

**WARREN COUNTY HEALTH DEPARTMENT
FEE SCHEDULE FOR 2017/2018**

7/1/2017

Service Type	CPT	Current Fees 2017/2018
NEXPLANON PLACEMENT	11981	\$102.00
NEXPLANON REMOVAL	11982	\$118.00
Nexplanon Removal/Placement	11983	\$185.00
ROUTINE VENIPUNCTURE	36415	\$16.00
INSERT INTRAUTERINE DEVICE	58300	\$65.00
REMOVE INTRAUTERINE DEVICE	58301	\$75.00
FETAL NON-STRESS TEST	59025	\$50.00
ANTEPARTUM CARE ONLY 3-6 VISI	59425	\$345.00
ANTEPARTUM CARE ONLY 7+ VISI	59426	\$620.00
POSTPARTUM CARE	59430	\$110.00
ULTRASOUND LIMITED	76815	\$79.00
ULTRASOUND TRANSVAGINAL	76817	\$88.00
URINALYSIS NONAUTO W/O SCOP	81002	\$12.00
URINE PREGNANCY TEST	81025	\$15.00
AMINES, VAGINAL FLUID QUAL	82120	\$7.00
HEMOCULT	82272	\$10.00
ASSAY, BLD/SERUM CHOLESTERO	82465QW	\$20.00
ASSAY, GLUCOSE, BLOOD QUANT	82947QW	\$20.00
GLUCOSE TEST	82950QW	\$25.00
GLUCOSE TOLERANCE TEST (GTT	82951QW	\$25.00
GLUCOSE BLOOD TEST	82962	\$10.00
HEMOGLOBIN	85018QW	\$12.00
TB INTRADERMAL TEST	86580	\$25.00
CULTURE SCREEN ONLY GC	87081	\$31.00
SMEAR, GRAM STAIN	87205	\$20.00
SMEAR, WET MOUNT, SALINE/INK	87210	\$20.00
HPV, DNA, AMP PROBE	87621	\$45.00
Influenza A	87804QW	\$15.00
INFLUENZA B	87804QW-59	\$15.00
STREP A ASSAY W/OPTIC	87880QW	\$30.00
CYTOPATH, C/V, THIN LAYER	88142	\$28.00
IMMUNIZATION ADMIN	90471	\$20.00
IMMUNIZATION ADMIN, EACH ADD	90472	\$20.00
IMMUNE ADMIN ORAL/NASAL	90473	\$20.00
IMMUNE ADMIN ORAL/NASAL ADDL	90474	\$20.00
HEP A VACCINE, ADULT IM	90632	\$49.00
HPV9 vaccine	90651	\$185.00
Influenza 6-35 months vaccine	90685	\$10.00
Influenza 3+years vaccine	90686	\$10.00
MMR VACCINE, SC	90707	\$50.00
TDAP VACCINE >7 IM	90715	\$30.00
HEP B VACCINE, ADULT, IM	90746	\$60.00
PURE TONE HEARING TEST, AIR	92551	\$15.00
EVOKED AUDITORY TEST	92587	\$35.00
AIRWAY INHALATION TREATMENT	94640	\$30.00
MEASURE BLOOD OXYGEN LEVEL	94760	\$8.00
DEVELOPMENTAL TEST, LIM	96110	\$35.00
Social-Emotional Screen	96127	\$35.00
Health Risk Assessment	96150	\$30.00
HEADSS	96160	\$30.00
PHQ9	96161	\$30.00
THER/PROPH/DIAG INJ, SC/IM	96372	\$25.00
VISUAL ACUITY SCREEN	99173	\$20.00

OFFICE/OUTPATIENT VISIT, NEW	99201	\$68.00
OFFICE/OUTPATIENT VISIT, NEW	99202	\$101.00
OFFICE/OUTPATIENT VISIT, NEW	99203	\$142.00
OFFICE/OUTPATIENT VISIT, NEW	99204	\$209.00
OFFICE/OUTPATIENT VISIT, NEW	99205	\$263.00
OFFICE/OUTPATIENT VISIT, EST	99211	\$38.00
OFFICE/OUTPATIENT VISIT, EST	99212	\$61.00
OFFICE/OUTPATIENT VISIT, EST	99213	\$85.00
OFFICE/OUTPATIENT VISIT, EST	99214	\$132.00
ov estab. pt, severe. phys time approx	99215	\$196.00
INIT PM E/M, NEW PAT, INF	99381	\$97.00
INIT PM E/M, NEW PAT 1-4 YRS	99382	\$97.00
PREV VISIT, NEW, AGE 5-11	99383FP	\$165.00
PREV VISIT, NEW, AGE 5-11	99383EP	\$97.00
PREV VISIT, NEW, AGE 12-17	99384FP	\$181.00
PREV VISIT, NEW AGE 12-17	99384EP	\$97.00
PREV VISIT, NEW, AGE 18-39	99385FP	\$179.00
PREV VISIT, NEW, AGE 18-39	99385EP	\$97.00
PREV VISIT, NEW, AGE 40-64	99386	\$213.00
INIT PM E/M, NEW PAT 65+ YRS	99387	\$231.00
PER PM REEVAL, EST PAT, INF	99391	\$97.00
PREV VISIT, EST, AGE 1-4	99392	\$97.00
PREV VISIT, EST, AGE 5-11	99393FP	\$157.00
PREV VISIT, EST, AGE 5-11	99393EP	\$97.00
PREV VISIT, EST, AGE 12-17	99394FP	\$157.00
PREV VISIT, EST, AGE 12-17	99394EP	\$97.00
PREV VISIT, EST, AGE 18-39	99395FP	\$157.00
PREV VISIT, EST, AGE 18-39	99395EP	\$97.00
PREV VISIT, EST, AGE 40-64	99396	\$170.00
PER PM REEVAL EST PAT 65+ YR	99397	\$189.00
Tobacco Counseling <10 min	99406	\$12.00
Tobacco Counseling >10 min	99407	\$23.00
POSTNATAL HOME VISIT	99501	\$60.00
NEWBORN HOME VISIT	99502	\$60.00
HPV vaccine	90649	\$100.00
ORL EVAL PT<3 YR CNSL PRIM CARI	D0145	\$40.00
TOP FLUORIDE; TX APPL MOD-HI R	D1206	\$16.00
DEPO PROVERA	J1050	\$30.00
INJ RHO D IG HUMN FULL DOSE 30	J2790	\$140.00
MIRENA	J7298	\$250.00
PARAGARD	J7300	\$248.00
NEXPLANON	J7307	\$399.00
EXERSTYLE	LU016	\$20.00
CD VISIT REPORT ONLY	LU242	\$0.00
PREGNANCY RISK ASSESSMENT	S0280	\$50.00