

CALDWELL COUNTY HEALTH DEPARTMENT

FEE SCHEDULE

FY 2018-2019



Included in Packet:

Dental Fees

Clinic Fees

Environmental Health Fees

Animal Control Fees

**Dental Clinic Fee Schedule
FY 2018-2019**

		Fee
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	\$ 28.36
D0230	Pax Film - Add	\$ 22.88
D0240	Intraoral - occlusal radiographic image	\$ 30.38
D0270	Bitewing - 1	\$ 21.58
D0272	Bitewing - 2	\$ 35.18
D0274	Bitewing - 4	\$ 61.00
D0330	Panoramic Film	\$ 112.64
D0414	Laboratory Processing of Microbial specimen	\$ 92.50
D0470	Diagnostic Cast	\$ 81.32
D1110	Prophylaxis Adult	\$ 72.42
D1120	Prophylaxis Child	\$ 51.74
D1206	Topical Fluoride Varnish	\$ 30.50
D1208	Topical application of fluoride	\$ 31.44
D1351	Sealant/Tooth	\$ 54.34
D1354	Interim Caries arresting medicament application-per tooth	\$ 20.00
D1510	Space maintainer - fixed - unilateral	\$ 363.06
D1575	Distal shoe space maintainer- fixed- unilateral	\$ 363.06
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 Surface Anterior	\$ 125.28
D2331	Resin- 2 Surface Anterior	\$ 154.78
D2332	Resin- 3 Surface Anterior	\$ 182.98
D2335	Resin- 4 or More Surface Anterior	\$ 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
D2932	Prefabricated resin crown	\$ 322.30
D2940	Protective Restoration	\$ 75.60
D2950	Core buildup, including any pins	\$ 186.78
D2951	Pin Retention- per tooth	\$ 45.36
D3220	Pulpotomy	\$ 154.18
D3222	Partial Pulpotomy for apexogenesis	\$ 154.18
D3230	Pulpal therapy (resorbable filling)- anterior, primary tooth	\$ 272.30
D3240	Pulpal Therapy - Posterior Tooth	\$ 363.06
D3310	Endodontic therapy, anterior tooth	\$ 539.12
D3320	Endodontic therapy, bicuspid tooth	\$ 637.16
D3330	Endodontic therapy, molar	\$ 778.70
D4210	Gingival flap procedure, including root planing- 4+ per quadrant	\$ 472.48
D4211	Gingival flap procedure, including root planing- 1-3 per quadrant	\$ 175.48

**Dental Clinic Fee Schedule
FY 2018-2019**

		Fee
D4341	Periodontal scaling and root planing- four or more contiguous teeth per quadrant	\$ 191.14
D4342	Periodontal scaling and root planing- one to three teeth per quadrant	\$ 111.18
D4346	Perio Scaling Gross	\$ 72.42
D4355	Debridement	\$ 128.08
D4910	Periodontal Maintenance	\$ 94.28
D5410	Adjust complete denture- maxillary	\$ 60.48
D5411	Adjust complete denture- mandibular	\$ 60.48
D5421	Adjust partial denture- maxillary	\$ 60.48
D5422	Adjust partial denture- mandibular	\$ 60.48
D7111	Extraction. Coronal Remnants	\$ 98.02
D7140	Extraction	\$ 120.80
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$ 207.66
D7220	Removal of impact tooth- soft tissue	\$ 236.24
D7230	Removal of impact tooth- partially bony	\$ 315.58
D7240	Removal of impacted tooth- completely bony	\$ 367.60
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth	\$ 401.90
D7285	Biopsy of oral tissue- hard (bone, tooth)	\$ 259.72
D7286	Biopsy of oral tissue- soft (all others)	\$ 205.68
D7310	Alveoloplasty in conjunction with extractions 4+ tooth spaces, per quadrant	\$ 195.68
D7311	Alveoloplasty in conjunction with extractions 1-3 tooth spaces, per quadrant	\$ 182.98
D7410	Excision of benign lesion up to 1.25 com	\$ 306.98
D7450	Removal of benign odontogenic cyst or tumor	\$ 338.00
D7510	Incision and drainage of abscess- intraoral soft tissue	\$ 211.04
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	\$ 240.16
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$ 80.94
D9230	Inhalation of nitrous oxide/anzolysis, analgesia	\$ 81.70
D9986	Missed Appointment	\$ -
D9987	Cancelled Appointment	\$ -
D9999	Unspecified, Reportable only	\$ -
LU403	Private Co-Pay	\$ 5.00

**Clinical Fee Schedule
FY 2018-2019**

OFFICE VISITS/SERVICES:		Fee
10060	I & D, Cyst	\$ 210.35
10061	Mult I & D	\$ 344.98
11200	Removal of Skin Tags	\$ 148.65
11201	Removal Skin Tags Add-on	\$ 35.13
11305	Shave Skin Lesion < .5 cm.	\$ 127.05
11401	Excision- Benign Lesion .6-1.0 cm.	\$ 257.40
11402	Excision- Benign Lesion 1.1-2 cm.	\$ 287.28
11403	Excision- Benign Lesion 2.1-3 cm.	\$ 331.20
11404	Excision- Benign Lesion 3.1-4 cm.	\$ 377.28
11420	Remove Skin Lesion <.5 cm.	\$ 211.45
11421	Excision-Benign Lesion .6-1cm	\$ 275.15
11422	Remove Skin Lesion 1.1-2 cm.	\$ 307.40
11426	Remove Skin Lesion >4 cm.	\$ 595.50
12001	Repair Superficial Wounds	\$ 269.10
19000	Drain Breast Lesion	\$ 208.60
56405	I & D, Vulva/Perineum	\$ 210.43
56420	Drain Gland Abscess	\$ 241.10
56501	Destruction, Vulva (Lesion)	\$ 250.85
56605	Biopsy of Vulva/Lesion	\$ 162.13
56606	Biopsy Vulva/Perineum	\$ 75.18
57100	Vaginal Biopsy, Simple	\$ 171.83
57105	Vaginal Biopsy, Extensive	\$ 262.15
57500	Cervical Biopsy	\$ 253.78
59425	Antepartum Care	\$ 850.50
59426	Antepartum Care	\$ 1,521.55
69200	Clear Outer Ear Canal	\$ 220.90
69210	Remove Impacted Cerumen	\$ 92.58
76856	US Exam Pelvic Complete	\$ 233.98
76857	US Exam Pelvic Limited	\$ 194.13
99201	Office Visit-New	\$ 155.25
99202	Office Visit-New low	\$ 232.88
99203	Office Visit- New mod. (FP also)	\$ 331.20
99204	Office Visit- New mod. To high	\$ 486.45
99205	Office Visit-New_ Hi	\$ 610.65
99211	Office Visit- Est.	\$ 85.40
99212	Office Visit-Est Mod.-Low	\$ 142.33
99213	Office Visit-Est Mod.	\$ 196.65
99214	Office Visit-Est Mod.-Hi	\$ 305.33
99215	Office Visit-Est_Hi	\$ 455.40
T1002	RN Services up to 15 minutes	\$ 47.87

**Clinical Fee Schedule
FY 2018-2019**

PREVENTIVE SERVICES:		Fee
99381	Rout. Prev. Visit - New Under 1 YR	\$ 225.00
99382	Rout. Prev. Visit- New- 1-4 Yrs.	\$ 225.00
99383	Rout. Prev. Visit- New- 5-11 Yrs.	\$ 225.00
99384	Rout. Prev. Visit- New- 12-17 Yrs.	\$ 225.00
99385	Rout. Prev. Visit- New- 18-39 Yrs.	\$ 225.00
99386	Rout. Prev. Visit- New- 40-64 Yrs.	\$ 497.50
99387	Rout. Prev. Visit- New- 65 Yrs. +	\$ 537.50
99391	Rout. Prev. Visit- Est. - Under 1 Yr.	\$ 225.00
99392	Rout. Prev. Visit- Est. - 1-4 Yrs.	\$ 225.00
99393	Rout. Prev. Visit- Est. - 5-11 Yrs.	\$ 225.00
99394	Rout. Prev. Visit- Est. - 12-17 Yrs.	\$ 225.00
99395	Rout. Prev. Visit- Est. - 18-39 Yrs.	\$ 355.00
99396	Rout. Prev. Visit- Est. - 40-64 Yrs.	\$ 395.00
99397	Rout. Prev. Visit- Est. - 65 Yrs.+	\$ 437.50

PRENATAL/POSTNATAL		Fee
59430	Postpartum Care Only, Separate Procedure	\$ 272.93
76801	OB US < 14 wks. Single Fetus	\$ 263.18
76802	OB US, Pregnant Uterus, Real Time, W	\$ 149.83
76805	OB US >= 14 wks. Single Fetus	\$ 292.73
76810	OB US >= 14 wks. Added Fetus	\$ 197.05
76811	OB US Detailed Single Fetus	\$ 413.93
76812	OB US Detailed Added Fetus	\$ 405.73
76815	OB US Limited Fetus(s)	\$ 182.28
76816	OB US Follow-up per Fetus	\$ 224.08
76817	Transvaginal Us - Obstetric	\$ 203.53
76819	fetal biophysical profile	\$ 188.30
76830	OB US, Transvaginal	\$ 239.75
99501	HV- Postnatal Assessment	\$ 59.09
99502	Home Visit for Newborn Assessment	\$ 60.00
Q3014	Telecommunications	\$ 53.07

LAB TESTS		Fee
36415	Routine Venipuncture	\$ 6.95
36416	Routine Capillary Blood Draw	\$ 6.95
81001	Urinalysis, Auto W/Scope	\$ 10.08
81002	Urinalysis Routine w/o Microscopy	\$ 8.13
81003	Urinalysis, Auto W/O Scope	\$ 7.15
81025	Urine Pregnancy Test	\$ 20.10
82270	Occulture Blood "Feces"	\$ 10.33
82947	Blood Sugar	\$ 12.48
85018	HGB (QW)	\$ 7.53
86787	Varicella-Zoster Antibody	\$ 40.95
87071	Culture Bacteri Aerobic Other	\$ 29.98
87081	Culture Screen Only	\$ 18.33
87205	Gram Stain	\$ 13.55
87210	Wet Mount Saline/Ink	\$ 12.13
87804	Rapid Flu Test	\$ 36.43
87880	Rapid Strep Test	\$ 36.43
88142	Cytopath, C/V Thin Layer	\$ 64.40
88164	Cytopath TBS C/V Manual	\$ 33.58

**Clinical Fee Schedule
FY 2018-2019**

IMMUNIZATIONS/VACCINES:		Fee
90471	Immun. Administration (1 vaccine)	\$ 34.28
90472	Immunizations Admin, Each Add	\$ 34.28
90632	Hep. A Vaccine Adult IM	\$ 70.85
90633	Hep A Vaccine Ped/Adol 2 dose	\$ 44.52
90636	HepA/Hep B Vaccine Adult IM	\$ 91.04
90648	HIB Vaccine PRP-T IM	\$ 35.00
90651	Gardasil 9	\$ 215.95
90658	Flu Vaccine 3 Yrs. +	\$ 30.00
90662	Influenza- High Dose (PFS)	\$ 30.00
90670	Pneumococcal-infant or toddler (Prevnar 13)	\$ 224.85
90675	Rabies Vaccine	\$ 259.02
90685	Influenza .25 (preservative free)	\$ 30.00
90686	Influenza .5 (preservative free)	\$ 30.00
90687	Influenza .25 (preservative)	\$ 30.00
90688	Influenza .5 (preservative)	\$ 30.00
90696	DTaP-IPV (Kinrix)	\$ 58.31
90698	DTAP-HIB-IP vaccine IM	\$ 101.85
90707	MMR Vaccine SC	\$ 88.60
90714	TD Vaccine	\$ 46.98
90715	TDAP Vaccine	\$ 52.30
90716	Chicken Pox Vaccine SC	\$ 141.15
90732	Pneumococcal Vaccine	\$ 112.62
90734	Meningococcal, Vaccine, IM	\$ 180.24
90744	HEPB Vaccine Ped/Adol 3 dose IM	\$ 32.55
90746	Hep. B Vaccine Adult IM	\$ 62.80
95115	Immunotherapy, One Injection	\$ 23.37
95117	Immunotherapy Injections	\$ 28.29
J2790	Rhogam Globulin Injection	\$ 95.13
J3490	Drugs Unclassified Injection	\$ 20.00

MEDICARE SPECIFIC SERVICES		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	Subseq Annual Wellness Visit	\$ 175.00

Reportable Only		Fee
90680	Rotavirus (3 dose oral)	\$ -
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACCELLUL	\$ -
90713	POLIO IPV	\$ 47.93
99173	Vision	\$ -

**Clinical Fee Schedule
FY 2018-2019**

OTHER CLINICAL SERVICES		Fee
11981	Implant Insertion	\$ 254.68
11982	Implant Removal	\$ 293.53
11983	Implant Removal w/Insertion	\$ 456.80
57452	Exam Cervix W/Scope	\$ 213.05
57454	Bx/Curett of Cervix W/Scope	\$ 302.18
57460	Bx of Cervix W/Scope "Leep"	\$ 574.13
57511	Cryocautery of Cervix	\$ 281.45
58100	Biopsy Uterus Lining	\$ 214.70
58300	IUD Insertion	\$ 152.43
58301	IUD Removal	\$ 187.18
86580	PPD (patient pay or billed)	\$ 20.00
92551	Pure Tone Hearing Test, Air	\$ 22.18
96127	0-5 year olds; 6-10 year olds (PSC) PSC-Y, ADHD, Depression, Anxiety	\$ 11.23
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	\$ 42.60
97802	Medical Nutr Therapy - Initial	\$ 61.28
97803	Medical Nutr Therapy - Subseq	\$ 53.60
99070	Supplies/Materials (Non routine)	\$ 24.28
99406	Intermediate Smoking & Tobacco Cessation <10 min	\$ 29.83
99407	Intensive Smoking & Tobacco Cessation >10min	\$ 57.63
99408	Alcohol/Substance Abuse Screening 15-30 min	\$ 76.83
99409	Alcohol/Substance Abuse Screening >30 min	\$ 151.03
J1050	Depo Injection	\$ 30.08
J7302	IUD Device (Mirena)	\$ 243.64
J7307	Implant (Nexplanon)	\$ 399.00
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	\$ 8.71
S9442	Birthing Class 1 unit = 60 minutes	\$ 21.08
99000	Specimen Handling- Biopsy Collection	\$ 40.00
Q3014	Telehealth Facility Fee	\$ 128.83

Environmental Health Fee Schedule

FY 2018-2019

	Fee
Septic Improvement Permit & Construction Authorization Site Evaluation	
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

Mandated Septic O&M Inspection (15A NCAC 18 .1961) Per Visit	
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

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

Environmental Health Fee Schedule Continued
FY 2018-2019

Water Samples*	Fee
Bacteria	\$ 70.00
Nitrate/Nitrite	\$ 70.00
Lead (when multiple draws are required for lead analysis, fee for draws after first draw will equals lab cost)	\$ 75.00
Pesticide	\$ 124.00
Petroleum	\$ 124.00
Inorganic (metals & anions)	\$ 115.00
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.	

Food, Lodging and Institutions	
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

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

Tattoo Artist	
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	

Other Fees	
Wastewater Administrative Penalty (per day)	\$ 50.00
Tobacco Use Fine (per day)	\$ 200.00

**Animal Control Fee Schedule
FY 2018-2019**

	Fee
Adoption Fee/ Large Animal	actual cost
Adoption Fee/Canines & Felines	\$75.00
Adoption Fee for Veterans with Card from Register of Deeds	\$35.00
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

