



Randolph County Public Health

FY26 Fee Schedule (New Rates are Effective July 1, 2025 to June 30, 2026)

The Health Department fee schedule is subject to change each fiscal year.

Board of Health approved: 5/12/2025

Board of County Commissioners approved: 6/16/2025

HEALTH DEPARTMENT

CLINIC FEES

CPT Code	Modifier	Description	Current	Last Revision
PROCEDURES				
11981		Insert Nexplanon	\$250.00	6/20/22
11982		Remove Nexplanon	\$250.00	6/20/22
11983		Nexplanon Insert & Removal	\$400.00	6/20/22
54050		DESTRUCTION PENIS LESION(S)	\$160.00	5/10/21
56501		TREATMENT OF CONDYLOMA	\$160.00	5/10/21
58300		IUD IN	\$155.00	6/5/23
58301		IUD OUT	\$225.00	6/5/23
59430		POSTPARTUM CARE ONLY SEPARATE PROCEDURE	\$200.00	2017
EVALUATION & MANAGEMENT				
LU102		COMPLETION OF RECORD OF TB SCREEN	\$25.00	2016
T1002		RN SERVICES UP TO 15 MINUTES	\$75.00	2016
99202		New Expanded - 15-29 min.	\$164.00	2016
99203		New Detailed - 30-44 min.	\$210.00	2016
99204		New Comprehensive-45-59 min	\$307.00	2016
99205		New Complex-60-74 min	\$386.00	2016
99211		Est. (Nurses) 5-min.	\$70.00	7/13/20
99212		Est. Prob. Focused - 10 - 19 min.	\$100.00	6/3/24
99213		Est. Expanded - 20 29 min.	\$130.00	6/3/24
99214		Est. Detailed - 30 - 39 min.	\$190.00	6/3/24
99215		Est. Comprehensive-40 - 54 min.	\$250.00	6/3/24
PREVENTIVE				
99383		PREV VISIT NEW AGE 5-11	\$200.00	6/3/24
99384		REV VISIT NEW AGE 12-17	\$220.00	6/3/24
99385		PREV VISIT NEW AGE 18-39	\$250.00	6/3/24
99386		PREV VISIT NEW AGE 40-64	\$300.00	6/20/22
99393		PREV VISIT EST AGE 5-11	\$180.00	6/3/24
99394		PREV VISIT EST AGE 12-17	\$200.00	6/3/24
99395		PREV VISIT EST AGE 18-39	\$200.00	6/3/24
99396		PREV VISIT EST AGE 40-64	\$250.00	6/3/24
COUNSELING/INTERVENTION				
99401		Preventative Medicine Counseling and/or risk factor reduction intervention(s) provided to an individual, up to 15 minutes	\$50.00	6/20/22
99406		BEHAV CHNG SMOKING 3-10 MIN	\$20.00	2017
99407		BEHAV CHNG SMOKING > 10 MIN	\$50.00	5/10/21
LABS				
LU125		TB skin test reading fee	\$10.00	1/14/19
36415		VENIPUNCTURE ONLY	\$16.00	2018
80048		METABOLIC PANEL (CA, TOTAL)	\$20.00	5/10/21
80051		ELECTROLYTE PANEL	\$15.00	5/10/21
80053		COMPREHEN METABOLIC PANEL	\$25.00	6/5/23
80061		LIPID PANEL	\$30.00	5/10/21
80074		ACUTE HEPATITIS PANEL	\$90.00	5/10/21

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80076		HEPATIC FUNCTION PANEL	\$20.00	5/10/21
80156		DRUG SCREEN QUANTITATIVE CARBAMAZEPINE TOTAL	\$40.00	6/16/25
80164		DRUG SCREEN QUANT DIPROPYLACETIC ACID TOTAL	\$40.00	6/16/25
80178		DRUG SCREEN QUANTITATIVE LITHIUM	\$25.00	6/20/22
80183		DRUG SCREEN OXCARBAZEPINE	\$50.00	6/3/24
80184		ASSAY PHENOBARBITAL	\$25.00	5/10/21
80185		ASSAY PHENYTOIN TOTAL	\$30.00	5/10/21
81005		URINALYSIS	\$25.00	6/16/25
81025		URINE PREGNANCY TEST	\$20.00	5/11/20
82150		ASSAY OF AMYLASE	\$15.00	5/10/21
82306		VITAMIN D TOTAL	\$60.00	5/10/21
82465		ASSAY BLD/SERUM CHOLESTEROL	\$12.00	5/11/20
82565		ASSAY CREATININE	\$15.00	5/10/21
82607		VITAMIN B-12	\$30.00	5/10/21
82728		ASSAY FERRITIN	\$30.00	5/10/21
82746		FOLIC ACID	\$30.00	5/10/21
82747		FOLIC ACID; RBC	\$30.00	5/10/21
82947		GLUCOSE	\$12.00	2016
83036		HgB A1C	\$25.00	5/11/20
83540		ASSAY IRON	\$15.00	5/11/20
83550		IRON BINDING TEST	\$20.00	5/11/20
83655		ASSAY LEAD	\$25.00	6/3/24
83690		LIPASE	\$15.00	5/11/20
83718		HDL CHOLESTEROL	\$20.00	5/10/21
83986		PH BODY FLUID	\$12.00	5/10/21
84132		ASSAY SERUM POTASSIUM	\$15.00	5/10/21
84146		PROLACTIN	\$40.00	5/10/21
84295		ASSAY SERUM SODIUM	\$12.00	5/11/20
84436		ASSAY OF THYROXINE TOTAL (T4)	\$15.00	5/10/21
84439		FREE T-4	\$20.00	5/11/20
84443		ASSAY THYROID STIM HORMONE	\$35.00	5/10/21
84450		TRANSFERASE (AST) (SGOT)	\$12.00	5/11/20
84460		ALANINE AMINO (ALT) (SGPT)	\$12.00	5/11/20
84478		TRIGLYCERIDES	\$10.00	5/11/20
84479		ASSAY THYROID (T3 OR T4)	\$12.00	2016
84481		FREE ASSAY (FT-3)	\$45.00	2016
84520		ASSAY UREA NITROGEN	\$10.00	2016
84550		ASSAY BLOOD/URIC ACID	\$10.00	2016
85018		HEMOGLOBIN	\$8.00	2016
85025		COMPLETE CBC W/ AUTO DIFF WBC	\$20.00	5/10/21
85027		COMPLETE CBC AUTOMATED	\$15.00	2016
85046		RETIC COUNT	\$15.00	5/10/21
86382		RABIES SCREEN	\$100.00	6/20/22
86480		QuantifERON	\$200.00	6/3/24
86580		TB SKIN TEST-Patient Pay(TUBERSOL)	\$30.00	6/3/24
86592		SYPHILIS	\$9.00	5/11/20
86704		HEP B CORE ANTIBODY TOTAL	\$25.00	5/10/21
86706		HEP B SURFACE ANTIBODY	\$25.00	5/10/21
86707		HEP B ANTIBODY	\$30.00	2018

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CPT Code	Modifier	Description	Current	Last Revision
86787		VARICELLA-ZOSTER ANTIBODY	\$35.00	5/10/21
86803		HEPATITIS C AB TEST	\$30.00	5/10/21
87081		GONORRHEA SCREENING CULTURE	\$15.00	5/11/20
87149		CULTURE TYPE NUCLEIC ACID	\$40.00	5/10/21
87177		OVA AND PARASITES SMEARS	\$34.00	5/11/20
87205		STAT MALE SMEAR/GONORRHEA	\$11.00	2016
87210		SMEAR WET MOUNT SALINE/INK	\$15.00	2016
87252		HERPES SIMPLEX VIRUS	\$40.00	2016
87255		GENET VIRUS ISOLATE HSV	\$50.00	5/10/21
87340		HEP B SCREEN	\$20.00	2016
87341		HEPATITIS B SURFACE AG EIA	\$20.00	2016
87389		HIV SCREEN	\$20.00	6/3/24
87491		CHLAMYDIA	\$50.00	2016
87517		HEPATITIS B DNA QUANT	\$65.00	5/10/21
87563		INFECTIOUS AGENT ANTIGEN DETECTION (M.GEN)	\$50.00	6/16/25
87591		GONORRHEA	\$52.00	2016
87593		M-POX PCR TEST	\$120.00	6/3/24
87624		HPV REFLEX TESTING	\$64.00	7/13/20
87661		Pap, MD Interpretation	\$50.00	7/13/20
88141		TRICHOMONAS VAGINALIS	\$40.00	6/16/25
88142		CYTYC PAP (THIN PREP, PAP PROCESSING FEE)	\$53.00	7/13/20
88175		THIN PREP, PAP PROCESS FEE	\$80.00	6/5/23
VACCINE ADMINISTRATION				
90471		ADMIN: 1 VACCINE	\$30.00	6/3/24
90472		ADMIN: 2 OR MORE VACCINES	\$30.00	6/3/24
90473		ADMIN: ORAL VACCINE	\$30.00	6/3/24
90474		ADMIN: ORAL AND INJECTIBLE	\$30.00	6/3/24
90480	EP	SARSCoV-2 Vaccine, Single Dose - Immunization Admin.	\$80.00	11/1/23
96372		ADMIN: DEPO PROVERA	\$35.00	6/5/23
VACCINES				
90611		Jynneos (monkeypox)	\$300.00	6/16/25
90619		MEN QUADFI (NCV4)	\$180.00	6/16/25
90620		BEXSERO (Men-B)	\$250.00	8/7/23
90632		HEP A-ADULT (HAVRIX)	\$100.00	8/7/23
90633		HEP A (Peds)	\$50.00	8/7/23
90636		HEP A - HEP B (ADULT) , (TWINRIX)	\$150.00	8/7/23
90648		HIB (4-dose)	\$50.00	8/7/23
90651		HPV, 9 (GARDASIL-9)	\$325.00	6/3/24
90675		RABIES VACCINE IM	\$450.00	6/3/24
90677		PNEUMOCOCCAL PCV20 (PREVNAR-20 VALENT)	\$300.00	6/3/24
90680		ROTATEQ (Oral)	\$110.00	6/3/24
90686		Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	\$30.00	6/3/24
90696		KINRIX (Dtap/IPV)	\$70.00	6/3/24
90698		PENTACEL (Dtap/Hib/IPV)	\$150.00	6/3/24
90700		DTaP	\$110.00	8/7/23
90707		MMR, Measles, Mumps, Rubella (MMRII)	\$120.00	8/7/23
90710		MMRV, Measles, Mumps, Rubella, Varicella(ProQuad)	\$330.00	8/7/23
90713		IPV	\$140.00	8/7/23

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CPT Code	Modifier	Description	Current	Last Revision
90714		Td, Tetanus, Diphtheria toxoid, no presv(TENIVAC)	\$50.00	8/7/23
90715		Tdap,Tenanus,Diphtheria & Pertussis (BOOSTRIX)	\$70.00	8/7/23
90716		VARICELLA-CHICKEN POX VACCINE SC-(VARIVAX)	\$220.00	8/7/23
90723		PEDIARIX (Dtap/Hep B/IPV)	\$120.00	8/7/23
90732		PNEUMOCOCCAL 23-Valent (PNEUMOVAX 23)	\$140.00	6/3/24
90744		HEP B Ped/Adol	\$40.00	8/7/23
90746		HEP B (ENGERIX-B)	\$80.00	6/3/24
91318		Pfizer Covid-19 monovalent vaccine 3 mcg/0.3 mL (ages 6 mos-4 yrs)	\$200.00	6/16/25
91319		Pfizer Covid-19 monovalent vaccine 10 mcg/0.3mL (ages 5-11)	\$120.00	6/3/24
91320		Pfizer Covid-19 monovalent vaccine 30 mcg/0.3mL (ages 12 and older)	\$175.00	6/16/25
91321		Moderna Covid-19 monovalent vaccine 25 mcg/0.25 mL (ages 6 mos-11 yrs)	\$150.00	6/16/25
91322		Moderna Covid-19 monovalent vaccine 50 mcg/0.5 mL (ages 12 and older)	\$150.00	6/16/25
PHARMACY				
J1050		DEPO (fee must be divisible by 150)	\$111.00	8/7/23
S5001		PLAN B	\$60.00	6/5/23
J7296		KYLEENA	\$1,410.00	6/5/23
J7297		LILETTA	\$1,100.00	6/5/23
J7298		LEVONORGESTREL 52 MG 5 YEAR(Mirena)	\$1,400.00	6/5/23
J7300		IUD Device-Paragard	\$1,250.00	6/5/23
J7307		NEXPLANON	\$1,350.00	6/5/23
S4993		BC Pills (Birth Control Pills)	\$30.00	6/20/22
VIRTUAL PATIENT COMMUNICATION/TELEPHONIC				
99441		PHONE E/M PHYS/QHP- 5-10 MIN	\$94.00	7/13/20
99442		PHONE E/M PHYS/QHP-11-20 MIN	\$130.00	7/13/20
99443		PHONE E/M PHYS/QHP-21-30 MIN	\$201.00	7/13/20
OTHER				
CPR		CPR/First Aid Education Training-(cost is per participant)	\$50.00	6/3/24
SID		SIDS(Sudden Infant Death Syndrome)Training-(cost is per participant)	\$5.00	5/11/20