.00
90834	PR PSYCHOTHERAPY W/PATIENT 45 MINUTES	PR MENTAL HEALTH SERVICES	90834	CPT(R)		\$260.00
90834	PR PSYCHOTHERAPY W/PATIENT 45 MINUTES	PR MENTAL HEALTH SERVICES	90834	CPT(R)	SA	\$0.00
90837	PR PSYCHOTHERAPY W/PATIENT 60 MINUTES	PR MENTAL HEALTH SERVICES	90837	CPT(R)		\$250.00
90837	PR PSYCHOTHERAPY W/PATIENT 60 MINUTES	PR MENTAL HEALTH SERVICES	90837	CPT(R)	SA	\$0.00
90839	PR PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	PR MENTAL HEALTH SERVICES	90839	CPT(R)		\$328.00
90840	PR PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	PR MENTAL HEALTH SERVICES	90840	CPT(R)		\$130.00
90845	PR PSYCHOANALYSIS	PR MENTAL HEALTH SERVICES	90845	CPT(R)		\$309.42
90846	PR FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	PR MENTAL HEALTH SERVICES	90846	CPT(R)		\$225.00
90847	PR FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	PR MENTAL HEALTH SERVICES	90847	CPT(R)		\$288.45
90847	PR FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	PR MENTAL HEALTH SERVICES	90847	CPT(R)	SA	\$0.00
90853	PR GROUP PSYCHOTHERAPY	PR MENTAL HEALTH SERVICES	90853	CPT(R)		\$125.00
91305	PR SARSCOV2 VACCINE 30MCG/0.3ML TRIS-SUCROSE IM USE	PR GASTROENTEROLOGY	91305	CPT(R)		\$0.00
91313	PR SARSCOV2 VACCINE BIVALENT 50 MCG/0.5 ML IM USE	PR IMMUNE GLOBULINS	91313	CPT(R)		\$0.00
91314	PR SARSCOV2 VACCINE BIVALENT 25 MCG/0.25 ML IM USE	PR IMMUNE GLOBULINS	91314	CPT(R)		\$0.00

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PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
91315	PR SARSCOV2 VACCINE BIVALENT 10 MCG/0.2 ML IM USE	PR IMMUNE GLOBULINS	91315	CPT(R)		\$0.00
91316	PR SARSCOV2 VACCINE BIVALENT 10 MCG/0.2 ML IM USE	PR IMMUNE GLOBULINS	91316	CPT(R)		\$0.00
91317	PR SARSCOV2 VACCINE BIVALENT 3 MCG/0.2 ML IM USE	PR IMMUNE GLOBULINS	91317	CPT(R)		\$0.00
91319	PR SARSCV2 VAC 10MCG TRS-SUC IM	PR IMMUNIZATIONS	91319	CPT(R)		\$0.00
91320	PR SARSCV2 VAC 30MCG TRS-SUC IM	PR IMMUNIZATIONS	91320	CPT(R)		\$0.00
91321	PR SARSCOV2 VAC 25 MCG/.25ML IM	PR IMMUNIZATIONS	91321	CPT(R)		\$0.00
91322	PR SARSCOV2 VAC 50 MCG/0.5ML IM	PR IMMUNIZATIONS	91322	CPT(R)		\$0.00
92283	PR COLOR VISION EXAMINATION	PR OPHTHALMOLOGY SERVICES	92283	CPT(R)		\$191.58
92551	PR PURE TONE HEARING TEST, AIR	PR OTORHINOLARYNGOLOGIC	92551	CPT(R)		\$78.68
92552	PR PURE TONE AUDIOMETRY, AIR	PR OTORHINOLARYNGOLOGIC	92552	CPT(R)		\$70.00
92567	PR TYMPANOMETRY	PR OTORHINOLARYNGOLOGIC	92567	CPT(R)		\$80.00
92950	PR HEART/LUNG RESUSCITATION (CPR)	PR CARDIOVASCULAR SYSTEM SERVICES	92950	CPT(R)		\$2,787.08
93000	PR ELECTROCARDIOGRAM, COMPLETE	PR CARDIOVASCULAR SYSTEM SERVICES	93000	CPT(R)		\$200.00
93005	PR ELECTROCARDIOGRAM, TRACING	PR CARDIOVASCULAR SYSTEM SERVICES	93005	CPT(R)		\$185.00
93010	PR ELECTROCARDIOGRAM REPORT	PR CARDIOVASCULAR SYSTEM SERVICES	93010	CPT(R)		\$129.00
93308	PR ECHO HEART XTHORACIC,LIMITED	PR CARDIOVASCULAR SYSTEM SERVICES	93308	CPT(R)		\$814.21
93308	PR ECHO HEART XTHORACIC,LIMITED	PR CARDIOVASCULAR SYSTEM SERVICES	93308	CPT(R)	26	\$234.00
93308	PR ECHO HEART XTHORACIC,LIMITED	PR CARDIOVASCULAR SYSTEM SERVICES	93308	CPT(R)	TC	\$665.00
94010	PR BREATHING CAPACITY TEST	PR PULMONARY	94010	CPT(R)		\$210.00
94150	PR VITAL CAPACITY TEST	PR PULMONARY	94150	CPT(R)		\$102.63
94640	PR PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	PR PULMONARY	94640	CPT(R)		\$125.00
94664	PR DEMO &/OR EVAL,PT USE,AEROSOL DEVICE	PR PULMONARY	94664	CPT(R)		\$55.00
94760	PR NONINVASV OXYGEN SATUR;SINGLE	PR PULMONARY	94760	CPT(R)		\$54.74
95115	PR IMMUNOTHERAPY, ONE INJECTION	PR ALLERGY AND IMMUNOLOGY SERVICES	95115	CPT(R)		\$38.00
95117	PR IMMUNOTHERAPY, 2+ INJECTIONS	PR ALLERGY AND IMMUNOLOGY SERVICES	95117	CPT(R)		\$50.00
95251	PR CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	PR ENDOCRINE SYSTEM SERVICES	95251	CPT(R)		\$155.00
96110	PR DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	PR CNS ASSESSMENTS AND TESTS	96110	CPT(R)		\$51.00
96127	PR BEHAV ASSMT W/SCORE & DOC/STAND INSTRUMENT	PR MENTAL HEALTH SERVICES	96127	CPT(R)		\$40.00
96156	PR HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT	PR MENTAL HEALTH SERVICES	96156	CPT(R)		\$470.58
96158	PR HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	PR MENTAL HEALTH SERVICES	96158	CPT(R)		\$331.00
96159	PR HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN	PR MENTAL HEALTH SERVICES	96159	CPT(R)		\$116.00
96160	PR PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	PR MENTAL HEALTH SERVICES	96160	CPT(R)		\$20.00
96161	PR CAREGIVER HLTH RISK ASSMT SCORE DOC STND INSTRM	PR MENTAL HEALTH SERVICES	96161	CPT(R)		\$20.00
96164	PR HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN	PR MENTAL HEALTH SERVICES	96164	CPT(R)		\$62.31
96165	PR HEALTH BEHAVIOR IVNTJ GROUP F2F EA ADDL 15 MIN	PR MENTAL HEALTH SERVICES	96165	CPT(R)		\$30.08
96167	PR HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN	PR MENTAL HEALTH SERVICES	96167	CPT(R)		\$356.69
96168	PR HEALTH BEHAVIOR IVNTJ FAM W/PT F2F EA ADD 15 MIN	PR MENTAL HEALTH SERVICES	96168	CPT(R)		\$141.82
96170	PR HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F 1ST 30 MIN	PR MENTAL HEALTH SERVICES	96170	CPT(R)		\$399.67
96171	PR HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F EA ADDL 15	PR MENTAL HEALTH SERVICES	96171	CPT(R)		\$163.31

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PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
96360	PR IV INFUSION, HYDRATION, 31-60 MIN	PR CHEMOTHERAPY SERVICES	96360	CPT(R)		\$315.00
96361	PR IV INFUSION, HYDRATION, EA ADD HOUR	PR CHEMOTHERAPY SERVICES	96361	CPT(R)		\$122.00
96365	PR IV INFUSION, THERAP/PROPH/DIAGNOST,INITIAL,1ST HOUR	PR CHEMOTHERAPY SERVICES	96365	CPT(R)		\$493.00
96366	PR IV INFUSION, THERAP/PROPH/DIAGNOST,INITIAL,EA ADD HOUR	PR CHEMOTHERAPY SERVICES	96366	CPT(R)		\$159.00
96372	PR INJECTION,THERAP/PROPH/DIAGNOST, IM OR SUBCUT	PR CHEMOTHERAPY SERVICES	96372	CPT(R)		\$128.00
96374	PR INJECTION,THERAP/PROPH/DIAGNOST, IV PUSH, INITIAL DRUG	PR CHEMOTHERAPY SERVICES	96374	CPT(R)		\$440.00
96375	PR INJECTION,THERAP/PROPH/DIAGNOST, IV PUSH, EA ADD, NEW DRUG	PR CHEMOTHERAPY SERVICES	96375	CPT(R)		\$320.00
96523	PR IRRIG IMPLANTED DRUG DELIVERY DEVICE	PR CHEMOTHERAPY SERVICES	96523	CPT(R)		\$175.00
97597	PR DEBRIDEMENT OPEN WOUND 20 SQ CM<	PR PHYSICAL MEDICINE SERVICES	97597	CPT(R)		\$345.00
97598	PR DEBRIDEMENT OPEN WOUND EA ADDL 20 SQ CM	PR PHYSICAL MEDICINE SERVICES	97598	CPT(R)		\$195.00
97602	PR RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	PR PHYSICAL MEDICINE SERVICES	97602	CPT(R)		\$189.33
97605	PR NEGATIVE PRESSURE WOUND THERAPY DME	PR PHYSICAL MEDICINE SERVICES	97605	CPT(R)		\$326.00
97606	PR NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	PR PHYSICAL MEDICINE SERVICES	97606	CPT(R)		\$258.67
97607	PR NEG PRESSURE WOUND THERAPY NON DME	PR PHYSICAL MEDICINE SERVICES	97607	CPT(R)		\$368.00
97608	PR NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	PR PHYSICAL MEDICINE SERVICES	97608	CPT(R)		\$765.33
97610	PR LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY	PR PHYSICAL MEDICINE SERVICES	97610	CPT(R)		\$690.67
98925	PR OSTEOPATHIC MANIP,1-2 BODY REGN	PR OSTEOPATHIC TREATMENT	98925	CPT(R)		\$150.00
98926	PR OSTEOPATHIC MANIP,3-4 BODY REGN	PR OSTEOPATHIC TREATMENT	98926	CPT(R)		\$234.50
98927	PR OSTEOPATHIC MANIP,5-6 BODY REGN	PR OSTEOPATHIC TREATMENT	98927	CPT(R)		\$175.00
98928	PR OSTEOPATHIC MANIP,7-8 BODY REGN	PR OSTEOPATHIC TREATMENT	98928	CPT(R)		\$248.00
98929	PR OSTEOPATHIC MANIP,9-10 BODY REGN	PR OSTEOPATHIC TREATMENT	98929	CPT(R)		\$306.67
98960	PR SELF-MGMT EDUC & TRAIN, 1 PT, EA 30 MIN	PR CHIROPRACTIC TREATMENT	98960	CPT(R)		\$158.10
98966	PR NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN	PR MEDICAL SERVICES	98966	CPT(R)		\$54.11
98967	PR NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	PR MEDICAL SERVICES	98967	CPT(R)		\$133.24
98968	PR NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	PR MEDICAL SERVICES	98968	CPT(R)		\$318.35
98970	PR QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MIN	PR MEDICAL SERVICES	98970	CPT(R)		\$59.71
98971	PR QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 11-20MIN	PR MEDICAL SERVICES	98971	CPT(R)		\$155.78
98972	PR QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MIN	PR MEDICAL SERVICES	98972	CPT(R)		\$85.68
99000	PR HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	PR MISCELLANEOUS SERVICES	99000	CPT(R)		\$52.00
99024	PR POST-OP FOLLOW-UP VISIT	PR MISCELLANEOUS SERVICES	99024	CPT(R)		\$0.00
99050	PR MEDICAL SERVICES AFTER HRS	PR MISCELLANEOUS SERVICES	99050	CPT(R)		\$225.00
99070	PR SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	PR MISCELLANEOUS SERVICES	99070	CPT(R)		\$0.00
99172	PR VISUAL FUNCT SCREENING, BILAT	PR MISCELLANEOUS SERVICES	99172	CPT(R)		\$102.63
99173	PR VISUAL SCREENING TEST, BILAT	PR MISCELLANEOUS SERVICES	99173	CPT(R)		\$38.00
99188	PR APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	PR MISCELLANEOUS SERVICES	99188	CPT(R)		\$26.00
99195	PR PHLEBOTOMY	PR MISCELLANEOUS SERVICES	99195	CPT(R)		\$545.00
99202	PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99202	CPT(R)		\$249.00
99203	PR OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99203	CPT(R)		\$375.00

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PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
99204	PR OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99204	CPT(R)		\$576.00
99205	PR OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99205	CPT(R)		\$937.60
99211	PR OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	PR EVALUATION AND MANAGEMENT SERVICES	99211	CPT(R)		\$83.00
99212	PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99212	CPT(R)		\$185.18
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99213	CPT(R)		\$268.00
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99214	CPT(R)		\$376.00
99215	PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99215	CPT(R)		\$591.00
99304	PR INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99304	CPT(R)		\$316.19
99305	PR INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99305	CPT(R)		\$460.74
99306	PR INITIAL NURSING FACILITY CARE HI MDM 45 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99306	CPT(R)		\$827.48
99307	PR SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99307	CPT(R)		\$193.25
99308	PR SBSQ NURSING FACILITY CARE LOW MDM 15 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99308	CPT(R)		\$313.76
99309	PR SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99309	CPT(R)		\$447.00
99310	PR SBSQ NURSING FACILITY CARE HIGH MDM 45 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99310	CPT(R)		\$382.00
99315	PR NURSING FACILITY DSCHRG MGMT 30 MIN/< TOT TIME	PR EVALUATION AND MANAGEMENT SERVICES	99315	CPT(R)		\$396.68
99316	PR NURSING FACILITY DSCHRG MGMT 30 MIN+ TOT TIME	PR EVALUATION AND MANAGEMENT SERVICES	99316	CPT(R)		\$376.42
99341	PR HOME/RES VISIT NEW PATIENT SF MDM 15 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99341	CPT(R)		\$168.64
99342	PR HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99342	CPT(R)		\$265.00
99344	PR HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99344	CPT(R)		\$554.09
99345	PR HOME/RES VISIT NEW PATIENT HIGH MDM 75 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99345	CPT(R)		\$671.53

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PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
99347	PR HOME/RES VISIT EST PATIENT SF MDM 20 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99347	CPT(R)		\$220.00
99348	PR HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99348	CPT(R)		\$305.00
99349	PR HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99349	CPT(R)		\$428.78
99350	PR HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99350	CPT(R)		\$1,030.50
99381	PR PREVENTIVE VISIT,NEW,INFANT < 1 YR	PR EVALUATION AND MANAGEMENT SERVICES	99381	CPT(R)		\$350.00
99382	PR PREVENTIVE VISIT,NEW,AGE 1-4	PR EVALUATION AND MANAGEMENT SERVICES	99382	CPT(R)		\$346.00
99383	PR PREVENTIVE VISIT,NEW,AGE5-11	PR EVALUATION AND MANAGEMENT SERVICES	99383	CPT(R)		\$352.00
99384	PR PREVENTIVE VISIT,NEW,12-17	PR EVALUATION AND MANAGEMENT SERVICES	99384	CPT(R)		\$392.00
99385	PR PREVENTIVE VISIT,NEW,18-39	PR EVALUATION AND MANAGEMENT SERVICES	99385	CPT(R)		\$478.00
99386	PR PREVENTIVE VISIT,NEW,40-64	PR EVALUATION AND MANAGEMENT SERVICES	99386	CPT(R)		\$525.00
99387	PR PREVENTIVE VISIT,NEW,65 & OVER	PR EVALUATION AND MANAGEMENT SERVICES	99387	CPT(R)		\$550.00
99391	PR PREVENTIVE VISIT,EST, INFANT < 1 YR	PR EVALUATION AND MANAGEMENT SERVICES	99391	CPT(R)		\$285.00
99392	PR PREVENTIVE VISIT,EST,AGE 1-4	PR EVALUATION AND MANAGEMENT SERVICES	99392	CPT(R)		\$305.00
99393	PR PREVENTIVE VISIT,EST,AGE5-11	PR EVALUATION AND MANAGEMENT SERVICES	99393	CPT(R)		\$305.00
99394	PR PREVENTIVE VISIT,EST,12-17	PR EVALUATION AND MANAGEMENT SERVICES	99394	CPT(R)		\$347.68
99395	PR PREVENTIVE VISIT,EST,18-39	PR EVALUATION AND MANAGEMENT SERVICES	99395	CPT(R)		\$390.00
99396	PR PREVENTIVE VISIT,EST,40-64	PR EVALUATION AND MANAGEMENT SERVICES	99396	CPT(R)		\$431.00
99397	PR PREVENTIVE VISIT,EST,65 & OVER	PR EVALUATION AND MANAGEMENT SERVICES	99397	CPT(R)		\$589.03
99401	PR PREVENT COUNSEL,INDIV,15 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99401	CPT(R)		\$139.00
99402	PR PREVENT COUNSEL,INDIV,30 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99402	CPT(R)		\$198.11

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PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
99403	PR PREVENT COUNSEL,INDIV,45 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99403	CPT(R)		\$276.02
99404	PR PREVENT COUNSEL,INDIV,60 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99404	CPT(R)		\$355.05
99406	PR TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	PR ALCOHOL & DRUG ABUSE TRMT	99406	CPT(R)		\$79.00
99407	PR TOBACCO USE CESSATION INTENSIVE >10 MINUTES	PR ALCOHOL & DRUG ABUSE TRMT	99407	CPT(R)		\$129.49
99408	PR ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	PR ALCOHOL & DRUG ABUSE TRMT	99408	CPT(R)		\$174.66
99409	PR ALCOHOL/SUBSTANCE SCREEN & INTERVEN >30 MIN	PR ALCOHOL & DRUG ABUSE TRMT	99409	CPT(R)		\$211.37
99417	PR PROLONGED OUTPATIENT E/M SERVICE EACH 15 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99417	CPT(R)		\$0.00
99421	PR ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES	PR HOME HEALTH PROCEDURES/SERVICES	99421	CPT(R)		\$80.48
99422	PR ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES	PR HOME HEALTH PROCEDURES/SERVICES	99422	CPT(R)		\$123.68
99423	PR ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES	PR HOME HEALTH PROCEDURES/SERVICES	99423	CPT(R)		\$212.89
99439	PR CHRONIC CARE MGMT SVC STAF EA ADDL 20 MIN CAL MO	PR EVALUATION AND MANAGEMENT SERVICES	99439	CPT(R)		\$168.64
99441	PR PHYS/QHP TELEPHONE EVALUATION 5-10 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99441	CPT(R)		\$115.37
99442	PR PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99442	CPT(R)		\$158.31
99442	PR PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99442	CPT(R)	DOT	\$100.00
99443	PR PHYS/QHP TELEPHONE EVALUATION 21-30 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99443	CPT(R)		\$480.44
99450	PR LIFE/DISABILITY EVALUATION	PR EVALUATION AND MANAGEMENT SERVICES	99450	CPT(R)		\$234.89
99455	PR WORK RELATED/MED DBLT XM TREATING PHYS	PR EVALUATION AND MANAGEMENT SERVICES	99455	CPT(R)		\$221.00
99473	PR SELF-MEAS BP PT EDUCAJ/TRAIING & DEV CALIBRATION	PR HOME HEALTH PROCEDURES/SERVICES	99473	CPT(R)		\$72.27
99474	PR SELF-MEAS BP 2 READG 1 MIN APART BID 30 DAY PD	PR HOME HEALTH PROCEDURES/SERVICES	99474	CPT(R)		\$93.35
99484	PR CARE MGMT SERVICES BEHAVIORAL HLTH COND 20 MINS	PR EVALUATION AND MANAGEMENT SERVICES	99484	CPT(R)		\$240.91
99487	PR COMPLEX CHRONIC CARE MGMT SVC 1ST 60 MIN CAL MO	PR EVALUATION AND MANAGEMENT SERVICES	99487	CPT(R)		\$466.76
99489	PR CPLX CHRONIC CARE MGMT SVC EA ADDL 30 MIN CAL MO	PR EVALUATION AND MANAGEMENT SERVICES	99489	CPT(R)		\$219.83

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PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
99490	PR CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	PR EVALUATION AND MANAGEMENT SERVICES	99490	CPT(R)		\$174.66
99491	PR CHRONIC CARE MGMT SVC PHYS 1ST 30 MIN CAL MONTH	PR HOME HEALTH PROCEDURES/SERVICES	99491	CPT(R)		\$484.83
99492	PR 1ST PSYCHIATRIC COLLAB CARE MGMT 1ST 70 MINS	PR EVALUATION AND MANAGEMENT SERVICES	99492	CPT(R)		\$566.14
99493	PR SBSQ PSYCHIATRIC COLLAB CARE MGMT 1ST 60 MINS	PR EVALUATION AND MANAGEMENT SERVICES	99493	CPT(R)		\$493.86
99494	PR 1ST/SBSQ PSYCH COLLAB CARE MGMT EA ADDL 30 MINS	PR EVALUATION AND MANAGEMENT SERVICES	99494	CPT(R)		\$304.15
99495	PR TRANSJ CARE MGMT MOD MDM F2F 14 CAL D DISCHARGE	PR EVALUATION AND MANAGEMENT SERVICES	99495	CPT(R)		\$540.00
99496	PR TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	PR EVALUATION AND MANAGEMENT SERVICES	99496	CPT(R)		\$766.00
99497	PR ADVANCE CARE PLANNING FIRST 30 MINS	PR EVALUATION AND MANAGEMENT SERVICES	99497	CPT(R)		\$172.72
99498	PR ADVANCE CARE PLANNING EA ADDL 30 MINS	PR EVALUATION AND MANAGEMENT SERVICES	99498	CPT(R)		\$349.32
99499	PR UNLISTED E/M SERVICE	PR EVALUATION AND MANAGEMENT SERVICES	99499	CPT(R)		\$185.00
99499	PR UNLISTED E/M SERVICE	PR EVALUATION AND MANAGEMENT SERVICES	99499	CPT(R)	DOT	\$215.25
99499	PR UNLISTED E/M SERVICE	PR EVALUATION AND MANAGEMENT SERVICES	99499	CPT(R)	SP	\$25.00
99999	NO CHARGE E&M	PR EVALUATION AND MANAGEMENT SERVICES	99999	Custom		\$0.00
2200315	PR KNEE SLEEVE SUPPORT (OPEN/CLOSED PATELLA)	PR DME	A4466	Custom		\$8.03
2200652	PR BASIC PHYSICAL EXAM	PR EVALUATION AND MANAGEMENT SERVICES	99212	Custom		\$300.00
0124A	PR IMM ADMN SARSCOV2 BIVALENT 30 MCG/0.3 ML ADDL	PR THERAPEUTIC INJECTIONS	0124A	CPT(R)		\$27.44
0134A	PR IMM ADMN SARSCOV2 BIVALENT 50 MCG/0.5 ML ADDL	PR THERAPEUTIC INJECTIONS	0134A	CPT(R)		\$27.44
0144A	PR IMM ADMN SARSCOV2 BIVALENT 25 MCG/0.25 ML ADDL	PR THERAPEUTIC INJECTIONS	0144A	CPT(R)		\$27.44
0154A	PR IMM ADMN SARSCOV2 BIVALENT 10 MCG/0.2 ML ADDL	PR THERAPEUTIC INJECTIONS	0154A	CPT(R)		\$27.44
0164A	PR IMM ADMN SARSCOV2 BIVALENT 10 MCG/0.2 ML ADDL	PR THERAPEUTIC INJECTIONS	0164A	CPT(R)		\$27.44
0173A	PR IMM ADMN SARSCOV2 BIVALENT 3 MCG/0.2 ML 3RD	PR THERAPEUTIC INJECTIONS	0173A	CPT(R)		\$27.44
0241U	CHG NFCT DS RNA 4 TARGETS UPPER RESPIRATORY SPECIMEN	CHG LABORATORY	0241U	CPT(R)		\$156.00
0353U	CHG IADNA CHLMYD TRCHMTS&NEISSRA GONORR MULT AMP PRB	CHG LABORATORY	0353U	CPT(R)		\$80.00
1036F	CURRENT TOBACCO NON-USER	PR MISCELLANEOUS SERVICES	1036F	CPT(R)		\$0.00
1090F	PR PRESENCE/ABSENCE URINARY INCONTINENCE ASSESSED	PR MISCELLANEOUS SERVICES	1090F	CPT(R)		\$0.00
1100F	PR PT FALLS ASSESS DOC 2+ FALLS/FALL W/INJURY/YR	PR MISCELLANEOUS SERVICES	1100F	CPT(R)		\$0.00
1101F	PR PT FALLS ASSESS DOC 0-1 FALLS W/OUT INJ PAST YR	PR MISCELLANEOUS SERVICES	1101F	CPT(R)		\$0.00

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PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
1111F	PR DISCHARGE MEDS RECONCILED W/ CURRENT OUTPATIENT MED LIST	PR MISCELLANEOUS SERVICES	1111F	CPT(R)		\$0.00
1123F	PR ADV CARE PLAN DISCUSSED, PLAN OR SURROGATE DOCUMENTED	PR MISCELLANEOUS SERVICES	1123F	CPT(R)		\$0.00
1124F	PR ADV CARE PLAN DISCUSSED, UNABLE/UNWILL DOC PLAN OR SURROGATE	PR MISCELLANEOUS SERVICES	1124F	CPT(R)		\$0.00
1125F	PR PAIN SEVERITY QUANTIFIED, PAIN PRESENT	PR MISCELLANEOUS SERVICES	1125F	CPT(R)		\$0.00
1126F	PR PAIN SEVERITY QUANTIFIED, NO PAIN PRESENT	PR MISCELLANEOUS SERVICES	1126F	CPT(R)		\$0.00
1159F	PR MEDICATION LIST DOCUMENTED IN MEDICAL RECORD	PR MISCELLANEOUS SERVICES	1159F	CPT(R)		\$0.00
1160F	PR REVIEW ALL MEDS BY PRESCRIBER/CLIN PHARMACIST DOCUMENTED	PR MISCELLANEOUS SERVICES	1160F	CPT(R)		\$0.00
1170F	PR FUNCTIONAL STATUS ASSESSED	PR MISCELLANEOUS SERVICES	1170F	CPT(R)		\$0.00
1220F	PR PATIENT SCREENED FOR DEPRESSION	PR MISCELLANEOUS SERVICES	1220F	CPT(R)		\$0.00
2022F	PR DILATED RETINAL EXAM W/EVIDENCE OF RETINOPATHY	PR MISCELLANEOUS SERVICES	2022F	CPT(R)		\$0.00
2023F	PR DILATED RETINAL EXAM W/O EVIDENCE OF RETINOPATHY	PR MISCELLANEOUS SERVICES	2023F	CPT(R)		\$0.00
2024F	PR 7 STANDARD FLD RETINAL PHOTO W/EVC RTNOPHTY	PR MISCELLANEOUS SERVICES	2024F	CPT(R)		\$0.00
2025F	PR 7 STANDARD FLD RETINAL PHOTO W/O EVC RTNOPHTY	PR MISCELLANEOUS SERVICES	2025F	CPT(R)		\$0.00
2026F	PR EYE IMG VALID MATCH DX 7 STND FLD W/EVC RTNOPHTY	PR MISCELLANEOUS SERVICES	2026F	CPT(R)		\$0.00
2033F	PR EYE IMG VLD MTCH DX 7 STND FLD W/O EVC RTNOPHTY	PR MISCELLANEOUS SERVICES	2033F	CPT(R)		\$0.00
3044F	PR MOST RECENT HEMOGLOBIN A1C LEVEL <7.0%	PR CARDIOVASCULAR SYSTEM SERVICES	3044F	CPT(R)		\$0.00
3046F	PR MOST RECENT HEMOGLOBIN A1C LEVEL > 9.0%	PR CARDIOVASCULAR SYSTEM SERVICES	3046F	CPT(R)		\$0.00
3051F	PR MOST RECENT HG A1C>EQUAL TO 7.0%&<8.0%	PR MISCELLANEOUS SERVICES	3051F	CPT(R)		\$0.00
3052F	PR MOST RECENT HG A1C>EQUAL TO 8.0%&<EQUAL TO 9.0%	PR MISCELLANEOUS SERVICES	3052F	CPT(R)		\$0.00
3072F	LOW RISK FOR RETINOPATHY	PR MISCELLANEOUS SERVICES	3072F	CPT(R)		\$0.00
3074F	PR MOST RECENT SYSTOLIC BLOOD PRESSURE < 130 MM HG	PR CARDIOVASCULAR SYSTEM SERVICES	3074F	CPT(R)		\$0.00
3075F	PR MOST RECENT SYSTOLIC BLOOD PRESS GE 130-139MM HG	PR CARDIOVASCULAR SYSTEM SERVICES	3075F	CPT(R)		\$0.00
3077F	PR MOST RECENT SYSTOLIC BLOOD PRESSURE >= 140 MM HG	PR MISCELLANEOUS SERVICES	3077F	CPT(R)		\$0.00
3078F	PR MOST RECENT DIASTOLIC BLOOD PRESSURE < 80 MM HG	PR CARDIOVASCULAR SYSTEM SERVICES	3078F	CPT(R)		\$0.00
3079F	PR MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG	PR MISCELLANEOUS SERVICES	3079F	CPT(R)		\$0.00
3080F	PR MOST RECENT DIASTOLIC BLOOD PRESSURE >= 90 MM HG	PR CARDIOVASCULAR SYSTEM SERVICES	3080F	CPT(R)		\$0.00
3288F	PR FALLS RISK ASSESSMENT DOCUMENTED	PR MISCELLANEOUS SERVICES	3288F	CPT(R)		\$0.00
4004F	PR PT SCRND TOBACCO USE RCVD TOBACCO CESSATION TALK	PR MISCELLANEOUS SERVICES	4004F	CPT(R)		\$0.00
4010F	PR ACE INHIBITOR/ARB THERAPY RXD/CURRENTLY TAKEN	PR MISCELLANEOUS SERVICES	4010F	CPT(R)		\$0.00
97799PE	CLIENT PHYSICAL EXAM, BASIC	PR PHYSICAL MEDICINE SERVICES	97799	Custom		\$185.00
97799PES	CLIENT PHYSICAL EXAM, DETAILED	PR PHYSICAL MEDICINE SERVICES	97799	Custom		\$200.00
99499DOT	PR DOT PHYSICAL	PR EVALUATION AND MANAGEMENT SERVICES	99499	Custom		\$215.25
99499J	PR NON-DOT PHYSICAL/CARD	PR EVALUATION AND MANAGEMENT SERVICES	99499	Custom		\$125.00
99499SP	PR SPORTS PHYSICAL	PR EVALUATION AND MANAGEMENT SERVICES	99499	Custom		\$75.34
A4467	PR BELT STRAP SLEEV GRMNT COVER	PR MEDICAL & SURGICAL SUPPLY	A4467	HCPCS		\$85.64
A4550	PR SURGICAL TRAYS	PR MEDICAL & SURGICAL SUPPLY	A4550	HCPCS		\$100.00
A4565	PR SLINGS	PR MEDICAL & SURGICAL SUPPLY	A4565	HCPCS		\$30.01
A4580	PR CAST SUPPLIES (PLASTER)	PR MEDICAL & SURGICAL SUPPLY	A4580	HCPCS		\$150.00

Seward Community Health Center
Master Fee Schedule as of 1/1/2024

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	1/1/2023
A6531	PR COMPRESSION STOCKING BK30-40	PR MEDICAL & SURGICAL SUPPLY	A6531	HCPCS		\$72.64
A9999	PR DME SUPPLY OR ACCESSORY, NOS	PR MISCELLANEOUS SERVICES	A9999	HCPCS		\$0.00
A9999AA	PR KNEE BRACE HINGED 16"	PR MISCELLANEOUS SERVICES	A9999	Custom		\$43.76
D1206	PR TOPICAL APPLICATION OF FLUORIDE VARNISH	PR DENTAL	D1206	ADA		\$0.00
E0116	PR CRUTCH UNDERARM EACH NO WOOD	PR DME	E0116	HCPCS		\$73.60
E0116	PR CRUTCH UNDERARM EACH NO WOOD	PR DME	E0116	HCPCS	NU	\$68.72
E0116	PR CRUTCH UNDERARM EACH NO WOOD	PR DME	E0116	HCPCS	RR	\$11.38
E0116	PR CRUTCH UNDERARM EACH NO WOOD	PR DME	E0116	HCPCS	UE	\$51.72
E0190	PR POSITIONING CUSHION	PR DME	E0190	HCPCS		\$89.60
E0190	PR POSITIONING CUSHION	PR DME	E0190	HCPCS	NU	\$114.60
G0008	PR ADMIN INFLUENZA VIRUS VAC	PR PROFESSIONAL SERVICES	G0008	HCPCS		\$67.00
G0009	PR ADMIN PNEUMOCOCCAL VACCINE	PR PROFESSIONAL SERVICES	G0009	HCPCS		\$69.99
G0010	PR ADMIN HEPATITIS B VACCINE	PR PROFESSIONAL SERVICES	G0010	HCPCS		\$75.02
G0071	PR COMM SVCS BY RHC/FQHC 5 MIN	PR PROFESSIONAL SERVICES	G0071	HCPCS		\$43.99
G0101	PR CA SCREEN, PELVIC/BREAST EXAM	PR PROFESSIONAL SERVICES	G0101	HCPCS		\$151.29
G0127	PR TRIM NAIL(S)	PR PROFESSIONAL SERVICES	G0127	HCPCS		\$73.51
G0245	PR INITIAL FOOT EXAM PT LOPS	PR PROFESSIONAL SERVICES	G0245	HCPCS		\$184.98
G0246	PR FOLLOWUP EVAL OF FOOT PT LOP	PR PROFESSIONAL SERVICES	G0246	HCPCS		\$122.00
G0246	PR FOLLOWUP EVAL OF FOOT PT LOP	PR PROFESSIONAL SERVICES	G0246	HCPCS	SA	\$99.99
G0328	PR FECAL BLOOD SCRIN IMMUNOASSAY	PR PROFESSIONAL SERVICES	G0328	HCPCS		\$70.01
G0402	PR INITIAL PREVENTIVE EXAM	PR PROFESSIONAL SERVICES	G0402	HCPCS		\$477.12
G0404	PR EKG TRACING FOR INITIAL PREV	PR PROFESSIONAL SERVICES	G0404	HCPCS		\$195.00
G0438	PR PPPS, INITIAL VISIT	PR PROFESSIONAL SERVICES	G0438	HCPCS		\$500.08
G0439	PR PPPS, SUBSEQ VISIT	PR PROFESSIONAL SERVICES	G0439	HCPCS		\$375.00
G0444	PR DEPRESSION SCREEN ANNUAL	PR PROFESSIONAL SERVICES	G0444	HCPCS		\$0.00
G0466	PR FQHC VISIT NEW PATIENT	PR PROFESSIONAL SERVICES	G0466	HCPCS		\$294.98
G0467	PR FQHC VISIT, ESTAB PT	PR PROFESSIONAL SERVICES	G0467	HCPCS		\$244.97
G0468	PR FQHC VISIT, IPPE OR AWW	PR PROFESSIONAL SERVICES	G0468	HCPCS		\$320.04
G0469	PR FQHC VISIT, MH NEW PT	PR PROFESSIONAL SERVICES	G0469	HCPCS		\$270.05
G0469	PR FQHC VISIT, MH NEW PT	PR PROFESSIONAL SERVICES	G0469	HCPCS	SA	\$0.00
G0470	PR FQHC VISIT, MH ESTAB PT	PR PROFESSIONAL SERVICES	G0470	HCPCS		\$270.08
G0511	PR CCM/BHI BY RHC/FQHC 20MIN MO	PR PROFESSIONAL SERVICES	G0511	HCPCS		\$124.00
G0512	PR COCM BY RHC/FQHC 60 MIN MO	PR PROFESSIONAL SERVICES	G0512	HCPCS		\$305.00
G2010	PR REMOT IMAGE SUBMIT BY PT	PR PROFESSIONAL SERVICES	G2010	HCPCS		\$40.38
G2012	PR BRIEF CHECK IN BY MD/QHP	PR PROFESSIONAL SERVICES	G2012	HCPCS		\$60.51
G2025	PR DIS SITE TELE SVCS RHC/FQHC	CHG LABORATORY	G2025	HCPCS		\$178.50
G2061	PR QUAL NONMD EST PT 5-10M	PR PROFESSIONAL SERVICES	G2061	HCPCS		\$23.80
G2062	PR QUAL NONMD EST PT 11-20M	PR PROFESSIONAL SERVICES	G2062	HCPCS		\$41.92
G2063	PR QUAL NONMD EST PT 21>MIN	PR PROFESSIONAL SERVICES	G2063	HCPCS		\$65.15
G8427	PR DOCREV CUR MEDS BY ELIG CLIN	PR PROFESSIONAL SERVICES	G8427	HCPCS		\$0.00
G8431	PR POS CLIN DEPRES SCRIN F/U DOC	PR PROFESSIONAL SERVICES	G8431	HCPCS		\$0.00

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G8510	PR SCR DEP NEG, NO PLAN REQD	PR PROFESSIONAL SERVICES	G8510	HCPCS		\$0.00
G9664	PR TAKING STATIN OR REC'D ORDER	PR PROFESSIONAL SERVICES	G9664	HCPCS		\$0.00
H0049	PR ALCOHOL/DRUG SCREENING	PR ALCOHOL & DRUG ABUSE TRMT	H0049	HCPCS		\$0.00
H2011	PR CRISIS INTERVEN SVC, 15 MIN	PR ALCOHOL & DRUG ABUSE TRMT	H2011	HCPCS		\$107.00
J0561	PR PENICILLIN G BENZATHINE INJ, 100000 UNITS	PR INJECTABLE MEDS	J0561	HCPCS		\$43.86
J0696	PR CEFTRIAXONE SODIUM INJECTION, 250 MG	PR INJECTABLE MEDS	J0696	HCPCS		\$39.95
J0702	PR BETAMETHASONE ACET&SOD PHOSP, 3 MG	PR INJECTABLE MEDS	J0702	HCPCS		\$25.01
J0715	PR CEFTIZOXIME SODIUM / 500 MG	PR INJECTABLE MEDS	J0715	HCPCS		\$40.00
J0735	PR CLONIDINE HYDROCHLORIDE, 1 MG	PR INJECTABLE MEDS	J0735	HCPCS		\$107.03
J1040	PR METHYLPREDNISOLONE 80 MG INJ	PR INJECTABLE MEDS	J1040	HCPCS		\$44.00
J1050	PR MEDROXYPROGESTERONE ACETATE PER MG	PR INJECTABLE MEDS	J1050	HCPCS		\$1.75
J1100	PR DEXAMETHASONE SODIUM PHOS, 1 MG	PR INJECTABLE MEDS	J1100	HCPCS		\$5.00
J1885	PR KETOROLAC TROMETHAMINE INJ, 15 MG	PR INJECTABLE MEDS	J1885	HCPCS		\$20.00
J1940	PR FUROSEMIDE INJECTION, 20 MG	PR INJECTABLE MEDS	J1940	HCPCS		\$11.00
J1950	PR LEUPROLIDE ACETATE /3.75 MG	PR INJECTABLE MEDS	J1950	HCPCS		\$4,098.60
J2357	PR OMALIZUMAB INJECTION, 5 MG	PR INJECTABLE MEDS	J2357	HCPCS		\$112.00
J2405	PR ONDANSETRON HCL INJECTION, 1 MG	PR INJECTABLE MEDS	J2405	HCPCS		\$8.00
J2550	PR PROMETHAZINE HCL INJECTION, 50 MG	PR INJECTABLE MEDS	J2550	HCPCS		\$25.00
J2790	PR RHO D IMMUNE GLOBULIN INJ, 1 PACKAGE	PR INJECTABLE MEDS	J2790	HCPCS		\$253.98
J2920	PR METHYLPREDNISOLONE INJECTION, 40 MG	PR INJECTABLE MEDS	J2920	HCPCS		\$20.00
J2930	PR METHYLPREDNISOLONE INJECTION, 125 MG	PR INJECTABLE MEDS	J2930	HCPCS		\$30.86
J3030	PR SUMATRIPTAN SUCCINATE / 6 MG	PR INJECTABLE MEDS	J3030	HCPCS		\$170.04
J3301	PR TRIAMCINOLONE ACET INJ NOS, 10 MG	PR INJECTABLE MEDS	J3301	HCPCS		\$15.00
J3420	PR VITAMIN B12 INJECTION, 1000 MCG	PR INJECTABLE MEDS	J3420	HCPCS		\$21.00
J7030	PR NORMAL SALINE SOLUTION INFUS, 1000 ML	PR INJECTABLE MEDS	J7030	HCPCS		\$32.00
J7296	PR KYLEENA, 19.5 MG	PR INJECTABLE MEDS	J7296	HCPCS		\$2,349.95
J7298	PR MIRENA, 52 MG	PR INJECTABLE MEDS	J7298	HCPCS		\$2,250.00
J7300	PR INTRAUT COPPER CONTRACEPTIVE, 1 UNITS	PR INJECTABLE MEDS	J7300	HCPCS		\$1,824.87
J7301	PR SKYLA, 13.5 MG	PR INJECTABLE MEDS	J7301	HCPCS		\$1,832.00
J7307	PR ETONOGESTREL IMPLANT SYSTEM, 1 UNITS	PR INJECTABLE MEDS	J7307	HCPCS		\$1,999.80
J7613	PR ALBUTEROL NON-COMP UNIT, 1 MG	PR INJECTABLE MEDS	J7613	HCPCS		\$10.00
J7620	PR ALBUTEROL IPRATROP NON-COMP, 3 ML	PR INJECTABLE MEDS	J7620	HCPCS		\$14.00
J8499	PR ORAL PRESCRIP DRUG NON CHEMO	PR INJECTABLE MEDS	J8499	HCPCS		\$0.00
L0130	PR FLEX THERMOPLASTIC COLLAR MO	PR ORTHOTIC PROCEDURES/SUPPLIES	L0130	HCPCS		\$0.00
L0172	PR CERV COL SR FOAM 2PC PRE OTS	PR ORTHOTIC PROCEDURES/SUPPLIES	L0172	HCPCS		\$265.07
L1820	PR KO ELAS W/ CONDYLE PADS & JO	PR ORTHOTIC PROCEDURES/SUPPLIES	L1820	HCPCS		\$240.00
L1830	PR KO IMMOB CANVAS LONG PRE OTS	PR ORTHOTIC PROCEDURES/SUPPLIES	L1830	HCPCS		\$149.00
L2999	PR LOWER EXTREMITY ORTHOSIS NOS	PR ORTHOTIC PROCEDURES/SUPPLIES	L2999	HCPCS		\$0.00
L3260	PR AMBULATORY SURGICAL BOOT EAC	PR ORTHOTIC PROCEDURES/SUPPLIES	L3260	HCPCS		\$67.98
L3670	PR SO ACRO/CLAV CAN WEB PRE OTS	PR ORTHOTIC PROCEDURES/SUPPLIES	L3670	HCPCS		\$219.95
L3807	PR WHFO W/O JOINTS PRE CST	PR ORTHOTIC PROCEDURES/SUPPLIES	L3807	HCPCS		\$518.96

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L3908	PR WHO COCK-UP NONMOLDE PRE OTS	PR ORTHOTIC PROCEDURES/SUPPLIES	L3908	HCPCS		\$109.98
L3927	PR FO PIP DIP NO JT SPR PRE OTS	PR ORTHOTIC PROCEDURES/SUPPLIES	L3927	HCPCS		\$78.92
L3999	PR UPPER LIMB ORTHOSIS NOS	PR ORTHOTIC PROCEDURES/SUPPLIES	L3999	HCPCS		\$0.00
L4350	PR ANKLE CONTROL ORTHO PRE OTS	PR ORTHOTIC PROCEDURES/SUPPLIES	L4350	HCPCS		\$149.96
L4360	PR PNEUMAT WALKING BOOT PRE CST	PR ORTHOTIC PROCEDURES/SUPPLIES	L4360	HCPCS		\$500.14
L4361	PR PNEUMA/VAC WALK BOOT PRE OTS	PR ORTHOTIC PROCEDURES/SUPPLIES	L4361	HCPCS		\$480.08
L4386	PR NON-PNEUM WALK BOOT PRE CST	PR ORTHOTIC PROCEDURES/SUPPLIES	L4386	HCPCS		\$360.00
M0243	PR CASIRIVI AND IMDEVI INFUSION	PR CARDIOVASCULAR SYSTEM SERVICES	M0243	HCPCS		\$1,065.06
PBMISCLABTEST	PB MISC LAB TEST	PR MISCELLANEOUS SERVICES	PBMISCLABTEST	Custom		\$200.00
PBPSM	PR PATIENT SUPPLIED MEDICATION	PR MISCELLANEOUS SERVICES	PBPSM	Custom		\$0.00
Q0091	PR OBTAINING SCREEN PAP SMEAR	PR MEDICAL SERVICES	Q0091	HCPCS		\$185.00
Q0162	PR ONDANSETRON ORAL	PR MEDICAL SERVICES	Q0162	HCPCS		\$10.00
Q3014	PR TELEHEALTH FACILITY FEE	PR MEDICAL SERVICES	Q3014	HCPCS		\$83.15
Q4049	PR FINGER SPLINT, STATIC	PR MEDICAL SERVICES	Q4049	HCPCS		\$34.01
S8431	PR COMPRESSION BANDAGE	PR MEDICAL SERVICES	S8431	HCPCS		\$30.00
S8450	PR SPLINT DIGIT	PR MEDICAL SERVICES	S8450	HCPCS		\$45.00
S8451	PR SPLINT WRIST OR ANKLE	PR MEDICAL SERVICES	S8451	HCPCS		\$50.00
U0003	PR COV-19 AMP PRB HGH THRUPUT	CHG LABORATORY	U0003	HCPCS		\$40.00
U0004	PR COV-19 TEST NON-CDC HGH THRU	CHG LABORATORY	U0004	HCPCS		\$40.00
U0005	PR INFEC AGEN DETEC AMPLI PROBE	CHG LABORATORY	U0005	HCPCS		\$40.00