

# HYDE COUNTY HEALTH DEPARTMENT

1151 Main Street \* P.O. Box 100 \* Swan Quarter, N.C. 27885

Telephone 252/926-4200

*Wesley P. Smith  
Health Director*

## Fee Schedule FY 09-10

CPT	Description	Fee
99201	Office Visit 1—New/Problem	\$83.00
99202	Office Visit 2	\$112.00
99203	Office Visit 3	\$151.00
99204	Office Visit 4	\$222.00
99205	Office Visit 5	\$278.00
99381	Office Visit <1—New/Prevent EP	\$132.00
99382	Office Visit 1-4 EP	\$137.00
99383	Office Visit 5-11 EP	\$144.00
99384	Office Visit 12-17 FP	\$193.00
99384	Office Visit 12-17 EP	\$110.00
99385	Office Visit 18-39 FP	\$196.00
99385	Office Visit 18-39 EP	\$99.00
99386	Office Visit 40-64	\$242.00
99387	Office Visit >65	\$245.00
99211	Office Visit Nurse—Est/Problem	\$44.00
99212	Office Visit 2	\$77.00
99213	Office Visit 3	\$91.00
99214	Office Visit 4	\$138.00
99215	Office Visit 5	\$208.00
99391	Office Visit <1—Est/Prevent EP	\$110.00
99392	Office Visit 1-4 EP	\$115.00
99393	Office Visit 5-11 EP	\$130.00
99394	Office Visit 12-17 EP	\$99.00
99394	Office Visit 12-17 FP	\$164.00
99395	Office Visit 18-39 EP	\$99.00
99395	Office Visit 18-39 FP	\$167.00
99396	Office Visit 40-64	\$192.00
99397	Office Visit >65	\$201.00
S9443	Pills	\$5.00
58300	IUD Insertion	\$64.00
58301	IUD Removal	\$72.00
92551	Audiometry	\$14.00
90471	Vaccine Admin 1 <sup>st</sup> EP	\$22.00
90471	Vaccine Admin 1 <sup>st</sup>	\$19.00

90472	Vaccine Admin 2 <sup>nd</sup>	\$12.00
90746	Hepatitis B (adult)	\$82.00
90658	Influenza 3+	\$25.00
T1002	TB Cont/Rx	\$56.00 (3 <sup>rd</sup> party only)
86580	TB TST	\$16.00
LU102	TB Screening Form	\$16.00
J1055	Depo Provera	\$60.00
J2490	Rhogam	\$134.00
36415	Venipuncture	\$7.00
96372	Injection only	\$13.00
80100	Urine Drug Screen (Hyde Co Schools)	\$30.00
82465QW	Cholesterol (in-house)	\$16.00
82947QW	Glucose (in-house)	\$13.00
82950	GTT 1 hour	\$20.00
82270	Hemocult (3 specimens)	\$16.00
85018QW	Hemoglobin (in-house)	\$9.00
81025	Pregnancy test	\$17.00
81002	Urinalysis	\$9.00
87210	Wet Mount	\$14.00
82120	Amine test	\$6.00
99000	Lab Handling Fee	\$16.00
86850	Antibody screen	HF
83655	Blood Lead	HF
86900	Blood Type	HF
80061	Lipid Panel	HF
83020	Hemoglobin Electrophoresis	HF
86706	HepB Surface Antigen	HF
83036	Hemoglobin A1C	HF
87390	HIV	HF
82105	MSAFP	HF
87491	Chlamydia	HF
87591	Gonorrhea	HF
88142	Pap Smear	HF
88142-90	Pap Smear—non-Medicaid	HF
84152	PSA (Pungo)	HF
86762	Rubella titer	HF
86592	Syphilis	HF
84479	Thyroid	HF
86787	Varicella titer (Pungo)	HF
87086	Urine culture (Pungo)	HF
T1016	CSC	\$21.74 (Medicaid only)
T1017	MCC	\$29.30 (Medicaid only)
D0145	Oral Evaluation	\$44.00
D1206	Topical Fluoride	\$20.00
LU230	Blood Pressure check	\$10.00

G0008	Medicare/BCBS flu admin fee	\$19.00
G0010	BCBS Hepatitis B admin fee	\$19.00
J7302	Mirena	\$528.00

**HF=Handling Fee**

Fee Schedule Effective 7/1/2009

Reviewed and Approved by:

Hyde County Board of Health on \_\_\_\_\_  
(date)

Hyde County Board of Commissioners on \_\_\_\_\_  
(date)