

Fee Schedule

Warren County Health Department

Location: 544 West Ridgeway St

Name: Fee Schedule 2020-2021

Description:

Location: (All) Plan: (All) Provider: (All)

CPT	Name	Modifier	Charges		Payments	
			Inpatient	Outpatient	Inpatient	Outpatient
11981	NEXPLANON INSERTION		102.00	102.00	0.00	0.00
11982	NEXPLANON REMOVAL		118.00	118.00	0.00	0.00
11983	Nexplanon Removal and Replacement		185.00	185.00	0.00	0.00
36415	ROUTINE VENIPUNCTURE		16.00	16.00	0.00	0.00
58300	IUD INSERTION		65.00	65.00	0.00	0.00
58301	IUD REMOVAL		75.00	75.00	0.00	0.00
59025	NONSTRESS TEST		50.00	50.00	0.00	0.00
59425	MH 3 TO 6 VISITS		345.00	345.00	0.00	0.00
59426	MH 7 PLUS VISITS		620.00	620.00	0.00	0.00
59430	POSTPARTUM VISIT		110.00	110.00	0.00	0.00
76815	US LIMITED		79.00	79.00	0.00	0.00
76817	US TRANSVAGINAL		88.00	88.00	0.00	0.00
81002	UA WITHOUT MICRO		12.00	12.00	0.00	0.00
81025	PREGNANCY TEST		15.00	15.00	0.00	0.00
82120	AMINES		7.00	7.00	0.00	0.00
82272	HEMOCCULT		10.00	10.00	0.00	0.00
82465	TOTAL CHOLESTEROL	QW	20.00	20.00	0.00	0.00
82947	Glucose Random	QW	20.00	20.00	0.00	0.00
82950	GLUCOSE 1HR	QW	25.00	25.00	0.00	0.00
82951	GLUCOSE 3HR GTT	QW	25.00	25.00	0.00	0.00
82962	GLUC BLD GLUC MNTR DEV CLEARED FC		10.00	10.00	0.00	0.00
85018	HEMOGLOBIN	QW	12.00	12.00	0.00	0.00
86580	PPD		25.00	25.00	0.00	0.00
87081	CULTURE GC or Group B		31.00	31.00	0.00	0.00
87205	GRAM STAIN MALE		20.00	20.00	0.00	0.00
87210	WET PREP		20.00	20.00	0.00	0.00
87804	INFLUENZA A and B	59	15.00	15.00	0.00	0.00
87804	INFLUENZA A and B	QW	15.00	15.00	0.00	0.00
87880	RAPID STREP A		30.00	30.00	0.00	0.00
88142	PAP COLLECTION FEE		28.00	28.00	0.00	0.00
90471	IMMUNIZATION ADMIN FEE		24.00	24.00	0.00	0.00
90472	IMMUNIZATION ADMIN ADDITIONAL		24.00	24.00	0.00	0.00
90473	ORAL ADMIN ONLY		20.00	20.00	0.00	0.00
90474	ORAL WITH INJECTION		24.00	24.00	0.00	0.00
90632	HEPATITIS A VACCINE ADULT FOR INTRA		49.00	49.00	0.00	0.00
90649	HUMAN PAPILLOMA VIRUS VACCINE QUA		100.00	100.00	0.00	0.00
90651	GARDASIL 9		237.00	237.00	0.00	0.00
90672	INFLUENZA VIRUS VAC QUADRIVALENT L		0.00	0.00	0.00	0.00
90685	Influenza 6 to 35 months		22.00	22.00	0.00	0.00
90686	Influenza 3 years and up		22.00	22.00	0.00	0.00
90707	MMR		50.00	50.00	0.00	0.00
90715	Tdap		30.00	30.00	0.00	0.00
90744	Hep B birth to 18 years		0.00	0.00	0.00	0.00
90746	Hep B 19 years and up		60.00	60.00	0.00	0.00
92551	HEARING SCREEN		15.00	15.00	0.00	0.00
92587	HEARING OAE		35.00	35.00	0.00	0.00

CPT	Name	Modifier	Charges		Payments	
			Inpatient	Outpatient	Inpatient	Outpatient
94640	NEBULIZER		30.00	30.00	0.00	0.00
94760	PULSE OX		8.00	8.00	0.00	0.00
96110	DEVELOPMENTAL SCREEN		35.00	35.00	0.00	0.00
96127	SOCIAL EMOTIONAL SCREEN		35.00	35.00	0.00	0.00
96150	HEALTH RISK ASSESSMENT		10.00	10.00	0.00	0.00
96160	HEADSS		30.00	30.00	0.00	0.00
96161	MATERNAL DEPRESSION SCREEN		30.00	30.00	0.00	0.00
96372	INJECTION FEE		25.00	25.00	0.00	0.00
99173	VISION SCREEN		20.00	20.00	0.00	0.00
99201	NEW OFFICE VISIT I		68.00	68.00	0.00	0.00
99202	NEW OFFICE VISIT II		101.00	101.00	0.00	0.00
99203	NEW OFFICE VISIT III		142.00	142.00	0.00	0.00
99204	NEW OFFICE VISIT IV		209.00	209.00	0.00	0.00
99205	NEW OFFICE VISIT V		263.00	263.00	0.00	0.00
99211	EST OFFICE VISIT I		38.00	38.00	0.00	0.00
99212	EST OFFICE VISIT II		61.00	61.00	0.00	0.00
99213	EST OFFICE VISIT III		85.00	85.00	0.00	0.00
99214	EST OFFICE VISIT IV		132.00	132.00	0.00	0.00
99215	ESTABLISHED OFFICE VISIT V		196.00	196.00	0.00	0.00
99381	Initial comprehensive preventive medicin....		97.00	97.00	0.00	0.00
99382	Initial comprehensive preventive medicin....		97.00	97.00	0.00	0.00
99383	Initial comprehensive preventive medicin....	FP	165.00	165.00	0.00	0.00
99383	Initial comprehensive preventive medicin....	EP	97.00	97.00	0.00	0.00
99383	Initial comprehensive preventive medicin....		132.00	132.00	0.00	0.00
99384	Initial comprehensive preventive medicin....		132.00	132.00	0.00	0.00
99384	Initial comprehensive preventive medicin....	EP	97.00	97.00	0.00	0.00
99384	Initial comprehensive preventive medicin....	FP	181.00	181.00	0.00	0.00
99385	Initial comprehensive preventive medicin....	EP	97.00	97.00	0.00	0.00
99385	Initial comprehensive preventive medicin....	FP	179.00	179.00	0.00	0.00
99385	Initial comprehensive preventive medicin....		132.00	132.00	0.00	0.00
99386	Initial comprehensive preventive medicin....		213.00	213.00	0.00	0.00
99387	Initial comprehensive preventive medicin....		231.00	231.00	0.00	0.00
99391	ESTABLISHED PE BIRTH TO ONE YEAR		97.00	97.00	0.00	0.00
99392	ESTABLISHED PE 1 TO 4 YEARS		97.00	97.00	0.00	0.00
99393	ESTABLISHED PE 5 TO 11 YEARS	FP	157.00	157.00	0.00	0.00
99393	ESTABLISHED PE 5 TO 11 YEARS	EP	97.00	97.00	0.00	0.00
99393	ESTABLISHED PE 5 TO 11 YEARS		132.00	132.00	0.00	0.00
99394	ESTABLISHED PE 12 TO 17 YEARS		132.00	132.00	0.00	0.00
99394	ESTABLISHED PE 12 TO 17 YEARS	EP	97.00	97.00	0.00	0.00
99394	ESTABLISHED PE 12 TO 17 YEARS	FP	157.00	157.00	0.00	0.00
99395	ESTABLISHED 18 TO 39 YEARS	FP	157.00	157.00	0.00	0.00
99395	ESTABLISHED 18 TO 39 YEARS	EP	97.00	97.00	0.00	0.00
99395	ESTABLISHED 18 TO 39 YEARS		132.00	132.00	0.00	0.00
99396	ESTABLISHED PE 40 TO 64 YEARS		170.00	170.00	0.00	0.00
99397	ESTABLISHED PE 65 PLUS		189.00	189.00	0.00	0.00
99406	Smoking and tobacco use cessation course..		12.00	12.00	0.00	0.00
99407	Smoking and tobacco use cessation course..		23.00	23.00	0.00	0.00
99501	POSTPARTUM HOME VISIT		60.00	60.00	0.00	0.00
99502	NEWBORN HOME VISIT		60.00	60.00	0.00	0.00
D0145	ORAL EVALUATION		40.00	40.00	0.00	0.00
D1206	Flouride Varnish		16.00	16.00	0.00	0.00
G0008	ADMIN INFLUENZA VIRUS VAC		24.00	24.00	0.00	0.00
J1050	DEPO PROVERA		0.20	0.20	0.00	0.00
J2790	RHOGAM		140.00	140.00	0.00	0.00
J7298	MIRENA		250.00	250.00	0.00	0.00

CPT	Name	Modifier	Charges		Payments	
			Inpatient	Outpatient	Inpatient	Outpatient
J7300	PARAGARD		248.00	248.00	0.00	0.00
J7307	NEXPLANON		399.00	7,399.00	0.00	0.00
LU016	EXERSTYLE		10.00	10.00	0.00	0.00
LU018	Copy of Medical Records		0.00	0.00	0.00	0.00
LU242	CD Visit Report Only		0.00	0.00	0.00	0.00
LU600	OB PENDING VISIT		0.00	0.00	0.00	0.00
S0280	PREGNANCY RISK SCREEN INCENTIVE		50.00	50.00	0.00	0.00
S0281	POSTPARTUM VISIT INCENTIVE		150.00	150.00	0.00	0.00
S4993	CONTRACEPTIVE PILLS FOR BC		10.00	10.00	0.00	0.00
T1002	RN SERVICES STD OR TB		25.00	25.00	0.00	0.00