



**Randolph County Health Department**  
 FY17 Fee Schedule (New Rates are Effective July 1, 2016 to June 30, 2017)  
*The Health Department fee schedule is subject to change each  
 fiscal year.*

**Board of Health approved: 5/9/2016**

HEALTH DEPARTMENT		HEALTH DEPARTMENT FEES	
CPT Code	Description	Fee Rate as of 7.1.2016	Current Fee 2015-16
11981	Insert Nexplanon	\$304.00	\$304.00
11982	Remove Nexplanon	\$345.00	\$345.00
11983	Nexplanon Insert & Removal	\$450.00	\$531.00
56501	TREATMENT OF CONDYLOMA	\$255.00	\$301.00
57170	FITTING OF DIAPHRAGM/CAP	\$156.00	\$156.00
58300	INSERT IUD	\$174.00	\$174.00
58301	REMOVE IUD	\$222.00	\$222.00
97802	MEDICAL NUTRITION INDIV IN	\$50.00	\$16.70
97803	MED NUTRITION INDIV SUBSEQ	\$40.00	\$16.70
99201	New Prob. Focused - 10 min	\$90.00	\$95.00
99202	New Expanded - 20 min.	\$164.00	\$164.00
99203	New Detailed - 30 min.	\$210.00	\$235.00
99204	New Comprehensive-45 min	\$307.00	\$368.00
99205	New Complex-60 min	\$386.00	\$386.00
99211	Est. (Nurses) 5-min.	\$38.00	\$50.00
99212	Est. Prob. Focused - 10 min.	\$84.00	\$95.00
99213	Est. Expanded - 15 min.	\$140.00	\$160.00
99214	Est. Detailed - 30 min.	\$207.00	\$239.00
99215	Est. Comprehensive-45 min.	\$279.00	\$323.00
99241	OFFICE CONSULTATION	\$104.00	\$104.00
99242	OFFICE CONSULTATION	\$175.00	\$163.00
99243	OFFICE CONSULTATION	\$239.00	\$194.00
99244	OFFICE CONSULTATION	\$355.00	\$239.00
99245	OFFICE CONSULTATION	\$435.00	\$308.00
99381	INIT PM E/M NEW PAT INF	\$213.00	\$90.00
99382	INIT PM E/M NEW PAT 1-4 YRS	\$223.00	\$90.00
99383	PREV VISIT NEW AGE 5-11	\$258.00	\$258.00
99384	REV VISIT NEW AGE 12-17	\$261.00	\$261.00
99385	PREV VISIT NEW AGE 18-39	\$255.00	\$261.00
99386	PREV VISIT NEW AGE 40-64	\$295.00	\$306.00
99391	PER PM REEVAL EST PAT INF	\$191.00	\$90.00
99392	PREV VISIT EST AGE 1-4	\$205.00	\$90.00
99393	PREV VISIT EST AGE 5-11	\$205.00	\$225.00
99394	PREV VISIT EST AGE 12-17	\$223.00	\$227.00
99395	PREV VISIT EST AGE 18-39	\$229.00	\$229.00
99396	PREV VISIT EST AGE 40-64	\$244.00	\$249.00
90471	ADMIN 1 VACCINE	\$48.00	\$55.00
90472	ADMIN, 2 OR MORE VACCINES	\$27.00	\$27.00



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90473	ADMIN, ORAL VACCINE (ONLY)	\$35.00	\$35.00
90474	IMMUNE ADMIN ORAL/NASAL ADDED	\$25.00	\$23.00
LU102	COMPLETION OF RECORD OF TB SCREEN	\$25.00	\$16.00
99404	PREVENTIVE COUNSELING INDIV	\$217.00	\$103.00
99420	HEALTH RISK ASSESSMENT TEST	\$20.00	\$8.14
S9445	PT EDUCATION NOC INDIVID	\$21.00	\$14.43
81005	URINALYSIS	\$5.00	\$3.00
81025	URINE PREGNANCY TEST	\$15.00	\$21.00
85018	HEMOGLOBIN	\$8.00	\$8.00
87210	WET PREP includes (Q0111)	\$15.00	\$20.00
36415	BLOOD DRAW/FINGER STICK (+G0001)	\$10.00	\$12.00
G0001	VENIPUNCTURE FOR LHD-USE	\$16.00	\$3.00
T1002	RN SERVICES UP TO 15 MINUTES	\$75.00	\$90.00
82947	GLUCOSE	\$12.00	\$12.00
83986	PH BODY FLUID	\$10.00	\$11.00
80048	METABOLIC PANEL (CA, TOTAL)	\$12.00	\$3.50
80051	ELECTROLYTE PANEL	\$11.00	\$4.50
80053	COMPREHEN METABOLIC PANEL	\$17.00	\$4.00
80061	LIPID PANEL	\$25.00	\$4.00
80074	ACUTE HEPATITIS PANEL	\$70.00	\$66.15
80076	HEPATIC FUNCTION PANEL	\$13.00	\$3.50
80156	ASSAY CARBAMAZEPINE TOTAL	\$22.00	\$9.00
80178	ASSAY LITHIUM	\$10.00	\$8.00
80184	ASSAY PHENOBARBITAL	\$18.00	\$9.50
80185	ASSAY PHENYTOIN TOTAL	\$20.00	\$9.50
82465	ASSAY BLD/SERUM CHOLESTEROL	\$10.00	\$10.00
82565	ASSAY CREATININE	\$8.00	\$2.50
82607	VITAMIN B-12	\$23.00	\$6.00
82728	ASSAY FERRITIN	\$21.00	\$6.00
82977	ASSAY GGT	\$11.00	\$5.75
83020	HEMOGLOBIN ELECTROPHORESIS	no charge	no charge
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$15.00	\$5.00
83540	ASSAY IRON	\$10.00	\$2.50
83550	IRON BINDING TEST	\$13.00	\$5.25
83655	ASSAY LEAD	\$45.00	\$40.00
84132	ASSAY SERUM POTASSIUM	\$10.00	\$6.10
84295	ASSAY SERUM SODIUM	\$10.00	\$2.50
84443	ASSAY THYROID STIM HORMONE	\$25.00	\$4.25



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84450	TRANSFERASE (AST) (SGOT)	\$10.00	\$2.50
84460	ALANINE AMINO (ALT) (SGPT)	\$10.00	\$2.50
84479	ASSAY THYROID (T3 OR T4)	\$12.00	\$9.25
84481	FREE ASSAY (FT-3)	\$45.00	\$44.40
84520	ASSAY UREA NITROGEN	\$10.00	\$2.50
84550	ASSAY BLOOD/URIC ACID	\$10.00	\$2.50
85025	COMPLETE CBC W/AUTO DIFF WBC	\$16.00	\$2.50
85027	COMPLETE CBC AUTOMATED	\$15.00	\$2.50
85045	AUTOMATED RETICULOCYTE COUNT	\$8.00	\$5.00
86580	TB SKIN TEST	\$18.00	\$16.00
86580P	TB SKIN TEST-Patient Pay	\$18.00	\$16.00
86592	Trust (Syphilis serology)	no charge	no charge
86593	BLOOD SEROLOGY QUANTITATIVE	\$22.36	\$22.36
86701	HIV-1	no charge	no charge
86703	HIV-1 HIV-2 SINGLE ASSAY	no charge	no charge
86704	HEP B CORE ANTIBODY TOTAL	\$20.00	\$0.00
86706	HEP B SURFACE ANTIBODY	\$16.00	\$0.00
86707	HEP BE ANTIBODY	\$20.00	\$0.00
86787	VARICELLA-ZOSTER ANTIBODY	\$20.00	\$10.00
86803	HEPATITIS C AB TEST	\$22.00	\$14.00
87149	CULTURE TYPE NUCLEIC ACID	\$30.00	\$9.50
87177	OVA AND PARASITES SMEARS	\$33.93	\$33.93
87252	HERPES SIMPLEX VIRUS	\$40.00	\$0.00
87255	GENET VIRUS ISOLATE HSV	\$32.00	\$14.00
87340	HEPATITIS B SURFACE AG EIA	\$20.00	\$10.00
87341	HEPATITIS B SURFACE AG EIA	\$20.00	\$25.00
87389	HIV-1 AG HIV-1 AND HIV-2 AB	no charge	no charge
87491	CHLAMYDIA	\$50.00	\$45.00
87517	HEPATITIS B DNA QUANT	\$51.00	\$0.00
87591	GONORRHEA	\$52.00	\$45.00
87621	HPV DNA AMP PROBE(HPV Reflex)	\$30.00	\$25.00
88141	Pap, MD Interpretation	\$32.00	\$18.00
88174	Pap, Thin Prep	\$40.00	\$0.00
88175	THIN PREP, PAP PROCESS FEE	\$40.00	\$22.00
87081	GONORRHEA-Culture Screen Only	\$12.00	\$20.75
87205	STAT MALE SMEAR/GONORRHEA	\$11.00	\$11.00
90675	RABIES VACCINE IM	\$225.76 ❖	\$225.76
90710	MMRV VACCINE SC	\$93.00 ❖	\$93.00



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CPT Code	Description	Fee Rate as of 7.1.2016	Current Fee 2015-16
90716	CHICKEN POX VACCINE SC	\$92.58 ❖	\$92.58
90732	PNEUMOCOCCAL VACCINE(Adult)	\$64.91 ❖	\$64.91
90734	MENACTRA (MCV4)	\$108.91 ❖	\$108.91
J1050	DEPO	\$124.00	\$124.00
J1050UD	DEPO	\$20.68	\$20.68
J7298	LEVONORGESTREL 52 MG 5 YEAR(Mirena)	\$912.00	\$912.00
J7298UD	LEVONORGESTREL 52 MG 5 YEAR(Mirena)	\$312.80	\$312.80
J7300	IUD Device-Paragard	\$942.66	\$942.66
J7300UD	IUD Device-Paragard	\$157.11	\$157.11
J7307	Nexplanon	\$850.00	\$850.00
J7307UD	Nexplanon	\$320.04	\$320.04
S4993	BC Pills (Birth Control Pills)	\$8.82	\$8.82
S4993UD	BC Pills (Birth Control Pills)	\$8.82	\$8.82

**Note:** (The fees with a ❖ after the cost are vaccines that Randolph County Health Department orders in limited amounts. Randolph County Health Department charges the manufacturer's cost, and these prices are subject to change).