

**Iredell County Health Department  
Fee Schedule for 2011-2012**

Modifier required)	(if <u>CPT CODE</u>	<u>SERVICE DESCRIPTION</u>	<b>FEEES</b> FY2010-2011	<b>FEEES</b> FY2011-2012	<b>Amount of Change</b>
<b>New Patient Preventive Health Visits</b>					
EP	99381	Age under 1 year	\$125.00	\$125.00	\$0.00
EP	99382	Age 1-4 years	\$135.00	\$135.00	\$0.00
EP/FP	99383	Age 5-11 years	\$144.00	\$144.00	\$0.00
EP/FP	99384	Age 12-17 years	\$154.00	\$154.00	\$0.00
EP/FP	99385	Age 18-39 years	\$208.00	\$208.00	\$0.00
FP	99386	Age 40-64 years	\$228.00	\$228.00	\$0.00
	99387	Age 65 years & over	\$257.00	\$257.00	\$0.00
<b>Established Patient Preventive Health Visits</b>					
EP	99391	Age under 1 year	\$103.00	\$103.00	\$0.00
EP	99392	Age 1-4 years	\$109.00	\$109.00	\$0.00
EP/FP	99393	Age 5-11 years	\$119.00	\$119.00	\$0.00
EP/FP	99394	Age 12-17 years	\$128.00	\$128.00	\$0.00
EP/FP	99395	Age 18-39 years	\$173.00	\$173.00	\$0.00
FP	99396	Age 40-64 years	\$189.00	\$189.00	\$0.00
	99397	Age 65 years & over	\$215.00	\$215.00	\$0.00
<b>New Patient Evaluation and Management Visits</b>					
FP	99201	Minimal	\$95.00	\$95.00	\$0.00
FP	99202	Limited	\$119.00	\$119.00	\$0.00
FP	99203	Expanded	\$155.00	\$155.00	\$0.00
FP	99204	Detailed	\$221.00	\$221.00	\$0.00
FP	99205	Comprehensive	\$298.00	\$298.00	\$0.00
<b>Delivery Fee</b>					
	59409/DELIV	Vaginal Delivery	\$1,000.00	\$1,000.00	\$0.00
	59514/DELIV	Cesarean Delivery	\$1,000.00	\$1,000.00	\$0.00
	59812/ D&C	Dilation & Curettage		\$300.00	NEW CODE
<b>Established Patient Evaluation and Management Visits</b>					
EP/FP/25	99211	Minimal	\$51.00	\$51.00	\$0.00
EP/FP/25	99212	Limited	\$72.00	\$72.00	\$0.00
EP/FP/25	99213	Expanded	\$92.00	\$92.00	\$0.00
EP/FP/25	99214	Detailed	\$134.00	\$134.00	\$0.00
EP/FP/25	99215	Comprehensive	\$214.00	\$214.00	\$0.00

Modifier required)	(if	<u>CPT CODE</u>	<u>SERVICE DESCRIPTION</u>	<u>FEES</u> FY2010-2011	<u>FEES</u> FY2011-2012	<u>Amount of</u> <u>Change</u>
		<b>Laboratory</b>				
FP		36415	Venipuncture/stick	\$16.00	\$16.00	\$0.00
FP		36416	Finger/heel stick	\$16.00	\$16.00	\$0.00
		80061	Lipid Panel	\$66.00	\$66.00	\$0.00
FP		81000	Urine with micro	\$21.00	\$21.00	\$0.00
FP		81001	Auto U/A with micro	\$21.00	\$21.00	\$0.00
FP		81002	Urine dipstick	\$17.00	\$17.00	\$0.00
FP		81003	Auto U/A without micro	\$18.00	\$18.00	\$0.00
FP		81025	Pregnancy test (urine)	\$15.00	\$15.00	\$0.00
FP		82270	Fecal occult (3 cards)	\$17.00	\$17.00	\$0.00
FP		82272	Fecal occult w/digital exm	\$16.00	\$16.00	\$0.00
QW		82465	Cholesterol	\$23.00	\$23.00	\$0.00
QW		82947	Glucose	\$27.00	\$27.00	\$0.00
QW		82950	1 hour Glucola	\$35.00	\$35.00	\$0.00
QW		82951	GTT (3 hr)	\$74.00	\$74.00	\$0.00
QW		82952	GTT Specimen 4	\$23.00	\$23.00	\$0.00
		83718	HDL	\$42.00	\$42.00	\$0.00
		83721	LDL	\$44.00	\$44.00	\$0.00
		83986	pH test fluid not blood	\$19.00	\$19.00	\$0.00
		84478	Triglyceride	\$22.00	\$22.00	\$0.00
		84703	Serum Pregnancy Test	\$54.00	\$54.00	\$0.00
FP		85013	Hematocrit	\$18.00	\$18.00	\$0.00
		86592	STAT RPR (PVT. Pay \$0.00)	\$27.00	\$27.00	\$0.00
		87070	GC culture	\$43.00	\$43.00	\$0.00
		87205	Gram Stains	\$24.00	\$24.00	\$0.00
FP		87210	Wet Prep (PVT. PAY \$0.00)	\$21.00	\$21.00	\$0.00
		Q0114	Fern Test	\$21.00	\$21.00	\$0.00
		89300	Semen Analysis	\$55.00	\$55.00	\$0.00
		99000	Handling fee	\$18.00	\$18.00	\$0.00

Modifier required)	(if	<u>CPT CODE</u>	<u>SERVICE DESCRIPTION</u>	<b>FEES</b> FY2010-2011	<b>FEES</b> FY2011-2012	<b>Amount of Change</b>
<b>Office Procedure</b>						
FP		11976	Norplant Removal	\$175.00	\$175.00	\$0.00
		54050	Wart Treatment/Male	\$134.00	\$134.00	\$0.00
FP		56501	Wart Treatment/Female	\$134.00	\$134.00	\$0.00
		56420	Drainage of vulva abscess	\$115.00	\$115.00	\$0.00
FP		57170	Diaphragm Fitting	\$126.00	\$126.00	\$0.00
FP		58300	IUD Insertion	\$258.00	\$258.00	\$0.00
FP		58301	IUD Removal	\$206.00	\$206.00	\$0.00
		59025	Non-Stress test	\$138.00	\$138.00	\$0.00
		59430	Postpartum care only	\$172.00	\$172.00	\$0.00
		69210	Ear Irrigation	\$112.00	\$112.00	\$0.00
		76815	Ultrasound	\$236.00	\$236.00	\$0.00
		76816	Ultrasound F/U	\$210.00	\$210.00	\$0.00
		92551	Audiometry	\$27.00	\$27.00	\$0.00
		92567	Tympanometry Screen	\$50.00	\$50.00	\$0.00
		92582	Conditioning Play Audiometry	\$80.00	\$80.00	\$0.00
		92587	Evoked Otoacoustic emissions	\$141.00	\$141.00	\$0.00
EP		96110	Denver Developmental	\$31.00	\$31.00	\$0.00
		96111	Developmental	\$113.00	\$113.00	\$0.00
		99173	Vision Screening	\$21.00	\$21.00	\$0.00
		99420	Autism Screen	\$10.00	\$10.00	\$0.00
<b>Miscellaneous</b>						
		LU102	Completion of Record of TB Screen	\$10.00	\$10.00	\$0.00
		LU214	Kindergarten physicals	\$45.00	\$45.00	\$0.00
			RN services (TB /STD			
		T1002**	billable in units)	\$20.00	\$20.00	\$0.00
		T1016**	Child Service Coordination	\$18.00	\$18.00	\$0.00
		T1017**	MCC (billable in units)	\$24.00	\$24.00	\$0.00
		99501	Postpartum Home visit - Mom	\$60.00	\$60.00	\$0.00
		99502	Newborn Assessment - Infant	\$60.00	\$60.00	\$0.00
			Co-Pay of \$3.00			
		PAY03	f/NCHC	\$3.00	\$3.00	\$0.00
			Co-Pay of \$5.00			
		PAY05	f/NCHC	\$5.00	\$5.00	\$0.00
			Co-Pay of \$10.00			
		PAY10	f/NCHC	\$10.00	\$10.00	\$0.00

\*\* 1 unit = 15 minutes

Modifier (if required)	(if CPT CODE)	SERVICE DESCRIPTION	FEEES FY2010-2011	FEEES FY2011-2012	Amount of Change
<b>Immunizations/Injections</b>					
	86580	PPD (TB Skin Test)	\$25.00	\$25.00	\$0.00
	90471	Admin. single vaccine	\$15.00	\$15.00	\$0.00
EP	90471EP	Admin. single vaccine (Medicaid VFI	\$18.00	\$18.00	\$0.00
EP	90472	Admin. 2+ vaccines	\$10.00	\$10.00	\$0.00
EP	90473	Admin of intranasal/oral	\$15.00	\$15.00	\$0.00
EP	90474	Imm Adm by intranasal/oral & injecta	\$10.00	\$10.00	\$0.00
EP	90465	Admin fee 1 inj only (0-7 w/NP)	\$18.00	\$18.00	\$0.00
EP	90466	Admin fee 2+ injections (0-7 w/NP)	\$10.00	\$10.00	\$0.00
EP	90467	Admin fee nasal/oral w/o inj (0-7 w/N	\$15.00	\$15.00	\$0.00
EP	90468	Admin fee nasal/oral injection (0-7 w	\$10.00	\$10.00	\$0.00
	90632	Adult Hepatitis A	\$60.00	\$65.00	\$5.00
	90633	Ped/Adol. Hepatitis A	\$35.00	\$20.00	-\$15.00
	90636	Twinrix - Hep A & B	\$100.00	\$95.00	-\$5.00
	90647	HIB PRP-OMP *	\$25.00	\$25.00	\$0.00
	90648	HIB PedVax *	\$25.00	\$25.00	\$0.00
	90649	Guardasil (HPV vaccine)	\$135.00	\$130.00	-\$5.00
	90650	Cervarix (HPV vaccine)		\$130.00	NEW CODE
	90655	Influenza vaccine (preservative free)	\$25.00	\$15.00	-\$10.00
	90656	Flu >3(preservative free)	\$25.00	\$15.00	-\$10.00
	90657	Influenza vaccine 6-35 mo.	\$25.00	\$15.00	-\$10.00
	90658	Influenza Vaccine	\$25.00	\$15.00	-\$10.00
	90660	Flumist Intranasal flu vacc	\$33.00	\$33.00	\$0.00
	Q2037	Fluvirin 3 yrs &> Medicare		\$15.00	NEW CODE
	Q2038	Fluzone 3 yrs & > Medicare		\$15.00	NEW CODE
	90669	Prevnar - private stock	\$90.00	\$110.00	\$20.00
	90680	Rotavirus (3 dose schedule)	\$70.00	\$70.00	\$0.00
	90681	Rotarix ( 2 dose schedule)		\$105.00	NEW CODE
	90696	DTaP/Polio		\$45.00	NEW CODE
	90698	Pentacel	\$75.00	\$75.00	\$0.00
	90700	DTaP		\$20.00	NEW CODE
	90702	DT *	\$20.00	\$20.00	\$0.00
	90707	MMR	\$50.00	\$50.00	\$0.00
	90710	MMRV *	\$175.00	\$150.00	-\$25.00
	90713	Polio - private stock	\$30.00	\$30.00	\$0.00
	90714	Tetanus/diphtheria *	\$20.00	\$20.00	\$0.00
	90715	Tdap vaccine >7 yr of age	\$37.00	\$35.00	-\$2.00
	90716	Adult Varicella	\$85.00	\$85.00	\$0.00
	90723	Pediarix	\$65.00	\$65.00	\$0.00
	90732	Pneumonia Vaccine	\$45.00	\$45.00	\$0.00
	90733	Meningococcal vaccine SQ	\$110.00	\$110.00	\$0.00
	90734	Meningococcal vaccine IM	\$110.00	\$110.00	\$0.00
	90736	Zostavax vaccine	\$170.00	\$180.00	\$10.00
	90744	Hep B Pediatric	\$30.00	\$20.00	-\$10.00
	90746	Hep B Adult	\$64.00	\$30.00	-\$34.00
	90772	Therapeutic/diag. Admin. Fee	\$32.00	\$32.00	\$0.00
	96372	Admin of 17P	\$32.00	\$32.00	\$0.00
FP	S4993	Contraceptive Pills	\$4.00/pk	\$4.00/pk	\$0.00
FP	J1055	Depo-Provera	\$50.00	\$50.00	\$0.00
	J2790	RHO Gam	\$136.00	\$136.00	\$0.00
FP	J7303	NuvaRing	\$36.00	\$36.00	\$0.00
FP	J7304	Contraceptive Patch	\$25.00	\$25.00	\$0.00
	J3490	17P injection	\$14.00	\$14.00	\$0.00
FP	J7300	Paraguard IUD	\$428.00	\$428.00	\$0.00

**CLINICAL SERVICES DENTAL FEES**

<b>CDT CODE</b>	<b>SERVICE DESCRIPTION</b>	<b>FEES FY2010-2011</b>	<b>FEES FY2011-2012</b>	<b>Amount of Change</b>
D0120	Recall exam	\$36.00	\$36.00	\$0.00
D0140	Emergency exam	\$60.00	\$60.00	\$0.00
D0145	Oral Eval w/instructions <3 yrs old	\$56.00	\$56.00	\$0.00
D0150	Initial oral exam	\$64.00	\$64.00	\$0.00
D0210	Complete series x-rays	\$111.00	\$111.00	\$0.00
D0220	Periapical x-ray	\$22.00	\$22.00	\$0.00
D0230	Periapical - two or more	\$20.00	\$20.00	\$0.00
D0240	Occlusal P.A.	\$34.00	\$34.00	\$0.00
D0270	Bitewings - single film	\$22.00	\$22.00	\$0.00
D0272	Bitewings - x 2	\$35.00	\$35.00	\$0.00
D0273	Bitewings - x 3	\$43.00	\$43.00	\$0.00
D0274	Bitewings - x 4	\$49.00	\$49.00	\$0.00
D0330	Panorex x-rays	\$90.00	\$90.00	\$0.00
D1110	Prophy (adult) 13 & older	\$70.00	\$70.00	\$0.00
D1120	Prophy (child) age less than 13	\$48.00	\$48.00	\$0.00
D1203	Prophy w/fluoride varnish (<13)	\$26.00	\$26.00	\$0.00
D1204	Floride varnish (13 - 20 yrs)	\$26.00	\$26.00	\$0.00
D1206	Top fluoride varnish mod/high caries	\$34.00	\$34.00	\$0.00
D1330	Oral Hyg. Under 3 years	\$53.00	\$53.00	\$0.00
D1351	Sealants	\$43.00	\$43.00	\$0.00
D1510	Space Maint. Fixed - Unilateral	\$287.00	\$287.00	\$0.00
D1515	Space Maint. Fixed - Bilateral	\$402.00	\$402.00	\$0.00
D1550	Recement Space Maint.	\$62.00	\$62.00	\$0.00
D1555	Removal of Fixed Space Maint.	\$60.00	\$60.00	\$0.00
D2140	Amalgam 1 surf. - perm/primary	\$110.00	\$110.00	\$0.00
D2150	Amalgam 2 surf. - perm/primary	\$143.00	\$143.00	\$0.00
D2160	Amalgam 3 surf. - perm/primary	\$173.00	\$173.00	\$0.00
D2161	Amalgam 4 surf. - perm/primary	\$210.00	\$210.00	\$0.00
D2330	Resin 1 surf. - anterior	\$118.00	\$118.00	\$0.00
D2331	Resin 2 surf. - anterior	\$151.00	\$151.00	\$0.00
D2332	Resin 3 surf. - anterior	\$184.00	\$184.00	\$0.00
D2335	Resin 4 surf. - anterior	\$218.00	\$218.00	\$0.00
D2390	Resin based composite crown anterior	\$275.00	\$275.00	\$0.00
D2391	Resin based composite 1 surface	\$138.00	\$138.00	\$0.00
D2392	Resin based composite 2 surfaces	\$181.00	\$181.00	\$0.00
D2393	Resin based composite 3 surfaces	\$225.00	\$225.00	\$0.00
D2394	Resin based composite 4 or more surfaces	\$275.00	\$275.00	\$0.00
D2920	Recement Crown	\$82.00	\$82.00	\$0.00
D2930	SSC - primary	\$223.00	\$223.00	\$0.00
D2931	SSC - permanent	\$252.00	\$252.00	\$0.00
D2934	Prefabricated SS Crown	\$309.00	\$309.00	\$0.00
D2940	Sedative filling	\$85.00	\$85.00	\$0.00
D2950	Crown build-up	\$213.00	\$213.00	\$0.00
D2951	Pin placement	\$48.00	\$48.00	\$0.00
D2970	Temporary crown	\$220.00	\$220.00	\$0.00
D3110	Pulp cap direct	\$63.00	\$63.00	\$0.00
D3120	Pulp cap indirect	\$50.00	\$50.00	\$0.00
D3220	Pulpotomy Excl. rest	\$135.00	\$135.00	\$0.00
D3310	RCT - anterior	\$629.00	\$629.00	\$0.00

**CLINICAL SERVICES DENTAL FEES**

CDT CODE	SERVICE DESCRIPTION	FEES		Amount of Change
		FY2010-2011	FY2011-2012	
D3330	RCT - molar	\$956.00	\$956.00	\$0.00
D3351	Recalcification - initial visit	\$338.00	\$338.00	\$0.00
D3352	Recal.-Interim medication replcmnt.	\$152.00	\$152.00	\$0.00
D3353	Recalcification - final visit	\$479.00	\$479.00	\$0.00
D4210	Gingivectomy/Gingivoplasty	\$460.00	\$460.00	\$0.00
D4211	Gingitomy/gingiplsty 1-3 continous teeth	\$204.00	\$204.00	\$0.00
D4240	Gingival flap proced. 4 or more p/quad	\$582.00	\$582.00	\$0.00
D4241	Gingival flap proced 1-3 per quad	\$337.00	\$337.00	\$0.00
D4321	Provisional Splinting	\$307.00	\$307.00	\$0.00
D4341	Root planning/scale 4 or more	\$194.00	\$194.00	\$0.00
D4342	Periodontal scaling & root planing 1-3	\$122.00	\$122.00	\$0.00
D4355	Gross scale - perio	\$133.00	\$133.00	\$0.00
D4910	Periodontal maint. Treatment	\$120.00	\$120.00	\$0.00
D7111	Coronal Remnants-Deciduous Teeth	\$97.00	\$97.00	\$0.00
D7140	Ext. erupted tooth or exposed root	\$125.00	\$125.00	\$0.00
D7210	Surgical ext. - erupted	\$230.00	\$230.00	\$0.00
D7220	Soft tissue impact	\$288.00	\$288.00	\$0.00
D7230	Partial bony impact	\$383.00	\$383.00	\$0.00
D7240	Bony impact	\$450.00	\$450.00	\$0.00
D7241	Bony impact w/complications	\$565.00	\$565.00	\$0.00
D7250	Residual roots - unerupted	\$243.00	\$243.00	\$0.00
D7270	Tooth Reimplantation	\$504.00	\$504.00	\$0.00
D7510	I & D intra oral	\$319.00	\$319.00	\$0.00
D8220	Fixed appliance-therapy	\$350.00	\$350.00	\$0.00
D9110	Emergency palliative treatment	\$96.00	\$96.00	\$0.00
D9230	Analgesia	\$68.00	\$68.00	\$0.00
D9610	Drug injection	\$75.00	\$75.00	\$0.00
D9630	Other drug/medication	\$40.00	\$40.00	\$0.00
D9940	Occlusal Guard	\$278.00	\$278.00	\$0.00
D9942	Repar/Relince Occlusal Guard	\$115.00	\$115.00	\$0.00

**Public Health Development and Promotion ( PHDP )**  
**No additions or changes in proposed 2011-2012 fees for PHDP**

<b>SERVICE DESCRIPTION</b>	<b>FEES FY 2010-2011</b>	<b>FEES FY 2011-2012</b>	<b>Amount of Change</b>
<b>Health Education Products</b>			
Pamphlets (per 100)	\$15.00	\$15.00	\$0.00
Posters 8 1/2" x 17" (each)	\$5.00	\$5.00	\$0.00
Videos (each)	\$40.00	\$40.00	\$0.00
Brochures (per 100)	\$20.00	\$20.00	\$0.00
Curriculum	\$40.00	\$40.00	\$0.00
Manuals	\$20.00	\$20.00	\$0.00
Other products**	\$0.00 - \$100.00	\$0.00 - \$100.00	\$0.00

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

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

DETAILED DESCRIPTION	<u>REGULAR SCHEDULE</u>		Amount of Change	<u>FAST TRACK</u>		Amount of Change
	FEES FY 2010-2011	FEES FY 2011-2012		FEES FY 2010-2011	FEES FY 2011-2012	
<b>New System Permits</b>						
Gravity System	\$485.00	\$500.00	\$15.00	\$335.00	\$350.00	\$15.00
Pump System	\$1,210.00	\$1,210.00	\$0.00	\$850.00	\$850.00	\$0.00
<b>Relayouts</b>						
Limited	\$90.00	\$105.00	\$15.00	\$60.00	\$75.00	\$15.00
Intermediate	\$305.00	\$320.00	\$15.00	\$180.00	\$195.00	\$15.00
Comprehensive Gravity System	\$485.00	\$500.00	\$15.00	\$335.00	\$350.00	\$15.00
Comprehensive Pump System	\$1,210.00	\$1,210.00	\$0.00	\$850.00	\$850.00	\$0.00
<b>Existing Systems</b>						
Existing System Inspection	\$120.00	\$150.00	\$30.00	\$60.00	\$75.00	\$15.00
Septic System Repair Evaluation	NEW FEE	\$60.00				
Septic System Repair Permit	NEW FEE	\$75.00				
<b>In Office Plan Review for Additional New Construction Requiring a Septic System Approval with No Site Visit</b>						
	NEW FEE	\$25.00				
<b>Site Revisit fee</b>						
	\$60.00	\$60.00	\$0.00			
<b>Existing Well Water Samples</b>						
Water Sample**						
Bacteriological	\$40.00	\$55.00	\$15.00			
Inorganic	\$40.00	\$75.00	\$35.00			
Pesticide, Petroleum, VOC	\$50.00	\$75.00	\$25.00			
**Water sample fee will be waived for samples collected at a physician's request as part of a diagnostic procedure						
<b>Well Program</b>						
Permits	\$480.00	\$495.00	\$15.00			
Repair Evaluation	NEW FEE	\$70.00				
Repair Permit	NEW FEE	\$100.00				
Well Abandonment Permit	NEW FEE	\$80.00				
<b>Swimming Pool Permit</b>						
Operating < 8 months	\$100.00	\$125.00	\$25.00			
Operating >8 months	\$150.00	\$200.00	\$50.00			
Initial Plans Review	\$150.00	\$200.00	\$50.00			
<b>Tattoo Fees</b>						
Tattoo Artist Permit (annually)	\$200.00	\$250.00	\$50.00			
Visiting Tattoo Artist (<30 days)	\$50.00	\$100.00	\$50.00			
<b>Local Food Plan Review</b>						
Restaurant	\$200.00	\$250.00	\$50.00			
Food Stand	\$100.00	\$150.00	\$50.00			
Meat Market	\$100.00	\$150.00	\$50.00			
Renovations	\$100.00	\$150.00	\$50.00			
<b>Temporary Food Establishments</b>						
Permits	\$75.00	\$75.00	\$0.00			