

# CALDWELL COUNTY HEALTH DEPARTMENT

FEE SCHEDULE

FY 2017-2018



Included in Packet:

Dental Fees

Clinic Fees

Environmental Health Fees

Animal Control Fees

**Dental Clinic Fee Schedule  
FY 2017-2018**

		<b>Fee</b>
D7111	Extraction. Coronal Remnants	\$ 98.02
D0120	Oral Exam Periodic	\$ 49.02
D0140	Oral Exam-Emer.	\$ 69.88
D0150	Oral Exam Initial	\$ 84.82
D0170	Re-Evaluation	\$ 54.64
D0220	Intraoral Periapical First F	\$ 29.76
D0230	Pax Film - Add	\$ 22.88
D0270	Bitewing - 1	\$ 21.58
D0272	Bitewing - 2	\$ 35.18
D0274	Bitewing - 4	\$ 61.00
D0330	Panoramic Film	\$ 112.64
D1110	Prophylaxis Adult	\$ 72.42
D1120	Prophylaxis Child	\$ 51.74
D1206	Topical Fluoride Varnish	\$ 30.50
D1351	Sealant/Tooth	\$ 54.34
D2140	Amalgam - 1, Perm.	\$ 142.04
D2150	Amalgam - 2, Perm.	\$ 179.98
D2160	Amalgam - 3, Perm.	\$ 208.38
D2161	Amalgam - 4+, Perm.	\$ 229.38
D2330	Resin- 1	\$ 125.28
D2331	Resin- 2	\$ 154.78
D2332	Resin- 3	\$ 182.98
D2335	Resin- 4 or More	\$ 231.78
D2391	Resin- 1 Surface Posterior	\$ 152.00
D2392	Resin- 2 Surfaces Posterior	\$ 201.68
D2393	Resin- 3 Surfaces Posterior	\$ 245.28
D2394	Resin- 4+ Surfaces Posterior	\$ 297.20
D2920	Recementing	\$ -
D2930	SS Crown, Prim.	\$ 274.30
D2931	SS Crown, Perm.	\$ 294.98
D2940	Protective Restoration	\$ 75.60
D2951	Pin Retention- per tooth	\$ 45.36
D3220	Pulpotomy	\$ 154.18
D3222	Partial Pulpotomy for apexogenesis	\$ 154.18
D3240	Pulpal Therapy - Posterior Tooth	\$ 363.06
D4355	Perio Scaling-Gross	\$ 128.08
D7140	Extraction	\$ 120.80
D7210	Surgical Erptd Tooth w/bone	\$ 207.66
D0240	Intraoral - occlusal radiographic image	\$ 30.38
D1510	Space maintainer - fixed - unilateral	\$ 363.06
D2950	Core buildup, including any pins	\$ 186.78
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$ 80.94
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$ 401.90
D1208	Topical application of fluoride	\$ 31.44
LU403	Private Co-Pay	\$ 5.00

**Clinical Fee Schedule  
FY 2017-2018**

<b>OFFICE VISITS/SERVICES:</b>		<b>Fee</b>
10060	I & D, Cyst	\$ 194.35
10061	Mult I & D	\$ 284.63
11200	Removal of Skin Tags	\$ 144.20
11201	Removal Skin Tags Add-on	\$ 34.08
11305	Shave Skin Lesion < .5 cm.	\$ 123.25
11401	Excision- Benign Lesion .6-1.0 cm.	\$ 249.68
11402	Excision- Benign Lesion 1.1-2 cm.	\$ 278.65
11403	Excision- Benign Lesion 2.1-3 cm.	\$ 321.28
11404	Excision- Benign Lesion 3.1-4 cm.	\$ 365.95
11420	Remove Skin Lesion <.5 cm.	\$ 205.10
11421	Excision-Benign Lesion .6-1cm	\$ 266.90
11422	Remove Skin Lesion 1.1-2 cm.	\$ 298.18
11426	Remove Skin Lesion >4 cm.	\$ 577.63
12001	Repair Superficial Wounds	\$ 261.03
19000	Drain Breast Lesion	\$ 202.35
46083	Incision External Hemorrhoid	\$ 304.10
56405	I & D, Vulva/Perineum	\$ 203.88
56420	Drain Gland Abscess	\$ 233.88
56501	Destruction, Vulva (Lesion)	\$ 243.33
56605	Biopsy of Vulva/Lesion	\$ 174.75
56606	Biopsy Vulva/Perineum	\$ 72.93
57100	Vaginal Biopsy, Simple	\$ 166.68
57105	Vaginal Biopsy, Extensive	\$ 254.28
57500	Cervical Biopsy	\$ 246.15
59425	Antepartum Care	\$ 824.98
59426	Antepartum Care	\$ 1,475.90
69200	Clear Outer Ear Canal	\$ 214.28
69210	Remove Impacted Cerumen	\$ 89.80
76856	US Exam Pelvic Complete	\$ 233.98
76857	US Exam Pelvic Limited	\$ 194.13
92567	Tympanometry	\$ 34.10
99201	Office Visit-New	\$ 80.45
99202	Office Visit-New_low	\$ 139.53
99203	Office Visit- New_mod. (FP also)	\$ 202.15
99204	Office Visit- New_mod. To high	\$ 313.48
99205	Office Visit-New_Hi	\$ 396.28
99211	Office Visit- Est.	\$ 40.80
99212	Office Visit-Est_Mod.-Low	\$ 81.25
99213	Office Visit-Est_Mod.	\$ 135.65
99214	Office Visit-Est_Mod.-Hi	\$ 204.40
99215	Office Visit-Est_Hi	\$ 276.45
T1002	RN Services up to 15 minutes	\$ 46.48

**Clinical Fee Schedule  
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<b>PREVENTIVE SERVICES:</b>		<b>Fee</b>
99381	Rout. Prev. Visit - New Under 1 YR	\$ 199.13
99382	Rout. Prev. Visit- New- 1-4 Yrs.	\$ 217.08
99383	Rout. Prev. Visit- New- 5-11 Yrs.	\$ 215.55
99384	Rout. Prev. Visit- New- 12-17 Yrs.	\$ 234.83
99385	Rout. Prev. Visit- New- 18-39 Yrs.	\$ 234.83
99386	Rout. Prev. Visit- New- 40-64 Yrs.	\$ 275.20
99387	Rout. Prev. Visit- New- 65 Yrs. +	\$ 301.68
99391	Rout. Prev. Visit- Est. - Under 1 Yr.	\$ 166.03
99392	Rout. Prev. Visit- Est. - 1-4 Yrs.	\$ 185.30
99393	Rout. Prev. Visit- Est. - 5-11 Yrs.	\$ 184.53
99394	Rout. Prev. Visit- Est. - 12-17 Yrs.	\$ 203.25
99395	Rout. Prev. Visit- Est. - 18-39 Yrs.	\$ 204.03
99396	Rout. Prev. Visit- Est. - 40-64 Yrs.	\$ 223.30
99397	Rout. Prev. Visit- Est. - 65 Yrs.+	\$ 250.53

<b>PRENATAL/POSTNATAL</b>		<b>Fee</b>
76801	OB US < 14 wks Single Fetus	\$ 255.28
76802	OB US, Pregnant Uterus, Real Time, W	\$ 145.28
76805	OB US >= 14 wks Single Fetus	\$ 283.95
76810	OB US >= 14 wks Added Fetus	\$ 197.05
76811	OB US Detailed Single Fetus	\$ 401.50
76812	OB US Detailed Added Fetus	\$ 393.08
76815	OB US Limited Fetus(s)	\$ 176.80
76816	OB US Follow-up per Fetus	\$ 217.35
76817	Transvaginal Us - Obstetric	\$ 197.43
76819	fetal biophysical profile	\$ 182.65
76830	OB US, Transvaginal	\$ 232.55
99501	HV- Postnatal Assessment	\$ 59.09
99502	Home Visit for Newborn Assessment	\$ 60.00
Q3014	Telecommunications	\$ 51.53

<b>MEDICARE SPECIFIC SERVICES</b>		<b>Fee</b>
G0008	Admin Influenza Vaccine	\$ 17.55
G0009	Admin Pneumococcal Vaccine	\$ 17.55
G0010	Admin Hep B Vaccine	\$ 17.55
G0402	Initial Wellness Visit 1st year	\$ 175.00
G0438	Initial Visit/Annual Wellness Visit	\$ 175.00
G0439	Subseq Annual Wellness Visit	\$ 175.00

**Clinical Fee Schedule  
FY 2017-2018**

<b>IMMUNIZATIONS/VACCINES:</b>		<b>Fee</b>
90471	Immun. Administration (1 vaccine)	\$ 40.45
90472	Immunizations Admin, Each Add	\$ 33.30
90632	Hep. A Vaccine Adult IM	\$ 67.08
90633	Hep A Vaccine Ped/Adol 2 dose	\$ 43.81
90636	HepA/Hep B Vaccine Adult IM	\$ 91.04
90648	HIB Vaccine PRP-T IM	\$ 35.00
90651	Gardasil 9	\$ 205.17
90658	Flu Vaccine 3 Yrs. +	\$ 25.00
90662	Influenza- High Dose (PFS)	\$ 20.00
90670	Pneumococcal-infant or toddler (Prevnar 13)	\$ 202.22
90675	Rabies Vaccine	\$ 259.02
90685	Influenza .25 (preservative free)	\$ 25.00
90686	Influenza .5 (preservative free)	\$ 25.00
90687	Influenza .25 (preservative)	\$ 25.00
90688	Influenza .5 (preservative)	\$ 25.00
90696	DTaP-IPV (Kinrix)	\$ 58.31
90698	DTAP-HIB-IP vaccine IM	\$ 100.43
90707	MMR Vaccine SC	\$ 84.72
90714	TD Vaccine	\$ 46.45
90715	TDAP Vaccine	\$ 50.76
90716	Chicken Pox Vaccine SC	\$ 134.29
90732	Pneumococcal Vaccine	\$ 90.94
90734	Meningococcal, Vaccine, IM	\$ 124.16
90744	HEPB Vaccine Ped/Adol 3 dose IM	\$ 31.54
90746	Hep. B Vaccine Adult IM	\$ 57.97
95115	Immunotherapy, One Injection	\$ 23.37
95117	Immunotherapy Injections	\$ 28.29
J1050	Depo Injection	\$ 25.28
J2790	Rhogam Globulin Injection	\$ 95.13
J3490	Drugs Unclassified Injection	\$ 20.00
J7302	IUD Device (Mirena)	\$ 243.64
90460	Imm Admin W/ Physician Counseling	\$ 20.34

\*all immunizations and 340B drug costs based on current market value; fee subject to change

<b>Reportable Only</b>		<b>Fee</b>
77055	DIAGNOSTIC MAMMOGRAM	\$ -
77057	SCREENING MAMMOGRAM	\$ -
90680	Rotavirus (3 dose oral)	\$ -
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLUL	\$ -
90713	POLIO IPV	\$ -
99173	Vision	\$ -

**Clinical Fee Schedule  
FY 2017-2018**

<b>LAB TESTS</b>		<b>Fee</b>
36415	Routine Venipuncture	\$ 6.75
36416	Routine Capillary Blood Draw	\$ 6.75
81001	Urinalysis, Auto W/Scope	\$ 9.78
81003	Urinalysis, Auto W/O Scope	\$ 6.93
81015	Microscopic Exam Urine	\$ 9.35
81025	Urine Pregnancy Test	\$ 19.50
82270	Occulture Blood "Feces"	\$ 10.03
82947	Blood Sugar	\$ 12.10
85018	HGB (QW)	\$ 7.30
86787	Varicella-Zoster Antibody	\$ 39.73
87071	Culture Bacteri Aerobic Other	\$ 29.03
87081	Culture Screen Only	\$ 17.78
87205	Gram Stain	\$ 13.15
87210	Wet Mount Saline/Ink	\$ 11.75
88142	Cytopath, C/V Thin Layer	\$ 62.48
88164	Cytopath TBS C/V Manual	\$ 32.58

<b>OTHER CLINICAL SERVICES</b>		<b>Fee</b>
57452	Exam Cervix W/Scope	\$ 206.65
57454	Bx/Curett of Cervix W/Scope	\$ 293.10
57460	Bx of Cervix W/Scope "Leep"	\$ 556.90
57511	Cryocautery of Cervix	\$ 273.00
58100	Biopsy Uterus Lining	\$ 208.25
58301	IUD Removal	\$ 181.55
86580	PPD (patient pay or billed)	\$ 20.00
92551	Pure Tone Hearing Test, Air	\$ 20.05
96127	0-5 year olds; 6-10 year olds (PSC) PSC-Y, ADHD, Depression, Anxiety	\$ 10.63
96160	Bright Futures Supplemental Adolescent Questionnaires	\$ 9.35
96161	1-6 month olds (edinburg or PHQ-2/PHQ-9)	\$ 9.35
96372	Ther/Prophy/Diaf Inj SC/IM	\$ 41.33
97802	Medical Nutr Therapy - Initial	\$ 59.43
97803	Medical Nutr Therapy - Subseq	\$ 52.00
99070	Supplies/Materials (Non routine)	\$ 23.55
99406	Intermediate Smoking & Tobacco Cessation <10 min	\$ 28.93
99407	Intensive Smoking & Tobacco Cessation >10min	\$ 55.90
99408	Alcohol/Substance Abuse Screening 15-30 min	\$ 74.53
99409	Alcohol/Substance Abuse Screening >30 min	\$ 146.50
58300	IUD Insertion	\$ 147.85
LU011	Health Promotion Industry	\$ 25.00
LU018	Copy of Documents or Medical Records	\$ 0.25
LU021	Complete Form Verify Exam	\$ 15.00
LU031	Returned Check Fee	\$ 25.00
LU241	Non Billable CH Nurse Contact	\$ -
LU402	Medicaid Co Pay	\$ 3.00
S0280	PMH Risk Screening	\$ 50.00
S0281	PMH Postpartum Visit	\$ 150.00
S4993	Contraceptive Pills for BC	\$ 8.71
S9442	Birthing Class 1 unit = 60 minutes	\$ 21.08
99000	Specimen Handling	\$ 40.00

**Environmental Health Fee Schedule  
FY 2017-2018**

	<u>Fee</u>
<b>Septic Improvement Permit &amp; Construction Authorization Site Evaluation</b>	
Up to 480 gpd (up to 4 bedrooms)	\$ 300.00
480-900 gpd	\$ 350.00
900-3000 gpd	\$ 525.00
>3000 gpd	\$ 775.00
Septic Construction Authorization (when CA is not issued along with IP - Redesigns or when CA follows an IP ONLY and a separate visit is required to lay in the system)	\$ 100.00
EOP Fee- 30% of IP/CA fee (G.S. 130A- 336.1)	30% of IP/CA
Expired Permit Reapplication Fee (expired w/in last 5 yrs)	\$ 100.00
Single family residential repair (must meet definition of failing system per .1961 (a)(1))	\$ -
Non Residential Repair	1/2 IP/CA
Expansion of existing residential system	\$ 125.00
Tank Relocation (due to building addition)	\$ 100.00
Compliance Visit (to verify setbacks of proposed structures to existing systems)	\$ 60.00
Revisit fee (assessed when extra trips are required due to incomplete site preparation)	\$ 60.00
Reconnect to Existing System	\$ 65.00

<b>Mandated Septic O&amp;M Inspection (15A NCAC 18 .1961) Per Visit</b>	
Type IIIb (single pump)- Every 5 yrs.	\$ 75.00
Type IV- Every 3 yrs.	\$ 100.00
Type V- Every Year	\$ 125.00
Type VI- Twice per year	\$ 175.00

<b>Water Supply Wells</b>	
Well Construction Permit	300.00
Well Repair Permit (deepening an existing well)	\$ 150.00

**Environmental Health Fee Schedule Continued  
FY 2017-2018**

	<b>Fee</b>
<b>Water Samples*</b>	
Bacteria	\$ 70.00
Nitrate/Nitrite	\$ 70.00
Lead (when multiple draws are required for lead analysis, fee for draws after first draw will equal lab cost)	\$ 75.00
Pesticide	\$ 124.00
Petroleum	\$ 124.00
Inorganic (metals & anions)	\$ 113.41
Volatile Organic	\$ 124.00
*Cost associated with any lab performed, which is not on this schedule, will be formulated by adding \$50 to the lab costs.	

<b>Food, Lodging and Institutions</b>	
Restaurant Plan Review (non-prototype)	\$ 200.00
Hotdog Stand Plan Review	\$ 100.00
Temporary Food Establishment (TFE)	\$ 75.00
Compliance Visit (to inspect existing structures that are proposed food service establishments (pre transitional or pre plan review questions))	\$ 60.00

<b>Swimming Pool/Spa Inspection</b>	
Year Around	\$ 150.00
Seasonal	\$ 110.00
Plan Review	\$ 200.00

<b>Tattoo Artist</b>	
Annual Permit	\$ 170.00
Tattoo Event*/Guest Artist**	\$ 50.00
* Event: >10 artist, <5 days, 1x per year, broken down at the end of the event	
** Guest Artist: must be at an existing shop with at least one permitted artist. Permit expires after 2 weeks.	

<b>Other Fees</b>	
Wastewater Administrative Penalty (per day)	50.00
Tobacco Use Fine (per day)	200.00



**Animal Control Fee Schedule  
FY 2017-2018**

	<b>Proposed Fee</b>
Adoption Fee/ Large Animal	actual cost
Adoption Fee/Canines & Felines	\$75.00
Adoption Fee/Small Animal	\$10.00
Canine Duramune Max 5 CVK	\$10.00
Check Return Fee	\$25.00
Copy Fee	\$0.25
Dangerous Dog Signage	\$20.00
Fel-O-Vax 4	\$10.00
Kennel Fee	\$10.00
Livestock Haul Fee	\$75.00
Pick-Up Fee	\$25.00
Pyrantel Pamoate Wormer	\$10.00
Quarantine/Isolation Fee	\$15.00
Rabies Replacement Tag	\$2.00
Rabies Vaccination	\$8.00
Stolen/Damaged Trap (Cat)	\$55.00
Stolen/Damaged Trap (Dog)	\$225.00
Tranquilize Owner Animal	\$35.00

\* % change calculated by: ((proposed fee - current fee)/proposed fee)