
CALDWELL COUNTY HEALTH DEPARTMENT

Fee Schedule
FY 2015-2016



EFFECTIVE DATE: JULY 1, 2015



Last Updated: 6/1/2015

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Dental Clinic Fee Schedule FY 2015-2016

		<u>Fee</u>
D7111	Extraction. Coronal Remnants	\$ 98.00
D0120	Oral Exam Periodic	\$ 54.02
D0140	Oral Exam-Emer.	\$ 71.54
D0150	Oral Exam Initial	\$ 90.00
D0220	Introoral Pericapical First F	\$ 28.32
D0230	Pax Film - Add	\$ 23.36
D0270	Bitewing - 1	\$ 21.56
D0272	Bitewing - 2	\$ 35.04
D0274	Bitewing - 4	\$ 62.78
D0330	Panoramic Film	\$ 115.36
D1110	Prophylaxis Adult	\$ 70.70
D1120	Prophylaxi Child	\$ 51.00
D1206	Topical Fluoride Varnish	\$ 30.88
D1351	Sealant/Tooth	\$ 59.86
D2140	Amalgam - 1, Perm.	\$ 125.56
D2150	Amalgam - 2, Perm.	\$ 158.82
D2160	Amalgam - 3, Perm.	\$ 182.50
D2161	Amalgam - 4+, Perm.	\$ 200.20
D2330	Resin- 1	\$ 125.56
D2331	Resin- 2	\$ 154.76
D2332	Resin- 3	\$ 182.50
D2335	Resin- 4 or More	\$ 232.14
D2391	Resin- 1 Surface Posterior	\$ 154.76
D2392	Resin- 2 Surfaces Posterior	\$ 232.14
D2393	Resin- 3 Surfaces Posterior	\$ 299.40
D2394	Resin- 4+ Surfaces Posterior	\$ 366.20
D2920	Recementing	\$ -
D2930	SS Crown, Prim.	\$ 288.50
D2931	SS Crown, Perm.	\$ 300.00
D2940	Protective Restoration	\$ 83.30
D2951	Pin Retention- per tooth	\$ 40.64
D3220	Pulpotomy	\$ 156.02
D3222	Partial Pulpotomy for apexogenesis	\$ 138.13
D3240	Pulpal Therapy - Posterior Tooth	\$ 400.00
D4355	Perio Scaling-Gross	\$ 141.12
D7140	Extraction	\$ 121.00
D7210	Surgical Erptd Tooth w/bone	\$ 208.00

Clinic Fee Schedule FY 15-16

OFFICE VISITS/SERVICES:		Fee
10060	I & D, Cyst	\$ 224.02
10061	Mult I & D	\$ 385.16
11200	Removal of Skin Tags	\$ 166.35
11201	Removal Skin Tags Add-on	\$ 39.55
11305	Shave Skin Lesion < .5 cm.	\$ 143.03
11401	Excision- Benign Lesion .6-1.0 cm.	\$ 293.38
11402	Excision- Benign Lesion 1.1-2 cm.	\$ 325.91
11403	Excision- Benign Lesion 2.1-3 cm.	\$ 375.02
11404	Excision- Benign Lesion 3.1-4 cm.	\$ 426.04
11420	Remove Skin Lesion <.5 cm.	\$ 241.67
11421	Excision-Benign Lesion .6-1cm	\$ 313.01
11422	Remove Skin Lesion 1.1-2 cm.	\$ 349.99
11426	Remove Skin Lesion >4 cm.	\$ 668.46
12001	Repair Superficial Wounds	\$ 307.55
19000	Drain Breast Lesion	\$ 238.39
46083	Incision External Hemorrhoid	\$ 338.39
56405	I & D, Vulva/Perineum	\$ 240.01
56420	Drain Gland Abscess	\$ 275.55
56501	Destruction, Vulva (Lesion)	\$ 286.68
56605	Biopsy of Vulva/Lesion	\$ 185.28
56606	Biopsy Vulva/Perineum	\$ 85.90
59425	Antepartum Care	\$ 949.73
59426	Antipartum Care	\$ 1,698.11
69200	Clear Outer Ear Canal	\$ 252.46
69210	Remove Impacted Cerumen	\$ 105.79
76856	US Exam Pelvic Complete	\$ 243.33
76857	US Exam Pelvic Limited	\$ 201.89
92567	Tympanometry	\$ 40.17
99201	Office Visit-New	\$ 124.20
99202	Office Visit-New_low	\$ 186.30
99203	Office Visit- New_mod.	\$ 264.96
99204	Office Visit- New_mod. To high	\$ 389.16
99205	Office Visit-New_Hi	\$ 488.52
99211	Office Visit- Est.	\$ 68.32
99212	Office Visit-Est_Mod.-Low	\$ 113.86
99213	Office Visit-Est_Mod.	\$ 157.32
99214	Office Visit-Est_Mod.-Hi	\$ 244.26
99215	Office Visit-Est_Hi	\$ 364.32
T1002	RN Services up to 15 minutes	\$ 50.70

Clinic Fee Schedule FY 15-16

PREVENTIVE SERVICES:		Fee
99381	Rout. Prev. Visit - New Under 1 YR	\$ 180.00
99382	Rout. Prev. Visit- New- 1-4 Yrs.	\$ 180.00
99383	Rout. Prev. Visit- New- 5-11 Yrs.	\$ 180.00
99384	Rout. Prev. Visit- New- 12-17 Yrs.	\$ 180.00
99385	Rout. Prev. Visit- New- 18-39 Yrs.	\$ 334.00
99386	Rout. Prev. Visit- New- 40-64 Yrs.	\$ 398.00
99387	Rout. Prev. Visit- New- 65 Yrs. +	\$ 430.00
99391	Rout. Prev. Visit- Est. - Under 1 Yr.	\$ 180.00
99392	Rout. Prev. Visit- Est. - 1-4 Yrs.	\$ 180.00
99393	Rout. Prev. Visit- Est. - 5-11 Yrs.	\$ 180.00
99394	Rout. Prev. Visit- Est. - 12-17 Yrs.	\$ 292.00
99395	Rout. Prev. Visit- Est. - 18-39 Yrs.	\$ 284.00
99396	Rout. Prev. Visit- Est. - 40-64 Yrs.	\$ 316.00
99397	Rout. Prev. Visit- Est. - 65 Yrs.+	\$ 350.00
99404	Prev. Med. Counseling Indiv	\$ 252.49

PRENATAL/POSTNATAL		Fee
76801	OB US < 14 wks Single Fetus	\$ 300.77
76805	OB US >= 14 wks Single Fetus	\$ 329.26
76810	OB US >= 14 wks Added Fetus	\$ 204.93
76811	OB US Detailed Single Fetus	\$ 473.04
76812	OB US Detailed Added Fetus	\$ 423.44
76815	OB US Limited Fetus(s)	\$ 208.31
76816	OB US Follow-up per Fetus	\$ 241.49
76817	Transvaginal Us - Obstetric	\$ 231.56
76819	fetal biophysical profile	\$ 168.04
99501	HV- Postnatal Assessment	\$ 59.09
99502	Home Visit for Newborn Assessment	\$ 60.00

Clinic Fee Schedule FY 15-16

IMMUNIZATIONS/VACCINES:		Fee
90375	Rabies IG, IM/SC	\$ 176.36
90396	Varicella-Zoster IG IM	\$ 276.74
90471	Immun. Administration (1 vaccine)	\$ 44.85
90472	Immunizations Admin, Each Add	\$ 25.25
90632	Hep. A Vaccine Adult IM	\$ 72.83
90633	Hep A Vaccine Ped/Adol 2 dose	\$ -
90636	HepA/Hep B Vaccine Adult IM	\$ 257.17
90645	HIB Vaccine HBOC IM	\$ 56.54
90647	HIB Vaccine PRP-OMP IM	\$ 56.54
90648	HIB Vaccine PRP-T IM	\$ 60.33
90649	H Papilloma Vaccine 3 dose IM	\$ -
90658	Flu Vaccine 3 Yrs. +	\$ 25.00
90670	Pnumococcal-infant or toddler (Prevnar 13)	\$ 172.66
90675	Rabies Vaccine	\$ 200.00
90680	Rotavirus (3 dose oral)	\$ -
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)	\$ 64.18
90698	DTAP-HIB-IP vaccine IM	\$ 105.43
90707	MMR Vaccine SC	\$ 84.83
90714	TD Vaccine	\$ 49.22
90715	TDAP Vaccine	\$ 58.01
90716	Chicken Pox Vaccine SC	\$ 125.58
90732	Pnumococcal Vaccine	\$ 95.21
90733	Mienigococal Polysaccharide Vaccine- SC	\$ 100.00
90734	Meningococcal, Vaccine, IM (Menactra)	\$ 134.66
90744	HEPB Vaccine Ped/Adol 3 dose IM	\$ 36.55
90746	Hep. B Vaccine Adult IM	\$ 63.72
95115	Immunotherapy, One Injection	\$ 23.37
95117	Immunotherapy Injections	\$ 28.29
J2790	Rhogam Globulin Injection	\$ 224.87
J3490	Drugs Unclassified Injection	\$ 20.00

Clinic Fee Schedule FY 15-16

LAB TESTS		Fee
36415	Routine Venipuncture	\$ 7.80
36416	Routine Capillary Blood Draw	\$ 7.80
81001	Urinalysis, Auto W/Scope	\$ 10.17
81003	Urinalysis, Auto W/O Scope	\$ 8.16
81015	Microscopic Exam Urine	\$ 11.02
81025	Urine Pregnancy Test	\$ 23.00
82270	Occulture Blood "Feces"	\$ 11.80
82947	Blood Sugar	\$ 14.25
85018	HGB (QW)	\$ 8.61
86787	Varicella-Zoster Antibody	\$ 20.00
87071	Culture Bacteri Aerobic Other	\$ 34.27
87081	Culture Screen Only	\$ 20.96
87205	Gram Stain	\$ 15.50
87210	Wet Mount Saline/Ink	\$ 13.86
88142	Cytopath, C/V Thin Layer	\$ 73.61
88164	Cytopath TBS C/V Manual	\$ 38.38
99000	Specimen Handling	\$ 40.00

MEDICARE SPECIFIC SERVICES		Fee
G0008	Admin Influenza Vaccine	\$ 17.55
G0009	Admin Pneumococcal 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
G8553	Prescribed Via Qualified eRX Sys	\$ -
Q2038	Flu Vaccine for Medicare	\$ 25.00

BCCP PROGRAM SERVICES		Fee
76645	Ultrasound-Breast(s)	\$ 70.91
77055	Mammogram, One Breast	\$ 64.29
77056	Mammogram, Both Breast	\$ 82.64
77057	Mammogram, Screening	\$ 58.98

Clinic Fee Schedule FY 15-16

OTHER CLINICAL SERVICES		Proposed Fee
57452	Exam Cervix W/Scope	\$ 241.70
57454	Bx/Curett of Cervix W/Scope	\$ 341.48
57460	Bx of Cervix W/Scope "Leep"	\$ 656.14
57511	Cryocautery of Cervix	\$ 321.15
58100	Biopsy Uterus Lining	\$ 244.50
58301	IUD Removal	\$ 213.90
82270	Hemocult	\$ 11.80
86580	PPD	\$ 20.00
92551	Pure Tone Hearing Test, Air	\$ 22.31
96110	Denver Dev. Screening	\$ 24.99
96372	Ther/Prophy/Diaf Inj SC/IM	\$ 48.67
97802	Medical Nutr Therapy - Initial	\$ 64.27
97803	Medical Nutr Therapy - Subseq	\$ 56.81
99070	Supplies/Materials (Non routine)	\$ 27.25
99173	Vision	\$ -
99406	Intermediate Smoking & Tobacco Cessation <10 min	\$ 30.08
99407	Intensive Smoking & Tobacco Cessation >10min	\$ 58.14
99408	Alcohol/Substance Abuse Screening 15-30 min	\$ 77.58
99409	Alcohol/Substance Abuse Screening >30 min	\$ 152.36
99420	Admin/Interpretation of Health Risk Assessment	\$ 22.55
58300	IUD Insertion	\$ 174.20
J1050	Depo Injection	\$ 105.30
J3490	Drugs Unclassified Injection	\$ 20.00
J7300	IUD	\$ 427.50
LU011	Health Promotion Industry	\$ 25.00
LU018	Copy of Medical Record	\$ 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
LU403	Private Co-Pay	\$ 5.00
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	\$ 8.69

Environmental Health Fee Schedule FY 15-16

	<u>Fee</u>
Improvement Permit & Construction Authorization	
Res. Up to 4 Bedrooms/PME I,II	\$ 250.00
480 - 900 gpd/PMEIII	\$ 300.00
900 - 3000 gpd/PME IV,V	\$ 425.00
>3000 gpd/PME VI	\$ 675.00
Non Residential Repair	
	1/2 IP/CA
Addition to Existing System (including new tank only)	
	\$ 100.00
Revisit or Consultative Visit	
	\$ 60.00
Construction Authorization*	
	\$ 100.00
Reconnect to Existing System	
	\$ 65.00
CA Name Change (must use original CA as site plan)	
	\$ 25.00
Septic Tank Pumper Annual Registration	
	\$ 45.00
State Mandated Per Visit Inspection (PME)	
Type III Every 5 yrs.	\$ 50.00
Type IV Every 3 yrs.	\$ 75.00
Type V Per yr.	\$ 100.00
Type VI Every 6 Mos.	\$ 100.00
Swimming Pool/Spa Inspection	
Year Around	\$ 150.00
Seasonal	\$ 110.00
Plan Review	\$ 200.00
Tattoo Artist	
Annual Permit	\$ 170.00
Initial Permit	\$ 300.00
Annual Permit Partial Fee	\$ 150.00

Environmental Health Fee Schedule FY 15-16

	Fee
Water Samples-	
Bacteria	\$ 65.00
Lead	\$ 65.00
Pesticide	\$ 80.00
Petroleum	\$ 80.00
Inorganic	\$ 80.00
Organic	\$ 80.00
Hotdog Stand Plan Review	\$ 100.00
Restaurant Plan Review (non-prototype)	\$ 200.00
Temporary Food Establishment (TFE)	\$ 75.00
Rules/Regulations Book	\$ 15.00
Well Construction Permit	\$ 300.00
Wastewater Administrative Penalty (per day)	\$ 50.00
HB2 - Tobacco Use Fine (per day)	\$ 200.00

Animal Control Fee Schedule FY 15-16

	Fee
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	Per Health Dept. Policy
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