

**ORANGE COUNTY BOARD OF HEALTH
AGENDA ITEM SUMMARY**

Meeting Date: August 26, 2015

Agenda Item Subject: FY 2015-16 Fee Schedule & Requested Changes

Attachment(s): Fee Schedule & Requested Changes

Staff/Board Member Reporting: Colleen Bridger, Health Director

Purpose/Recommended Action: Action/Approve
 Action/Approve & forward to Board of Commissioners
 Information with possible action
 Accept as information
 Revise & schedule for future action

Summary Information:

The Health Department reviews fee schedules on an annual basis through the budget approval process; however, the state and private vaccine distributors have since increased rates and clinic providers wish to make use of new or more descriptive procedure codes. In addition, the Department would like to eliminate Environmental Health well water testing fees for medical referrals. The proposed changes are detailed below:

Personal Health

Personal Health requests the addition of new fees for multiple procedures codes. These procedures may have been in use at other times under different procedure codes or are more descriptive than current procedure codes that are in use. The division also requests to charge fees for new vaccine types and brands on the market. Finally, Personal Health requests to increase the fees for multiple vaccines that have increased in cost since the last fee change; in many cases this was in 2009 and 2012.

Name of Fee	2015-16 Current Fee	2015-16 Proposed Fee
Intranasal administration of live quadrivalent influenza vaccine	\$0	\$26
Influenza vac 4 valent prsrv free 3 yrs plus IM	\$0	\$18
Diphtheria tetanus toxoid adsorbed >7 yr IM	\$0	\$40
Alcohol and/or drug assessment	\$0	\$20
Mental health assessment, by non-physician	\$0	\$22
Injection, medroxyprogesterone acetate, 1 mg	\$0	\$.67
Injection, hydroxyprogesterone caproate, 1 mg	\$0	\$3
Fluvirin Vacc, 3 yrs & >, IM	\$0	\$31
Fluzone Vacc, 3 yrs & >, IM	\$0	\$40
PMH Risk Screening	\$0	\$50
Meningococcal Group B (Bexsero)	\$0	\$177
Meningococcal Group B (Trumenba)	\$0	\$248
Twinrix	\$0	\$102
Gardasil	\$136	\$162
HPV 9 (Gardasil 9)	\$0	\$180
Preservative free influenza vaccine 6-35 mo	\$16	\$17
Pentacel (DTaP/IPV/Hib)	\$0	\$95
Prevnar (PCV13) – Pneumococcal Vaccine	\$130	\$167
Rabies (IM)	\$237	\$269
Rotarix	\$0	\$124
Adult MMR	\$56	\$66
Td (pres. free)	\$0	\$35
Varicella vaccine	\$89	\$111
Pediarix (DTaP/Hep B/IPV)	\$0	\$91
Immunization: Pneumococcal – State	\$65	\$80
Menactra Meningococcal Vaccine	\$106.87	\$127
Zostavax Vaccine	\$179	\$207
Tobacco Use Cessation Counseling - Intermediate	\$10.66	\$13
Tobacco Use Cessation Counseling - Intensive	\$22.1	\$32
Skyla IUD	\$0	\$726
MNT	\$30	\$34
DSME – Initial	\$22	\$52
DSME – Group	\$12	\$17

Environmental Health

Environmental Health and Personal Health request to eliminate fees for all well water testing that is requested by a medical professional. This will allow clients in the Newborn/Postpartum Homevisiting Program that are on well water to have the water tested at no charge. The majority of clients whose medical professional refers them to have their well water tested qualify for Medicaid or have a low enough income to pay \$0 on the medical clinic sliding fee scales. Income at these levels makes paying for the necessary tests cost prohibitive. The average well water test for bacteria, inorganics, heavy metals and nitrate/nitrite totals \$110. Additional testing for VOC's, pesticides and petroleum are \$110 per sample (if requested by the medical professional). Environmental Health receives an average of 24 medical referrals per year. These are typically for the full well panel. The cost of these referred tests will be absorbed within the Environmental Health budget.

Name of Fee	2015-16 Current Fee	2015-16 Proposed Fee
Total Coliform P/A	\$60	\$0
Nitrate/Nitrite	\$65	\$0
Full Inorganic Panel	\$110	\$0
Existing Well Full Well Panel	\$110	\$0
Pesticides	\$110	\$0
Herbicides	\$110	\$0
Petroleum Products	\$110	\$0
Volatile Organic Chemicals	\$110	\$0
Fluoride - Physician, Dentist request	\$25	\$0

Recommended Motion:

To approve the proposed fee changes for 2015-2016 as presented and forward to the Board of County Commissioners for action.

**ORANGE COUNTY HEALTH DEPARTMENT FEE SCHEDULE
PERSONAL HEALTH SERVICES + NUTRITION**

	CPT Code	Description	Current Fee	Requested Fee Change for FY 2015-16	Last Revision
Personal Health	10060	Drainage of Skin Abscess	\$117.00		2009
	10061	Drainage of Skin Abscess	\$200.00		2009
	10080	Drainage of Pilonidal Cyst	\$195.00		2009
	10120	Remove Foreign Body	\$133.00		2009
	10140	Drainage of Hematoma/Fluid	\$147.00		2009
	10160	Puncture Drainage of Lesion	\$94.00		2008
	11000	Debride Infected Skin	\$56.00		2009
	11055	Paring of corn/callus (1 lesion)	\$46.00		2009
	11200	Remove Skin Tags	\$89.00		2007
	11719	Trim Nail(s)	\$22.00		2008
	11720	Debride Nail 1-5	\$33.00		2008
	11730	Avulsion of Nail Plate	\$97.00		2011
	11740	Drain Blood from Under Nail	\$56.00		2009
	11976	Norplant (Remove)	\$223.00		2008
	11981	Insertion, non-biodegradable drug	\$250.00		2012
	11982	Removal, non-biodegradable drug	\$154.00		2009
	11983	Removal, with reinsertion, non-biodegradable drug	\$234.00		2009
	12001	Repair Superficial Wound(s) 2.5cm or less	\$171.00		2008
	12002	Repair Superficial Wound(s) 2.6-7.5cm	\$184.00		2009
	16000	Initial Burn(s) Treatment	\$84.00		2009
	16020	Dsg and/or debridement, small	\$97.00		2009
	17000	Destroy Benign/Premal Lesion	\$72.00		2009
	17003	Destroy Lesions, 2-14	\$18.00		2009
	17110	Destruct Lesion(s), 1-14	\$109.00		2009
	17250	Chem. Caut of granulation tissue	\$79.00		2009
	20550	Inject Single Tendon-Ligament-Cyst	\$72.00		2009
	20551	Inject Single Tendon Orgin ? Insertion	\$67.00		2009
	20552	Inject Single-Multi Trigger Pts, 1-2 Muscles	\$67.00		2008
	20553	Inject Single-Multi Trigger Pts, 3+ Muscles	\$78.00		2009
	20600	Drain/Inject, Small Joint or Bursa	\$67.00		2008
	20605	Drain/Inject, Intermediate Joint or Bursa	\$72.00		2007
	20610	Drain/Inject, Major Joint or Bursa	\$84.00		2009
	26010	Drain Finger Abscess, Simple	\$329.00		2009
	29130	Apply Finger Splint, Static	\$44.00		2009
	30300	Remove foreign body intranasal	\$244.00		2009
	30901	Control Nosebleed	\$123.00		2009
	36415	Lab: Venipuncture	\$18.00		2009
	36416	Capillary Puncture	\$15.00		2012
	46083	Incise External Hemorrhoids	\$184.00		2009
	46600	Diagnostic Anoscopy	\$100.00		2009
	51701	Insertion of non-dwelling bladder cath	\$94.00		2009
	54050	Destroy Lesion (Male)	\$315.00		2012
	56405	Incision/Drainage of Vulva or Perineum	\$140.00		2009
	56420	Incision/Drainage of Gland Abscess	\$173.00		2009
	56501	Destroy Lesions (Female)	\$260.00		2012
	57170	Diaphragm Fit	\$95.00		2009
	57452	Colposcopy of the cervix (without biopsy)	\$160.00		2012
	57454	Colposcopy of the cervix, with biopsy and endocervical curettage	\$208.00		2012
	57455	Colposcopy of the cervix, with biopsy	\$193.00		2012
	57456	Colposcopy of the cervix, with endocervical curettage	\$183.00		2012
	58300	Insert Intrauterine Device (IUD)	\$160.00		2012
	58301	IUD Removal	\$200.00		2012
	59025	Fetal Non Stress	\$90.00		2012
	59425	Antepartum package 4-6 visits	\$1,900.44		2014
	59426	Antepartum package 7+ visits	\$3,408.75		2014

**ORANGE COUNTY HEALTH DEPARTMENT FEE SCHEDULE
PERSONAL HEALTH SERVICES + NUTRITION**

	CPT Code	Description	Current Fee	Requested Fee Change for FY 2015-16	Last Revision
	59430	Postpartum care only	\$175.00		2012
	64435	Paracervical Block	\$176.00		2008
	65205	Remove Foreign Body from External Eye	\$67.00		2007
	69200	Remove Foreign Body from Outer Ear Canal	\$140.00		2006
	69210	Remove Ear Wax	\$67.00		2006
	80061	Lipid Panel (Fasting) - UNC Lab	\$18.00		2006
	80101	Urine Toxicology Screen (UNC Lab)	\$160.88		2010
	80178	Lithium Level (UNC Lab)	\$9.46		2011
	81000	U/A (W/Micro)	\$28.00		2006
	81002	U/A (Dipstick Only)	\$18.00		2006
	81025	Pregnancy Test	\$15.00		2012
	82040	Albumin Serum (UNC Lab Test)	\$6.00		2006
	82044	Urine Micro-Albumin (UNC Lab)	\$4.18		2010
	82150	Amylase (UNC Rate)	\$9.00		2006
	82239	Bile Acid Test	\$93.00		2006
	82247	Total Bilirubin (UNC Lab Test)	\$7.00		2006
	82248	Direct Bilirubin (UNC Lab Test)	\$7.00		2006
	82251	Neonatal Bilirubin (UNC Lab Test)	\$9.00		2006
	82270	Hemocult	\$11.00		2008
	82306	Vitamin D 25 (UNC Lab)	\$71.00		2011
	82310	Ca (UNC Lab Test)	\$7.00		2008
	82374	CO2 (UNC Lab Test)	\$6.22		2014
	82435	CL (UNC Lab Test)	\$6.00		2007
	82465	Total Cholesterol (UNC Lab Test)	\$6.00		2006
	82565	CREAT (UNC Lab Test)	\$7.00		2007
	82607	B12 (UNC Lab Test)	\$21.00		2006
	82728	Ferritin (UNC Lab Test)	\$19.00		2006
	82746	Folate (UNC Lab Test)	\$20.00		2006
	82772	Fecal occult blood, single spec.	\$10.00		2006
	82784	Iga (UNC Lab)	\$13.58		2010
	82947	GLU (UNC Lab Test)	\$5.00		2006
	82952	GGT 3 HR	\$25.00		2012
	82977	GGT (UNC Lab Test)	\$11.00		2006
	83001	FSH (UNC Lab Test)	\$25.00		2006
	83002	Luteinizing Hormone *UNC rate	\$25.00		2006
	83516	Ttg (UNC Lab)	\$16.85		2010
	83540	Iron Profile (FE): IBC (UNC Lab Test)	\$9.00		2006
	83615	LDH (UNC Lab Test)	\$8.00		2006
	83690	Lipase (UNC Rate)	\$9.00		2006
	83718	Lipid Panel (Non-Fasting) HDL (UNC Lab Test)	\$11.00		2006
	83721	LDL (UNC Lab Test)	\$13.00		2006
	84075	ALK PHOS (UNC Lab Test)	\$7.00		2006
	84132	K (UNC Lab Test)	\$6.00		2006
	84146	Prolactin (UNC Lab)	\$27.00		2006
	84153	PSA Screen (UNC Lab)	\$25.00		2006
	84153	PSA Diagnostic (UNC Lab)	\$25.00		2006
	84155	TP-Serum (UNC Lab Test)	\$5.00		2007
	84156	TP-Urine (UNC Lab Test)	\$5.00		2006
	84295	NA (UNC Lab Test)	\$6.12		2014
	84436	Thyroxine (T4) - (UNC Lab Test)	\$8.00		2006
	84439	Free T4 (UNC Lab Test)	\$12.00		2006
	84443	TSH (UNC Lab Test)	\$22.00		2006
	84450	SGOT, AST (UNC Lab Test)	\$7.00		2006
	84460	SGPT, ALT (UNC Lab Test)	\$7.00		2008
	84466	Iron Profile/Tranferrin: % Saturation (UNC Lab Test)	\$17.00		2006

**ORANGE COUNTY HEALTH DEPARTMENT FEE SCHEDULE
PERSONAL HEALTH SERVICES + NUTRITION**

	CPT Code	Description	Current Fee	Requested Fee Change for FY 2015-16	Last Revision
	84478	TRIG (UNC Lab Test)	\$8.00		2006
	84479	T3U (UNC Lab Test)	\$8.00		2006
	84481	Free T3 (UNC Lab)	\$42.00		2010
	84520	BUN (UNC Lab Test)	\$5.01		2014
	84550	Uric Acid (UNC Lab Test)	\$6.00		2006
	84702	QUANT HCG/Serum (UNC Lab Test)	\$12.00		2006
	85025	CBC with Diff (UNC Lab Test)	\$10.00		2006
	85027	CBC w/o Diff (UNC Lab Test)	\$9.00		2006
	85611	Prothrombin Time (UNC Lab)	\$5.00		2006
	85651	SED Rate (UNC Lab Test)	\$4.51		2014
	86038	ANA (anti-nuclear antibody) titer (UNC Rate)	\$16.00		2006
	86039	Confirmation, if ANA+ (UNC Rate)	\$15.00		2008
	86308	MONO Spot (UNC Lab Test)	\$7.00		2006
	86430	RA Factors - Qual (UNC Lab Test)	\$7.00		2006
	86431	RA Factors - Quan (UNC Lab Test)	\$7.00		2006
	86580	PPD	\$17.00		2012
	86677	H. Pyloric (UNC Lab Test)	\$20.00		2011
	86706	Hepatitis B Surface Antibody (UNC Lab)	\$15.38		2011
	86757	RMSF (Convalescent) (UNC Rate)	\$27.00		2009
	86762	Rubella (UNC Lab Test)	\$20.00		2009
	86787	Varicella Immune Status Test *UNC rate	\$17.00		2008
	86803	Hep C Antibody (UNC Lab)	\$20.00		2007
	86804	Hepatitis C RIBA (UNC Lab Test)	\$16.00		2009
	86870	Antibody Identification (UNC Lab Test)	\$21.00		2010
	86900	ABO Group (UNC Lab Test)	\$4.00		2009
	86901	RH Type (UNC Lab Test)	\$7.00		2009
	87070	Other Bacterial Culture (UNC Lab Test)	\$12.00		2008
	87081	Throat Culture (UNC Lab Test)	\$8.00		2008
	87086	Urine Culture (UNC Lab Test)	\$11.00		2006
	87101	Culture, Fungal Dermatology Screen (UNC Lab)	\$10.00		2008
	87184	ID & Sensitivity (UNC Lab Test)	\$9.00		2008
	87205	STAT Male Smear	\$22.00		2008
	87206	Fungal Direct Test (FDIR) (UNC Lab Test)	\$7.00		2008
	87210	Wet Mount	\$18.00		2009
	87269	Parasitology Test #9807-Giardia (UNC Lab Test)	\$16.00		2009
	87272	Parasitology Test #9807-Cryptosporidium (UNC Lab)	\$16.00		2009
	87340	HBsAG (UNC Lab Test)	\$13.00		2009
	87420	RSV (Respiratory Syncytial Virus) Antigen Screen (UNC Lab)	\$16.00		2008
	87880	Streptococcus Group A Assay W/Optic (UNC Lab)	\$20.00		2009
	88175	Cytopath C/V Auto Fluid Redo	\$35.00		2012
	90460	Admin Fee (1 vaccine) to children by RN or higher	\$15.70		2012
	90461	Admin Fee (2 vaccines) to children by RN or higher	\$8.84		2012
	90470	Administration of H1N1 Vaccine	\$18.00		2010
	90471	Admin Fee (1 vaccine)	\$18.00		2012
	90472	Admin Fee (2+ vaccines)	\$18.00		2012

**ORANGE COUNTY HEALTH DEPARTMENT FEE SCHEDULE
PERSONAL HEALTH SERVICES + NUTRITION**

	CPT Code	Description	Current Fee	Requested Fee Change for FY 2015-16	Last Revision
	90473	Immunization Adm. - Intranasal/Oral	\$13.71		2014
	90474	Immunization Adm. - Intranasal/Oral Additional	\$13.71		2014
	90620	Meningococcal Group B (Bexsero)	New	\$177.00	
	90621	Meningococcal Group B (Trumenba)	New	\$248.00	
	90632	Hep A - Adult	\$45.00		2012
	90633	Hep A (Ped/Adol)	\$25.00		2010
	90636	Twinrix	New	\$102.00	
	90647	PedVaxHIS Self Pay	\$40.00		2012
	90648	HIB Vaccine	\$26.00		2012
	90649	Gardasil	\$136.00	\$162.00	2012
	90651	HPV 9 (Gardasil 9)	New	\$180.00	
	90654	Intradermal flu vaccine	\$20.00		2012
	90655	Preservative free influenza vaccine 6-35 mo	\$16	\$17.00	2011
	90656	Preservative free influenza vaccine	\$18.00		2012
	90657	Influenza Split 6-35 mo.	\$14.00		2009
	90658	Influenza Split 3yr and Above	\$15.00		2012
	90660	Influenza Virus Vaccine Live for Intranasal	\$23.00		2012
	90662	Influenza - high dose (65+)	\$40.00		2012
	90669	Prevnar (PCV7) -Pneumococcal Vaccine	\$116.00		2009
	90670	Prevnar (PCV13) -Pneumococcal Vaccine	\$130.00	\$167.00	2012
	90672	Intranasal administration of live quadrivalent influenza vaccine	New	\$26.00	
	90675	Rabies (IM)	\$237.00	\$269.00	2009
	90676	Rabies vaccine, for intradermal use	New	\$212.00	
	90680	Rotateq (Rotavirus Vaccine)	\$99.00		2009
	90681	Rotarix	New	\$124.00	
	90685	Influenza vac quadrivalent prsrv free 6-35 mo IM	New	\$16.00	
	90686	Influenza vac 4 valent prsrv free 3 yrs plus IM	New	\$18.00	
	90696	Kinrix (DTaP/IPV)	\$52.00		2012
	90698	Pentacel (DTaP/IPV/Hib)	New	\$95.00	
	90700	Dtap Vaccine (Pediatric) Self Pay	\$32.00		2012
	90702	Diphtheria tetanus toxoid absorbed>7yr IM	New	\$40.00	
	90707	Adult MMR	\$56.00	\$66.00	2009
	90713	Inactivated Polio Vaccine (IPV)	\$31.00		2009
	90714	Td (pres. free)	New	\$35.00	
	90715	Tdap Vaccine	\$39.49		2014
	90716	Varicella vaccine	\$89.00	\$111.00	2008
	90723	Pediarix (DTaP/Hep B/IPV)	New	\$91.00	
	90732	Immunization: Pneumococcal - State	\$65.00	\$80.00	2012
	90733	Meningococcal Vaccine, Subcutaneous/Jet	\$100.00		2008
	90734	Menactra Meningococcal Vaccine	\$106.87	\$127.00	2014
	90736	Zostavax vaccine	\$179.00	\$207.00	2007
	90744	Pediatric Hep B Vaccine Self Pay	\$30.00		2012
	90746	Immunization: Hep B (20+ yrs)	\$58.00		2007
	90760	IV Infusion Up to One Hour	\$140.00		2007
	90772	Therapeutic prophylactic/diagonostic injection	\$23.00		2008
	90801	Psychiatric Diagnostic Interview Exam	\$151.00		2008
	90802	Psychiatric Diag Interview Exam, Interactive	\$161.00		2009
	90804	Psychother, Indiv, Insight, 20-30 min.	\$65.00		2009
	90806	Psychother, Indiv, Insight, 45-50 min.	\$97.00		2007
	90808	Psychother, Indiv, Insight, 75-80 min.	\$146.00		2008
	90810	Psychother, Indiv, Interac, 20-30 min.	\$70.00		2007
	90812	Psychother, Indiv, Interac, 45-50 min.	\$103.00		2009
	90814	Psychother, Indiv, Interac, 75-80 min.	\$152.00		2009
	90846	Psychotherapy, Family, w/o Patient	\$95.00		2009
	90847	Psychotherapy, Family, (Conjoint) W/Pt Present	\$115.00		2009

**ORANGE COUNTY HEALTH DEPARTMENT FEE SCHEDULE
PERSONAL HEALTH SERVICES + NUTRITION**

	CPT Code	Description	Current Fee	Requested Fee Change for FY 2015-16	Last Revision
	90853	Psychotherapy, Group	\$32.00		2009
	91781	IV infusion Each Additional Hour up to Eight	\$39.00		2009
	92551	Audiometry	\$18.00		2008
	92587	OAE (Limited)	\$100.00		2012
	93000	Electrocardiogram, Complete	\$33.00		2009
	93005	Electrocardiogram, Tracing Only	\$22.00		2009
	94640	Airway Inhalation Treatment	\$22.00		2009
	94664	Aerosol/Vapor Inhalation Treatment	\$22.00		2009
	94760	Pulse Oxygen	\$8.00		2009
	96110	Developmental Test	\$23.00		2012
	96152	Health & Behavior Intervention	\$55.00		2012
	96372	Ther/Proph/Diag inj/SC/IM	\$60.00		2012
	97802	Medical Nutrition Therapy/Initial 15 min. Unit	\$30.00	\$34.00	2009
	97803	Medical Nutrition Therapy/Re-Assess 15 min. Unit	\$30.00		2009
	97804	Medical Nutrition Therapy-Group (2 or more)	\$15.00		2011
	99000	Lab: Handling Fee	\$11.00		2009
	99070	Special Supplies	\$18.00		2009
	99173	Vision	\$7.00		2009
	99175	Induction of Vomiting	\$67.00		2009
	99201	New Office/Outpt Tx Brief E&M	\$110.00		2009
	99202	New Office/Outpt Tx Expanded Prob Focused E&M	\$165.00		2009
	99203	New Office/Outpt Tx Detailed E&M	\$200.00		2009
	99204	New Office/Outpt Tx Moderate Complex E&M	\$335.00		2009
	99205	New Office/Outpt Tx High Complex E&M	\$405.00		2009
	99211	Estab Offic/Outpt Tx Brief E&M	\$60.00		2012
	99212	Estab Office/Outpt Tx Prob Focused E&M	\$100.00		2012
	99213	Estab Office/Outpt Tx Expanded Focused E&M	\$150.00		2012
	99214	Estab Office/Outpt Tx Detailed E&M	\$225.00		2012
	99215	Estab Office/Outpt Tx Comprehensive E&M	\$305.00		2012
	99381	Preventive/New Pt < 1 yr.	\$255.00		2012
	99382	Preventive/New Pt 1-4 yrs.	\$270.00		2012
	99383	Preventive/New Pt 5-11 yrs.	\$275.00		2012
	99384	Preventive/New Pt 12-17 yrs.	\$235.00		2012
	99385	Preventive/New Pt 18-39 yrs.	\$235.00		2012
	99386	Preventive/New Pt 40-64 yrs.	\$267.00		2009
	99387	Preventive/New Pt 65+ yrs.	\$242.00		2008
	99391	Preventive/Estab Pt < 1 yr.	\$225.00		2012
	99392	Preventive/Estab Pt 1-4 yrs.	\$225.00		2012
	99393	Preventive/Estab Pt 5-11 yrs.	\$200.00		2012
	99394	Preventive/Estab Pt 12-17 yrs.	\$205.00		2012
	99395	Preventive/Estab Pt 18-39 yrs.	\$225.00		2012
	99396	Preventive/Estab Pt 40-64 yrs.	\$220.00		2012
	99397	Preventive/Estab Pt 65+ yrs.	\$212.00		2004
	99406	Tobacco Use Cessation Counseling - Intermediate	\$10.66	\$13.00	2012
	99407	Tobacco Use Cessation Counseling - Intensive	\$22.10	\$32.00	2012
	99420	Health Check Autism Assessment	\$9.20		2015
	Recoding	Education Classes	\$30.00/hr		2010
	Recoding	Consultant Services (Health Educators)	\$20.00/hr		2010
	Recoding	Patient Education (non Physician)	\$35.00/unit		2012
	Recoding	Health Risk Appraisal	\$12.00		2004
	82465QW	Cholesterol	\$11.00		2011
	82947QW	Glucose (Random)	\$18.00		2006
	82950QW	O'Sullivan	\$28.00		2007
	82951QW	OGTT (3 HR)	\$50.00		2006
	83036QW	Hemoglobin A1C	\$21.00		2006

**ORANGE COUNTY HEALTH DEPARTMENT FEE SCHEDULE
PERSONAL HEALTH SERVICES + NUTRITION**

	CPT Code	Description	Current Fee	Requested Fee Change for FY 2015-16	Last Revision
	85018QW	Hemoglobin	\$11.00		2009
	88175-90	Pap, Thin Prep (State Lab)	\$18.38		2012
	D0145	Oral Evaluation <3 yrs with counseling	\$55.00		2012
	D1206	Topical Fluoride Appl	\$47.00		2012
	Recode	Employee Varicella Titer (UNC Lab)	\$78.00		2009
	Recode	Employee Measles (Rubeola) Titer	\$48.00		2009
	Recode	Employee Mumps Titer	\$50.00		2009
	Recode	Employee Rubella Titer	\$75.00		2009
	G0008	Adm of Influenza Vaccine	\$18.00		2009
	G0008	Admin. Influenza Vaccine - Medicare	\$18.00		2009
	G0009	Adm of Pneumococcal Vaccine	\$18.00		2009
	G0009	Admin. Pneumococcal Vaccine - Medicare	\$18.00		2009
	New	DSME Minimum Fee	\$20.00		2015
	G0108	DSME/DSMT Individual Assessment	\$22.00	\$51.82	2010
	G0109	DSME/DSMT Group Class	\$12.00	\$17.00	2010
	G0270	Additional MD requested MNT indiv - Medicare	\$25.00		2010
	G0271	Additional MD requested MNT group - Medicare	\$13.00		2010
	H0001	Alcohol and/or drug assessment	New	\$20.00	
	H0031	Mental health assessment, by non-physician	New	\$22.00	
	J1055	Depo Provera Injection	\$40.00		2012
	J1050	Injection, medroxyprogesterone acetate, 1 mg	New	\$0.67	
	J1200	Diphenhydramine HCL/Benadryl up to 50mg	\$6.00		2009
	J1725	Injection hydroxyprogesterone caproate, 1 mg	New	\$3.00	
	J2550	Promethazine _ mg	\$8.00		2009
	J2790	Rhogam Injection	\$88.00		2012
	J3420	B-12 Injection	\$6.00		2009
	J3490	17 Alpha-hydroxprogesterone	\$21.00		2012
	J7300	Paragard IUD	\$390.00		2012
	J7301	Skyla IUD	\$0.00	\$726.00	
	J7302	Mirena IUD	\$745.23		2014
	J7303	Nuvaring	\$57.00		2008
	J7307	Implanon	\$698.99		2014
	JO696	Ceftriaxone Sodium/Rocephin per 250mg	\$22.00		2008
	Recoded	Sports Physical	\$44.00		2008
	Recoded	Camp Physical	\$44.00		2009
	Recoded	College Physical	\$44.00		2009
	Recoded	I-693 Form	\$0.00		2015
	Recoded	Primary Care Minimum Fee	\$20.00		2012
	Recoded	MNT Minimum Fee	\$20.00		2012
	Recoded	Adult Medicaid Co-pay	\$3.00		2010
	Q2037	Fluvirin Vacc, 3 yrs & >, IM	New	\$31.00	
	Q2038	Fluzone Vacc, 3 yrs & >, IM	New	\$40.00	
	S0280	PMH Risk Screening	New	\$50.00	
	S4993	Oral Contraceptive Pills	\$5.00		2012
	S9465	Diabetic management program, dietitian visit	\$35.00		2011
	S9470	Nutritional counseling, dietitian visit	\$35.00		2011
	T1002	RN Services up to 15 min.	\$21.00		2005
	S9442	Birthing classes	8.69/ 1 hr block		2013
	90714	TD Vaccine	\$35.00		2013

** UNC and State Lab Fees in BOLD are established by reference lab and not by OCHD

** "No Code and Recode" represent local use codes that can be billed, however are not recognized by ICD-10.