



**Randolph County Health Department**  
 FY19 Fee Schedule (New Rates are Effective July 1, 2018 to June 30, 2019)  
 The Health Department fee schedule is subject to change each fiscal year.

**Board of Health approved:**

5/14/2018

**Board of County Commissioners approved:**

6/18/2018

**HEALTH DEPARTMENT**

CPT Code	Modifier	Description	Current
<b>PROCEDURES</b>			
11981		Insert Nexplanon	\$304.00
11982		Remove Nexplanon	\$345.00
11983		Nexplanon Insert & Removal	\$450.00
54050		DESTRUCTION PENIS LESION(S)	\$150.00
56501		TREATMENT OF CONDYLOMA	\$150.00
57170		FITTING OF DIAPHRAGM/CAP	\$156.00
58300		IUD IN	\$174.00
58301		IUD OUT	\$222.00
59430		POSTPARTUM CARE ONLY SEPARATE PROCEDURE	\$200.00
<b>EVALUATION &amp; MANAGEMENT</b>			
LU102		COMPLETION OF RECORD OF TB SCREEN	\$25.00
T1002		RN SERVICES UP TO 15 MINUTES	\$75.00
99201		New Prob. Focused - 10 min	\$90.00
99202		New Expanded - 20 min.	\$164.00
99203		New Detailed - 30 min.	\$210.00
99204		New Comprehensive-45 min	\$307.00
99205		New Complex-60 min	\$386.00
99211		Est. (Nurses) 5-min.	\$38.00
99212		Est. Prob. Focused - 10 min.	\$84.00
99213		Est. Expanded - 15 min.	\$140.00
99214		Est. Detailed - 30 min.	\$207.00
99215		Est. Comprehensive-45 min.	\$279.00
<b>PREVENTIVE</b>			
99383		PREV VISIT NEW AGE 5-11	\$258.00
99384		REV VISIT NEW AGE 12-17	\$261.00
99385		PREV VISIT NEW AGE 18-39	\$255.00
99386		PREV VISIT NEW AGE 40-64	\$295.00
99393		PREV VISIT EST AGE 5-11	\$205.00
99394		PREV VISIT EST AGE 12-17	\$223.00
99395		PREV VISIT EST AGE 18-39	\$229.00
99396		PREV VISIT EST AGE 40-64	\$244.00
<b>COUNSELING/INTERVENTION</b>			
96160		HEALTH RISK ASSESSMENT TEST	\$20.00
99404		PREVENTIVE COUNSELING INDIV	\$217.00
99406		BEHAV CHNG SMOKING 3-10 MIN	\$20.00
99407		BEHAV CHNG SMOKING > 10 MIN	\$30.00



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S9445		PT EDUCATION NOC INDIVID	\$21.00
<b>LABS</b>			
Q0111		WET MOUNT	\$15.00
36415		VENIPUNCTURE ONLY	\$16.00
80048		METABOLIC PANEL (CA, TOTAL)	\$12.00
80051		ELECTROLYTE PANEL	\$11.00
80053		COMPREHEN METABOLIC PANEL	\$17.00
80061		LIPID PANEL	\$25.00
80074		ACUTE HEPATITIS PANEL	\$70.00
80076		HEPATIC FUNCTION PANEL	\$13.00
80156		DRUG SCREEN QUANTITATIVE CARBAMAZEPINE TOTAL	\$22.00
80164		DRUG SCREEN QUANT DIPROPYLACETIC ACID TOTAL	\$20.00
80178		DRUG SCREEN QUANTITATIVE LITHIUM	\$10.00
80184		ASSAY PHENOBARBITAL	\$18.00
80185		ASSAY PHENYTOIN TOTAL	\$20.00
81005		URINALYSIS	\$5.00
81025		URINE PREGNANCY TEST	\$15.00
82150		ASSAY OF AMYLASE	\$10.00
82465		ASSAY BLD/SERUM CHOLESTEROL	\$10.00
82565		ASSAY CREATININE	\$8.00
82607		VITAMIN B-12	\$23.00
82728		ASSAY FERRITIN	\$21.00
82947		GLUCOSE	\$12.00
82977		ASSAY OF GGT	\$11.00
83036		HgB A1C	\$15.00
83540		ASSAY IRON	\$10.00
83550		IRON BINDING TEST	\$13.00
83655		ASSAY LEAD	\$45.00
83986		PH BODY FLUID	\$10.00
84132		ASSAY SERUM POTASSIUM	\$10.00
84295		ASSAY SERUM SODIUM	\$10.00
84443		ASSAY THYROID STIM HORMONE	\$25.00
84450		TRANSFERASE (AST) (SGOT)	\$10.00
84460		ALANINE AMINO (ALT) (SGPT)	\$10.00
84479		ASSAY THYROID (T3 OR T4)	\$12.00
84481		FREE ASSAY (FT-3)	\$45.00
84520		ASSAY UREA NITROGEN	\$10.00
84550		ASSAY BLOOD/URIC ACID	\$10.00



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85018		HEMOGLOBIN	\$8.00
85025		COMPLETE CBC W/ AUTO DIFF WBC	\$16.00
85027		COMPLETE CBC AUTOMATED	\$15.00
86580		TB SKIN TEST-Patient Pay( <b>TUBERSOL</b> )	\$18.00
86593		BLOOD SEROLOGY QUANTITATIVE	\$22.36
86704		HEP B CORE ANTIBODY TOTAL	\$20.00
86706		HEP B SURFACE ANTIBODY	\$16.00
86707		HEP B ANTIBODY	\$30.00
86787		VARICELLA-ZOSTER ANTIBODY	\$20.00
86803		HEPATITIS C AB TEST	\$22.00
87081		GONORRHEA SCREENING CULTURE	\$12.00
87149		CULTURE TYPE NUCLEIC ACID	\$30.00
87177		OVA AND PARASITES SMEARS	\$33.93
87205		STAT MALE SMEAR/GONORRHEA	\$11.00
87210		SMEAR WET MOUNT SALINE/INK	\$15.00
87252		HERPES SIMPLEX VIRUS	\$40.00
87255		GENET VIRUS ISOLATE HSV	\$32.00
87340		HEP B SCREEN	\$20.00
87341		HEPATITIS B SURFACE AG EIA	\$20.00
87491		CHLAMYDIA	\$50.00
87517		HEPATITIS B DNA QUANT	\$51.00
87591		GONORRHEA	\$52.00
87624		HPV REFLEX TESTING	\$50.00
88141		Pap, MD Interpretation	\$32.00
88175		THIN PREP, PAP PROCESS FEE	\$40.00
<b>VACCINE ADMINISTRATION</b>			
90471		ADMIN: 1 VACCINE	\$48.00
90472		ADMIN: 2 OR MORE VACCINES	\$27.00
90473		ADMIN: ORAL VACCINE	\$35.00
90474		ADMIN: ORAL AND INJECTIBLE	\$25.00
<b>VACCINES</b>			
90375		RABIES IGIM/SC - (Post Exposure)	\$300.00
90632		HEP A-ADULT ( <b>HAVRIX</b> )	\$55.00
90636		HEP A - HEP B (ADULT) , ( <b>TWINRIX</b> )	\$93.00
90651		HPV, 9 ( <b>GARDASIL-9</b> )	\$260.00
90670		PNEUMOCOCCAL ( <b>PREVNAR-13 VALENT</b> )	\$234.00
90675		RABIES VACCINE IM	\$310.00
90707		MMR, Measles, Mumps, Rubella ( <b>MMRII</b> )	\$86.00



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90710		MMRV, Measles, Mumps, Rubella, Varicella( <b>ProQuad</b> )	\$218.00
90714		Td, Tetanus, Diphtheria toxoid, no presv( <b>TENIVAC</b> )	\$42.00
90715		Tdap, Tenanus, Diphtheria & Pertussis ( <b>BOOSTRIX</b> )	\$50.00
90716		VARICELLA-CHICKEN POX VACCINE SC-( <b>VARIVAX</b> )	\$137.00
90732		PNEUMOCOCCAL 23-Valent ( <b>PNEUMOVAX 23</b> )	\$132.00
90734		MENINGOCOCCAL -( <b>MENACTRA (MCV4)</b> )	\$120.00
90736		ZOSTER (Shingles) live ( <b>ZOSTAVAX</b> )	\$226.00
90746		HEP B ( <b>ENGERIX-B</b> )	\$58.00
<b>PHARMACY</b>			
J1050		DEPO	\$30.00
J1050	UD/340b	DEPO	\$15.00
S5001		PLAN B	\$10.00
S5001	UD/340b	PLAN B	\$3.70
J7297		LILETIA	\$700.00
J7297	UD/340b	LILETIA	\$47.04
J7298		LEVONORGESTREL 52 MG 5 YEAR( <b>Mirena</b> )	\$912.00
J7298	UD/340b	LEVONORGESTREL 52 MG 5 YEAR( <b>Mirena</b> )	\$332.00
J7300		IUD Device-Paragard	\$942.66
J7300	UD/340b	IUD Device-Paragard	\$244.00
J7307		Nexplanon	\$850.00
J7307	UD/340b	Nexplanon	\$399.00
S4993		BC Pills (Birth Control Pills)	\$10.00
S4993	UD/340b	BC Pills (Birth Control Pills)	\$3.00