

**Rowan County Health Department
PHS Client Fees FY 2016-2017**

SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
10060	I & D of abscess (carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle or paronychia) simple or single	\$250.00	\$77.74	Slides to a minimum of 40% of fee.
10080	I & D of pilonidal cyst, simple	\$124.00	\$114.75	Slides to a minimum of 40% of fee.
10120	Incision and removal of foreign body, simple SQ	\$103.00	\$97.83	Slides to a minimum of 40% of fee.
10140	Incision and drainage of hematoma, seroma or fluid collection	\$118.00	\$109.27	Slides to a minimum of 40% of fee.
10160	Puncture aspiration of abscess, cyst, bulla or hematoma	\$97.00	\$88.81	Slides to a minimum of 40% of fee.
11055	Paring of benign hyperkeratotic lesion (single)	\$40.00	\$34.39	Slides to a minimum of 40% of fee.
11056	Paring of benign hyperkeratotic lesions (2 - 4)		\$42.18	Slides to a minimum of 40% of fee.
11200	Skin tag removal (1 - 15)	\$120.00	\$57.68	Slides to a minimum of 40% of fee.
11300	Shave one lesion <.5 cm Epi/derm arm, trunk, legs	\$54.00	\$47.62	Slides to a minimum of 40% of fee.
11301	Shave one lesion .6 - 1 cm Epi/derm arm, trunk, legs	\$73.00	\$65.64	Slides to a minimum of 40% of fee.
11305	Shave one lesion <.5 cm Epi/derm scalp, nk, hd, ft, gen	\$56.00	\$49.30	Slides to a minimum of 40% of fee.
11306	Shave one lesion .6 - 1 cm Epi/derm scalp, nk, hd, ft, gen	\$75.00	\$68.21	Slides to a minimum of 40% of fee.
11400	Exc. ben lesion including margins ex. skin tag <.5 cm trk, arm, leg	\$88.00	\$80.90	Slides to a minimum of 40% of fee.
11401	Exc. ben lesion including margins ex. skin tag .6 - 1 cm trk, arm, leg	\$108.00	\$99.87	Slides to a minimum of 40% of fee.
11420	Exc. ben lesion including margins ex. skin tag <.5 cm scalp, nk, hd, ft, gen	\$90.00	\$82.04	Slides to a minimum of 40% of fee.
11421	Exc. ben lesion including margins ex. skin tag .6 - 1 cm scalp, nk, hd, ft, gen	\$115.00	\$106.76	Slides to a minimum of 40% of fee.
11740	Evacuation of subungual hematoma	\$38.00	\$31.83	Slides to a minimum of 40% of fee.
11750	Excision of nail and nail matrix, partial or complete, (ingrown or deformed) for permanent removal	\$165.00	\$152.34	Slides to a minimum of 40% of fee.
11760	Repair of nail bed	\$153.00	\$141.38	Slides to a minimum of 40% of fee.
11765	Wedge excision of skin of nail fold (for ingrown toenail)	\$102.00	\$89.60	Slides to a minimum of 40% of fee.
12001	Simple repair super wound <2.5 cm scalp, nk, ax, ext. gen, trk, extremities	\$119.00	\$104.41	Slides to a minimum of 40% of fee.
12002	Simple repair super wound 2.6- 7.5 cm scalp, nk, ax, ext. gen, trk, extrem.	\$127.00	\$111.32	Slides to a minimum of 40% of fee.
16000	Burns - Initial tx 1st degree - only local tx required	\$158.00	\$49.43	Slides to a minimum of 40% of fee.
16020	Burns - Drsg/Debridement of partial thickness burns, initial or subsequent, small < 5% total body surface area	\$66.00	\$57.62	Slides to a minimum of 40% of fee.
17000	Destruction of premalignant lesion (1st lesion)	\$63.00	\$55.42	Slides to a minimum of 40% of fee.
17003	Destruction of premalignant lesion (2nd - 14th lesions), each	\$11.00	\$5.38	Slides to a minimum of 40% of fee.
17110	Destruction of benign lesions other than skin tags or cutaneous vascular proliferative lesions (up to 14)	\$245.00	\$76.62	Slides to a minimum of 40% of fee.
36415	Collection of Venous Blood by Venipuncture	\$13.00	\$2.70	Agreement with Red Cross is \$15.00 for venipuncture for blood bone marrow screening.

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36416	Collection of Capillary Blood Specimen	\$12.00	\$0.00	
46900	Destruction of lesion(s), anus (eg,condyloma, papilloma, mulluscum contagiosim, herpetic vesicle), simple; chemical	\$175.00	\$160.97	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
54050	Destruction of genital lesion, penis, simple; chemical	\$110.00	\$95.87	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
54065	Destruction of genital lesion, penis, extensive, includes cryosurgery and chemosurgery	\$174.00	\$163.57	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
56420	Incision and drainage of Bartholin's gland abscess	\$106.00	\$93.44	
56440	Marsupialization of Bartholin's Gland Cyst	\$161.00	\$138.62	
56501	Destruction of lesion(s), vulva, simple; any method	\$322.00	\$97.33	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
56515	Destruction of lesion(s), vulva, extensive; any method	\$528.00	\$166.78	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
57061	Destruction of vaginal lesion(s), simple; any method	\$282.00	\$84.65	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
57065	Destruction of vaginal lesion(s), extensive; any method	\$459.00	\$144.52	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
57170	Diaphragm or cervical cap fitting with instructions	\$85.00	\$52.29	
58300 FP	Insertion of IUD	\$192.00	\$59.14	The FP modifier must be used on the contraceptive device and insertion code 58300, if the LHD is using 340 B stock. Use ICD-10 Dx code Z40.30
58301 FP	Removal of IUD	\$237.00	\$72.62	
59025	Non-Stress test (fetal)	\$114.00	\$23.28	Up to 3 non-stress tests are covered in a 280 day or 40 wk period before high-risk dx must be on claim. All non-stress tests must be medically necessary & have high risk pregnancy dx on claim.
59425	Antepartum care only; 4-6 visits	\$1,404.00	\$329.99	May not bill Lab CPT codes 36415,80048,80050,80051,80055,81000,81001,81002,81003,82731,83020,83021,83026,83030,83036,83045,83050,83051,83055,83060,83065,83068,83069,or 85046 with antepartum codes 59425 or 59426.
59426	Antepartum care only; 7 or more visits	\$2,808.00	\$590.36	May not bill Lab CPT codes 36415,80048,80050,80051,80055,81000,81001,81002,81003,82731,83020,83021,83026,83030,83036,83045,83050,83051,83055,83060,83065,83068,83069,or 85046 with antepartum codes 59425 or 59426.
59430	Post partum care package	\$150.00	\$123.58	
69200	Removal of foreign body from external ear canal without anesthesia	\$172.00	\$85.71	Slides to minimum of 40% of fee.
69209	Removal of impacted cerumen using irrigation/lavage, unilateral (must attach/use modifier 50 for bilateral procedure)	\$121.00	Not listed	Slides to a minimum of 40% of fee.
69210	Removal of impacted cerumen requiring Instrumentation, unilateral (must attach/use modifier 50 for bilateral procedure)	\$121.00	\$35.92	Slides to a minimum of 40% of fee.
71010	Chest X-ray - single view, frontal	\$40.00	\$18.62	Health Department reimburses up to LHD Medicaid rate for required TB client radiology services.
71020	Chest X-ray - two views, frontal and lateral	\$52.00	\$24.68	Health Department reimburses up to LHD Medicaid rate for required TB client radiology services (children 5 years and under only).
76801	Ultrasound, pregnant uterus, RT image & documentation, fetal and maternal evaluation, 1st trimester, transabdominal, single or 1st gestation	Billed By Third Party Radiology	\$102.11	Policy change by DMA during FY 2010-2011 dictates that only providers with sub-specialty in Maternal Fetal Medicine (Perinatology) or Radiology; or OB ultrasound providers who are in an American Institute of Ultrasound in Medicine (AIUM) accredited
76802	- each additional gestation (list separately in addition to code for primary procedure - 76801)	Billed By Third Party Radiology	\$58.11	
76805	Ultrasound, pregnant uterus, RT with image documentation, fetal and maternal evaluation, after 1st trimester (> or = 14 weeks 0 days); transabdominal; single or first gestation	Billed By Third Party Radiology	\$113.58	
76810	- each additional gestation (list separately in addition to code for primary procedure - 76805)	Billed By Third Party Radiology	\$78.82	

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76815	Ultrasound, pregnant uterus, RT with image documentation, limited (fetal heartbeat, placental location, fetal position and/or qualitative amniotic fluid volume); one or more fetuses	Billed By Third Party Radiology	\$70.72	practice or an American College of Radiology (ACR) accredited practice may perform OB ultrasounds.
76816	Ultrasound, pregnant uterus, RT with image doc., f/u (re-eval. of fetal size by measuring standard growth parameters & amniotic fluid volume, organ system(s) suspected/confirmed to be abnormal on a previous scan), transabdominal, per fetus	Billed By Third Party Radiology	\$86.94	
76817	Ultrasound, pregnant uterus, RT with image documentation, transvaginal	Billed By Third Party Radiology	\$78.97	
80048	Basic Metabolic Panel	Billed by Reference	\$9.88	Health Department cost from Quest is \$2.30.
80051	Electrolyte panel	Billed by Reference	\$8.51	
80053	Comprehensive Metabolic Panel	Billed by Reference	\$10.42	Health Department reimburses provider for required TB client laboratory services. Health department cost from Quest is \$2.88.
80055	OB Panel, includes: Blood count, complete (CBC) automated and automated differential WBC count (85025 or 85027 and 85004); Hepatitis B Surface Antigen (HBsAg) (87340); Antibody, Rubella (86762); Syphilis test, non-treponemal antibody, qualitative (eg, VDRL, RPR, ART) (86592); Antibody Screen, RBS, each serum technique (86850); Blood typing, ABO (86900); Blood typing, Rh(D) (86901)	Billed by Reference	\$27.81	Health Department reimburses provider for required prenatal client laboratory services. Health Department cost from Quest is \$2.00. Full cost from Quest is \$22.30.
80061	Lipid Panel	Billed by Reference	\$16.53	Health Department cost from Quest is \$3.54. Quest is discontinuing this test as of September 24, 2016.
80061QW	Cholesterol, in-house testing (T. Chol, HDL, Triglycerides)	\$23.00	\$16.53	Health Department cost is \$11.25/test. Equipment/Supply cost \$4.00.
80074	Acute Hepatitis Panel	Billed by Reference	\$57.47	Health Department cost from Quest is \$32.42.
80076	Hepatic Function Panel	Billed by Reference	\$9.88	Health Department reimburses Quest \$2.21 for this lab test for TB clients.
80156	Therapeutic drug testing - Carbamazepine, total	Billed by Reference	\$17.95	Quest fee is \$113.57
80164	Therapeutic Drug Assay - Dipropylacetic Acid (Valproic Acid)	Billed by Reference	\$16.53	Health Department cost from Quest is \$15.00.
80185	Therapeutic drug testing - Phenytoin, total	Billed by Reference	\$16.34	Health Department cost from Quest is \$21.00.
80375	Drugs or substances, definitive, qualitative or quantitative, not otherwise specified 1-3	Billed By Reference	\$22.37	Quest fee is \$100.31
80376	Drugs or substances, definitive, qualitative or quantitative, not otherwise specified 4-6	Billed By Reference	\$22.37	Quest fee is \$133.74.
80377	Drugs or substances, definitive, qualitative or quantitative, not otherwise specified 7 or more	Billed By Reference	\$24.25	Quest fee is \$167.18.
80415	Chorionic gonadotropin stimulation panel; estradiol response	Billed by Reference	NA	
80426	Gonadotropin releasing hormone stimulation	Billed by Reference	NA	
81000	Urinalysis by dipstick or reagent tablet (non-automated with microscopy)	\$23.00	\$3.91	Slides to a minimum of 40% for PC. May slide to zero for FP, MH, CH & CD based on income, after insurance payment.
81002	Urinalysis by dipstick or reagent tablet(non-automated without microscopy)	\$10.00	\$3.15	Slides to a minimum of 40% for PC. May slide to zero for FP, MH, CH & CD based on income, after insurance payment. Cost of Test Strip is \$0.37. Other supplies include towelettes (\$0.03) and urine collection cup (\$0.45). Staff time for instructing client, performing test, and documenting results is estimated at \$3.00. Total estimated cost is \$3.85.
81025	Urine pregnancy test by visual color comparison methods	\$30.00	\$7.80	Pregnancy test strip cost is \$0.77. Other supplies include towelettes (\$0.03) and urine collection cup (\$0.45). Staff time for registering client, instructing and counseling client, performing test, and documenting results is estimated at \$16.66. Total estimated cost is \$17.91.
82043	Albumin, urine, microalbumin, quantitative (creatinine)	Billed by reference	\$7.14	Health Department cost from Quest is \$1.68.

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82105	Alpha-fetoprotein (AFP); serum	State Funds Pay For Service	\$20.69	Cost to the health department is \$32.00 (Wake Forest University). DPH requires cost for testing by reference lab be \$92.18 or less. This is one test is Quad Screen (other codes for Quad Screen are 82677, 84702, and 86336.
82120	Amines, vaginal fluid, qualitative	\$10.00	\$4.64	
82150	Amylase	Billed by reference	\$7.99	Health Department cost from Quest is \$4.40.
82247	Bilirubin total	Billed by reference	\$6.20	Health Department cost from Quest is \$1.68.
82248	Bilirubin, direct	Billed by reference	\$6.20	Health Department cost from Quest is \$1.68.
82270	Hemocult, 1-3 determinations	Billed by reference	\$4.01	Billed By Reference Lab.
82306	Vitamin D, 25 hydroxl, includes fractions, if performed	Billed by reference	\$36.51	Health Department cost from Quest is \$20.50.
82310	Calcium, Total	Billed by reference	\$6.35	Health Department cost form Quest is \$1.68.
82465	Cholesterol, serum or whole blood, total (screening)	Billed by reference	\$5.36	Health Department cost from Quest is \$1.18 per component (Total, HDL, Triglycerides) and \$3.54 for total Lipid Panel.
82523	Collagen Cross Links	Billed by reference	\$18.08	Test provided by Quest Diagnostics and includes Creatinine and N-Telopeptide (NTx)
82540	Creatinine	Billed by reference	\$5.72	Health Department cost from Quest is \$1.68.
82607	Cyanocobalamin (Vitamin B-12)	Billed by reference	\$18.59	Health Department cost from Quest is \$4.50.
82627	Dehydroepiandrosterone-sulfate (DHEA-S)	Billed by reference	\$27.42	Quest Cost is \$205.50.
82677	Growth Hormaon (hGH), Antibody (UE3 - Wake Forest University Name)	State Funds Pay For Service	\$30.14	Cost is \$38.00 (Wake Forest University). DPH requires cost for testing by reference lab be \$92.18 or less. This is one test in Quad Screen (other codes for Quad Screen are 82105, 84702, and 86336.
82728	Ferritin	Billed by reference	\$16.80	Health Department cost from Quest is \$5.70.
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	Billed by reference	\$79.43	
82947QW	Glucose, quantitative, blood (except reagent strip)	\$15.00	\$4.84	Cost of Curvette is \$1.45, lancet \$0.30, alcohol swab&0.01, bandaid \$0.03, gauze \$0.01 for supply cost of \$1.80. Staff cost is estimated at \$7.30. Total estimated cost is \$9.10.
82950	Glucose - Fasting and Post 1 hour (quantitative, blood)	Billed by reference to Health Dept.; Health Dept. not allowed to bill per state regulations	\$5.86	Health Department cost from Quest is \$1.74. Health Department pays this rate for prenatal client lab services.
82951	Glucose tolerance test (GTT - 3 Specimens)	Billed by reference to Health Dept.; Health Dept. not allowed to bill per state regulations	\$15.88	Health Department cost from Quest is \$3.48. Health Department pays this rate for prenatal client lab services.
82952	GTT, each additional test beyond 3 specimens	Billed by reference to Health Dept.; Health Dept. not allowed to bill per state regulations	\$4.84	Health Department reimburses Quest for required prenatal client laboratory services; gestational 4 is \$3.48.
83001	Gonadotropin, follicle stimulating hormone (FSH)	Billed by Reference	\$22.92	

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83002	Gonadotropin, lutinizing hormone (LH)	Billed by Reference	\$22.84	
83010	Haptoglobin, quantitative	Billed by Reference	\$15.52	
83020	Hemoglobin fractionation and quantitation; electrophoresis	Billed by Reference	\$15.50	
83036	Hemoglobin A1C	Billed by Reference	\$11.97	Health Department cost from Quest \$3.54.
83037	Hemoglobin A1C by device cleared by FDA for home use	\$21.00	Not Listed	83036 Medicaid Rate is \$11.97. Cost of A1C test is \$11.24, lancet \$0.30, alcohol \$0.01, bandaid \$0.03, gauze \$0.01. Staff cost estimated at \$9.10. Total cost estimate is \$20.69. Flat Rate Fee.
83540	Iron	Billed by Reference	\$7.99	Health Department cost from Quest is \$1.95.
83550	Iron binding capacity	Billed by Reference	\$10.78	Health Department cost from Quest for Iron and Iron Binding Capacity is \$3.78.
83615	Lactate dehydrogenase (LD/LDH)	Billed by Reference	\$7.45	Health Department cost from Quest is \$5.55.
83655	Lead level	*Billed by Reference for children ≤ 5 yrs, Not billable for prenatal clients	\$14.93	Health Department cost from Quest is \$7.69. Lead testing for prenatal clients and for children ≤5 years of age is performed by the state lab. The health department pays the state lab \$1.64 for the mailing container. The cost for courier services is additional.
83690	Lipase	Billed by Reference	\$8.49	Health Department cost from Quest is \$6.20.
Multiple CPT Codes	Newborn Screen	Performed By State Lab	Based on Individual CPT Codes	\$19 charge by state lab to facility performing first NB screen in NC. No charge for repeat Newborn screens if first one done in NC (name on repeat must match 1st testing). LHD may charge client for charges by State Lab.
83970	Parathormone (parathyroid hormone)	Billed by reference	\$50.91	Quest fee is \$246.60.
83986	Ph, body fluid, except blood; not otherwise specified	\$10.00	\$4.41	
84030	Phenylketone (PKU, etc.), blood	Billed by Reference	\$6.79	Not listed separately from NB screen
84075	Phosphatase, Alkaline	Billed By Reference	\$6.38	Health Department cost from Quest is \$1.68.
84132	Potassium, serum	Billed by Reference	\$5.66	Health Department cost from Quest is \$1.68.
84144	Progesterone	Billed by Reference	\$25.73	Quest fee is \$123.30.
84146	Prolactin	Billed by Reference	\$23.90	Health Department cost from Quest is \$8.20.
84153	Prostate Specific Antigen (PSA), Total	Billed By Reference	\$22.92	Health Department cost from Quest is \$5.90.
84220	Pyruvate kinase	Billed by Reference	\$11.63	Quest fee for 84210 - Pyruvate is \$137.36
84403	Testosterone, total	Billed by Reference	\$31.85	Quest fee is \$210.91.
84436	Thyroxine, total	Billed by reference	\$7.11	Health Department cost from Quest \$2.40
84439	T4 (free) (thyroxine free)	Billed by Reference	\$20.10	Health Department cost from Quest is \$4.90.
84443	Thyroid stimulating hormone (TSH)	Billed by Reference	\$6.37	Health Department cost from Quest is \$3.33.

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84450	Transferase; aspartate amino (AST), (SGOT)	Billed by reference to Health Dept.; Health Dept. not allowed to bill per state regulations	\$6.37	Health Department cost from Quest is \$1.68. Health Department reimburses Quest for required TB client laboratory services.
84460	Transferase; alanine amino (ALT), (SGPT)	Billed By Reference	\$6.73	Health Department cost from Quest is \$1.68.
84478	Triglycerides	Billed By Reference	\$7.10	Health Department cost from Quest is \$1.18.
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio	Billed by Reference	\$7.35	Health Department cost from Quest for T-3 Uptake is \$2.40.
84520	Urea nitrogen, quantitative	Billed by Reference	\$4.86	Health Department cost from Quest is \$1.68.
84550	Uric acid, Blood	Billed By Reference	\$5.74	Health Department cost from Quest is \$2.90.
84560	Uric acid, other source (than blood)	Billed by Reference	\$6.04	Health Department cost from Quest is \$2.90.
84681	C-Peptide	Billed by reference	\$19.59	Health Department cost from Quest is \$20.50.
84702	HCG, quantitative	Billed by Reference/ State Pays for Quad Screen Tests	\$10.79	Health Department cost from Quest is \$6.87. Cost is \$12.50 (Wake Forest University) as part of Quad Screen. DPH requires cost for Quad Screen testing by reference lab be \$92.18 or less. This is one test in Quad Screen (other codes for Quad Screen are 82105, 82677, and 86336.
84703	Gonadotropin, chorionic (HCG), qualitative	Billed by Reference	\$9.26	Quest fee is \$68.14.
85004	Blood Count, automated differential WBC count	Billed by Reference	\$7.98	Health Department cost from Quest \$1.80
85018	Hgb (fingerstick)	\$12.00	\$2.92	Slides to minimum of 40% for PC. May slide to zero for FP, MH, CH and CD after insurance payment.
85025	CBC, automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count and automated differential WBC count	reference to Health Dept.; Health Dept. not allowed to bill per state regulations	\$9.58	Health Department reimburses provider for required TB client laboratory services. Quest cost is \$40.56.
85027	CBC, automated (Hgb, Hct, RBC, WBC and platelet count)	Billed by reference to Health Dept.; Health Dept. not allowed to bill per state regulations	\$7.98	Health Department cost from Quest is \$1.95 - \$2.00. Health Department reimburses provider for required TB client laboratory services.
85044	Reticulocyte, manual	Billed by reference	\$5.31	Health Department cost from Quest is \$10.00.
85045	Reticulocyte, automated	reference to Health Dept.; Health Dept. not allowed to bill per state regulations	\$4.94	Health Department cost from Quest is \$10.00.
85652	Sed Rate, automated	Billed by reference	\$3.33	Health Department cost from Quest is \$3.28. Health Department reimburses provider for required TB client laboratory services.
85730	PTT (thromboplastin time, partial; plasma or whole blood)	Billed by reference	\$7.40	
86038	Antinuclear antibodies (ANA)	Billed by Reference	\$14.91	Health Department cost from Quest is \$9.02.
86140-90	C-Reactive Protein	Billed by Reference	\$6.38	Health Department cost from Quest is \$3.44.

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86308	Heterophile Antibodies Screening (screening test for Mononucleosis)	Billed by Reference	\$6.38	Health Department cost from Quest is \$4.00.
86308QW	Heterophile Antibodies Screening (screening test for Mononucleosis,) in-house	\$20.00	\$6.38	Not currently being done - no supplies in house
86336	Inhibin A	State Funds Pay For Service	\$20.95	Cost is \$30.00 (Wake Forest University) as part of Quad Screen. DPH requires cost for Quad Screen testing by reference lab be \$92.18 or less. This is one test in Quad Screen (other codes for Quad Screen are 82105, 82677, and 84702.
86382	Neutralization Test, Viral (use for Rabies Titer)	Billed by reference	\$20.85	Kansas state lab cost is \$42.00 for screening or \$65.00 for titer (endpoint test).
86430	Rheumatoid factor, qualitative	Billed by Reference	\$7.00	Health Department cost from Quest is \$4.41.
86580	TB skin test, Intradermal (includes test and reading only)	\$24.00	\$7.56	Flat rate fee, except as prohibited by law or regulation. PPD test solution costs \$7.56/dose (\$75.61/10 dose vial)
86592	Syphilis Test (Qualitative)	Billed by reference	\$5.26	Quest fee for test is \$2.56. Quest bills health department for non-Medicaid or those that cannot be billed to insurance.
86593	Syphilis Test (Quantitative)	Billed by reference	\$5.44	The health department pays NCSPHL \$1.69 per mailer. This does not include the cost of mailing the package.
86615	Antibody, Bordetella	Billed by Reference	\$16.27	Not listed
86622	Antibody, Brucella	Billed by Reference	\$9.29	Quest fee for Brucella IGG, IGM is \$32.00.
86677	Helicobacter pylori (antibody)	Billed by Reference	\$17.90	Health Department cost from Quest is \$17.32.
86694	Herpes Simplex, non-specific type test	Billed by Reference	\$17.72	Health Department cost from Quest is \$7.69 for HSV 1 or 2.
86696	Herpes Simplex Type 2	Billed by Reference	\$23.88	Health Department cost from Quest is \$25.00 for HSV 1/2 IGM AB.
86701	HIV - 1 Antibody	Billed by reference	\$11.29	The health department pays NCSPHL \$3.42 per mailer; cost of tube, other supplies and mailing the package are not included.
86702	HIV - 2 Antibody	Billed by Reference	\$14.95	The health department pays NCSPHL \$3.42 per mailer; cost of tube, other supplies and mailing the package are not included.
86703	HIV - 1 Antibody and HIV -2 Antibody, single result	Billed by Reference	\$14.95	The health department pays NCSPHL \$3.42 per mailer; cost of tube, other supplies and mailing the package are not included.
86706	Hepatitis B surface antibody (HBsAB)	Billed by Reference	\$13.25	Health Department cost from Quest \$15.00
86710	Antibody, Influenza Virus	Billed by Reference	\$16.72	Quest fee is \$142.77.
86735	Mumps Antibody (IGG, EIA)	Billed to Health Department	\$16.26	Cost from Quest is \$19.01. Used for county employees titers.
86762	Rubella antibody	Billed by Reference	\$17.72	Health Department cost from Quest \$2.56 (Rubella Immune)
86765	Measles (Ruebola) Antibody (IGG, EIA)	Billed to Health Department	\$16.05	Cost from Quest is \$17.45. Used for county employees titers.
86787	Varicella Zoster Antibody	Billed by Reference	\$15.89	Health Department cost from Quest is \$16.20.
86803	Hepatitis C antibody	Billed by Reference	\$17.61	Health Department cost from Quest \$2.54
86850	Antibody Screen, RBC, each serum technique	Billed by Reference	\$14.37	Health Department cost from Quest is \$2.75 (Quest code92401)
86880	Antihuman globulin test (Coombs test); direct, each antiserum	Billed by Reference	\$6.63	Quest fee is \$46.51.
86900	Blood typing, serologic, ABO	Billed by Reference or billed to Health Department for OB clients	\$3.79	Health Department cost from Quest is \$1.28.

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SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
86901	Blood typing, serologic, RH(D)	Billed by Reference or billed to Health Department for OB clients	\$3.79	Health Department cost from Quest is \$1.28.
87045	Culture, bacterial, feces, aerobic, with isolation and preliminary examination, Salmonella and Shigella species	Health Dept. is not allowed per state regulations to bill for this test	\$11.63	The health department pays NCSPHL \$1.86 per specimen container and test mailer. This does not include the cost of mailing the package.
87070	Culture, bacterial, any source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates (use only for in-house male GC swabs and Group B Strep sent to outside lab)	Billed by reference to Health Dept. for Group B Strep \$30.00	\$10.62	Health Department cost from Quest is \$5.64 for Group B strep culture. Health department reimburses provider for required prenatal laboratory services. Bill to medicaid and third party for in-house test only.
87077	Culture, bacterial aerobic isolate, additional methods required for definitive identification, each isolate	Billed by Reference	\$9.96	Health Department cost from Quest is \$9.90.
87081	Culture, presumptive, pathogenic organisms, screening only (use for cultures sent to reference labs)	reference to Health Dept.	\$7.11	Health Department cost from Quest is \$7.18. Health Department reimburses provider for required STD client laboratory services. Fee is sliding based on income.
87086	Urine Culture - bacterial; quantitative colony count	reference to Health Dept.	\$9.95	Health Department cost from Quest is \$6.36. Health Department reimburses provider for required prenatal client laboratory services.
87088	Urine Culture with isolation and presumptive identification of isolates, each isolate	\$0.00	\$9.98	Health Department cost from Quest is \$6.36.
87116	Culture, tubercle or other acid-fast bacilli (TB, AFB, mycobacteria), any source, with isolation and presumptive identification of isolates	Health Dept. is not allowed to bill per state regulations to bill for this test	\$13.33	The health department pays NCSPHL \$6.93 per specimen container and test mailer. This does not include the cost of mailing the package.
87147	Culture Typing immunologic method, other than immunofluorescence, per antiserum (code used in addition to 87070 for Prenatal Group B Strep speciation)	Billed by Reference	\$6.38	Health Department cost from Quest is \$5.36
87168	Macroscopic Exam, Arthropods	\$10.00	\$4.70	
87172	Pinworm Exam - Tape Prep	\$10.00	\$4.70	
87177	Ova and parasites; direct smears, concentration and identification	Billed by Reference	\$10.97	Slides to minimum of 40% for PC. Health Department cost from Quest is \$13.94.
87186	Susceptibility Studies, antimicrobial agent, microdilution method or agar dilution, each multi-antimicrobial, per plate	Billed by Reference to Health Dept.	\$10.66	Health Department reimburses provider for required prenatal client laboratory services.
87205	Smear, primary source with interpretation, Gram or Giemsa stain for bacteria, fungi or cell types	\$25.00	\$5.26	
87210	Smear and Wet mount with interpretation for infectious agents	\$24.00	\$4.70	
87252	Virus isolation, tissue culture inoculation, observation and presumptive identification by cytopathic effect (use for Herpes culture and Influenza surveillance for NC PH Lab)	Health Department not allowed to charge because NCSPHL is providing the TC	\$20.09	NCSPHL does not charge for test kit, able to reuse mailer in most instances. This does not include the cost of mailing the package.
87340	Hepatitis B Surface Antigen	Department not allowed to charge because NCSPHL is providing the TC	\$11.48	The Health Department pays NCSPHL \$1.69 per mailer. Prenatal testing is sent to Quest at a cost of \$9.80.
87400	Influenza A or B, each; infectious agent detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method	Billed by Reference	\$14.13	

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87491	Chlamydia Trachomatis, amplified probe technique (Gen-Probe)	Health Department not allowed to bill per state regulations. Billed by Reference.	\$30.24	Health Department cost from Quest for Probtch is \$7.17.
87591	Neisseria Gonorrhea, Amplified probe technique, (Gen-Probe)	Health Department not allowed to bill per state regulations. Billed by Reference.	\$30.24	Health Department cost from Quest for Probtch is \$7.18.
87624	Human Papillomavirus (HPV) high risk types (e.g. 16, 18, 31, 33, 53, 45, 51, 52, 56, 58, 59, 68)	Billed by Reference.	\$30.24	Health Department cost from Quest is \$43.05
87804	Influenza, infectious agent antigen detection by immunoassay with direct optical observation, single-step method (rapid test, state lab)	Billed by reference	\$14.13	Health Department cost from Quest is \$16.40
87880 QW	Streptococcus, Group A; infectious agent detection by immunoassay with direct optical observation	\$30.00	\$14.13	Slides to a minimum of 40% for PC. Cost of test is \$1.26. Health Department purchases in box of 25 at \$35.32.
87999	Unlisted mircobiology procedure	Billed by reference	\$0.00	
88142	Pap Smear, thin prep (REFL)	Billed by reference.	\$24.99	Cost from Quest is \$18.45. Note: if pap is ASCUS, HPV mRNA E6/E7 will be performed at at an additional charge (CPT 87624)
89060	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine) - Use for Fern Test	\$15.00	\$9.09	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
89220	Sputum, obtaining specimen, aerosol induced technique	\$0.00	\$0.00	No charge for TB sputom collection per state regulations.
89321	Semen analysis, sperm presence and motility of sperm	\$25.00	\$14.86	Health Department cost from Quest is \$16.25. Set-up with FP modifier
90471	Immunization Administration (single or combination vaccine/toxoid); when billing Medicaid, this CPT code is only allowed to be used for those 21 years of age and older (percutaneous, intradermal, SQ or IM)	\$20.45	\$20.45	The State law requires that providers receiving free vaccine from the Division of Public Health charge vaccine fees at no more than the rates established by the State's Medicaid program. LHD's shall administer required and State supplied immunizations at no cost to pts that are uninsured or underinsured with family income < 200% federal poverty level.
90471 EP	Immunization administration of 1 vaccine (single or combo vaccine); use for 20 years and younger (percutaneous, intradermal, SQ or IM)	\$20.45	\$20.45	Append EP modifier to all immunization administration codes billed for Medicaid recipients in the Health Check age range, 0 through 20 years of age. Immunization Adm. is payable with a preventive code for a Health Check visit as of 7/1/2010.
90471 NC	Immunization Administration (single or combination vaccine); for any employee or no charge vaccination administration	\$0.00	\$0.00	For use with employee vaccine administration; or with other vaccines administered at no charge
90472	Immunization Administration (single or combination), each additional vaccine; when billing Medicaid, this CPT code is only allowed to be used for those 21 years of age and older	\$20.45	\$20.45	The State law requires that providers receiving free vaccine from the Division of Public Health charge vaccine fees at no more than the rates established by the State's Medicaid program. LHD's shall administer required and State supplied immunizations at no cost to pts that are uninsured or underinsured with family income < 200% federal poverty level.
90472 EP	Immunization Administration (single or combination vaccine), each additional immunization, use for 20 years of age and younger	\$20.45	\$20.45	Append EP modifier to all immunization administration codes billed for Medicaid recipients in the Health Check age range, 0 through 20 years of age. Immunization Adm. is payable with a preventive code for a Health Check visit as of 7/1/2010.
90472 NC	Immunization Administration (single or combination vaccine);each additional vaccine; for any employee or no charge vaccination administration	\$0.00	\$0.00	For use with purchased vaccine. No administration fee will be billed for administration of CPT code 90732, Pneumococcal Polysaccharide 23 valent vaccine (pneumonia vaccine) . For use with employee vaccine administration or with other vaccines administered at no charge.
90473	Immunization administration oral or intranasal route, one vaccine; age 21 years or older	\$20.45	\$20.45	The State law requires that providers receiving free vaccine from the Division of Public Health charge vaccine fees at no more than the rates established by the State's Medicaid program. LHD's shall administer required and State supplied immunizations at no cost to pts that are uninsured or underinsured with family income < 200% federal poverty level.
90473 EP	Immunization administration oral or intranasal route, one vaccine, age 20 or younger	\$20.45	\$20.45	CPT Code 90473 can only be billed if the intranasal/oral vaccine is the only immunization provided on that date of service. Administration of an intranasal or oral vaccine provided in addition to one or more injectable immunization administrations is billed with CPT code 90474 with the EP modifier.
90473 NC	Immunization administration oral or intranasal route, one vaccine, for use with no charge vaccine administration	\$0.00	\$0.00	CPT Code 90473 can only be billed if the intranasal/oral vaccine is the only immunization provided on that date of service. Administration of an intranasal or oral vaccine provided in addition to one or more injectable immunization administrations is billed with CPT code 90474. For use with no charge services.

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90474	Immunization administration oral or intranasal route, one vaccine	\$20.45	\$20.45	CPT Code 90473 can only be billed if the intranasal/oral vaccine is the only immunization provided on that date of service. Administration of an intranasal or oral vaccine provided in addition to one or more injectable immunization administrations is billed with CPT code 90474. Currently 90474 cannot be billed with 90473 because there are no two oral/ intranasal vaccines or combination oral/intranasal vaccine that would be given.
90474 EP	Immunization administration oral or intranasal route (single or combination vaccine/toxoid), each additional vaccine, age 20 or younger	\$20.45	\$20.45	CPT Code 90473 can only be billed if the intranasal/oral vaccine is the only immunization provided on that date of service. Administration of an intranasal or oral vaccine provided in addition to one or more injectable immunization administrations is billed with CPT code 90474 with the EP modifier. Currently 90474 cannot be billed with 90473 because there are no two oral/ intranasal vaccines or combination oral/intranasal vaccine that would be given.
90474 NC	Immunization administration oral or intranasal route (single or combination vaccine/toxoid), each additional vaccine, for use with no charge vaccine administration	\$0.00	\$0.00	CPT Code 90473 can only be billed if the intranasal/oral vaccine is the only immunization provided on that date of service. Administration of an intranasal or oral vaccine provided in addition to one or more injectable immunization administrations is billed with CPT code 90474. Currently 90474 cannot be billed with 90473 because there are no two oral/ intranasal vaccines or combination oral/intranasal vaccine that would be given. For use with no charge services.
90620 SL	Meningococcal, recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, IM (use for Bexsero)	\$0.00	\$171.74	New Code. See NC Immunization Program coverage criteria for state supplied vaccine.
90620 CP	Meningococcal, recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, IM (use for Bexsero)	\$175.00	\$171.74	New Code. Cost from Cardinal is \$123.84.
90632	Hepatitis A - Adult Dosage-per dose (2 dose schedule), IM (HAVRIX - 1440EL.U/ml; VAQTA - 50U/1ml)	\$50.00	\$43.71	Cost from Cardinal: HAVRIX is \$45.21 per dose, HD must purchase in 10 dose pack at \$452.03.
90633-SL	Hepatitis A - Ped/Adol. Immunization-per dose (2 dose schedule), age 12 months - 18 years, state supplied vaccine (see NCIP Coverage Criteria)	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine
90633-CP	Hepatitis A - Ped/Adol. Dosage - per dose (2 dose schedule), IM (HAVRIX - 720EL.U/0.5ml; VAQTA - 25U/0.5ml)	\$40.00	\$23.57	Cost from Cardinal: HAVRIX is \$23.65 per dose, HD must purchase in 10 dose pack at \$236.46 Fee does not slide.
90636-SL	Twinrix (Hepatitis A and Hepatitis B, adult, 3 dose schedule), age ≥ 18 years	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine
90636-CP	Twinrix (Hepatitis A and Hepatitis B, adult dosage, 3 dose schedule), IM	\$90.00	\$88.61	Cost from Cardinal: \$68.37 per dose, HD must purchase in 10 dose pack at \$683.70. Fee does not slide.
90647-SL	HIB - 3 dose schedule (PRP-OMP Conjugate), ≥ 2 months to < 5 years; certain children > 59 months through 18 years who are not appropriately immunized; IM; includes PedvaxHIB	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine
90647-CP	HIB - 3 dose schedule (PRP-OMP Conjugate), ≥ 2 months to < 5 years; certain children > 59 months through 18 years who are not appropriately immunized; IM; includes PedvaxHIB	\$35.00	\$19.48	Cost from Cardinal: PedvaxHIB, \$22.77 per dose; HD must buy in 10 dose packs at a cost of \$227.71. Fee does not slide.
90648 -SL	HIB- 4 dose schedule (PRP-T Conjugate), ≥ 2 months to < 5 years; certain children > 59 months through 18 years who are not appropriately immunized; IM; includes ActHIB, Hiberix	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine
90648- CP	HIB- 4 dose schedule (PRP-T Conjugate), ≥ 2 months to < 5 years; certain children > 59 months through 18 years who are not appropriately immunized; IM; includes ActHIB, Hiberix	\$36.00	\$20.79	Cost from Cardinal: Hiberix - \$9.90 per dose, HD must purchase in 10 dose pack at \$98.95. ActHIB - \$26.22 per dose, HD must purchase in 5 pack dose \$131.06. Fee does not slide.
90649 PA	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent) per dose (3 dose schedule), IM; females and males age 19 through 26 years (Gardasil); contraindicated in pregnancy			HPV Quadrivalent - Patient Assistance Program
90649-SL	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent) per dose (3 dose schedule), IM; females and males age 9 through 18 years, the series must be completed prior to the 19th birthday (Gardasil); contraindicated in pregnancy	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine
90649-CP	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent) per dose (3 dose schedule) (Gardasil)	\$160.00	\$134.37	Cost from Cardinal is \$154.04 per dose and may be purchased in 10 pack at \$1540.46. Medicaid will reimburse for females age 19 through 26 years of age. Fee does not slide.
90651 PA	Gardasil 9	\$0.00	\$0.00	HPV Quadrivalent - Patient Assistance Program; Currently receiving Gardasil Quadrivalent from the Patient Assistance Program.
90651-SL	Gardasil 9	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine.
90651-CP	Gardasil 9	\$180.00	\$175.87	Cost from Cardinal: \$170.90 per dose. Fee does not slide.

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SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
90660	Influenza virus vaccine,trivalent, live, for intranasal use	\$0.00	\$21.03	The HD does not purchase nasal influenza vaccine. Code would be used if state or SNS vaccine is provided, such as with the H1N1 vaccine of FY 2009-2010.
90670 SL	Pneumococcal 13 valent conjugate vaccine ≥ 2months through 59 months (< 5 years of age); certain children ≥ 60 months through 18 years with high risk conditions (PVC 13), IM use; see NCIP Coverage Criteria	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine.
90670 CP	Pneumococcal 13 valent conjugate vaccine ≥ 2months through 59 months (< 5 years of age); certain children ≥ 60 months through 18 years with high risk conditions (PVC 13), IM use; see NCIP Coverage Criteria (Pevnar)	\$160.00	\$0.00	Medicaid does not pay for this vaccine. Use purchased vaccine for patients not eligible for VFC. Fee is flat rate. Cost per dose is \$153.48 from Cardinal, HD must purchase in single or 10 dose packs (\$1534.76) See coverage criteria for VFC. Fee does not slide.
90675	Rabies pre-exposure vaccine or booster -IM, per dose (3 dose schedule)	\$260.00	\$145.59	Rowan County Animal Control and Rowan County Veterinary Clinics price is \$230. Cost from Cardinal is currently \$212.89 per dose. **Health Department and Veterinarian price subject to change based on cost of vaccine. Vaccine Administration charges slide to zero percent for Rowan County Animal Control and Rowan County Veterinary Clinics staff. Otherwise, fee does not slide.
90680-SL	Rotavirus Vaccine (RotaTeq), pentavalent, live, per dose (3 dose schedule), oral, for use ≥ 6 weeks through 7 months	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine.
90680-CP	Rotavirus Vaccine (RotaTeq), pentavalent, live, per dose (3 dose schedule), oral, for use ≥ 6 weeks through 7 months	\$90.00	\$74.56	Use purchased vaccine for patients that are not eligible for VFC Fee is flat rate. Cost is \$75.20 per dose (Cardinal), HD must purchase 10 in ten dose packs at \$752.08. Not a required vaccine. Fee does not slide.
90681-SL	Rotavirus Vaccine (Rotarix), human attenuated, live, per dose (2 dose schedule), oral, for use > 6 weeks through 7 months	\$0.00	\$10.99	Not a required vaccine
90685 SL	Quadrivalent Flu Vaccine, split virus, preservative free, 6 months-35 months	\$0.00	Not Listed yet	New Code. See NC Immunization Program coverage criteria for state supplied vaccine.
90686 SL	Quadrivalent Flu Vaccine, split virus, preservative free, 3 years and older	\$0.00	Not Listed yet	New Code. See NC Immunization Program coverage criteria for state supplied vaccine.
90687-SL	Quadrivalent Flu Vaccine, 6 months-35 months	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine.
90687-CP	Quadrivalent Flu Vaccine, 6 months-35 months	\$10.00	Not Listed Yet	Cost from Seacoast Medical is 8.28 per 0.25 ml dose; health department must purchase in 10 dose vials of 0.5 ml per dose at \$165.50. Fee does not slide.
90688-SL	Quadrivalent Flu Vaccine 3 years and older	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine.
90688-CP	Quadrivalent Flu Vaccine 3 years and older	\$20.00	Not Listed Yet	Cost from Seacoast Medical is \$16.55 per 0.5 ml dose; health department must purchase in 10 dose vials at \$165.50. Fee does not slide.
90696-SL	Kinrix, only for age 4-6 year booster dose of DTaP and Polio (IPV)	\$0.00	\$0.00	Available for VFC eligible children = either Medicaid eligible, uninsured, American Indian or Alaskan Native, underinsured (health insurance does not cover full cost of vaccinations, or unaccompanied minors without proof of insurance in Title X clinics
90696-CP	Kinrix, only for age 4-6 year booster dose of DTaP and Polio (IPV)	\$58.00	\$50.90	Use purchased vaccine for patients that are not eligible for VFC. Cost from Cardinal is \$39.83 per dose, HD must purchase in 10 dose pack at \$398.39. Not a required vaccine. Fee does not slide.
90698-SL	Pentacel, primary 4 dose series of DTaP, Polio, and Hib (2, 4, 6, and 15-18 months); do not administer to anyone over 4 years of age	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine.
90698-CP	Pentacel, primary 4 dose series of DTaP, Polio, and Hib (2, 4, 6, and 15-18 months); do not administer to anyone over 4 years of age	\$90.00	\$77.48	Use purchased vaccine for patients that are not eligible for VFC. Cost from Cardinal is \$81.85 per dose, HD must purchase in 5 dose packs at \$409.24. Fee does not slide.
90700-SL	DTaP - Pediatric ≥ 2 months to < 7 years of age, IM; (Tripedia, Daptacel, Infanrix)	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine.
90700-CP	DTaP - Pediatric ≥ 2 months to < 7 years of age, IM; (Tripedia, Daptacel, Infanrix)	\$24.00	\$14.20	Use purchased vaccine for patients that are not eligible for VFC. Cost from Cardinal is \$17.39 per dose, Daptacel must be purchased in 10 dose pack at \$173.86.
90702-SL	DT - Pediatric ≥ 2 months to < 7 years of age	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine. For all children, see ACIP general recommendations for list of approved contraindications and precautions
90702-CP	DT - Pediatric ≥ 2 months to < 7 years of age	\$50.00	\$23.82	Cost from the Cardinal is \$44.28 per dose, HD must purchase in 10 dose pack at \$442.81.
90707-SL	MMR - SQ	\$0.00	\$0.00	See NCIP Vaccine Coverage Criteria for use of state supplied vaccine for children and selected adults.
90707-CP	MMR - SQ	\$69.00	\$40.61	Charge applies to individuals who have documented receipt of 2 doses previously and for which state supplied vaccine may not be used. Children and adults meeting state criteria for vaccine will not be charged. Cost from Cardinal: \$60.47 per dose, HD must purchase in 10 dose packs at \$604.69.

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SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
90710-SL	ProQuad - Measles, Mumps, Rubella, Varicella (MMRV), for use with children 12 months through 12 years of age, VFC covers only for 12-15 month and 4-6 year old age groups	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine. Medicaid does not pay for this vaccine.
90710-CP	ProQuad - Measles, Mumps, Rubella, Varicella (MMRV), for use with children 12 months through 12 years of age, VFC covers only for 12-15 month and 4-6 year old age groups	\$184.00	\$132.90	Cost from Cardinal is \$173.25 per dose, HD must purchase in 10 dose packs at \$1732.53.
90713-SL	IPV (Inactivated Polio Virus) - SQ or IM, (VFC for use with children ≥ 2 months through 17 years)	\$0.00	\$0.00	Routine vaccination of US residents ≥ 18 years of age is not necessary or recommended.
90713-CP	IPV (Inactivated Polio Virus) - SQ or IM, (VFC for use with children ≥ 2 months through 17 years)	\$35.00	\$24.54	Cost from Cardinal is \$26.88 per dose, HD must purchase in 10 dose pack at \$268.88.
90714-SL	Td, preservative free, 7 years or older, IM (VFC 7 years though 18 years)	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine.
90714-CP	Td, preservative free, 7 years or older, IM (Tenivac) (VFC 7 years through 18 years)	\$30.00	\$19.06	Cost from Cardinal is \$26.94 per dose. HD must purchase in 10 dose pack at \$269.38.
90715-SL	Tdap (Tetanus, diptheria, and acellular pertussis), IM (VFC 7 years through 18 years; certain adults 19 through 64 years may receive state supplied vaccine), Adacel (licensed for 11-64 years) or Boostrix (licensed for 10-64 years)	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine.
90715-CP	Tdap (Tetanus, diptheria, and acellular pertussis), IM (VFC 7 years through 18 years; certain adults 19 through 64 years may receive state supplied vaccine), Adacel (licensed for 11-64 years) of Boostrix (licensed for 10-64 years)	\$40.00	\$39.10	See NCIP Vaccine coverage criteria. Cost from Cardinal: Adacel- \$33.09 per dose, HD must purchase in 10 pack at \$330.98. Boostrix- \$31.82 per dose, HD must purchase in 10 pack at \$318.29.
90716 SL	Varicella Immunization - SQ, licensed for 12 months of age and older, see comments	\$0.00	\$0.00	See NC Immunization Program coverage criteria for children ≥ 12 months through 18 years
90716-CP	Varicella Immunization - SQ, licensed for 12 months of age and older	\$110.00	\$85.56	Flat rate fee for those not covered by Vaccine for Children program. Cost is \$103.57 and must be purchased in 10 dose packs at \$1035.67.
90723 SL	Pediarix (DTaP, Hep B, IPV), IM, ≥ 2 months through 6 years	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine.
90723-CP	Pediarix (DTaP, Hep B, IPV), IM, ≥ 2 months through 6 years	\$72.00	\$71.90	Cost from Cardinal: \$55.39 per dose for preservative free, HD must purchase in 10 dose packs at \$553.88.
90732-CP	Pneumococcal polysaccharide, 23 valent adult vaccine or immunosuppressed client dosage, for use in individuals 2 years and older, SQ/IM	\$80.00	\$31.21	Cost from Cardinal: \$75.87 per dose in 10 dose vial at \$758.69.
90733-CP	Meningococcal conjugate vaccine , Serotypes A, C, Y, and W-135 (tetraivalent) - IM; Menomune (PPSV4), licensed for ≥2 years, recommended for ages 2-10 years and > 55 years	\$120.00	\$89.60	Cost from Cardinal is \$114.93 per dose.
90734-SL	Meningococcal conjugate vaccine , Serotypes A, C, Y, and W-135 (tetraivalent) - IM (use SC modifier for ages 19-55 years), Menactra (MCV4) or Menveo (CRM197 conjugate), both licensed for 11- 55 years of age)	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine.
90734-CP	Meningococcal conjugate vaccine , Serotypes A, C, Y, and W-135 (tetraivalent) - IM (use SC modifier for ages 19- 55 years), Menactra (MCV4) or Menveo (CRM197 conjugate), both licensed for 11-55 years of age)	\$115.00	\$105.80	Cost from Cardinal for Menveo: \$94.06 per dose, HD must purchase in 5 dose pack at \$470.27.
90736-CP	Zoster (shingles) Vaccine, live for SQ injection (Zostavax) - for use age 60 years and older	\$210.00	not listed	Cost from Cardinal: \$198.66 per dose in single dose (minimum order of \$600); or \$189.36 in 10 dose pack at \$1893.52. Fee does not slide.
90744-SL	Hepatitis B vaccine - Pediatric or Adolescent (3 dose schedule) (if the first dose of Hepatitis B vaccine is given prior to age 19, UCDVP vaccine may be used to complete the series prior to age 20)	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine.
90744-CP	Hepatitis B vaccine - Pediatric or Adolescent (3 dose schedule) (if the first dose of Hepatitis B vaccine is given prior to age 19, UCDVP vaccine may be used to complete the series prior to age 20)	\$26.00	not listed	Cost from Cardinal: \$11.43 per dose, HD must purchase in 10 dose pack at \$114.24. Fee does not slide.
90746 SL	Hepatitis B vaccine - Adult, 20 years and > - per dose (3 dose schedule), Certain adults ≥ 20 years of age may receive state supplied Hep B	\$0.00	\$0.00	Criteria for state use of Hepatitis B vaccine for adults: 1. Individuals who are ≥ 20 yrs of age, regardless of insurance status, who are household, sexual or needle sharing contacts of an acute or chronic Hepatitis B infected person. All household, sexual, or needle sharing contacts of acute or chronic Hepatitis B infected persons must be referred to the health department for testing and vaccination. 2. Uninsured immigrants with refugee status who are from endemic countries who are ≥ 20 yrs of age. All immigrants with refugee status must be referred to the health department for testing and vaccination.

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SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
90746-CP	Hepatitis B vaccine - Adult, 20 years and > - per dose (3 dose schedule), may be used for 19 year olds that do not meet the state supplied vaccine coverage criteria	\$57.00	\$54.65	Cost per dose is \$37.26 from Cardinal (Engerix). HD must purchase in 10 dose pack at \$372.62. Fee does not slide.
92527	Cardio IQ Advanced Lipid Panel and Inflammation Panel	TBD when Quest quotes price.	Code not Listed Yest	Cost from Quest has not been determined - Cost pending for this new CPT Code.
92551	Screening test, pure tone, air only (hearing test)	\$27.00	\$8.02	
92551 EP	Screening test, pure tone, air only; use this code for hearing screening provided as part of a health check visit (hearing test)	NA	\$8.02	Must be reported as part of health check visit in order to be paid for visit, however, the procedure is not separately reimbursed by Medicaid for Health Check visit.
92552	Pure tone audiometry (threshold); air only; use this code for screening of persons age 21 or older	\$54.00	\$16.15	Use for self-pay and third party pay. Slides to minimum of 40% except where prohibited by law.
92552 EP	Pure tone Audiometry (threshold); air only; use this code for hearing screening provided as part of a health check visit	NA	\$16.15	Must be reported as part of health check visit in order to be paid for visit, however, the procedure is not separately reimbursed by Medicaid for Health Check visit.
92587	Evoked otoacoustic emissions, limited(single stimulus level, either transient or distortion products)	\$65.00	\$29.18	Use for self-pay and third party pay. Slides to minimum of 40% except where prohibited by law.
92587 EP	Evoked otoacoustic emissions, limited(single stimulus level, either transient or distortion products)	NA	\$29.18	Must be reported as part of health check visit in order to be paid for visit, however, the procedure is not separately reimbursed by Medicaid for Health Check visit.
92588	Evoked otoacoustic emissions, comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otacoustic emissions at multiple levels and frequencies)	\$80.00	\$48.27	Use for self-pay and third party pay. Slides to minimum of 40% except where prohibited by law.
92588 EP	Evoked otoacoustic emissions, comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otacoustic emissions at multiple levels and frequencies)	NA	\$48.27	Must be reported as part of health check visit in order to be paid for visit, however, the procedure is not separately reimbursed by Medicaid for Health Check visit.
94640	Pressurized or non-pressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes	\$35.00	\$10.18	Slides to a minimum of 40% of fee.
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	\$35.00	\$11.13	Slides to a minimum of 40% for PC.
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	\$10.00	\$2.07	
94761	Non-invasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	\$20.00	\$3.95	
95115	Allergen Immunotherapy - single injection	\$14.00	\$7.93	Flat rate fee.
95117	Allergen Immunotherapy -two or more injections	\$16.00	\$9.61	Flat rate fee.
96110	Developmental testing - limited developmental screen/milestones (ex. Developmental Screening Test II, Early language milestone screen) with interpretation and results	\$20.00	\$8.49	May bill to third party payers other than Medicaid. Slides to zero percent pay after insurance payment.
96110 EP	Developmental testing - limited developmental screen/milestones (ex. Developmental Screening Test II, Early language milestone screen) with interpretation and results	Health Dept. not allowed to bill Medicaid per state regulations.	\$8.49	Must be reported as part of health check visit in order to be paid for visit, however, the procedure is not separately reimbursed by Medicaid for Health Check visit.
96150 EP	Health and Behavior Intervention, individual face-to-face, 15 minutes per unit, Initial Assessment	\$30.00	\$18.39	
96151 EP	Health and Behavior Intervention, individual face-to-face, 15 minutes per unit, Re-assessment	\$25.00	\$17.79	
96372	Therapeutic, prophylactic, or diagnostic injection, SQ or IM	\$55.00	\$16.53	Use to bill for administration of 17P; replaces CPT code 90772; Also use for any other therapeutic injections not covered by another CPT code
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (wet to moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for on-going care, per session	\$90.00	Not Listed	Procedure not reimbursable by Medicaid
97802	Medical Nutrition Therapy; Initial assessment and intervention; individual, face-to-face with client, each 15 minutes	\$60.00	\$22.38	Slides to zero percent pay after insurance payment.

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97803	Medical Nutrition Therapy; re-assessment and intervention, individual, face to face with client, each 15 minutes	\$50.00	\$19.39	Slides to zero percent pay after insurance payment.
99000	Lab handling/conveyance - of specimen from physician's office to a laboratory (with visit)	\$12.00	not listed	Bill to insurance and self-pay for labs sent to reference lab. Medicaid does not pay for this service. Slides to minimum of 40% pay for PC.
99050	Services requested after posted office hours in addition to basic service	\$55.00	\$26.48	Slides to zero percent pay.
99173	Screening test of visual acuity, quantitative, bilateral; use for ages 21 and older.	\$20.00	not listed	
99173 EP	Screening test of visual acuity, quantitative, bilateral	Health Department not allowed to bill per state regulations.	not listed	Must be reported as part of health check visit in order to be paid for visit, however, the procedure is not separately reimbursed by Medicaid for Health Check visit.
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	\$50.00	\$15.72	Use for third party insurers (other than Medicaid) and self pay clients.
99201	New - Problem Focused	\$101.00	\$33.18	Slides to a minimum of 40% for PC.
99201 OB	New - Problem Focused	\$0.00	\$33.18	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99201 code)
99202	New - Expanded Focused	\$175.00	\$57.54	Slides to a minimum of 40% for PC Adult Health. Minimum of \$40.00 pre-pay per visit. DOC physicals slide to \$60.00.
99202 OB	New - Problem Focused	\$0.00	\$57.54	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99202 code)
99203	New - Detailed/Low Complexity	\$253.00	\$83.36	Slides to a minimum of 40% for PC Adult Health. Minimum of \$40.00 pre-pay per visit.
99203 OB	New - Problem Focused	\$0.00	\$83.36	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99203 code)
99204	New - Comprehensive/ Moderate Complexity	\$393.00	\$129.27	Slides to a minimum of 40% for PC Adult Health. Minimum of \$40.00 pre-pay per visit.
99204 OB	New - Problem Focused	\$0.00	\$129.27	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99204 code)
99205	New - Comprehensive/HighComplexity	\$495.00	\$163.41	Slides to a minimum of 40% for PC Adult Health. Minimum of \$40.00 pre-pay per visit.
99205 OB	New - Problem Focused	\$0.00	\$163.41	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99205 code)
99211	Established - Nurse Encounter (no MD required)	\$50.00	\$34.16	Slides to a minimum of 40% for PC Adult Health. Slides to 20% for blood pressure checks.
99211 FP	Established - Nurse Encounter (no MD required)	\$50.00	\$34.16	Use for Family Planning Nurse Visits - Slides to a minimum of zero percent pay.
99211 NC	Established - Nurse Encounter (no MD required)	\$0.00	\$34.16	No charge as required by state programs.
99212	Established - Problem Focused	\$101.00	\$56.93	Slides to a minimum 40% for PC Adult Health. Minimum of \$20.00 pre-pay per visit. Slides to zero percent for other programs as required by law or regulation.
99212 FP	Established - Problem Focused	\$101.00	\$56.93	Use for Family Planning Visits - Slides to a minimum of zero percent pay as required by law or regulation.

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99212 OB	Established - Problem Focused	\$0.00	\$56.93	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99212 code)
99213	Established - Expanded /Low Complexity	\$171.00	\$78.66	Slides to a minimum 40% for PC Adult Health. Minimum \$20.00 pre-pay/visit. May bill E&M codes for antepartum care for 1-3 visits or for high risk pregnancy requiring >13 visits using ICD-10 codes that crosswalk from 640-648 ICD-9 codes.
99213 FP	Established - Expanded /Low Complexity	\$171.00	\$78.66	Use for Family Planning Visits - Slides to a minimum of zero percent pay as required by law or regulation.
99213 OB	Established - Expanded /Low Complexity	\$0.00	\$78.66	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99213 code)
99214	Established - Detailed/Moderate Complexity	\$256.00	\$122.13	Slides to a minimum 40% for PC Adult Health. Minimum \$20.00 pre-pay/visit. May bill E&M codes for antepartum care for 1-3 visits or for high risk pregnancy requiring >13 visits & using ICD-10 codes that crosswalk from 640-648 ICD-9 codes.
99214 FP	Established - Detailed/Moderate Complexity	\$256.00	\$122.13	Use for Family Planning Visits - Slides to a minimum of zero percent pay as required by law or regulation.
99214 OB	Established - Detailed/Moderate Complexity	\$0.00	\$122.13	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99214 code)
99215	Established - Comprehensive/High Complexity	\$345.00	\$182.16	Slides to a minimum 40% for PC Adult Health. Minimum of \$20.00 pre-pay per visit. May bill E&M codes for antepartum care for 1-3 visits or for high risk pregnancy requiring >13 visits & using ICD-10 codes that crosswalk from 640-648 ICD-9 codes.
99215 FP	Established - Comprehensive/High Complexity	\$345.00	\$182.16	Use for Family Planning Visits - Slides to a minimum of zero percent pay as required by law or regulation.
99215 OB	Established - Comprehensive/High Complexity	\$0.00	\$182.16	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99215 code)
99381	Initial/New preventive < 1 year	\$331.00	\$90.00	Use for third party insurance other than Medicaid.
99381 EP	Initial/New preventive < 1 year	\$331.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare after initial 12 months of enrollment. Use EP modifier for Health Check visits. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99382	Initial/New preventive 1 - 4 years	\$319.00	\$90.00	Use for third party insurance other than Medicaid.
99382 EP	Initial/New preventive 1 - 4 years	\$319.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare after initial 12 months of enrollment. Use EP modifier for Health Check visits. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99383	Initial/New preventive 5-11 years	\$360.00	\$154.00	Use for third party insurance other than Medicaid.
99383 EP	Initial/New preventive 5-11 years	\$317.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare after initial 12 months of enrollment. Use EP modifier for Health Check visits. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99383 FP	Initial/New preventive 5-11 years	\$360.00	\$154.00	Slides to a minimum of zero percent pay. Non-covered by Medicare after initial 12 months of enrollment. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99384	Initial/New preventive 12 - 17 years	\$340.00	\$169.00	Use for third party insurance other than Medicaid.
99384 EP	Initial/New preventive 12 - 17 years	\$340.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare after initial 12 months of enrollment. Use EP modifier for Health Check visits. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99384 FP	Initial/New preventive 12 - 17 years	\$340.00	\$169.00	Use for Family Planning Visits - Slides to a minimum of zero percent pay as required by law or regulation.

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99385	Initial/New preventive 18 - 39 years	\$279.00	\$167.00	Slides to minimum of 40% for PC Adult Health (21yrs or ≥). Pre-pay of \$40.00 for PC Adult Health. Use also for third party insurance other than Medicaid.
99385 EP	Initial/New preventive 18 - 20 years	\$279.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare after initial 12 months of enrollment. Use EP modifier for Health Check visits. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99385 FP	Initial/New preventive 18 - 39 years	\$279.00	\$167.00	Use for Family Planning Visits - Slides to a minimum of zero percent pay as required by law or regulation.
99386	Initial/New preventive 40 - 64 years	\$326.00	\$199.00	Slides to a minimum of 40% for PC Adult Health. Pre-pay of \$40.00. Non-covered by Medicare after 1st 12 months of enrollment. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99386 FP	Initial/New preventive 40 - 64 years	\$326.00	\$199.00	Use for Family Planning Visits - Slides to a minimum of zero percent pay as required by law or regulation.
99387	Initial/New preventive > 65 Years	\$220.00	\$215.00	Slides to a minimum of 40% for PC Adult Health. Pre-pay of \$40.00. Non-covered by Medicare after 1st 12 months of enrollment. Use Code G0438 for Medicare clients. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99391 EP	Established Preventive < 1 year	\$294.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits.
99392 EP	Established Preventive 1 - 4 years	\$282.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits.
99393	Established Preventive 5 -11 years	\$281.00	\$146.00	Use for third party insurance other than Medicaid.
99393 EP	Established Preventive 5 -11 years	\$281.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits.
99393 FP	Established Preventive 5 -11 years	\$281.00	\$146.00	Use for Family Planning Visits - Slides to a minimum of zero percent pay. Non-covered by Medicare.
99394	Established Preventive 12 - 17 years	\$279.00	\$146.00	Use for third party insurance other than Medicaid.
99394 EP	Established Preventive 12 - 17 years	\$279.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits.
99394 FP	Established Preventive 12 - 17 years	\$279.00	\$146.00	Use for Family Planning Visits - Slides to a minimum of zero percent pay. Non-covered by Medicare.
99395	Established Preventive 18 - 39 years	\$279.00	\$142.00	Slides to a minimum 40% for PC Adult Health (21 yrs or ≥). Pre-pay of \$20.00 applies. Also use for third party billing other than Medicaid. Non-covered by Medicare.
99395 EP	Established Preventive 18 - 20 years	\$279.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits.
99395 FP	Established Preventive 18 - 39 years	\$279.00	\$142.00	Use for Family Planning Visits - Slides to a minimum of zero percent pay. Non-covered by Medicare.
99396	Established Preventive 40 - 64 years	\$326.00	\$158.00	Slides to a minimum of 40% for PC Adult Health. Pre-pay minimum of \$20.00 applies. Also use for third party insurance other than Medicaid. Non-covered by Medicare.
99396 FP	Established Preventive 40 - 64 years	\$326.00	\$158.00	Use for Family Planning Visits - Slides to a minimum of zero percent pay. Non-covered by Medicare.
99397	Established Preventive > 65 years	\$180.00	\$175.00	Slides to a minimum of 40% for PC Adult Health. Pre-pay minimum of \$20.00 applies. Also use for third party insurance other than Medicaid. Non-covered by Medicare. Use Code G0439 for Medicare clients.
99406	Smoking and Tobacco Use Cessation Counseling Visit, Intermediate, > 3 minutes up to 10 minutes	\$24.00	\$11.93	Use for third party insurance and non-program modifier required billing to Medicaid.
99406 EP	Smoking and Tobacco Use Cessation Counseling Visit, Intermediate, > 3 minutes up to 10 minutes	\$24.00	\$11.93	Slides to a minimum of zero percent pay. Use EP modifier for Health Check visits.
99407	Smoking and Tobacco Use Cessation Counseling Visit, Intensive, greater than 10 minutes	\$46.00	\$23.05	Use for third party insurance and non-program modifier required billing to Medicaid.
99407 EP	Smoking and Tobacco Use Cessation Counseling Visit, Intensive, greater than 10 minutes	\$46.00	\$23.05	Slides to a minimum of zero percent pay. Use EP modifier for Health Check visits.
99408	Alcohol and/or Substance Abuse (other than Tobacco) Structured Screening and Brief Intervention Services, 15 to 30 minutes (CRAFFT)	\$62.00	\$30.73	Use for third party insurance and non-program modifier required billing to Medicaid.
99408 EP	Alcohol and/or Substance Abuse (other than Tobacco) Structured Screening and Brief Intervention Services, 15 to 30 minutes (CRAFFT)	\$62.00	\$30.73	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits. For use in children under the age of 21

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99409	Alcohol and/or Substance Abuse (other than Tobacco) Structured Screening and Intervention Services, greater than 30 minutes (CRAFTT)	\$122.00	\$60.41	Use for third party insurance and non-program modifier required billing to Medicaid.
99409 EP	Alcohol and/or Substance Abuse (other than Tobacco) Structured Screening and Intervention Services, greater than 30 minutes (CRAFTT)	\$122.00	\$60.41	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits. For use in children under the age of 21.
99420	Administration and Interpretation of Health Risk Assessment Instrument (use for MCHAT - autism screening, GAPS, HEADSSS)	\$25.00	\$8.14	Use for third party insurance other than Medicaid.
99420 EP	Administration and Interpretation of Health Risk Assessment Instrument (use for MCHAT - autism screening, GAPS, HEADSSS)	\$25.00	\$8.14	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits.
99501	Home visit for postnatal assessment and follow-up care	\$225.00	58.29	Limit of one visit per postpartum period; visit must be between last day of pregnancy and last day of month in which 60th postpartum day occurs; not reimbursable on same date of service as CC4C, OB Care Manager, or maternal care skilled nurse visit.
99502	Home visit for newborn care and assessment	\$225.00	\$60.00	Limit of one visit per infant per lifetime; visit must be within 60 days of birth; not billable if 99502-EP is billed regardless of date of service. Not billable on same date of service as CC4C, OB Case Manager or maternal care skilled nurse home visits. Use for third party insurance other than Medicaid.
99502-EP	Newborn EPSDT screen home visit	\$225.00	\$60.00	Limit of one visit per infant per lifetime; visit must be prior to first birthday; not billable if 99502 is billed regardless of date of service. Not billable on same date of service as CC4C, OB Case Manager, or maternal care skilled nurse home visits.
A4217	500ml Sterile Saline	\$12.00	\$2.64	Cost from McKesson is \$5.90 for 250 ml or \$11.80 for 500 ml. Bill per 500 ml.
A4267	Male Condoms	\$0.00	\$0.00	Condoms may not be charged for per STD and FP program guidelines. Not covered by Medicare. Cost from Global Protection is \$0.062 per condom. HD purchases in packs of 1000.
A4614	Peak expiratory flow rate meter, hand held	\$25.00		Cost is \$13.00 - \$15.00 per peak flow meter from McKesson.
A4649	Laceration/Suture Tray/Supplies (Includes zylcaine with or without epinephrine, sterile drape and gloves, sutures, irrigation solution and syringe(s), gauze and/or other dressing materials, betadine)	\$30.00	\$0.00	Cost is minimum of \$19.00. Cost of suture removal tray is \$2.11. Estimated staff cost is
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width \geq to 3" and < 5", per yard (Jones Wrap)	\$10.00	3.26 per yard	Cost from McKesson.
A7006	Administration set, with small volume filtered pneumatic nebulizer	\$20.00	\$9.47	Cost from McKesson is \$1.28, \$2.71 and \$1.79 for adult mouthpiece and tubing, peds mask and tubing and adult mask and tubing respectively.
D0145	Oral Evaluation for patient under three years of age and counseling with primary care giver; must be billed with D1206, allowed once every 90 days, limited to 6 times prior to child's 3rd birthday	\$60.00	\$35.62	Sliding scale fee.
D1206	Topical application of fluoride varnish; must be billed in conjunction with D0145, limited to children under 3 years of age, allowed once every 90 days, limited to 6 times prior to child's 3rd birthday	\$50.00	\$15.72	Sliding scale fee.
G0008	Administration of flu vaccine - no other services same day. If provided, report significant separately identifiable E/M for medically necessary service (Z23)	\$20.45	Unknown	For use with purchased vaccine. Use for clinic clients with Medicare/Medicaid. Coinsurance and deductible do not apply.
G0009	Administration of pneumococcal vaccine - no other services same day. Reported once in a lifetime based on risk; Medicare covers cost of vaccine and administration (Z23)	\$20.45	Unknown	For use with purchased vaccine. Use for clinic clients with Medicare/Medicaid. Coinsurance and deductible do not apply.
G0010	Administration of Hepatitis B Vaccine; Medicare covers the cost of vaccine and administration (Z23)	\$20.45	Unknown	For use with purchased vaccine. Use for clinic clients with Medicare/Medicaid. Coinsurance and deductible do not apply.
G0101	Cervical or vaginal cancer screening, pelvic and clinical breast exam; covered once every two years and annually if high risk for cervical/vaginal cancer, or if childbearing age patient has had an abnormal pap smear in preceding three years; high risk dx, (Dx Codes Z01.42, Z11.51, Z12.4)	\$70.00	Unknown	Medicare billing code.
G0102	Prostate cancer screening digital rectal exam; covered annually by Medicare. Not separately payable with an E/M code (99201-99499)	\$38.00	Unknown	Medicare billing code.
G0103	Prostate Cancer screening; prostate specific antigen test (PSA); covered annually by Medicare. (Dx Codes - Z12.5, Z80.42)	Billed By Reference Lab	Unknown	Medicare billing code.
G0402	Initial Preventive Physical Examination; face to face visit	\$220.00	155.89	Services limited to new beneficiary during the first 12 months of Medicare enrollment. The IPPE (G0402) is a one-time benefit that must be provided within 12 months of the effective date of a beneficiary's Medicare Part B coverage.

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G0438	Annual Wellness Visit, Initial	\$220.00	\$135.28	Medicare covers an Initial Annual Wellness Visit (AWV) (Medicare does not cover Preventive Visits) - The Affordable Care Act included an Annual Wellness Visit as a benefit beginning in 2010. The Annual Wellness Visit must include a personalized prevention plan of service (PPPS). Copayment/coinsurance waived; Deductible waived.
G0439	Annual Wellness Visit, Subsequent	\$180.00	\$93.96	Medicare covers Subsequent Annual Wellness Visits (AWV) (Medicare does not cover Preventive Visits) - The Affordable Care Act included Annual Wellness Visits as a benefit beginning in 2010. The Annual Wellness Visit must include a personalized prevention plan of service (PPPS). Copayment/coinsurance waived; Deductible waived
J0171	Adrenalin/Epinephrine, injection - SC, IM, 0.1 mg	\$1.00	\$0.04	Cost from Moose Pharmacy is \$22.89 per box of 25 -1mg vials or \$0.92 per 1mg = \$0.10 per 0.1mg dose. Package Service Item - Not separately payable by Medicare.
J0561	Penecillin G Benzathine (Bicillin LA) per 100,000 units, injection	Cost of Medication may be billed to third party payers.	\$3.92	Cost from Cardinal is \$0.19 per 1.2 mmu/2ml. Provided by state.
J0696	Ceftriaxone sodium injection per 250 mg (Rocephin)	Cost of Medication may be billed to third party payers.	\$1.43	Cost from Cardinal is \$0.70 per 250 mg injection. Health Department must purchase in 10 dose package. Vaccine purchased through Cardinal is for 340B medication use only (STD Treatment). Provided by state. Package Service Item - Not separately payable by Medicare.
J1050	Depoprovera 150 mg/ml (Medroxyprogesterone Acetate) Dx. Code Z30.42	\$29.32 per 150 mg or \$0.20 per mg See Comments Section	\$39.04	Contraceptives prices purchased through the 340B program change regularly. The state Public Health Nursing and Professional Development Unit suggests that the average cost per year be used to determine the health department's charge for each method or device used.(Non-covered by Medicare) Cost is per 150 mg from Cardinal which is \$25.62 which = \$0.1955 (rounded to \$0.20) per mg. The depo injection J1050 FP UD billed with diagnosis Z30.013 (initial injection) or Z30.42 (surveillance of injection if the depo was provided at the hospital post-delivery).
J1200	Diphenhydramine HCL (Benedryl), Injection, IV/IM, up to 50 mg	\$3.00	\$0.72	Flat rate fee except as prohibited by law or regulation. Cost from Moose Pharmacy is \$1.68 per 50 mg, or pack of 25 - 50mg/ml vials at \$41.89. Package Service Item - Not separately payable by Medicare.
J1725	Hydroxprogesterone Caporoate (17P Makena), use for Medicaid clients; use with 96372 administration code; for use from 18 to 36 weeks, cannot start use after 23 weeks	\$0.00	\$20.00	Makena is indicated for the prevention of preterm birth in women with a singleton pregnancy who have a history of singleton pregnancy spontaneous preterm birth. Cost is \$90.00 per 10 doses (10ml vial, one dose is 1 ml), cost per dose is \$9.00. Makena charges Medicaid for medication.
J1725 NC	Hydroxprogesterone Caporoate, 1 mg, (17P Makena), use for non-Medicaid clients; use with 96372 administration code; for use from 18 to 36 weeks, cannot start use after 23 weeks	\$0.00	\$20.00	Makena is indicated for the prevention of preterm birth in women with a singleton pregnancy who have a history of singleton pregnancy spontaneous preterm birth. Provided by state at no charge for non-Medicaid clients.
J1815	Insulin injection, per 5 units	\$7.00	\$0.27	Cost for Novolin N & R 10cc/vial (1000 units/vial) is \$154.59 from Moose Pharmacy or \$0.16 per unit or \$0.80 per 5 units. Package service item, not separately payable by Medicare.
J1885	Ketorolac Tromethamine (Toradol), Injection, per 15 mg	\$6.00	\$0.33	Cost from Moose Pharmacy is \$193.89 per box of 25 2ml vials; 60 mg/2ml. Cost per 2ml vial is \$7.76 or 1.94 per 15 mg. Package service item, not separately payable by Medicare.
J2790	Rho D Immune Globulin, human, full dose, 300 mcg (RhoGAM) Rhophylac, 300 mcg/2 ml), Injection, IM	\$100.00	\$86.49	Slides to zero percent pay. Cost from Cardinal is \$751.32 per box of 10 or \$75.14/dose. Package service item, not separately payable by Medicare.
J3301	(Triamcinolone Acetonide (Kenalog), Injection, per 10mg	\$15.00	\$1.33	Cost from Moose Pharmacy is \$72.86 per 400mg/10ml vial, or \$1.83 per 10 mg. Package service item, not separately payable by Medicare.
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1000 mcg	N/A	\$0.24	Received from state for use with TB clients. Cannot charge for this medications.
J3490	Metronidazole 500 mg (Flagyl), oral, specify drug and dose (using unclassified drug HCPCS code)	\$0.00	\$20.00	Provided by state for STD clients. Cost from Cardinal is \$52.38 per bottle of 500 or \$0.11 per tablet.
J7298 FP UD	Levonorgesterel releasing IUD, 52mg, use for Mirena	\$283.00 See Comments Section	745.23	Contraceptives prices purchased through the 340B program change regularly. The state Public Health Nursing and Professional Development Unit suggests that the average cost per year be used to determine the health department's charge for each method or device used. Not covered by Medicare. New HCPCS Code effective 1-1-2016.
J7300 FP UD	IUD copper contraceptive, use for Paraguard	\$225.75 See Comments Section	386.89	Contraceptives prices purchased through the 340B program change regularly. The state Public Health Nursing and Professional Development Unit suggests that the average cost per year be used to determine the health department's charge for each method or device used. Not covered by Medicare. Price from Paraguard Direct as of 9-1-2016 is \$225.75 individually.
J7613	Albuterol, inhalation solution, FDA approved, non-compounded, administered through DME, unit dose, 1mg	\$1.00	\$0.00	Cost from Innes Street Drug is \$12.97 per box of 25 vials or \$0.52 per 1 vial (0.083% solution)

*Purchased vaccine fees are flat rate.
Law requires providers receiving free vaccine from DPH charge vaccine adm. fees no > than State Medicaid program rates.

**Rowan County Health Department
PHS Client Fees FY 2016-2017**

SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
J8499	Clonidine 0.1 mg (using prescription drug, oral, non-chemotherapeutic, NOS HCPCS code)	\$0.25	\$0.00	Cost from Moose Pharmacy is \$13.00 per bottle of 100 or \$0.13 per pill.
J8499	Doxycycline 100 mg, oral, (using prescription drug, oral, non-chemotherapeutic, NOS HCPCS code)	\$0.00	\$0.00	Cost from Cardinal is \$4.63 per tablet. Provided by the state for STD clients
J8499	Fluconazole 150 mg, oral, specify drug and dose (using prescription drug, oral, non-chemotherapeutic, NOS HCPCS code)	\$0.00	\$0.00	Cost from Cardinal is \$0.55 per tablet. Provided by the state for STD clients
J8499	Valacyclovir 500 mg, oral, specify drug and dose, (using unclassified drug HCPCS code)	\$0.00	\$0.00	Cost from Cardinal is \$5.90 per bottle of 30 or \$0.20 per tablet. Provided by the state for STD clients
LU021	Completion of form verifying exam (not at time of exam or other billable service)	\$20.00	\$0.00	Use for self pay and third party pay
LU102	Completion of "Record of Tuberculosis Screening" - DHHS Form 3405	\$5.00	\$0.00	
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	Billed by Reference	\$42.98	
Q2038	Fluzone vaccine for 3 yrs and older, IM, use for Medicare clients	\$20.00	\$12.044	Cost from Seacoast Medical is \$16.55 per 0.5 ml dose; health department must purchase in 10 dose vials at \$165.50. Fee does not slide.
S0197	Prenatal Vitamins, 30- day supply	\$0.00	\$0.00	Cost for bottle of 100 is \$5.00 - \$5.50 from Moose Pharmacy. The health department is required to provide prenatal vitamins for prenatal clients but may not bill separately for the vitamins. Cost is to be covered by the visit fees charged for prenatal services.
S0280	Medical home program, comprehensive care coordination and planning, initial plan	\$65.00	\$50.00	Providers shall bill this incentive code after the pregnancy risk screening tool has been completed.
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan plan	\$175.00	\$150.00	Providers shall bill this incentive code after the postpartum visit is completed. The provider billing S0281 must be the same provider that bills the postpartum visit. DMA will only pay this incentive if an OB package code that includes postpartum care,* is billed. In order for providers to receive reimbursement for incentive code S0281, they must bill within 60 days of the date of delivery. Use ICD-10 Dx code Z39.2.
S0630	Suture Removal by provider other than the provider who originally closed the wound	\$0.00	\$0.00	Not covered by Medicare, cost of suture removal tray is \$2.11 from PSS.
S4993	Oral Contraceptives, per cycle	\$2.88 See Comments Section	\$3.03	Contraceptives prices purchased through the 340B program change regularly. The state Public Health Nursing and Professional Development Unit suggests that the average cost per year be used to determine the health department's charge for each method or device used. Be Smart Family Planning clients may receive up to a 3 month supply of oral contraceptives.
S9445	Patient Education (individual), not otherwise classified, non-physician provider (1 unit = 15 minutes)	\$19.00	\$14.43	
S9445 ST	Patient Education (individual), not otherwise classified, non-physician provider (1 unit = 15 minutes); use for HIV counseling	Health Department not allowed to bill per state regulations.	\$14.43	Counseling is not billable per HIV/STD guidelines, use for report only.
S9982	Medical Records Copying Fee, per page	\$0.05**	\$0.00	**See attached Rowan County wide copy/print fees from April 15, 2009 for complete list of charges.
T1001	Nursing assessment/evaluation (Maternal care skilled nurse home visit)	\$93.00	\$87.09	Maximum of 2 visits per month are reimbursable; may not be billed on same date of service as a CC4C, OB Case Manager, newborn home or maternal postnatal visit. Not covered by Medicare.
T1002	Registered Nurse services, up to 15 minutes	\$50.00	\$18.59	Maximum of 4 units/day may be billed; documentation must support medical necessity requests for additional units. May not be billed with preventive medicine, prenatal or treatment codes; may be billed with E&M code for separately identifiable medical condition on same day of service with modifier 25 appended to either the E&M or T1002 code. Not covered by Medicare.

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Law requires providers receiving free vaccine from DPH charge vaccine adm. fees no > than State Medicaid program rates.