

Iredell County Health Department
Fee Schedule 2010-2011

Modifier (if required)	CPT code	Service Description	Fees FY 2010-2011
New Patient Preventive Health Visits			
EP	99381	Age under 1 year	\$125.00
EP	99382	Age 1-4 years	\$135.00
EP/FP	99383	Age 5-11 years	\$144.00
EP/FP	99384	Age 12-17 years	\$154.00
EP/FP	99385	Age 18-39 years	\$208.00
FP	99386	Age 40-64 years	\$228.00
	99387	Age 65 years and over	\$257.00
Established Patient Preventive Health Visits			
EP	99391	Age under 1 year	\$103.00
EP	99392	Age 1-4 years	\$109.00
EP/FP	99393	Age 5-11 years	\$119.00
EP/FP	99394	Age 12-17 years	\$128.00
EP/FP	99395	Age 18-39 years	\$173.00
FP	99396	Age 40-64 years	\$189.00
	99397	Age 65 years and over	\$215.00
New Patient Evaluation and Management Visits			
FP	99201	Minimal	\$95.00
FP	99202	Limited	\$119.00
FP	99203	Expanded	\$155.00
FP	99204	Detailed	\$221.00
FP	99205	Comprehensive	\$298.00
Delivery Fee			
	59409/DELIV	Vaginal Delivery	\$1,000.00
	59514/DELIV	Cesarean Delivery	\$1,000.00
Established Patient Evaluation and Management Visits			
EP/FP/25	99211	Minimal	\$51.00
EP/FP/25	99212	Limited	\$72.00
EP/FP/25	99213	Expanded	\$92.00
EP/FP/25	99214	Detailed	\$134.00
EP/FP/25	99215	Comprehensive	\$214.00

Modifier (if required)	CPT code	Service Description	Fees FY 2010-2011
Laboratory			
FP	36415	Venipuncture/stick	\$16.00
FP	36416	Finger/heel stick	\$16.00
	80061	Lipid Panel	\$66.00
FP	81000	Urine with micro	\$21.00
FP	81001	Auto U/A with micro	\$21.00
FP	81002	Urine dipstick	\$17.00
FP	81003	Auto U/A without micro	\$18.00
FP	81025	Pregnancy test (urine)	\$15.00
FP	82270	Fecal occult (3 cards)	\$17.00
FP	82272	Fecal occult w/digital exam	\$16.00
QW	82465	Cholesterol	\$23.00
QW	82947	Glucose	\$27.00
QW	82950	1 hour Glucola	\$35.00
QW	82951	GTT (3 hr)	\$74.00
QW	82952	GTT Specimen 4	\$23.00
	83718	HDL	\$42.00
	83721	LDL	\$44.00
	83986	pH test fluid not blood	\$19.00
	84478	Triglyceride	\$22.00
	84703	Serum Pregnancy Test	\$54.00
FP	85013	Hematocrit	\$18.00
	86592	STAT RPR (PVT.Pay \$0.00)	\$27.00
	87070	GC culture	\$43.00
	87205	Gram Stains	\$24.00
FP	87210	Wet Prep (PVT. Pay \$0.00)	\$21.00
	Q0114	Fern Test	\$21.00
	89300	Semen Analysis	\$55.00
	99000	Handling Fee	\$18.00

Modifier (if required)	CPT code	Service Description	Fees FY 2010-2011
Office Procedure			
FP	11976	Norplant Removal	\$175.00
	54050	Wart Treatment/Male	\$134.00
FP	56501	Wart Treatment/Female	\$134.00
	56420	Drainage of vulva abscess	\$115.00
FP	57170	Diaphragm Fitting	\$126.00
FP	58300	IUD Insertion	\$258.00
FP	58301	IUD Removal	\$206.00
	59025	Non-Stress test	\$138.00
	59430	Postpartum care only	\$172.00
	69210	Ear Irrigation	\$112.00
	76815	Ultrasound	\$236.00
	76816	Ultrasound F/U	\$210.00
	92551	Audiometry	\$27.00
	92567	Tympanometry Screen	\$50.00
	92582	Conditioning Play Audiometry	\$80.00
	92587	Evoked Otoacoustic emissions	\$141.00
EP	96110	Denver Developmental	\$31.00
	96111	Developmental	\$113.00
	99173	Vision Screening	\$21.00
	99420	Autism Screen	\$10.00
Miscellaneous			
	LU102	Completion of Record of TB Screen	\$10.00
	LU214	Kindergarten physicals	\$45.00
	T1002**	RN services (TB/STD billable in units)	\$20.00
	T1016**	Child Service Coordination	\$18.00
	T1017**	MCC (billable in units)	\$24.00
	99501	Postpartum Home visit- Mom	\$60.00
	99502	Newborn Assessment- Infant	\$60.00
	PAY03	Co-Pay of \$3.00 f/NCHC	\$3.00
	PAY05	Co-Pay of \$5.00 f/NCHC	\$5.00
	PAY10	Co-Pay of \$10.00 f/NCHC	\$10.00

** 1 unit= 15 minutes

Modifier (if required)	CPT code	Service Description	Fees FY 2010-2011
	Immunizations/Injections		
	86580	PPD (TB Skin Test)	\$25.00
	90471	Admin. Single vaccine	\$15.00
EP	90471EP	Admin. Single vaccine (Medicaid VF)	\$18.00
EP	90472	Admin 2+ vaccines	\$10.00
EP	90473	Admin of intranasal/oral	\$15.00
EP	90474	Imm Adm by intranasal/oral and inject	\$10.00
EP	90465	Admin fee 1 inj only (0-7 w/NP)	\$18.00
EP	90466	Admin fee 2+ injections (0-7 w/NP)	\$10.00
EP	90467	Admin fee nasal/oral w/o inj (0-7 w/l)	\$15.00
EP	90468	Admin fee nasal/oral injection (0-7 v)	\$10.00
	90632	Adult Hepatitis A	\$60.00
	90633	Ped/Adol. Hepatitis A	\$35.00
	90636	Twinrix- Hep A & B	\$100.00
	90647	HIB PRP-OMP *	\$25.00
	90648	HIB PedVax *	\$25.00
	90649	Gardasil (HPV) vaccine	\$135.00
	90655	Influenza vaccine (preservative free)	\$25.00
	90656	Flu >3 (preservative free)	\$25.00
	90657	Influenza vaccine 6-35 mo.	\$25.00
	90658	Influenza vaccine	\$25.00
	90660	Flumist Intranasal flu vacc	\$33.00
	90669	Prevnar- private stock	\$90.00
	90680	Rotavirus (Rota Teq)	\$70.00
	90700	DtaP *	\$30.00
	90702	DT *	\$20.00
	90707	MMR	\$50.00
	90710	MMRV *	\$175.00
	90713	Polio - private stock *	\$30.00
	90714	Tetanus/diphtheria *	\$20.00
	90715	Tdap vaccine >7 yr of age	\$37.00
	90716	Adult Varicella	\$85.00
	90732	Pneumonia Vaccine	\$45.00
	90733	Adult Meningitis	\$110.00
	90734	Menactra	\$110.00
	90736	Zostavax vaccine	\$170.00
	90746	Adult Hepatitis B	\$64.00
	90772	Therapeutic/diag. Admin. Fee	\$32.00
	96372	Admin of 17P	\$32.00
FP	S4993	Contraceptive Pills	\$4.00/pk
FP	J1055	Depo- Provera	\$50.00
	J2790	RHO Gam	\$136.00
FP	J7303	NuvaRing	\$36.00
FP	J7304	Contraceptive Patch	\$25.00
	J3490	17P injection	\$14.00
FP	J7300	Paraguard IUD	\$428.00
	90744	HEP B	\$30.00

* These fees will only be used if vaccine not available by State or other means.

Clinical Services Dental Fees

CDT code	Service Description	Fees FY 2010-2011
D0120	Recall exam	\$36.00
D0140	Emergency exam	\$60.00
D0145	Oral Eval w/instructions <3 yrs old	\$56.00
D0150	Initial oral exam	\$64.00
D0210	Complete series x-rays	\$111.00
D0220	Periapical x-ray	\$22.00
D0230	Periapical- two or more	\$20.00
D0240	Occlusal P.A.	\$34.00
D0270	Bitewings- single film	\$22.00
D0272	Bitewings- x 2	\$35.00
D0273	Bitewings- x 3	\$43.00
D0274	Bitewing- x 4	\$49.00
D0330	Panorex x-rays	\$90.00
D1110	Prophy (adult) 13 & older	\$70.00
D1120	Prophy (child) age less than 13	\$48.00
D1203	Prophy w/floride varnish (<13)	\$26.00
D1204	Floride varnish (13-20 yrs)	\$26.00
D1206	Top fluoride varnish mod/high caries	\$34.00
D1330	Oral Hyg. Under 3 years	\$53.00
D1351	Sealants	\$43.00
D1510	Space Maint. Fixed - Unilateral	\$287.00
D1515	Space Maint. Fixed - Bilateral	\$402.00
D1550	Recement Space Maint.	\$62.00
D1555	Removal of Fixed Space Maint.	\$60.00
D2140	Amalgam 1 surf. - perm/primary	\$110.00
D2150	Amalgam 2 surf.- perm/primary	\$143.00
D2160	Amalagam 3 surf.- perm/primary	\$173.00
D2161	Amalgam 4 surf. - perm/primary	\$210.00
D2330	Resin 1 surf. - anterior	\$118.00
D2331	Resin 2 surf. - anterior	\$151.00
D2332	Resin 3 surf.- anterior	\$184.00
D2335	Resin 4 surf.- anterior	\$218.00
D2390	Resin based composite crown anterior	\$275.00
D2391	Resin based composite 1 surface	\$138.00
D2392	Resin based composite 2 surfaces	\$181.00
D2393	Resin based composite 3 surfaces	\$225.00
D2394	Resin based composite 4 or more surfaces	\$275.00
D2920	Recement Crown	\$82.00
D2930	SSC- primary	\$223.00
D2931	SSC- permanent	\$252.00
D2934	Prefabricated SS Crown	\$309.00
D2940	Sedative filling	\$85.00
D2950	Crown build-up	\$213.00
D2951	Pin placement	\$48.00
D2970	Temporary Crown	\$220.00
D3110	Pulp cap direct	\$63.00
D3120	Pulp cap indirect	\$50.00

D3220	Pulpotomy Excl. rest	\$135.00
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Clinical Services Dental Fees

CDT code	Service Description	Fees
		FY 2010-2011
D3310	RCT- anterior	\$629.00
D3330	RCT- molar	\$956.00
D3351	Recalcification- initial visit	\$338.00
D3352	Recal. - Interim medication replcmnt	\$152.00
D3353	Recalcification- final visit	\$479.00
D4210	Gingivectomy/Gingivioplasty	\$460.00
D4211	Gingitomy/gingivioplasty 1-3 continous teeth	\$204.00
D4240	Gingival flap proced. 4 or more p/quad	\$582.00
D4241	Gingival flap proced 1-3 per quad	\$337.00
D4321	Provisional Splinting	\$307.00
D4341	Root planning/scale 4 or more	\$194.00
D4342	Periodontal scaling and root planning 1-3	\$122.00
D4355	Gross scale - perio	\$133.00
D4910	Periodontal maint. Treatment	\$120.00
D7111	Coronal Remnants- Deciduous Teeth	\$97.00
D7140	Ext. erupted tooth or exposed root	\$125.00
D7210	Surgical ext.- erupted	\$230.00
D7220	Soft tissue impact	\$288.00
D7230	Partial bony impact	\$383.00
D7240	Bony impact	\$450.00
D7241	Bony impact w/complications	\$565.00
D7250	Residual roots- unerupted	\$243.00
D7270	Tooth Reimplantation	\$504.00
D7510	I & D intra oral	\$319.00
D8220	Fixed appliance-therapy	\$350.00
D9110	Emergency palliative treatment	\$96.00
D9230	Analgesia	\$68.00
D9610	Drug injection	\$75.00
D9630	Other drug/medication	\$40.00
D9940	Occlusal Guard	\$278.00
D9942	Repar/Relince Occlusal Guard	\$115.00

Health Education and Promotion Fees

	Service Description	Fees FY 2010-2011
Programs for Community Groups and Organizations	Information booths at fairs or health fairs	Donation \$0.00 & up
	Health Topic Seminars (for City, State/County gvmnt civic groups, schools, churches and/or non-profits)	Donation \$0.00 & up
	Health Topic Seminars (Business & Industries- per person) **	\$5.00 to \$100.00
Health Education Products ***		
	Pamphlets (per 100)	\$15.00
	Posters 8 1/2" x 17" each	\$5.00
	Videos (each)	\$40.00
	Brochures (per 100)	\$20.00
	Curriculum	\$40.00
	Manuals	\$20.00
	Other products**	\$0.00- \$100.00

** Cost based on staff time, materials used & length of presentation

*** Will only charge agencies outside the county for these products

**Iredell County Health Department
Environmental Health Division Fees**

FY 2010-2011

Detailed Description	<u>Regular Schedule</u>	<u>Fast Track</u>
New System Permits		
Gravity System	\$485.00	\$335.00
Pump System	\$1,210.00	\$850.00
Relayouts		
Limited	\$90.00	\$60.00
Intermediate	\$305.00	\$180.00
Comprehensive Gravity System	\$485.00	\$335.00
Comprehensive Pump System	\$1,210.00	\$850.00
Existing System Inspection	\$120.00	\$60.00
Site Revisit fee	\$60.00	Not Applicable
Existing Well Water Samples		
Water Sample**		
Bacteriological	\$40.00	
Inorganic	\$40.00	
Pesticide, Petroleum, VOC	\$50.00	
** Water sample fee will be waived for samples collected at a physician's request as part of a diagnostic procedure		
Well Program		
Permits	\$480.00	
Swimming Pool Permit		
Operating < 8 months	\$100.00	
Operating > 8 months	\$150.00	
Initial Plans Review	\$150.00	
Tattoo Fees		
Tattoo Artist Permit (annually)	\$200.00	
Visiting Tattoo Artist (<30 days)	\$50.00	
Local Food Plan Review		
Restaurant	\$200.00	
Food Stand	\$100.00	
Meat Market	\$100.00	
Renovations	\$100.00	
Temporary Food Establishments		
Permits	\$50.00	