SWDH 2025 Fee Schedule

CPT	Description	Insurance	100%	75%	50%	25%
	Office Visit					
99202	NEW Office Visit 15-29 min	124.32	111	83.25	55.50	27.75
99203	NEW Office Visit - low 30-44 min	192.33	172	129.00	86.00	43.00
99204	NEW Office Visit - mod 45-59 min	287.45	256	192.00	128.00	64.00
99205	NEW Office Visit - hi 60-74 min	379.66	339	254.25	169.50	84.75
99211	EST Office Visit – Nurse Visit	39.55	35	26.25	17.50	8.75
99212	EST Office Visit – straight forward 10-19 min	97.03	87	65.25	43.50	21.75
99213	EST Office Visit - low 20-29 min	155.92	139	104.25	69.50	34.75
99214	EST Office Visit - mod 30-39 min	221.08	197	147.75	98.50	49.25
99215	EST Office Visit - hi 40-54 min	310.36	277	207.75	138.50	69.25
99242	Office Consultation	96.00	75	56.25	37.50	18.75
SP123	Sports Physicals – Cash Only	25.00	25	25	25	25
I693	Immigration	550.00	550.00	550.00	550.00	550.00
	Wellness					
99381	NEW Initial Comprehensive Eval - Infant	200.26	179	134.25	89.50	44.75
99382	NEW Initial Comprehensive Eval - 1-4 yrs	224.78	200	150.00	100.00	50.00
99383	NEW Preventative Visit (5-11)	223.33	199	149.25	99.50	49.75
99384	NEW Preventative Visit (12-17)	249.10	222	166.50	111.00	55.50
99385	NEW Preventative Visit (18-39)	249.10	222	166.50	111.00	55.50
99386	NEW Preventative Visit (40-64)	249.10	222	166.50	111.00	55.50
99391	EST Follow-Up Visit – Infant	165.50	148	111.00	74.00	37.00
99392	EST Preventative Visit - age 1-4	190.53	170	127.50	85.00	42.50
99393	EST Preventative Visit - age 5-11	189.81	169	126.75	84.50	42.25
99394	EST Preventative Visit - age 12-17	215.04	192	144.00	96.00	48.00
99395	EST Preventative Visit - age 18-39	215.77	192	144.00	96.00	48.00
99396	EST Preventative Visit - age 40-64	215.77	192	144.00	96.00	48.00
99397	EST Follow-Up Visit – 65+ yr	215.77	192	144.00	96.00	48.00
	Other Office Visit					

SWDH 2025 Fee Schedule

CPT	Description	Insurance	100%	75%	50%	25%
99401	Preventive Med Counseling – Indiv. 15 min.	77.52	69	51.75	34.50	17.25
99402	Preventive Med Counseling – Indiv. 30 min.	131.09	117	87.75	58.50	29.25
99403	Preventive Med Counseling – Indiv. 45 min.	181.19	162	121.50	81.00	40.50
99404	Preventive Med Counseling – Indiv. 60 min.	233.34	208	156.00	104.00	52.00
99406	Behavioral Smoking/Tobacco Cessation 3-10 min	23.11	21	15.75	10.50	5.25
99407	Behavioral Smoking/Tobacco Cessation 10 min.	43.31	39	29.25	19.50	9.75
99412	Preventive Counseling Group	31.64	25	18.75	12.50	6.25
99415	Prolonged Clinic Staff Service - 1st hr	27.95	25	18.75	12.50	6.25
99416	Prolonged Clinic Staff Service - each addt'l hr	12.84	11	8.25	5.50	2.75
99417	Prolonged Care – each additional 15 min	45.27	40	30.00	20.00	10.00
G0402	Medicare Initial Preventive Physical Exam	168.00	-	-	-	-
G0438	Medicare Initial Annual Wellness	173.00	-	-	-	-
G0439	Medicare Subsequent annual wellness visits	117.00	-	-	-	-
	Procedures					
10060	Drainage - skin abscess	193.73	173	129.75	86.50	43.25
10120	Removal Incision & Drainage-on the Skin - Foreign Body	231.75	207	155.25	103.50	51.75
11104	Biopsy - punch - skin single lesion	192.90	172	129.00	86.00	43.00
11105	Biopsy - punch - skin single lesion each additional	90.85	81	60.75	40.50	20.25
11106	Biopsy - Incisional - skin single lesion	238.84	213	159.75	106.50	53.25
11107	Biopsy - Incisional - skin single lesion each add'le	109.80	98	73.50	49.00	24.50
11200	Skin Tag Removal - 1 – 15 (*)	140.45	125	93.75	62.50	31.25
11201	Skin Tag Removal - Each Additional 1 – 10	28.43	25	18.75	12.50	6.25
11400	Excision - benign lesion - 0.5 cm or <	196.34	175	131.25	87.50	43.75
11401	Excision - benign lesion - 0.6 – 1 cm	239.93	214	160.50	107.00	53.50

SWDH 2025 Fee Schedule

CPT	Description	Insurance	100%	75%	50%	25%
11730	Toenail - Removal of Nail plate - complete	177.60	158	118.50	79.00	39.50
11765	Toenail - Excision of nail fold - toe - partial	254.21	227	170.25	113.50	56.75
11976	Contraceptive - Subdermal Capsule Removal	222.00	198	148.50	99.00	49.50
11981	Contraceptive – Nexplanon Insertion	153.42	137	102.75	68.50	34.25
11982	Contraceptive - Nexplanon Removal	171.48	153	114.75	76.50	38.25
11983	Contraceptive - Nexplanon Removal & Insert	217.47	194	145.50	97.00	48.50
56420	Drainage - gland abscess	285.97	255	191.25	127.50	63.75
57170	Fitting - diaphragm/cap	120.05	107	80.25	53.50	26.75
57452	Exam - cervix w/scope	195.12	174	130.50	87.00	43.50
58300	Contraceptive - IUD - Insertion of intrauterine device	109.89	98	73.50	49.00	24.50
58301	Contraceptive - IUD - Removal of intrauterine device	169.83	151	113.25	75.50	37.75
	Ancillary Procedures					
96372	Injection	21.92	20	15.00	10.00	5.00
99000	Handling & Collection	20.00	20	15.00	10.00	5.00
36416	Finger Stick	5.55	5	3.75	2.50	1.25
36415	Venipuncture	14.26	13	9.75	6.50	3.25
96127	PHQ9 screening or GAD7	6.79	6	4.50	3.00	1.50
86580	TB Skin Test (PPD)	14.86	13	9.75	6.50	3.25
99211	TB Nurse Visit	39.55	35	26.25	17.50	8.75
	In House Labs					
86703	HIV1/HIV2 Rapid Result Antibody	22.83	20	15.00	10.00	5.00
86780	Syphilis - Rapid Test (Treponema Pallidum)	22.05	20	15.00	10.00	5.00
86803	HEP C – Rapid Antibody Test	23.75	21	15.75	10.50	5.25
81025	Pregnancy Test - Urine	14.34	13	9.75	6.50	3.25
81002	Urinalysis by Dip Stick	5.79	5	3.75	2.50	1.25
87430	Strep - Rapid	27.99	25	18.75	12.50	6.25
87804	Influenza - Rapid Test	27.57	25	18.75	12.50	6.25
87807	RSV- Rapid	21.81	19	14.25	9.50	4.75
87811	COVID-19- Rapid	68.89	61	45.75	30.50	15.25
86308	Mononucleosis – Rapid Test	8.62	8	6.00	4.00	2.00
83036	A1C	16.17	14	10.50	7.00	3.50
82948	Glucose	8.40	7	5.25	3.50	1.75
82465	Cholesterol	7.25	6	4.50	3.00	1.50
87210	Wet Mount Saline/Ink (KOH)	9.69	9	6.75	4.50	2.25

SWDH 2025 Fee Schedule

CPT	Description	Insurance	100%	75%	50%	25%
83655	Lead	20.17	18	13.50	9.00	4.50
	Medications					
J0561	Bicillin LA (1.2 units/tubex) doce 2.4 units/tubex	30.16	27	20.25	13.50	6.75
J0744	Ciprofloxacin 250mg	1.81	2	1.50	1.00	0.50
J1050	Depo – Medroxyprogesterone Acetate per/mg	141	150	112.5	75	37.5
J7302	Plan B – Levanorgestrel	68.90	55	41.25	27.50	13.75
J3490	Doxycyline					
Q0144	Azithromycin Dihydrate	35.26	28	21.00	14.00	7.00
S0020	Marcaine .25% / Bupivacaine Hydro – Injection	6.50	5	3.75	2.50	1.25
S0030	Metronidazole - #14 – 500 mg	28.60	22	16.50	11.00	5.50
S4993	Contraceptive Pills for BC (30 days)	12.23	11	8.25	5.50	2.75
	BC Devices					
J7296	Kyleena/ 52mg /IUD	1,505.96	1,205	903.75	602.50	301.25
J7297	Liletta / 52 mg /IUD	1,090.34	872	654.00	436.00	218.00
J7298	Mirena / 52 mg /IUD	1,679.11	1,343	1,007.25	671.50	335.75
J7300	Paragard / Intrauterine Copper Contraceptive	1,225.63	980	735.00	490.00	245.00
J7301	Skyla/ 52 mg /IUD	1,254.23	1,003	752.25	501.50	250.75
J7303	Nuva Ring 3 units	60.00	48	36.00	24.00	12.00
J7307	Nexplanon / Etonogestrel Implant System	1,741.92	1,393	1,044.75	696.50	348.25
	Immunizations- Admin Fees					
90471	Imms Administration	20.00	20	20	20	20
90472	Imms Administration – additional vaccine	20.00	20	20	20	20
90473	Imms Administration – oral/nasal	20.00	20	20	20	20
90474	Imms Administration – oral/nasal - additional vac	20.00	20	20	20	20
90460	Imms Administration 1st/only component w/ provider	20.00	20	20	20	20
90461	Imms Administration each addl component w/provider	20.00	20	20	20	20
90480	COVID Vaccine Administration	40.00	20	20	20	20
90480	COVID Vaccine Administration	40.00	20	20	20	20
96372	RSV Antibody Administration	20.00	20	20	20	20
G0009	MEDICARE ADMINISTRATION FOR PNEUMOCOCCAL	32.12	20	20	20	20
	Immunizations					

SWDH 2025 Fee Schedule

CPT	Description	Insurance	100%	75%	50%	25%
90632	Hep A - Havrix	116.83	104	78.00	52.00	26.00
90619						
90620	Men B – Bexero - 4c - 2 dose (19+),	275.76	246	184.50	123.00	61.50
90621	Men B – Trumemba Meningococcal (19+)	222.93	199	149.25	99.50	49.75
90633	Hep A Pediatric 18 <	46.53	41	30.75	20.50	10.25
90636	Hep A / Hep B TwinRix	157.25	140	105.00	70.00	35.00
90647	HIB – 5 < years	43.18	39	29.25	19.50	9.75
90649	HPV (18 years & under)	243.70	217	162.75	108.50	54.25
90651	HPV9 2/3 dose - Adult,	401.10	358	268.50	179.00	89.50
90670	Pneumococcal 13	429.55	383	287.25	191.50	95.75
90677	Pneumococcal 20	472.40	421	315.75	210.50	105.25
90675	Rabies	591.45	528	396.00	264.00	132.00
90680	Rotavirus (ROT 3 doses by 32 weeks of age)	127.19	113	84.75	56.50	28.25
90680	Rotavirus (ROTX 2 doses by 24 weeks of age)	127.19	113	84.75	56.50	28.25
90672	Influenza - Mist – Intranasal 2+	44.75	40	30.00	20.00	10.00
90674	Influenza – Flucelvax 6 months+	53.74	48	36.00	24.00	12.00
90686	Influenza – Fluzone or Flulaval or Fluarix	35.83	32	24.00	16.00	8.00
90696	Kinrix - Dtap & IPV	112.33	90	67.50	45.00	22.50
90698	Pentacel – Dtap, IPV, Hib HDI	104.78	93	69.75	46.50	23.25
90700	Dtap – Pediatric 6 < years	32.52	29	21.75	14.50	7.25
90702	DT Pediatric (6 years & under)	46.18	41	30.75	20.50	10.25
90707	MMR – Measles, Mumps, Rubella	129.85	116	87.00	58.00	29.00
90710	MMRV - Proquad	184.32	164	123.00	82.00	41.00
90713	Polio / IPV	49.06	44	33.00	22.00	11.00
90714	Td no presv – (7+)	46.25	41	30.75	20.50	10.25
90715	Tdap (19 - 64)	62.44	56	42.00	28.00	14.00
90716	Varicella (19 +) live subq	143.06	128	96.00	64.00	32.00
90723	Pediarix - Dtap, Hep B, IPV DIHB	139.73	125	93.75	62.50	31.25
90732	Pneumo/Poly 23	222.22	198	148.50	99.00	49.50
90734	MCVF4 - Menactra	166.87	149	111.75	74.50	37.25
90739	Hep B – Adult Imm	253.21	226	169.50	113.00	56.50
90744	Hep B – Pediatric 18 <	49.78	44	33.00	22.00	11.00

SWDH 2025 Fee Schedule

CPT	Description	Insurance	100%	75%	50%	25%
90750	Shingles - RZV	264.00	211	158.25	105.50	52.75
91318	COVID-19 6 months – 4 years (Pfizer)	100.00	80	60.00	40.00	20.00
91319	COVID-19 5-11years – (Pfizer)	100.00	80	60.00	40.00	20.00
91320	COVID-19 12+ (Pfizer)	100.00	80	60.00	40.00	20.00
90380	RSV monoclonal antibody 0.5 ML dose	330.00	264	198.00	132.00	66.00
90381	RSV monoclonal antibody 1 ML dose	330.00	264	198.00	132.00	66.00
	Dental					
D0191	Dental Assessment by Hygienist	28.00	28	21.00	14.00	7.00
D1110	Prophylaxis Pediatric (adult 12 + years)	50.00	50	37.50	25.00	12.50
D1120	Prophylaxis Pediatric (under 12 years)	39.00	39	29.25	19.50	9.75
D1206	Topical Fluoride	21.00	21	15.75	10.50	5.25
D1351	Sealant	32.00	32	24.00	16.00	8.00
D1351	Sealant Repair / Touch-up	32.00	32	24.00	16.00	8.00