SOUTHWEST DISTRICT HEALTH

Family & Clinic Services

FY2027 Fee Schedule *(July 2026 - June 2027)*

			Sliding Fee - Based on Income*			
CPT	**Description**	**SWDH Fee**	**100%**	**75%**	**50%**	**25%**
	Office Visit					
99202	NEW Office Visit 15-29 min	132.17	132.00	99.25	66.25	33.25
99203	NEW Office Visit - low 30-44 min	206.78	206.75	155.25	103.50	51.75
99204	NEW Office Visit - mod 45-59 min	311.93	311.75	234.00	156.00	78.00
99205	NEW Office Visit - hi 60-74 min	416.49	416.25	312.50	208.25	104.25
99211	EST Office Visit – Nurse Visit	42.88	42.75	32.25	21.50	10.75
99212	EST Office Visit – straight forward 10-19 min	104.56	104.50	78.50	52.50	26.25
99213	EST Office Visit - low 20-29 min	167.42	167.25	125.75	83.75	42.00
99214	EST Office Visit - mod 30-39 min	238.50	238.25	179.00	119.25	59.75
99215	EST Office Visit - hi 40-54 min	338.36	338.25	254.00	169.25	84.75
99242	Office Consultation	115.40	115.25	86.75	57.75	29.00
SP123	Sports Physicals - Cash Only	25.00	25.00	25.00	25.00	25.00
DOT123	DOT Physicals - Cash Only	116.00	116.00	116.00	116.00	116.00
I693	Immigration Exams - Cash Only	550.00	550.00	550.00	550.00	550.00
	Wellness					
99383	NEW Preventative Visit - 5-11 yrs	202.81	202.75	152.25	101.50	50.75
99384	NEW Preventative Visit - 12-17 yrs	226.21	226.00	169.75	113.25	56.75
99385	NEW Preventative Visit - 18-39 yrs	226.21	226.00	169.75	113.25	56.75
99386	NEW Preventative Visit - 40-64 yrs	226.21	226.00	169.75	113.25	56.75
99393	EST Preventative Visit - 5-11 yrs	172.38	172.25	129.50	86.25	43.25
99394	EST Preventative Visit - 12-17 yrs	195.28	195.25	146.50	97.75	49.00
99395	EST Preventative Visit - 18-39 yrs	195.93	195.75	147.00	98.00	49.00
99396	EST Preventative Visit - 40-64 yrs	195.93	195.75	147.00	98.00	49.00
99397	EST Follow-Up Visit – 65+ yrs	195.93	195.75	147.00	98.00	49.00
	Other Office Visit					
99401	Preventive Med Counseling – Indiv. 15 min	70.39	70.25	53.00	35.25	17.75
99402	Preventive Med Counseling – Indiv. 30 min	119.05	119.00	89.50	59.75	30.00
99403	Preventive Med Counseling – Indiv. 45 min	164.54	164.50	123.50	82.50	41.25
99404	Preventive Med Counseling – Indiv. 60 min	211.89	211.75	159.00	106.00	53.00
99406	Behavioral Smoking/Tobacco Cessation 3-10 min	20.42	20.25	15.50	10.25	5.25
99407	Behavioral Smoking/Tobacco Cessation 10 min	37.78	37.75	28.50	19.00	9.50
99412	Preventive Counseling Group	38.06	38.00	28.75	19.25	9.75
99415	Prolonged Clinic Staff Service - 1st hr	40.53	40.50	30.50	20.50	10.25
99416	Prolonged Clinic Staff Service - each addt'l hr	22.32	22.25	16.75	11.25	5.75
99417	Prolonged Care – each additional 15 min	41.11	41.00	31.00	20.75	10.50
G0402	Medicare Initial Preventive Physical Exam	307.23	307.00	230.50	153.75	77.00
G0438	Medicare Initial Annual Wellness	306.64	306.50	230.00	153.50	76.75
G0439	Medicare Subsequent annual wellness visits	242.02	242.00	181.75	121.25	60.75
	Procedures					
10060	Drainage - skin abscess	226.16	226.00	169.75	113.25	56.75
10120	Removal Incision -on the Skin-Foreign Body	276.68	276.50	207.75	138.50	69.25
11104	Biopsy - punch - skin single lesion	213.24	213.00	160.00	106.75	53.50
11105	Biopsy - punch - skin single lesion each additional	106.33	106.25	79.75	53.25	26.75
11106	Biopsy - Incisional - skin single lesion	266.11	266.00	199.75	133.25	66.75
11107	Biopsy - Incisional - skin single lesion each addt'l	124.54	124.50	93.50	62.50	31.25
11200	Skin Tag Removal - 1 – 15 (*)	162.13	162.00	121.75	81.25	40.75
11201	Skin Tag Removal - Each Additional 1 – 10	32.31	32.25	24.25	16.25	8.25
11400	Excision - benign lesion - 0.5 cm or less	224.99	224.75	168.75	112.50	56.25
11401	Excision - benign lesion - 0.6 – 1.0 cm	272.57	272.50	204.50	136.50	68.25
11976	Contraceptive - Subdermal Capsule Removal	257.88	257.75	193.50	129.00	64.50
11981	Contraceptive – Nexplanon Insertion	189.15	189.00	142.00	94.75	47.50
11982	Contraceptive - Nexplanon, Removal	201.49	201.25	151.25	100.75	50.50
11983	Contraceptive - Nexplanon, Removal & Insert	254.36	254.25	191.00	127.25	63.75

CPT	Description	SWDH Fee	100%	75%	50%	25%
56420	Drainage - gland abscess	320.15	320.00	240.25	160.25	80.25
58300	Contraceptive - IUD - Insertion of intrauterine device	99.79	99.75	75.00	50.00	25.00
58301	Contraceptive - IUD - Removal of intrauterine device	196.20	196.00	147.25	98.25	49.25
	Ancillary Procedures					
96372	Injection	27.02	27.00	20.50	13.75	7.00
36416	Finger Stick	5.04	5.00	4.00	2.75	1.50
36415	Venipuncture	13.74	13.50	10.50	7.00	3.50
86580	TB Skin Test (PPD)	19.39	19.25	14.75	9.75	5.00
69209	Removal impacted ear wax with irrigation/lavage, per ear	29.96	29.75	22.50	15.00	7.50
93000	Electrocardiogram (ECG/EKG), Routine 12-Lead	27.02	27.00	20.50	13.75	7.00
	In House Labs					
86703	HIV1/HIV2 Rapid Result Antibody	0.00	0.00	0.00	0.00	0.00
86780	Syphilis - Rapid Test (Treponema Pallidum)	0.00	0.00	0.00	0.00	0.00
86803	HEP C – Rapid Antibody Test	0.00	0.00	0.00	0.00	0.00
81025	Pregnancy Test (Urine)	15.07	13.00	9.75	6.50	3.25
81002	Urinalysis by Dip Stick	6.09	5.00	3.75	2.50	1.25
82043	Microalbumin (Urine)	10.12	10.00	7.50	5.00	2.50
82570	Creatinine (Urine)	9.07	9.00	6.75	4.50	2.25
87430	Strep - Rapid	29.42	25.00	18.75	12.50	6.25
87804	Influenza - Rapid Test	28.96	25.00	18.75	12.50	6.25
87811	COVID-19 - Rapid	72.42	61.00	45.75	30.50	15.25
87807	RSV - Rapid	22.93	19.00	14.25	9.50	4.75
86308	Mononucleosis – Rapid Test	9.07	8.00	6.00	4.00	2.00
83036	Hemoglobin A1c	16.99	14.00	10.50	7.00	3.50
82948	Glucose	8.82	7.00	5.25	3.50	1.75
83655	Lead	21.19	18.00	13.50	9.00	4.50
	Medications - Injections					
J0561	Bicillin Injection (1.2 million units per vial)	486.57	486.50	365.00	243.50	121.75
J1050	Depo-Provera (150 mg)	128.63	128.50	96.50	64.50	32.25
J3301	Kenalog-40 (40 mg)	4.48	4.25	3.00	2.00	1.00
J0696	Ceftriaxone 500 mg	1.40	1.40	1.05	0.70	0.35
	Medications - Oral					
S4993	Oral Contraceptive Pills (Birth Control Pills) - 1 Month Supply	21.82	21.75	16.50	11.00	5.50
	BC Devices					
J7297	Liletta® Hormonal IUD (52 mg) – Device	1,683.61	1683.50	1262.75	842.00	421.00
J7298	Mirena® Hormonal IUD (52 mg) – Device	1,961.75	1961.75	1,471.50	981.00	490.50
J7300	Paragard® Copper IUD – Device	1,849.75	1849.75	1387.50	925.00	462.50
J7295	NuvaRing® Vaginal Contraceptive Ring (3-Ring Pack / 3-Month Supply)	381.00	381.00	285.75	190.50	95.25
J7307	Nexplanon® Etonogestrel Contraceptive Implant (68 mg) – Device	1,968.75	1968.75	1476.75	984.50	492.25
	Immunizations - Admininstration Fees					
90471	Imms Administration	20.00	20.00	20.00	20.00	20.00
90472	Imms Administration – additional vaccine	20.00	20.00	20.00	20.00	20.00
90473	Imms Administration – oral/nasal - first	20.00	20.00	20.00	20.00	20.00
90474	Imms Administration – oral/nasal - additional	20.00	20.00	20.00	20.00	20.00
90460	Imms Administration first/only component w/provider	20.00	20.00	20.00	20.00	20.00
90461	Imms Administration each addl component w/provider	20.00	20.00	20.00	20.00	20.00
G0009	Medicare Administration for Pneumococcal	20.00	20.00	20.00	20.00	20.00
	Immunizations					
90632	Hep A - Havrix	108.27	108.25	81.25	54.25	27.25
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier	192.73	192.50	144.75	96.50	48.25
90620	Men B – Bexero - 4c - 2 dose (19+)	250.43	250.25	188.00	125.25	62.75
90621	Men B – Trumemba Meningococcal (19+)	202.44	202.25	152.00	101.25	50.75
90623	Meningococcal Groups A, B, C, W, and Y	389.53	389.50	292.25	195.00	97.50
90633	Hep A Pediatric 18 <	42.25	42.00	31.75	21.25	10.75
90636	Hep A / Hep B TwinRix	142.80	142.75	107.25	71.50	35.75
90647	HIB – 5 < years	39.22	39.00	29.50	19.75	10.00
90649	HPV (18 years & under)	221.31	221.25	166.00	110.75	55.50
90651	HPV9 2/3 dose - Adult	364.25	364.00	273.25	182.25	91.25

CPT	Description	SWDH Fee	100%	75%	50%	25%
90670	Pneumococcal 13	390.08	390.00	292.75	195.25	97.75
90677	Pneumococcal 20	450.63	450.50	338.00	225.50	112.75
90675	Rabies	495.60	495.50	371.75	248.00	124.00
90680	Rotavirus (ROT 3 doses by 32 weeks of age)	115.50	115.50	86.75	57.75	29.00
90681	Rotavirus (ROTX 2 doses by 24 weeks of age)	115.50	115.50	86.75	57.75	29.00
90672	Influenza - Mist – Intranasal 2+	42.02	42.00	31.75	21.25	10.75
90674	Influenza – Flucelvax 6 months+	51.66	51.50	38.75	26.00	13.00
90686	Influenza – Fluzone or Flulaval or Fluarix	33.81	33.75	25.50	17.00	8.50
90696	Kinrix - Dtap & IPV	144.57	144.50	108.50	72.50	36.25
90698	Pentacel – Dtap, IPV, Hib HDI	95.15	95.00	71.50	47.75	24.00
90700	Dtap – Pediatric 6 < years	29.54	29.50	22.25	15.00	7.50
90702	DT Pediatric (6 years & under)	41.93	41.75	31.50	21.00	10.50
90707	MMR – Measles, Mumps, Rubella	117.92	117.75	88.50	59.00	29.50
90710	MMRV - Proquad	167.37	167.25	125.75	83.75	42.00
90713	Polio / IPV	44.56	44.50	33.50	22.50	11.25
90714	Td no presv – (7+)	50.61	50.50	38.00	25.50	12.75
90715	Tdap (19 - 64)	58.42	58.25	44.00	29.25	14.75
90716	Varicella (19 +) live subq	129.92	129.75	97.50	65.00	32.50
90723	Pediarix - Dtap, Hep B, IPV DIHB	126.89	126.75	95.25	63.50	31.75
90732	Pneumo/Poly 23	201.81	201.75	151.50	101.00	50.50
90734	MCVF4 - Menactra	151.53	151.50	113.75	76.00	38.00
90739	Hep B – Adult Imm	254.47	254.25	191.00	127.25	63.75
90744	Hep B – Pediatric 18 <	46.52	46.50	35.00	23.50	11.75
90750	Shingles - RZV	322.23	322.00	241.75	161.25	80.75
90380	RSV monoclonal antibody 0.5 ML dose	814.98	814.75	611.25	407.50	203.75
90381	RSV monoclonal antibody 1 ML dose	814.98	814.75	611.25	407.50	203.75
	Dental					
D0191	Dental Assessment by Hygienist	28.00	28.00	21.00	14.00	7.00
D1110	Prophylaxis Pediatric (adult 12 + years)	50.00	50.00	37.50	25.00	12.50
D1120	Prophylaxis Pediatric (under 12 years)	39.00	39.00	29.25	19.50	9.75
D1206	Topical Fluoride	21.00	21.00	15.75	10.50	5.25
D1351	Sealant	32.00	32.00	24.00	16.00	8.00
D1351	Sealant Repair / Touch-up	32.00	32.00	24.00	16.00	8.00
	Behavioral Health					
90791	Diagnostic Evaluation	195.99	195.75	147.00	98.00	49.00
90832	Individual Psychotherapy 30 minutes	97.05	97.00	73.00	48.75	24.50
90834	Individual Psychotherapy 45 minutes	128.77	128.75	96.75	64.50	32.25
90837	Individual Psychotherapy 60 minutes	188.82	188.75	141.75	94.50	47.25
90846	Family Psychotherapy Without Client Present	119.71	119.50	90.00	60.00	30.00
90847	Family Psychotherapy With Client Present	123.86	123.75	93.00	62.00	31.00
H0031	CANS Assessment 15-Minute Increments	30.84	30.75	23.25	15.50	7.75

**Sliding fees apply to self-pay based on household income and Federal Poverty Guidelines (FPG).*