

CPT/Service Code	Description	FY 26-27 Fee
<b>ESTABLISHED PATIENTS</b>		
99211	Established Patient Visit	\$50.00
99212	Problem Focused Hx & Exam	\$83.00
99213	Expanded PF Hx. & Exam	\$114.00
99214	Detailed Hx & Exam	\$177.00
99215	Established Patient Office Visit	\$264.00
<b>NEW PATIENTS</b>		
99202	New Patient Office Visit (Straightforward)	\$128.00
99203	New Patient Office Visit (Low Complexity)	\$192.00
99204	New Patient Office Visit (Moderate Complexity)	\$282.00
99205	New Patient Office Visit (High Complexity)	\$354.00
<b>PREVENTIVE NEW</b>		
99381	Preventive New < 1 Yrs	\$131.00
99382	Preventive New 1-4 Yrs	\$131.00
99383	Preventive New 5 - 11 Yrs	\$223.00
99384	Preventive New 12 - 17 Yrs	\$186.00
99385	Preventive New 18 - 39 Yrs	\$245.00
99386	Preventive New 40 - 64 Yrs	\$289.00
<b>PREVENTIVE ESTABLISHED</b>		
99391	Preventive Est. < 1 Year Old	\$131.00
99392	Preventive Est. 1-4 Yrs	\$131.00
99393	Preventive Est. 5 - 11 Yrs	\$212.00
99394	Preventive Est. 12 - 17 Yrs	\$212.00
99395	Preventive Est. 18 - 39 Yrs	\$180.00
99396	Preventive Est. 40 - 64 Yrs	\$229.00
<b>COMMUNICABLE DISEASE</b>		
T1002	RN Services (15 Minutes)	\$27.00
J3490	Imiquimod	\$10.00/3 pack
<b>FAMILY PLANNING BIRTH CONTROL PRODUCTS</b>		
S4993	Birth Control Pills Per Pack	\$6.00
J7302	Plan B	\$8.00

J1050	Medroxyprogesterone Injection 150mg	\$26.00
J7298	IUD Device- Mirena 8 yrs	\$450.00
J7296	IUD Device- Kyleena 5 yrs	\$850.00
J7300	IUD Device- Paragard 12 yrs	\$500.00
S5001	Ella (Emergency Contraception)	\$22.00
J7303	Nuvaring (EA)	\$15.00
J7304	Patch (BOX)	\$43.00
J7307	Implant Device- Nexplanon	\$700.00
<b>FAMILY PLANNING PROCEDURES</b>		
11981	Nexplanon Insertion	\$148.00
11982	Nexplanon Removal	\$170.00
11983	Nexplanon Removal/Reinsertion	\$250.00
58300	IUD Insertion	\$88.00
58301	IUD Removal	\$109.00
<b>IMMUNIZATIONS</b>		
90380	RSV Monoclonal Antibody (Nirsevimab) 0.5ml	\$615.00
90381	RSV Monoclonal Antibody (Nirsevimab, Higher Dose) 1.0 ml	\$615.00
90611	Jynneos-Mpox (Monkeypox) vaccine	\$306.00
90619	Meningococcal Conjugate Vaccine (MenACWY, Quadrivalent)	\$190.00
90620	Meningococcal B Bexsero	\$265.00
90632	Hepatitis A adult	\$105.00
90633	Hepatitis A Vaccine (Pediatric/Adolescent, 2-Dose Schedule)	\$46.00
90636	Hepatitis A & B Vaccine (Combination, Adult)	\$147.00
90647	Haemophilus influenzae type b (Hib) Vaccine	\$48.00
90648	Haemophilus influenzae type b (Hib) Vaccine (PRP-T, 4-Dose Series)	\$16.00
90651	HPV-Gardasil 9	\$410.00
90656	Fluzone-Trivalent Syringe	\$23.00
90662	Fluzone High Dose	\$97.00
90673	Flublok- Trivalent	\$97.00
90677	Pneumococcal 20- Prevnar 20	\$392.00
90678	Respiratory Syncytial Virus (RSV) Vaccine, Adult	\$385.00
90680	Rotavirus Vaccine (Oral, Pentavalent, 3-Dose Series)	\$147.00

90696	DTaP/IPV	\$73.00
90697	DTaP/IPV/HIB/HepB Vaxelis	\$185.00
90700	DTaP	\$33.00
90707	MMR Vaccine	\$139.00
90710	MMRV Vaccine (Combination Vaccine)	\$375.00
90713	IPV/Polio	\$49.00
90714	Td Vaccine (Tetanus & Diphtheria)	\$50.00
90715	Tdap/Adacel (10 yrs–64 yrs)	\$55.00
90715	Boostrix (10 yrs. and older (no upper age limit)	\$54.00
90716	Varicella Varivax	\$277.00
90732	Pneumococcal-23	\$160.00
90744	Hepatitis B Vaccine (Pediatric/Adolescent, 3-Dose Schedule)	\$33.00
90746	Hepatitis B Vaccine (Adult, 3-Dose Schedule)	\$84.00
90750	Shingrix	\$265.00
91319	Pfizer COVID (5 yrs-11 yrs)	\$94.00
91320	Comirnaty (ages 12+)	\$192.00
91321	Spikevax (6 mos-11 yrs)	\$146.00
91322	Spikevax (12+ yrs)	\$161.00
<b>WELL CHILD</b>		
82465	Cholesterol Total	\$6.00
83021	Hemoglobin chromatography	\$26.00
83718	Assay of lipoprotein (HDL Cholesterol)	\$12.00
83719	Assay of blood lipoprotein (Lipoprotein Eletrophoresis)	\$17.00
83721	Assay of blood lipoprotein (LDL Cholesterol)	\$14.00
84478	Assay of triglycerides	\$8.00
92551	Hearing Screening Test (Pure Tone, Air Only)	\$10.00
92587	Distortion Product Otoacoustic Emissions (DPOAE)	\$35.00
92558	Acoustic Reflex Testing	\$17.00
96110	Developmental Screening	\$14.00
96127	Brief Emotional/Behavioral Assessment	\$6.00
96160	Patient-Focused Health Risk Assessment	\$4.00
96161	Caregiver-Focused Health Risk Assessment	\$4.00

99173	Visual acuity screen	\$10.00
<b>IN-HOUSE LAB SERVICES</b>		
80053	Comprehensive Metabolic Panel (CMP)	\$16.00
80061	Lipid Panel	\$18.00
80706	Liver Panel	\$16.00
81002	Urinalysis (Dip Stick w/out Micro)	\$7.00
81025	Pregnancy Test (urine)	\$9.00
82947	Glucose: Fast/Rand (waived)	\$11.00
83036	Hgb A1C	\$13.00
85014	Hematocrit	\$4.00
85018	Hemoglobin	\$4.00
85027	CBC W/O DIFFERENTIAL	\$10.00
86592	Trust-RPR (screening)	\$8.00
86593	Trust-RPR (semi-quantitative ) titer	\$14.00
86787	Varicella-zoster antibody	\$16.00
87081	GC Culture	\$11.00
87205	Gram Stain	\$8.00
87210	Wet Mount (Prep)	\$7.00
87252	Virus inoculation, tissue	\$21.00
87491	CT Chlamydia NAATS	\$45.00
87536	HIV (serum HIV-1 Qualitative)	\$65.00
87563	Mycoplasma Genitalium (M. GEN.)	\$45.00
87491/87591	CT/NAAT Test	\$45.00
87591	NAAT	\$45.00
87635	SARS-COV-2 (COVID-19) Qualitative NAATS	\$125.00
87798	Trichomonas-Gen-Probe-NAAT	\$45.00
87801	Bundle (CT (87491), NAAT (87591), TRICH (87661))	\$62.00
87811	Rapid SARS COVID-2 Test	\$45.00
87899/86703	Rapid Alere Ag/Ab Test	\$30.00
<b>LABCORP LABS</b>		
88142	Cytopath, c/v, thin layer	\$37.00
84155	Total Protein, Serum	\$6.00

82040	Albumin, Serum	\$8.00
82150	Amylase, Serum	\$10.00
82310	Calcium, Serum	\$9.00
82565	Creatinine; blood	\$9.00
82550	Creatine Kinase, CK, total, Serum	\$9.00
84450	Aspartate aminotransferase, AST, Serum	\$9.00
84460	Alanin Acmniotransferase, ALT, Serum	\$9.00
84075	Alkaline Phosphatase, ALP, Serum	\$9.00
84520	BUN, Serum	\$13.00
84550	Uric Acid, Serum	\$8.00
80076	Hepatic Panel, Serum	\$13.00
80048	BMP (Basic Metabolic Panel- 8, Serum)	\$13.00
85025	CBC W/DIFF/PIT	\$12.00
87081	Group B Beta Strep (Vag/rectal specimen)	\$9.00
87186	Sensitivity Organism #2	\$11.00
87535	Infectious Agent Detection by Nucleiu Acid (HIV-1)	\$328.00
86480	Infectious Agent Detection by Nucleiu Acid (HIV-1)	\$79.00
<b>NORTH CAROLINA STATE LABS</b>		
83020	Sickle Cell	\$16.00
83655	Lead Test	\$16.00
86701	Lead Test	\$12.00
86803	HEP C Antibody	\$19.00
<b>OTHER</b>		
36415	Venipuncture	\$8.00
36416	Capillary-Finger/Heel	\$10.00
86580	TB Skin test	\$25.00
90460	Immunization Administration (with Counseling)	\$24.00
90471	Injection Administration - single	\$20.00
90472	Injection Administration - each additional	\$20.00
90473	Immunization Administration (Oral/Intranasal, No Counseling)	\$16.00
90480	Administration of SARSCOV2 vaccine	\$45.00
90481	Administration fo SARSCOV2 + FLU vaccine	\$45.00

96381	Administration of Beyfortus pediatric	\$17.00
99080	I-693 form completion	\$45.00
99000	Lab Handling/preparations and shipping	\$2.00
99417	Prolonged Outpatient Evaluation and Management Service	\$94.33
G0008	Medicare Flu Admin	\$33.00
G0009	Medicare Pneumococcal Admin	\$33.00
G0010	Medicare Hep B Admin	\$33.00
96372	Therapeutic Office Injection	\$20.00
<b>ENVIRONMENTAL HEALTH</b>		
	SSA Soil Site Application: any 3,4,5 or 6 BR house _____ lots@_____/lot	\$232.00
	SS1 480-1500 gpd (business or church)	\$489.00
	SS2 1500-3000 gpd	\$739.00
	SS3 >3000 gpd	\$2,604.00
	REV Revisit	\$64.00
	RED Redraw IP/CA	\$43.00
	LLP LLP System	\$362.00
	TPN T & J Panel New	\$349.00
	CGN Conventional or Alter., Gravity, new	\$265.00
	CGR Conv. or Alter., Grav., T&J Panel Rpr	\$232.00
	PMP Any Pump installation (new only)	\$71.00
	MHP Mobile Home Conn. In Existing Park	\$133.00
	HDR Health Dept. Release	\$64.00
	WCP Water Supply Well Const. NFHC Permit	\$398.00
	WCP Water Supply Well Const. NFHC Permit	\$489.00
	WAB Well Abandonment	\$176.00
	WSB Water Sample Bacteria	\$52.00
	WSF Water Sample Fluoride	\$54.00
	WSI Water Sample Inorganic	\$102.00
	WSN Water Sample Nitrate/Nitrite	\$54.00
	WSP Water Sample Pesticide	\$121.00
	WSL Water Sample Petroleum	\$121.00

	WSO Water Sample Organic (VOA)	\$121.00
	WSU Water Sample Uranium (plus three metals)	\$103.00
	WIB Water Sample Iron Reducing Bacteria	\$86.00
	WSR Water Sample Sulfate Reducing Bacteria	\$96.00
	WIN Water Supply Inorganic and Nitrate	\$108.00
	SAF Seasonal Swimming Pool/Aquatic Center Annual Fee (Per Permit) If required application, data sheet, and fee is paid prior to the 2nd Friday of March	\$74.00
	SAF Seasonal Swimming Pool/Aquatic Center Annual Fee (Per Permit)	\$148.00
	SPR Swimming Pool/Aquatic Center Plan Review	\$269.00
	SPRF Swimming Pool/Aquatic Center Revisit Fee	\$64.00
	FSR Food Service Plan Review	\$250.00
	FRP Foodservice Remodel, Plan Review	\$140.00
	MFU Plan Review	\$170.00
	Limited Food Service Permit Fee	\$75.00
	PushCart Plan review	\$113.00
	TAP Tattoo Artist Annual Permit Fee	\$140.00
	*TEW Tattoo/Permanent Makeup Artist Educational Workshop Fee Up to 4 Students	\$140.00
	*TES Tattoo/Permanent Makeup Artist Educational Workshop Fee For Each Enrolled Artist beyond 4	\$36.00
	TFE Temporary Food Establishment Fee	\$75.00
	* A Tattoo/Permanent Makeup Artist Educational Workshop is a course of instruction for tattoo/permanent makeup artists which will last no longer than 5 days at one location and for which no fee is charged to apply a tattoo or permanent makeup to a patron, model or customer. The base fee shall be \$100 for the instructor and up to 4 students. The permit fee for each additional student and/or instructor beyond the first 4 artists will be \$26.00 each.	\$136.00
	Lead Dust Sample (Each) 24 Hour Turn Around	\$12.00
	Lead Soil Sample (Each) 24 Hour Turn Around	\$17.00

	Lead Paint Chip Sample (Each) 24 Hour Turn Around	\$13.00
	LWS Lead in Drinking Water (Each) 96 Hour Turn Around	\$65.00
	LWS Lead in Drinking Water (Each) 48 Hour Turn Around	\$94.00
	LWS Lead in Drinking Water (Each) 24 Hour Turn Around	\$152.00
	Privatization Option Application Review	\$66.00
T1029	Comprehensive Environmental Lead Investigation, Not Including Laboratory Anaysis, Per Dwelling	\$1,355.00
<b>DENTAL</b>		
D0120	Intraoral Complete Series of Radiographic Images	\$47.00
D0140	Limited Oral Evaluation (Problem-Focused)	\$68.00
D0145	Oral Evaluation for a Patient Under 3 Years of Age & Counseling	\$63.00
D0150	Comprehensive Oral Evaluation (New or Established Patient)	\$78.00
D0210	Intraoral Complete Series of Radiographic Images (FMX)	\$125.00
D0220	Intraoral Periapical Radiographic Image (First Film)	\$26.00
D0230	ntraoral Periapical Radiographic Image (Each Additional Film)	\$21.00
D0240	Intraoral Occlusal Radiographic Image	\$32.00
D0270	Bitewing Radiographic Image (Single Image)	\$21.00
D0272	Bitewing Radiographic Images (Two Images)	\$39.00
D0273	Bitewing Radiographic Images (Three Images)	\$47.00
D0274	Bitewing Radiographic Images (Four Images)	\$57.00
D0330	Panoramic Radiographic Image	\$104.00
D0470	Diagnostic Casts	\$72.00
D1110	Adult Prophylaxis (Dental Cleaning)	\$81.00
D1120	Child Prophylaxis (Dental Cleaning)	\$61.00
D1206	Topical Application of Fluoride Varnish	\$31.00
D1351	Sealant per Tooth	\$52.00
D1354	Application Caries Arresting Med per Tooth	\$31.00
D1355	Caries Preventive Medicament Application Per-Tooth	\$31.00
D1510	Space Maint. Fixed Unilateral	\$332.00
D1516	Space Maint. Fixed Bilateral, Maxillary	\$522.00
D1517	Space Maint. Fixed Bilateral, Mandibular	\$522.00
D1551	Recement Space Maint. Fixed Bilat, Maxilla	\$61.00

D1552	Recement Space Maint. Fixed Bilat, Madib	\$61.00
D1553	Recement Space Maint., Unilat Quad	\$61.00
D1556	Removal Unilat Space Maint, Quad	\$75.00
D1557	Removal Bilat Space Maint, Maxillary	\$75.00
D1558	Remove Bilat Space Maint, Mandibular	\$75.00
D2140	Amalgam Restoration (One Surface, Primary or Permanent Tooth)	\$114.00
D2150	Amalgam Restoration (Two Surfaces, Primary or Permanent Tooth)	\$145.00
D2160	Amalgam Restoration (Three Surfaces, Primary or Permanent Tooth)	\$168.00
D2161	Amalgam Restoration (Four or More Surfaces, Primary or Permanent Tooth)	\$201.00
D2330	Resin-Based Composite Restoration (Anterior, One Surface)	\$122.00
D2331	Resin-Based Composite Restoration (Anterior, Two Surfaces)	\$157.00
D2332	Resin-Based Composite Restoration (Anterior, Three Surfaces)	\$190.00
D2335	Resin-Based Composite Restoration (Anterior, Four or More Surfaces)	\$229.00
D2391	Resin-Based Composite Restoration (Posterior, One Surface)	\$140.00
D2392	Resin-Based Composite Restoration (Posterior, Two Surfaces)	\$207.00
D2393	Resin-Based Composite Restoration (Posterior, Three Surfaces)	\$254.00
D2394	Resin-Based Composite Restoration (Posterior, Four or More Surfaces)	\$301.00
D2740	Crown (Porcelain/Ceramic Substrate)	\$900.00
D2750	Crown (Porcelain Fused to High Noble Metal – PFM)	\$930.00
D2976	Band Stabilizer- Per Tooth	\$96.00
D2790	Crown (Full Cast High Noble Metal)	\$1,220.00
D2920	Re-cement or Re-bond Crown	\$78.00
D2930	Prefabricated Stainless Steel Crown (Primary Tooth)	\$259.00
D2931	Prefabricated Stainless Steel Crown (Permanent Tooth)	\$270.00
D2940	Protective Restoration	\$78.00
D2950	Core Buildup with pin	\$180.00
D2951	Pin Retention per Tooth	\$47.00
D3110	Pulp Cap - direct	\$53.00
D3220	Pulpotomy	\$149.00
D3221	Pulpal Debridement, Primary and permanent teeth	\$170.00
D3222	Partial Pulpotomy for Apexogenesis	\$219.00
D3230	Pulpal Therapy-Anterior	\$249.00

D3240	Pulpal Therapy-Posterior	\$311.00
D3310	Endodontic Therapy (Anterior – Root Canal)	\$592.00
D3320	Endodontic Therapy (Premolar – Root Canal)	\$693.00
D3330	Endodontic Therapy (Molar – Root Canal)	\$904.00
D4341	Perio Scale & Root 4+ per quad	\$176.00
D4342	Perio Scale & root pln 1-3 quad	\$114.00
D4346	Scaling in presence of mod to severe inflammation	\$90.00
D4355	Full Mouth Debridement	\$120.00
D5110	Complete Denture (Maxillary / Upper)	\$1,106.00
D5120	Complete Denture (Mandibular / Lower)	\$1,106.00
D5130	Immediate Denture, Maxillary	\$1,237.00
D5140	Immediate Denture, Mandibular	\$1,237.00
D5211	Maxillary Partial Denture (Resin Base, Including Any Conventional Clasps)	\$772.00
D5212	Mandibular Partial Denture (Resin Base, Including Any Conventional Clasps)	\$772.00
D5213	Maxillary Partial Denture (Cast Metal Framework with Resin Denture Bases)	\$1,223.00
D5214	Mandibular Partial Denture (Cast Metal Framework with Resin Denture Bases)	\$1,223.00
D5221	Immediate Partial Denture, Maxillary	\$772.00
D5222	Immediate Partial Denture, Mandibular	\$772.00
D5225	Maxillary Partial Denture (Flexible Base)	\$772.00
D5226	Mandibular Partial Denture (Flexible Base)	\$772.00
D5520	Replace Missing or Broken Teeth (Partial Denture)	\$99.00
D5611	repair resin partial denture, mandibular;	\$137.00
D5612	Repair resin partial, MAXILLARY	\$137.00
D5621	repair cast partial framework,	\$129.00
D5622	repair cast partial framwork, maxillary.	\$129.00
D5630	Repair Cast Metal Framework (Removable Partial Denture)	\$192.00
D5640	Replacement of Broken Teeth (Complete Denture)	\$105.00
D5650	Add tooth to partial	\$156.00
D5660	Add clasp to partial	\$161.00
D5740	Soft Reline of Complete Mandibular Denture (Direct)	\$182.00
D5741	Reline Complete Mandibular Denture (Indirect)	\$182.00
D5750	Rebase Complete Maxillary Denture	\$311.00

D5751	Indirect Reline of Complete Mandibular Denture	\$311.00
D5760	Soft Reline of Complete Maxillary Denture (Direct)	\$285.00
D5761	Soft Reline of Complete Mandibular Denture (Direct)	\$285.00
D5820	Interim Complete Denture (Maxillary)	\$414.00
D5821	Interim Complete Denture (Mandibular)	\$414.00
D5850	Tissue Conditioning, Maxillary	\$104.00
D5851	Tissue Conditioning-mand	\$104.00
D6057	Custom Abutment (Implant Supported Prosthesis)	\$465.00
D6105	Removal of Implant Body	\$110.00
D6197	Replacement of Restorative Material Retained by Implant Screw	\$114.00
D6545	Retainer Crown, Porcelain/Ceramic (for Resin-Bonded Fixed Partial Denture)	\$450.00
D6548	Retainer Crown, Porcelain Fused to Metal (for Resin-Bonded Fixed Partial Denture)	\$663.00
D6549	Retainer Crown, Cast Metal (for Resin-Bonded Fixed Partial Denture)	\$235.00
D7111	Extraction, Coronal Remnants – Primary Tooth	\$125.00
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$135.00
D7210	Surgical Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth	\$206.00
D7220	Removal of Impacted Tooth, Soft Tissue	\$251.00
D7230	Removal of Impacted Tooth, Partially Bony	\$318.00
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$214.00
D9000	Just Right Toothpaste 1.1% NaF with 10% Xylitol	\$15.00
D9001	Allday Dry Mouth Gel	\$11.00
D9002	Allday 5000 Dry Mouth 1.1% NaF Dentifrice	\$23.00
D9110	Emergency Palliative Tx	\$78.00
D9230	Nitrous	\$78.00
D9910	Application of Desensitizing medicament	\$24.00
D9944	Occlusal Guard Adjustment	\$373.00
D9941	Fabrication of Athletic Mouthguard	\$207.00
	\$4 Medicaid co-pay Adults ≥ 21	\$4.00