



CALDWELL COUNTY
 North Carolina
HEALTH DEPARTMENT
FY 2020-2021
 OFFICE VISITS AND SERVICES

CPT CODE	DESCRIPTION	FEE
10060	I & D, Cyst	\$ 210.38
10061	Multi I & D	\$ 362.23
11200*	Removal of Skin Tags	\$ 156.08
11201	Removal Skin Tags Add-on	\$ 36.88
11305	Shave Skin Lesion < .5 cm.	\$ 133.40
11401	Excision- Benign Lesion .6-1.0 cm.	\$ 270.28
11402	Excision- Benign Lesion 1.1-2 cm.	\$ 301.65
11403	Excision- Benign Lesion 2.1-3 cm.	\$ 347.75
11404	Excision- Benign Lesion 3.1-4 cm.	\$ 396.15
11420	Remove Skin Lesion <.5 cm.	\$ 222.03
11421	Excision-Benign Lesion .6-1cm	\$ 288.90
11422	Remove Skin Lesion 1.1-2 cm.	\$ 322.78
11426	Remove Skin Lesion >4 cm.	\$ 625.28
12001	Repair Superficial Wounds	\$ 282.55
17110*	Destruction Benign Lesions	\$ 197.48
19000	Drain Breast Lesion	\$ 219.03
56405	I & D, Vulva/Perineum	\$ 220.68
56420	Drain Gland Abscess	\$ 253.15
56501	Destruction, Vulva (Lesion)	\$ 38.40
56605	Biopsy of Vulva/Lesion	\$ 170.23
56606	Biopsy Vulva/Perineum	\$ 78.93
57100	Vaginal Biopsy, Simple	\$ 180.43
57105	Vaginal Biopsy, Extensive	\$ 275.25
57500	Cervical Biopsy	\$ 266.48
59425	Antepartum Care	\$ 893.03
59426	Antepartum Care	\$ 1,597.63
69200	Clear Outer Ear Canal	\$ 231.95
69210	Remove Impacted Cerumen	\$ 97.20
76856	US Exam Pelvic Complete	\$ 233.98
76857	US Exam Pelvic Limited	\$ 194.13
96110	Developmental Testing	\$ 21.88
99201	Office Visit-New	\$ 163.03
99202	Office Visit-New-Low	\$ 244.53
99203	Office Visit- New-Mod. (FP also)	\$ 347.75

*not eligible for sliding fee scale

99204	Office Visit- New-Mod. To high	\$ 510.78
99205	Office Visit-New- Hi	\$ 641.18
99211	Office Visit- Est.	\$ 89.68
99212	Office Visit-Est Mod.-Low	\$ 144.45
99213	Office Visit-Est Mod.	\$ 206.48
99214	Office Visit-Est Mod.-Hi	\$ 320.60
99215	Office Visit-Est Hi	\$ 478.18
T1002	RN Services up to 15 minutes	\$ 48.80

PREVENTATIVE

CPT CODE	DESCRIPTION	FEE
99381	Rout. Prev. Visit - New Under 1 YR	\$ 236.25
99382	Rout. Prev. Visit- New- 1-4 Yrs.	\$ 236.25
99383	Rout. Prev. Visit- New- 5-11 Yrs.	\$ 236.25
99384	Rout. Prev. Visit- New- 12-17 Yrs.	\$ 236.25
99385	Rout. Prev. Visit- New- 18-39 Yrs.	\$ 236.25
99386	Rout. Prev. Visit- New- 40-64 Yrs.	\$ 522.38
99387	Rout. Prev. Visit- New- 65 Yrs. +	\$ 564.45
99391	Rout. Prev. Visit- Est. - Under 1 Yr.	\$ 236.25
99392	Rout. Prev. Visit- Est. - 1-4 Yrs.	\$ 236.25
99393	Rout. Prev. Visit- Est. - 5-11 Yrs.	\$ 236.25
99394	Rout. Prev. Visit- Est. - 12-17 Yrs.	\$ 236.25
99395	Rout. Prev. Visit- Est. - 18-39 Yrs.	\$ 372.75
99396	Rout. Prev. Visit- Est. - 40-64 Yrs.	\$ 414.75
99397	Rout. Prev. Visit- Est. - 65 Yrs.+	\$ 459.38

TELEPHONIC CODES

CPT CODE	DESCRIPTION	FEE
99441	Telephonic E/M 5-10 Minutes	\$ 31.20
99442	Telephonic E/M 11-20 Minutes	\$ 85.80
99443	Telephonic E/M 21-30 Minutes	\$ 89.13

MEDICARE

CPT CODE	DESCRIPTION	FEE
G0008	Admin Influenza Vaccine	\$ 17.55
G0009	Admin Pneumococcal Vaccine	\$ 17.55
G0010	Admin Hep B Vaccine	\$ 17.55
G0438	Initial Visit/Annual Wellness Visit	\$ 175.00
G0439	Subsequent Annual Wellness Visit	\$ 175.00

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PRENATAL AND POSTNATAL

CPT CODE	DESCRIPTION	FEE
59430	Postpartum Care Only, Separate Procedure	\$ 286.58
76801	OB US < 14 wks. Single Fetus	\$ 276.33
76802	OB US, Pregnant Uterus, Real Time	\$ 157.28
76805	OB US >= 14 wks. Single Fetus	\$ 307.35
76810	OB US >= 14 wks. Added Fetus	\$ 206.90
76811	OB US Detailed Single Fetus	\$ 434.63
76812	OB US Detailed Added Fetus	\$ 425.48
76815	OB US Limited Fetus(s)	\$ 191.40
76816	OB US Follow-up per Fetus	\$ 235.28
76817	Transvaginal Us - Obstetric	\$ 213.70
76819	Fetal Biophysical Profile	\$ 197.73
76830	GYN US, Transvaginal	\$ 251.75
99501*	Home Visit Postnatal Assessment	\$ 61.21
99502*	Home Visit for Newborn Assessment	\$ 63.00
Q3014*	Telecommunications	\$ 60.23

LAB TESTS

CPT CODE	DESCRIPTION	FEE
36415	Routine Venipuncture	\$ 7.30
36416	Routine Capillary Blood Draw	\$ 7.30
81001	Urinalysis, Auto W/Scope	\$ 10.58
81002	Urinalysis Routine w/o Microscopy	\$ 8.53
81003	Urinalysis, Auto W/O Scope	\$ 7.50
81025	Urine Pregnancy Test	\$ 21.10
82270	Occulture Blood "Feces"	\$ 10.85
82947	Blood Sugar	\$ 13.10
85018	HGB (QW)	\$ 7.90
86787	Varicella-Zoster Antibody	\$ 43.00
87071	Culture Bacteria Aerobic Other	\$ 31.48
87081	Culture Screen Only	\$ 19.25
87205	Gram Stain	\$ 14.23
87210	Wet Mount Saline/Ink	\$ 12.73
87804	Rapid Flu Test	\$ 38.25
87880	Rapid Strep Test	\$ 38.25
88142	Cytopath, C/V Thin Layer	\$ 67.63
88164	Cytopath TBS C/V Manual	\$ 35.25

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IMMUNIZATIONS*

CPT CODE	DESCRIPTION	FEE
90471*	Immun. Administration (1 vaccine)	TBD
90472*	Immunizations Admin, Each Add	TBD
90620*	Meningitis B (Bexsero)	TBD
90632*	Hep. A Vaccine Adult IM	TBD
90633*	Hep A Vaccine Ped/Adol 2 dose	TBD
90636*	Hep A/Hep B Vaccine Adult IM	TBD
90648*	HIB Vaccine PRP-T IM	TBD
90651*	Gardasil 9	TBD
90662*	Influenza- High Dose (PFS)	TBD
90670*	Pneumococcal-infant or toddler (Prevnar 13)	TBD
90675*	Rabies Vaccine	TBD
90680*	Rotavirus (3 dose oral)	TBD
90685*	Influenza .25 (preservative free)	TBD
90686*	Influenza .5 (preservative free)	TBD
90687*	Influenza .25 (preservative)	TBD
90688*	Influenza .5 (preservative)	TBD
90696*	DTaP-IPV (Kinrix)	TBD
90698*	DTAP-HIB-IP vaccine IM	TBD
90700*	Diphtheria, tetanus toxoids, and acellular	TBD
90707*	MMR Vaccine SC	TBD
90713*	POLIO IPV	TBD
90714*	TD Vaccine	TBD
90715*	TDAP Vaccine	TBD
90716*	Chicken Pox Vaccine SC	TBD
90732*	Pneumococcal Vaccine	TBD
90734*	Meningococcal, Vaccine, IM	TBD
90744*	HEPB Vaccine Ped/Adol 3 dose IM	TBD
90746*	Hep. B Vaccine Adult IM	TBD
95115*	Immunotherapy, One Injection	TBD
95117*	Immunotherapy Injections	TBD
J2790	Rhogam Globulin Injection	TBD
J3490*	Drugs Unclassified Injection	\$ 20.00

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OTHER CLINICAL SERVICES

11981	Implant Insertion	\$ 267.40
11982	Implant Removal	\$ 308.20
11983	Implant Removal w/Insertion	\$ 479.65
57452	Exam Cervix W/Scope	\$ 223.70
57454	Bx/Curett of Cervix W/Scope	\$ 317.28
57460	Bx of Cervix W/Scope "LEEP"	\$ 602.83
57511	Cryocautery of Cervix	\$ 295.53
58100	Biopsy Uterus Lining	\$ 225.43
58300	IUD Insertion	\$ 160.05
58301	IUD Removal	\$ 196.53
86580*	PPD (patient pay or billed)	\$ 20.00
92551	Pure Tone Hearing Test, Air	\$ 21.70
96127	0-5 year olds; 6-10 year olds (PSC) PSC-Y, ADHD, Depression, Anxiety	\$ 11.78
96160	Bright Futures Supplemental Adolescent Questionnaires	\$ 9.83
96161	1-6 month olds (Edinburg or PHQ-2/PHQ-9)	\$ 9.83
96372*	Ther/Prophy/Diaf Inj SC/IM	\$ 44.73
97802*	Medical Nutrition Therapy - Initial	\$ 64.35
97803*	Medical Nutrition Therapy - Subsequent	\$ 56.28
99070*	Supplies/Materials (Non routine)	\$ 10.20
99406	Intermediate Smoking & Tobacco Cessation <10 min	\$ 31.33
99407	Intensive Smoking & Tobacco Cessation >10min	\$ 60.50
99408	Alcohol/Substance Abuse Screening 15-30 min	\$ 80.68
99409	Alcohol/Substance Abuse Screening >30 min	\$ 158.58
J1050	Depo Injection	\$ 0.80
J7302	IUD Device (Mirena)	
J7307	Implant (Nexplanon)	\$ 943.72
LU018*	Copy of Documents or Medical Records	\$ 0.25
LU021*	Complete Form Verify Exam	\$ 15.00
LU031*	Returned Check Fee	\$ 25.00
LU402*	Medicaid Co Pay	\$ 3.00
S0280	PMH Risk Screening	\$ 50.00
S0281	PMH Postpartum Visit	\$ 150.00
S4993	Contraceptive Pills for BC	\$ 7.50
S9442 *	Birthing Class 1 unit = 60 minutes	\$ 22.80
99000*	Specimen Handling- Biopsy Collection	\$ 40.00
Q3014*	Telehealth Facility Fee	\$ 60.23

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