

<b>CPT Code</b>	<b>Service Description</b>	<b>Effective 1/1/23</b>	<b>Proposed Change</b>
<b>New Patient Preventive Visits</b>			
99381	Initial/New preventive < 1 year	\$325.00	
99382	Initial/New preventive 1 - 4 years	\$325.00	
99383	Initial/New preventive 5-11 years	\$350.00	
99384	Initial/New preventive 12 - 17 years	\$340.00	
99385	Initial/New preventive 18 - 39 years	\$325.00	
99386	Initial/New preventive 40 - 64 years	\$326.00	
99387	Initial/New preventive > 65 Years	\$325.00	
<b>Established Patient Preventive Visits</b>			
99391	Established Preventive < 1 year	\$290.00	
99392	Established Preventive 1 - 4 years	\$290.00	
99393	Established Preventive 5 -11 years	\$300.00	
99394	Established Preventive 12 - 17 years	\$290.00	
99395	Established Preventive 18 - 39 years	\$279.00	
99396	Established Preventive 40 - 64 years	\$326.00	
99397	Established Preventive > 65 years	\$300.00	
<b>New Patient Evaluation &amp; Management Visits</b>			
99201	New-Problem Focused	\$125.00	
99202	New-Expanded Focused	\$200.00	
99203	New-Detailed/Low Complexity	\$275.00	
99204	Complexity	\$425.00	
99205	New-Comprehensive/HighComplexity	\$495.00	
00000	No Charge Visit		
<b>Established Patient Evaluation &amp; Management Visits</b>			
99211	Established-Nurse Encounter (no MD required)	\$50.00	
99212	Established-Problem Focused	\$125.00	
99213	Established-Expanded /Low Complexity	\$195.00	
99214	Complexity	\$275.00	
99215	Established-Comprehensive/High Complexity	\$345.00	
T1002	RN service up to 15 minutes	\$75.00	
<b>Immunizations</b>			
90471	Admin. Single vaccine	\$20.45	

90472	Admin. Each additional vaccine	\$20.45	
90473	Oral/Nasal Admin only vaccine	\$20.45	
90474	Oral/Nasal Admin with other vaccine	\$20.45	
90632	Adult Hepatitis A-IM	\$62.00	
90651	Gardasil 9-IM	\$240.00	
90633	Hepatitis A-Ped/Adol.-IM	\$28.00	
90739	Hepatitis B vaccine-Adult 2 dose	\$96.00	
90744	Hepatitis B vaccine-Pediatric or Adolescent-IM	\$26.00	
90648	HIB-4 dose schedule-IM; (ActHIB, Hiberix)	\$12.00	
90713	IPV (Inactivated Polio Virus)-SQ or IM	\$35.00	
90696	Kinrix, only for age 4-6 year booster dose of DTaP and Polio (IPV)	\$50.00	
90619	Meningococcal (Menquadfi)-IM	\$132.00	
90707	MMR-SQ	\$82.00	
90723	Pediarix-IM	\$63.00	
90698	Pentacel, do not administer to anyone over 4 years of age-IM	\$95.00	
90670	Pneumococcal 13 valent conjugate vaccine $\geq$ ; (PVC 13)-IM (Prevnar)	\$213.00	
90710	ProQuad - Measles, Mumps, Rubella, Varicella (MMRV)-SQ	\$234.00	
90688	Quadrivalent Flu Vaccine 6 months and older-IM	\$20.00	
90675	Rabies pre-exposure vaccine or booster-IM, per dose (3 2 dose schedule)	\$298.00	
90680	Rotavirus Vaccine (RotaTeq)-oral, for use $\geq$ 6 weeks through 7 months	\$85.00	
90714	Td-IM (Tenivac)	\$32.00	
90715	Tdap-IM	\$37.00	
90636	Twinrix (Hepatitis A and Hepatitis B)-IM	\$92.00	
90716	Varicella Immunization-SQ	\$141.00	
90750	Zoster (Shingles, 2 doses required, Shingrix)-IM	\$160.00	
91300-0001A	Administration of Pfizer BioNTech COVID-19 Vaccine-1st Dose	\$65.00	

91300-0002A	Administration of Pfizer BioNTech COVID-19 Vaccine-2nd Dose	\$65.00	
91300-0003A	Administration of Pfizer BioNTech COVID-19 Vaccine-3rd Dose	\$65.00	
91300-0004A	Administration of Pfizer BioNTech COVID-19 Vaccine-Booster Dose	\$65.00	
91305-0051A	Administration of Pfizer BioNTech COVID-19 Vaccine-1st Dose (12 & up)	\$65.00	
91305-0052A	Administration of Pfizer BioNTech COVID-19 Vaccine-2nd Dose (12 & up)	\$65.00	
91305-0053A	Administration of Pfizer BioNTech COVID-19 Vaccine-3rd Dose (12 & up)	\$65.00	
91312-0124A	Administration of Pfizer BioNTech COVID-19 Vaccine-Bivalent Dose (12 & up)	\$65.00	
91307-0071A	Administration of Pfizer BioNTech COVID-19 Vaccine-1st Dose (5-11)	\$65.00	
91307-0072A	Administration of Pfizer BioNTech COVID-19 Vaccine-2nd Dose (5-11)	\$65.00	
91307-0073A	Administration of Pfizer BioNTech COVID-19 Vaccine-3rd Dose (5-11)	\$65.00	
91315-0154A	Administration of Pfizer BioNTech COVID-19 Vaccine-Bivalent Dose (5-11)	\$65.00	
91308-0081A	Administration of Pfizer BioNTech COVID-19 Vaccine-1st Dose (6m-4)	\$65.00	
91308-0082A	Administration of Pfizer BioNTech COVID-19 Vaccine-2nd Dose (6m-4)	\$65.00	
91308-0083A	Administration of Pfizer BioNTech COVID-19 Vaccine-3rd Dose (6m-4)	\$65.00	
91317-0173A	Administration of Pfizer BioNTech COVID-19 Vaccine-Bivalent Dose (6m-4)	NEW	\$65.00

91301-0011A	Administration of Moderna COVID-19 Vaccine-1st Dose (18 & up)	\$65.00	
91301-0012A	Administration of Moderna COVID-19 Vaccine-2nd Dose (18 & up)	\$65.00	
91301-0013A	Administration of Moderna COVID-19 Vaccine-3rd Dose (18 & up)	\$65.00	
91301-0064A	Administration of Moderna COVID-19 Vaccine-Booster Dose	\$65.00	
91301-0011A	Administration of Moderna COVID-19 Vaccine-1st Dose (12-17)	\$65.00	
91301-0012A	Administration of Moderna COVID-19 Vaccine-2nd Dose (12-17)	\$65.00	
91301-0013A	Administration of Moderna COVID-19 Vaccine-3rd Dose (12-17)	\$65.00	
91313-0134A	Administration of Moderna COVID-19 Vaccine-Bivalent Dose (12 & up)	\$65.00	
91309-0019A	Administration of Moderna COVID-19 Vaccine-1st Dose (6-11)	\$65.00	
91309-0092A	Administration of Moderna COVID-19 Vaccine-2nd Dose (6-11)	\$65.00	
91309-0093A	Administration of Moderna COVID-19 Vaccine-3rd Dose (6-11)	\$65.00	
91314-0144A	Administration of Moderna COVID-19 Vaccine-Bivalent Dose (6-11)	\$65.00	
91311-0111A	Administration of Moderna COVID-19 Vaccine-1st Dose (6m-5)	\$65.00	
91311-0112A	Administration of Moderna COVID-19 Vaccine-2nd Dose (6m-5)	\$65.00	
91311-0113A	Administration of Moderna COVID-19 Vaccine-3rd Dose (6m-5)	\$65.00	

91316-0164A	Administration of Moderna COVID-19 Vaccine-Bivalent Dose (6m-5)	NEW	\$65.00
91303-0031A	Administration of Janssen COVID-19 Vaccine-Single Dose	\$65.00	
91303-0034A	Administration of Janssen COVID-19 Vaccine-Booster Dose	\$65.00	
91304-0041A	Administration of Novavax COVID-19 Vaccine-1st Dose	\$65.00	
91304-0042A	Administration of Novavax COVID-19 Vaccine-2nd Dose	\$65.00	
91304-0044A	Administration of Novavax COVID-19 Vaccine-Booster Dose	\$65.00	
G0008 Medicare Code Only	Flu Vaccine Administration	\$20.45	
G0010 Medicare Code Only	Hep B Vaccine Administration	\$20.45	
<b>Office Procedures</b>			
Family Planning			
58300	Insertion of IUD	\$192.00	
58301	Removal of IUD	\$237.00	
<b>340B Medications</b>			
340B Drugs and devices, differentiated with the UD modifier, are billed to NC Medicaid at the acquisition/purchase cost paid by the Local Health Department.			
J7297	Liletta IUD		
J7295	Nuva Ring		
S4993	Nortrel		
S4993 NE	Norethindrone		
S4993 NG	Norgestimate/Ethinyl Estradiol		
S4993 LE	Seasonique		
J7304	Hormonal Patch (Zafemy)		
J1050	Depoprovera 150 mg/ml		
J1050	Methdroxyprogesterone acetate (generic Depoprovera), 150mg		
S5000	My Way		

Maternal Health		
59425	Antepartum care only; 4-6 visits	\$1,350.00
59426	Antepartum care only; 7 or more visits	\$2,600.00
59025	Non-Stress test (fetal)	\$114.00
59430	Post partum care package	\$275.00
96161	Maternal Depression Screening	\$15.00
Child Health		
96110	Developmental testing - limited developmental screening, MCHAT Autism	\$20.00
92587	Evoked otoacoustic emissions (OAE)	\$65.00
99173	Vision Screening test	\$20.00
96160	HEADSS screening	\$15.00
96127	PSC-Depression Screening	\$15.00
99408	CRAFFT alcohol/substance abuse screening up to 30 min	\$62.00
99409	CRAFFT alcohol/substance abuse screening greater than 30 min.	\$122.00
D0145	Oral Evaluation for patient under three years of age and counseling with primary care giver	\$60.00
D1206	Topical Fluoride treatment	\$50.00
STD Codes		
54050	Destruction of genital lesion, penis, TCA	\$175.00
56501	Destruction of genital lesion, vulva, TCA	\$175.00
57061	Destruction of genital lesion, vagina/vulva, TCA	\$175.00
TB Codes		
86580	TB skin test	\$24.00
99080	Health Letter	\$55.00
Medication/Injectables		
340B	340B drugs and devices, differentiated with the UD modifier, are billed to NC Medicaid at the acquisition/purchase cost paid by the LHD	
96372	Therapeutic, prophylactic, or diagnostic injection, SQ or IM	\$30.00
J1200	Diphenhydramine HCL (Benedryl), Injection-IM, up to 50 mg	\$3.00

J0171	Epinephrine, injection-SC, IM, 0.1 mg	\$1.00	
J3301	Kenalog, Injection, per 10mg	\$10.00	
J0696	mg (Rocephin) - STD TREATMENT ONLY	N/C	
J0696	Ceftriaxone sodium injection 1 gm (Rocephin)	\$10.00	
J7613	Albuterol, inhalation solution	\$15.00	
J2790	(RhoGAM) Rhophylac, 300 mcg/2 ml), Injection, IM	\$70.00	
J1885	Ketorolac Tromethamine (Toradol), Injection, per 15 mg	\$3.00	
J8499	Clonidine 0.1 mg	\$0.25	
Miscellaneous			
10060	I & D of abscess (carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle or paronychia) simple or single	\$250.00	
10080	I & D of pilonidal cyst, simple	\$124.00	
12002	Simple repair super wound 2.6- 7.5 cm scalp, nk, ax, ext. gen, trk, extrem.	\$127.00	
A4649	(Includes zylocaine with or without epinephrine, sterile drape and gloves, sutures, irrigation solution and	\$30.00	
S0630	Suture removal	\$10.00	
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width $\geq$ to 3" and < 5", per yard (Jones Wrap)	\$10.00	
56420	Incision and drainage of Bartholin's gland abscess	\$106.00	
69200	Removal of foreign body from external ear canal without anesthesia	\$150.00	
69209	Removal of impacted cerumen using irrigation/lavage, unilateral (must attach/use modifier 50 for bilateral procedure)	\$100.00	
69210	Removal of impacted cerumen requiring Instrumentation, unilateral (must attach/use modifier 50 for bilateral procedure)	\$121.00	

92552	Pure tone audiometry (threshold); air only; use this code for screening of persons age 21 or older	\$54.00	
92588	Evoked otoacoustic emissions, comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otacoustic emissions at multiple levels and frequencies)	\$80.00	
94664	Demonstration and/or evaluation of patient utilization of an nebulizer	\$35.00	
94760	Noninvasive pulse oximetry for oxygen saturation	\$10.00	
A4614	Peak expiratory flow rate meter, hand held	\$25.00	
99406	Smoking and Tobacco Use Cessation Counseling Visit, Intermediate, >3 minutes up to 10 minutes	\$24.00	
99407	Smoking and Tobacco Use Cessation Counseling Visit, Intensive, >10 minutes	\$46.00	
96156	Health Behavior Assessment and Re-Assessment (Replaces 96150 & 96151)	\$100.00	
LU021	Completion of form verifying exam (not at time of exam or other billable service)	\$20.00	
S0280	Medical home program, comprehensive care coordination and planning, initial plan	\$75.00	
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan plan	\$225.00	

**Clinical Laboratory**

Lab Handling

36415	Collection of Venous Blood by Venipuncture	\$13.00	
36416	Collection of Capillary Blood Specimen	\$12.00	
99000	Lab handling fee	\$15.00	

In House Labs



80061	Cholesterol, in-house testing (T. Chol, HDL, Triglycerides)	\$45.00	
81002	Urinalysis by dipstick	\$20.00	
81025	Urine pregnancy test	\$30.00	
82120	Amines, vaginal fluid	\$10.00	
82270	Hemocult	\$10.00	
82947	Glucose random	\$15.00	
83986	Vaginal pH	\$10.00	
85018	Hgb (fingerstick)	\$15.00	
87205	Gram Stain, smear	\$10.00	
87210	Wet Mount/prep	\$20.00	
87804	Influenza, A/B; Rapid test	\$20.00	
87880	Streptococcus, Group A; Rapid test	\$20.00	
89060	Fern Test	\$15.00	
State Labs			
83655	Blood Lead	N/C	
86703	HIV-1 Antibody and HIV-2 Antibody, single result	N/C	
87265	Bordetella Pertussis Swab	N/C	
87252	Herpes Virus Culture	N/C	
87501	Influenza test	N/C	
87177	Ova and parasites; stool	N/C	
83020	Sickle Cell	N/C	
87045	Stool Culture	N/C	
87593	Monkeypox	N/C	
87635	COVID-19 PCR	N/C	
86592	RPR (screen)	N/C	
86593	Syphilis Test (Quantitative)	N/C	
87081	GC Culture (oral, rectal)	N/C	
87491	Chlamydia NAAT	N/C	
87591	Gonorrhea NAAT	N/C	
86709	Hep A, IgM, antibody	N/C	
86704	Hep B Core, Total antibody	N/C	
86706	Hep B, Surface antibody	N/C	
87340	Hep B, Surface antigen	N/C	
86803	Hep C, Anti-HCV CMIA	N/C	
87521	Hep C, HCV, RNA	N/C	
Natera Labs			
81220	Horizon Screen-Advanced Carrier Screening	Billed by Natera	
81420	Panorama Screen-Chromosomal Abnormalities Screening	Billed by Natera	

Quest Labs			
84460	ALT	Billed by Quest	
83540	Iron	Billed by Quest	
86850	Antibody Screen	Billed by Quest	
84450	AST	Billed by Quest	
80048	Basic Metabolic Panel	Billed by Quest	
84520	BUN	Billed by Quest	
85025	CBC	Billed by Quest	
80053	Comprehensive Metabolic Panel	Billed by Quest	
87081	Culture Screen	Billed by Quest	
80051	Electrolyte panel	Billed by Quest	
82728	Ferritin Level	Billed by Quest	
83001	FSH	Billed by Quest	
87149	Group B Strep	Billed by Quest	
87491	Chlamydia (Gen-Probe)	Billed by Quest	
87591	Gonorrhea (Gen-Probe)	Billed by Quest	
82950	Glucose-1 hour	Billed by Quest	
82951	Glucose-3 hour	Billed by Quest	
87340	Hepatitis B Surface Antigen	Billed by Quest	
86706	Hepatitis B surface antibody (HBsAB)	Billed by Quest	
86803	Hepatitis C antibody	Billed by Quest	
86694	Herpes Simplex, non-specific	Billed by Quest	
86677	H-Pylori (antibody)	Billed by Quest	
83036	Hemoglobin A1C	Billed by Quest	

87624	HPV Typing	Billed by Quest	
83002	LDH	Billed by Quest	
80076	Hepatic Function Panel	Billed by Quest	
80055	OB Panel	Prenatal Use	
88142	Pap Smear	Billed by Quest	
84132	Potassium, serum	Billed by Quest	
84146	Prolactin	Billed by Quest	
86592	Syphilis Test (Qualitative)	Billed by Quest	
86762	Rubella antibody	Billed by Quest	
84702	HCG, quantitative	Billed by Quest	
84403	Testosterone, total	Billed by Quest	
84479	Thyroid hormone (T3 or T4)	Billed by Quest	
84436	Thyroid (T4)	Billed by Quest	
84443	Thyroid stimulating hormone (TSH)	Billed by Quest	
84478	Triglycerides	Billed by Quest	
84550	Uric acid, Blood	Billed by Quest	
87088	Urine Culture	Billed by Quest	
80307	Urine Drug Screen	Billed by Quest	
84156	24-Hr Urine	Billed by Quest	
82043	Urine, microalbumin	Billed by Quest	
87491	Urine NAAT/Chlamydia	Billed by Quest	
86787	Varicella Zoster Antibody	Billed by Quest	
85730	PTT	Billed by Quest	

86140	C-Reactive Protein	Billed by Quest	
86308	Heterophile Antibodies Screening (screening test for Mononucleosis)	Billed by Quest	
80074	Acute Hepatitis Panel	Billed by Quest	
82306	Vitamin D level	Billed by Quest	
82540	Creatinine	Billed by Quest	
82607	Cyanocobalamin (Vitamin B-12)	Billed by Quest	
83550	Iron binding capacity	Billed by Quest	
84144	Progesterone	Billed by Quest	
84153	Prostate Specific Antigen (PSA), Total	Billed by Quest	