

**ROCKINGHAM COUNTY
FEE SCHEDULE**

Below are the fee charges that will be adopted as part of this budget. All fees are effective July 1, 2014. The fee increases requested by the departments are in bold except EMS in yellow and Landfill in red.

CODE ENFORCEMENT

Central Permitting Fees

Historic Records request **\$ 10.00 each**

Building Inspection Fees

\$ 1.00 - \$ 2,000.00	\$ 15.00
\$ 2,001.00 - \$ 50,000.00	3.00 / M
\$ 50,001.00 - \$ 100,000.00	2.25 / M
\$ 100,001.00 +	1.50 / M

All construction cost estimates are based on the Square Foot Construction Costs table as currently published by the International Code Council.

Modular Home Permits

Fee based on same schedule used for residential construction.

Heating & Cooling Permits

Residential:

Gas logs	\$ 40.00
Floor furnaces	40.00
Space heaters	40.00
Wall heaters	40.00
All other units less than 100,000 BTU output	40.00

Non-Residential:

½ of 1% of total cost of mechanical contract

Demolition Permit

Residential	\$ 30.00
Commercial	100.00

Plumbing Permits

Residential:

Each fixture	\$ 6.00
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Non residential:

½ of 1% of total cost of plumbing contract

Electrical Permits

Rough-In	\$ 40.00
Final	40.00
Residential:	
100 amp	40.00
150 amp	40.00
200 amp	40.00
Commercial:	
100 amp	50.00
150 amp	50.00
200 amp	50.00
Three Phase Service:	
100 amp	45.00
150 amp	60.00
200 amp	60.00
300 amp	75.00
400 amp	90.00
400 amp+	100.00
Temporary Saw Service	40.00
Line-to-Main	
Residential	40.00
Commercial	100.00
All other electric/reconnect	40.00
Non-Residential:	
½ of 1% of total cost of electrical contract	
<u>Manufactured Home Permits</u>	
Single side mobile home	\$150.00
Double wide mobile home	200.00
<u>Miscellaneous Inspection Fees</u>	
Minimum fee for any inspection	40.00
Inspections for State licensing (ABC & Daycare)	100.00
ABC Zoning compliance	40.00
Zoning permits	
Residential	40.00
Commercial	60.00
Rezoning application	350.00

Miscellaneous Inspection Fees (continued)

Special use application	\$350.00
Text amendment	350.00
Floodplain development permit application	40.00
Variance application	350.00
Communication Tower – Consultant Review	3,500.00
Communication Tower – Administrative Review	1,500.00
Stream Delineation (Cape Fear River Basin) – Base Fee	600.00
Stream Delineation (Cape Fear River Basin) – Plus Acreage Fee	25.00 per acre
Application for Stormwater Permit (Cape Fear River Basin) Base Fee	500.00
Application for Stormwater Permit (CFRB) – Plus BMP Device Fee	350.00
Application for Stormwater Permit (CFRB) – Resubmittal Fee	500.00 (See Note)
Note: If a notification of disapproval is issued pursuant to receipt and review of a permit application by the County, the applicant may resubmit a revised plan within 30 working days of the disapproval without paying an additional application review fee. However, if the revised plan is submitted after 30 days, or if the first resubmittal is disapproved, then the resubmittal fee shall be paid for each subsequent resubmittal.	
Appeals to Board of Adjustment	350.00
Vested Rights Application	350.00
Major subdivisions	150.00 plus \$ 40.00 per lot
Minor subdivisions	75.00 plus \$30.00 per lot
Secondary subdivisions	40.00
Re-inspection fees (1 free re-inspection per permit)	\$ 50.00 1 st trip \$ 50.00 2 nd trip 100.00 3 rd trip
Road signs	250.00
Easement Closing	100.00
Road Closing	100.00
Zoning Verification Letter (when no zoning permit is required)	15.00
Photocopies and computer printing (New rate)	0.15 per page
Returned Check Fee	\$ 25.00

Persons who begin construction prior to purchasing proper permits will be charged a fee equal to twice the usual amount for that permit.

911 Communications

911 and miscellaneous tapes made \$10.00 /each
Reports 5.00/ each

Library

Video & DVD rentals \$ 1.00 / day
With \$5.00 maximum
AV Equipment 1.00 / day
With \$10.00 maximum
Juvenile books .10 / day
Adult books .10 / day
Delinquent fee \$10.00
Replacement library card 2.00
Ear Buds 2.00
Flash drive 8.00
Floppy drive 1.00
Computer printouts black/white .25 / page
Color .25 / page
Copies .25 / page
Interlibrary loans 4.00 / transaction
Microfilm reader/printer .25 / page
Vera Holland Community Center security dep. 100.00
Rental fee 30.00
Meeting room fee 25.00 deposit
Fax machine Incoming .25 per page
Outgoing .25 per page
To local toll-free numbers
Long Distance 1.00 per page
International 5.00 page 1 -3
1.0 pages after



**ROCKINGHAM COUNTY
DEPARTMENT OF EMERGENCY SERVICES**

Emergency Medical Services • Fire Marshal-Emergency Management • 911 Communications

336.634.3006 • 336.634.3014 336.634.3017 •

336.634.3300

336.634.3008 fax

336.634.3002 fax

336.634.3311

fax

PO Box 86 Wentworth, North Carolina 27375

March 14, 2014

EMS Proposed
Fee Schedule 2014-2015

Specific Service Charge	RCEMS Current Rate	2014 Medicare Allowable	EMS Management Recommended Rate	EMS 2014 - 2015 Rate
ALS II Comprehensive Transport	\$ 755.39	\$587.74	\$ 764.06	\$764.06
ALS Emergency Transport	\$ 521.90	\$406.07	\$ 527.90	\$ 527.90
ALS Non Emergency Transport	\$ 350.00	\$256.47	\$ 333.41	\$ 333.41
Specialty Care Transport	\$ 892.73	\$686.22	\$ 902.98	\$ 902.98
BLS Emergency Transport	\$ 439.50	\$341.96	\$ 444.54	\$ 444.54
BLS Non Emergency Transport	\$ 275.00	\$213.72	\$ 277.84	\$ 277.84
Mileage	\$11.50	\$7.23	\$9.40	\$9.40
Medicaid Round Trip	\$ 500.00	N/A	N/A	\$ 500.00
Stand By per hour Charge	\$ 150.00	N/A	N/A	\$ 150.00
Treatment / No Transport <u>Pharmaceuticals Used</u>	\$ 150.00	N/A	N/A	\$ 150.00
Treatment / Asst No Transport	\$75.00	N/A	N/A	\$ 75.00
Waiting Charge (1 st 30 min no charge) Each additional 15mins	\$25.00	N/A	N/A	\$ 25.00

NOTICE

LANDFILL TIPPING FEES

THIS IS TO PROVIDE NOTIFICATION TO ROCKINGHAM COUNTY LANDFILL USERS OF THE TIPPING FEES FOR FISCAL YEAR 2014-15. THESE FEES HAVE BEEN PROPOSED TO AND APPROVED BY THE BOARD OF COUNTY COMMISSIONERS FOR UPCOMING BUDGET YEAR 2014-15. THE FEES REFLECT THE FINANCIAL ANALYSIS CONDUCTED FOR THE LANDFILL OPERATION AS WELL AS OPERATIONAL EXPENSES. THESE FEES BECOME EFFECTIVE JULY 1, 2014.

THE LISTING OF TIPPING FEES ARE AS FOLLOWS:

MUNICIPAL SOLID WASTE	\$36.00 PER TON (NO CHANGE)**
CONSTRUCTION AND DEMOLITION WASTE	
CLEAN WOOD & INERT DEBRIS	\$21.00 PER TON (NO CHANGE)**
MIXED C&D	\$38.00 PER TON (NO CHANGE)**
SHINGLES	\$38.00 PER TON (NO CHANGE)**
SLUDGE	\$38.00 PER TON
HOUSEHOLD WASTE, TRASH (INDIVIDUAL VEHICLES)	\$9.00 PER LOAD*** (SEE FEE SCALE ON BACK)
SPECIAL WASTE	\$76.00 PER TON (NO CHANGE)**
ANIMAL REMAINS (BY SIZE)	
SMALL	\$2.00 (NO CHANGE)
MEDIUM	\$5.00 (NO CHANGE)
LARGE	\$20.00 (NO CHANGE)
TIRES: SCHEDULE SHEET ATTACHED	
WHITE GOODS/SCRAP METAL	NO CHARGE
YARD TRASH	NOT ACCEPTED FOR DISPOSAL
UNCOVERED/UNSECURED LOAD FEE	ADDITIONAL \$10.00

NOTE

** The new North Carolina Solid Waste Disposal Tax effective 07-01-08 is not included in these Tipping Fees per ton. The tax will be collected at a rate of \$2.00 per ton in addition to listed Tipping Fees.

*** This Tipping Fee rate per load for individual vehicles includes the new North Carolina Solid Waste Disposal Tax effective 7-01-08.

INDIVIDUAL USER FEE SCHEDULE

THE APPROVED INDIVIDUAL USER FEE OR FLAT FEE IS \$9.00. THIS FEE IS BASED ON AVERAGE WEIGHTS OF THIS TYPE OF WASTE BROUGHT FOR DISPOSAL. THE FEE IS SET UP ON A GRADUATED SCALE DEPENDING ON THE TYPE AND SIZE OF VEHICLE AND TRAILER USED TO BRING WASTE FOR DISPOSAL. THE WASTE ROUTINELY GOES INTO THE CONVENIENCE CONTAINERS AT THE LANDFILL ENTRANCE AREA. IN SOME CASES, AN OPTION TO WEIGH THE WASTE IS EXERCISED AND SUCH WEIGHED WASTE NORMALLY WILL NOT GO INTO THE CONVENIENCE CONTAINERS, BUT WILL BE SENT TO THE LANDFILL WORKING AREA FOR DISPOSAL. **ANY VEHICLE ENTERING THE LANDFILL WITH AN UNSECURED/UNCOVERED LOAD WILL BE CHARGED AN ADDITIONAL \$10.00 FEE.**

FEE SCHEDULE:

- | | |
|---------------------------------|---|
| A) PICKUPS, SMALL AND FULL SIZE | \$9.00 PER LOAD*** |
| | ADD \$10.00 IF LOAD IS UNSECURED/UNCOVERED |
| B) SINGLE AXLE TRAILERS | \$9.00 PER LOAD*** |
| | ADD \$10.00 IF LOAD IS UNSECURED/UNCOVERED |
| C) A PLUS B, (BOTH LOADED) | \$18 TOTAL*** |
| | ADD \$10.00 IF LOAD IS UNSECURED/UNCOVERED |
| D) TANDEM AXLE TRAILER | \$18 PER LOAD*** |
| | ADD \$10.00 IF LOAD IS UNSECURED/UNCOVERED |
| E) A PLUS D, (BOTH LOADED) | \$27.00 TOTAL*** |
| | ADD \$10.00 IF LOAD IS UNSECURED/UNCOVERED |
| F) ONE TON TRUCKS | \$18 PER LOAD(OPTION TO WEIGH)*** |
| | ADD \$10.00 IF LOAD IS UNSECURED/UNCOVERED |
| G) F PLUS B, (BOTH LOADED) | \$27.00 TOTAL(OPTION TO WEIGH)*** |
| | ADD \$10.00 IF LOAD IS UNSECURED/UNCOVERED |
| I) F PLUS D, (BOTH LOADED) | \$36 TOTAL(OPTION TO WEIGH)*** |
| | ADD \$10.00 IF LOAD IS UNSECURED/UNCOVERED |
| J) TRUCKS ABOVE ONE TON, OTHERS | ALL WEIGHED, NO EXCEPTIONS |

VEHICLES:

*PICKUPS: SMALL: CHEVY S10, GMC SONOMA, FORD RANGER, DODGE D50, TOYOTA TACOMA, NISSAN FRONTIER, MITSUBISHI, AND SIMILAR COMPACT TRUCKS; EARLY AND LATE MODELS; FULL SIZE: CHEVY & GMC 1500 & 2500, FORD F150 & 250, DODGE D100 & D200 AND SIMILAR FULL SIZE TRUCKS; EARLY AND LATE MODELS

*ONE TON TRUCKS: CHEVY & GMC 3500, DODGE D300, FORD F350, AND SIMILAR ONE TON TRUCKS, EARLY AND LATE MODELS

*OTHER TRUCKS: FLAT BED, DUMP, CLOSED BOX, VARIOUS MAKES AND MODELS, EARLY AND MODELS

*TRAILERS: SINGLE AXLE, TANDEM AXLE (TWO AXLES), FLAT BED, CLOSED BOX, DUMP, HOMEMADE, FACTORY BUILT, VARIOUS MAKES AND STYLES.

Environmental Health Proposed Fee Schedule 2014/2015

Site Evaluation/Improvement Permit Application Fee	2013 2014	2014 2015
Domestic Wastewater System <600 gpd	\$225.00	\$225.00
Domestic Wastewater System >600 gpd, <3000 gpd	\$380.00	\$380.00
Industrial Wastewater Systems and Systems >3000 gpd	\$670.00	\$670.00
Site Evaluation/Improvement Permit/Authorization to Construct		
Domestic Wastewater System <600 gpd	\$400.00	
Domestic Wastewater System >600 gpd, <3000 gpd	\$600.00	
Industrial Wastewater Systems and Systems >3000 gpd	\$900.00	
Authorization to Construct (Improvement Permit Already Issued)		
Domestic Wastewater System <600 gpd	\$200.00	\$200.00
Domestic Wastewater System >600 gpd, <3000 gpd	\$250.00	\$250.00
Industrial Wastewater Systems and Systems >3000 gpd	\$300.00	\$300.00
Permit Changes, Site Revisits (Due to Property Owner or Agents Failure to Properly Mark Property Corners and/or Structure Locations)	\$100.00	\$100.00
Application Fee for Septic System Repair	No Fee	No Fee
Application Fee for Septic System Expansions	\$125.00	\$125.00
Inspection of Existing Septic Systems- Reconnect	\$90.00	
Inspection of Septic System - Mobile Home Park - Reconnections	\$120.00	\$120.00
Well Permit Application Fee - (includes the required Bacteriological Inorganic Chemical, Nitrate/Nitrite samples)	\$350.00	\$350.00
Well Permit/Replacement Fee (Includes the required Bacteriological, Inorganic Chemical, Nitrate/Nitrite samples)	\$160.00	
Well Repair Permit Application Fee	No Fee	\$185.00
Well Revisit Fee/Permit Changes	\$100.00	\$100.00
Well abandonment Permit Fee	No Fee	\$75.00
Bacteriological Water Sample (per sample)	\$38.00	\$38.00
Inorganic Chemical Water Sample (per sample)	\$50.00	\$50.00
Nitrate Water Sample (per sample)	\$38.00	\$38.00
Flouride Water Sample (per sample, without MD request)	\$38.00	\$38.00
Petroleum Product Water Sample (per sample)	\$60.00	\$60.00
Pesticide Water Sample (per sample)	\$60.00	\$60.00
Violatile Organic Compound Sample Fee	\$180.00	\$180.00
New Water Panel Test Kit	\$88.00	\$110.00
Activated Charcoal Radon Test Kit	\$10.00	\$10.00
Alpha-track Monitor Radon Test Kit	\$25.00	\$25.00
Tattoo Artist Permit Application Fee	\$255.00	\$255.00
Temporary Tattoo Artist Permit	\$75.00	\$75.00
Swimming Pool Annual Operation Permit Fee	\$145.00	\$145.00
Swimming Pool Plan Review	\$250.00	\$250.00
Swimming Pool – 2 nd Visit	\$65.00	\$65.00
Food Protection ServSafe Course (includes book and test)	\$165.00	\$165.00
ServSafe Course (does not include book or test)	\$95.00	\$95.00
ServSafe Test (does not include course or book)	\$50.00	\$50.00
Plan Review Fee (Review of Rest. Plans)	\$210.00	\$220.00
Food Ownership Change Plan Review		\$90.00
Temporary Food Stands and Limited Food Stands	\$75.00	\$75.00
Health Dept.-Sanctioned Rabies Vaccination Clinic Fee Per Animal	\$7.00	\$7.00
Paper Copy (per copy)	0.25	\$0.25
Ehfees 14/15 proposed		

Rockingham County Department of Health and Human Services

Fees - Effective July 1, 2014

<u>Service Description</u>	<u>CPT</u>	<u>RCDPH</u>	<u>MEDICAID</u>
		<u>RATES</u>	<u>RATES</u>
Established Patient Level 1	99211	\$43.00	\$34.16
Established Patient Level 2	99212	\$87.00	\$56.93
Established Patient Level 3	99213	\$147.00	\$78.66
Established Patient Level 4	99214	\$225.00	\$122.13
Established Patient Level 5	99215	\$265.00	\$182.16
New Patient Level 1	99201	\$88.00	\$62.10
New Patient Level 2	99202	\$151.00	\$93.15
New Patient Level 3	99203	\$220.00	\$132.48
New Patient Level 4	99204	\$340.00	\$194.58
New Patient Level 5	99205	\$350.00	\$244.26
Est PT Well Check Age 0-1	99391	\$225.00	
Est PT Well Check Age 0-1	99391EP	\$225.00	\$90.00
Est PT Well Check Age 1-4	99392	\$245.00	
Est PT Well Check Age 1-4	99392EP	\$245.00	\$90.00
Est PT Well Check Age 5-11	99393	\$245.00	
Est PT Well Check Age 5-11	99393EP	\$245.00	\$90.00
Est PT Well Check Age 12-17	99394	\$245.00	
Est PT Well Check Age 12-17	99394EP	\$245.00	\$90.00
Est PT Well Check Age 12-17	99394FP	\$245.00	\$146.00
Est PT Well Check Age 18-39	99395	\$215.00	\$142.00
Est PT Well Check Age 18-39	99395EP	\$215.00	\$90.00
Est PT Well Check Age 18-39	99395FP	\$215.00	\$142.00
Est PT Well Check Age 40-64	99396	\$230.00	\$158.00
Est PT Well Check Age 40-64	99396FP	\$230.00	\$158.00
Est PT Well Check Age 65->	99397	\$230.00	\$175.00
New PT Well Check Age 0-1	99381	\$255.00	
New PT Well Check Age 0-1	99381EP	\$255.00	\$90.00
New PT Well Check Age 1-4	99382	\$275.00	
New PT Well Check Age 1-4	99382EP	\$275.00	\$90.00
New PT Well Check Age 5-11	99383	\$275.00	
New PT Well Check Age 5-11	99383EP	\$275.00	\$90.00
New PT Well Check Age 12-17	99384	\$245.00	\$169.00
New PT Well Check Age 12-17	99384EP	\$245.00	\$90.00
New PT Well Check Age 12-17	99384FP	\$245.00	\$169.00
New PT Well Check Age 18-39	99385	\$245.00	\$167.00
New PT Well Check Age 18-39	99385EP	\$245.00	\$90.00
New PT Well Check Age 18-39	99385FP	\$245.00	\$167.00
New PT Well Check Age 40-64	99386	\$282.00	\$199.00
New PT Well Check Age 40-64	99386FP	\$282.00	\$199.00
New PT Well Check Age 65->	99387	\$282.00	\$215.00
Albuterol	J7620	\$2.00	
Alcohol and/or Substance Screening	99408	\$32.00	
Amines	82120	\$7.00	\$4.78
Cholesterol	82465	\$15.00	\$5.53
Colposcopy w/Biopsy	57454	\$331.00	\$120.87
Colposcopy w/o Biopsy	57452	\$233.00	\$85.22
Cryosurgery	57511	\$175.00	\$112.58
Depo Medrol (upto 125 mg)	J2930	\$8.00	\$2.91
Depo Provera (birth control)	J1055	\$68.00	\$39.04
Destruction Penile Lesion	54050	\$157.00	\$98.84
Destruction Vulva Lesion	56501	\$200.00	\$100.34
Developmental Screening	96110	\$19.00	\$0.00
Dtap Vaccine (Infanrix) Private	90700	\$35.00	VFC
Diaphragm Fitting & Instruct	57170	\$120.00	\$53.91
DT Vaccine, <7 yrs	90702	\$35.00	
DTAP-Hep B-IPV Vaccine	90723	\$78.00	\$72.63
Earwash/Removal Cerumen	69210	\$85.00	\$37.03
EKG	93000	\$60.00	\$16.85
Endometrial Biopsy	58100	\$235.00	\$85.88

Rockingham County Department of Health and Human Services

Fees - Effective July 1, 2014

<u>Service Description</u>	<u>CPT</u>	<u>RCDPH</u>	<u>MEDICAID</u>
		<u>RATES</u>	<u>RATES</u>
Flu Mist (State Supplied available only)	90660	\$30.00	\$21.24/VFC
Flu Vaccine (6-35 months -preservative free)	90655	\$29.75	VFC
Flu Vaccine (3 yrs+ preservative free)	90656	\$29.75	\$16.75/VFC
Flu Vaccine (6-35 months-preservative)	90657	\$29.75	VFC
Flu Vaccine (3 yrs+ preservative)	90658	\$29.75	\$12.74/VFC
Flu Vaccine (Medicare/Medicare HMO) (Fluvirin)	Q2037	\$29.75	
Flu Vaccine (Medicare/Medicare HMO) (Fluzone)	Q2038	\$29.75	
Finger, Heel, Ear Stick	36416	\$11.00	
Gardasil Vaccine	90649	\$238.58	\$135.73
Glucose	82947	\$12.00	\$4.99
Gonorrhea Culture	87081	\$25.00	\$7.33
Handling & Conveyance	99000	\$13.00	
Hearing Screening air only	92551	\$23.00	\$8.27
Health Risk Assessment Test	99420	\$20.00	\$8.14
Hematocrit (Spun)	85013	\$15.00	\$3.01
Hemocult Stool - Single	82270	\$10.00	\$4.13
Hemocult Stool - Series	82274	\$25.00	\$20.22
Hemoglobin	85018	\$13.00	\$3.01
Hep A/Hep B Vaccine, Adult Imm	90636	\$105.00	\$89.50
Hepatitis A Vaccine (Flat Rate)	90632	\$70.00	\$44.16
Hepatitis A Vaccine (Pediatric) (Havrix) Private	90633	\$41.00	VFC
Hepatitis B Vaccine (Flat Rate)	90746	\$70.00	\$55.20
Hepatitis B Vaccine (Children) (Engerix B) Private	90744	\$35.00	VFC
HIV Post Test Counseling	86701	\$14.00	\$11.29
HPV Vaccine 4 Valent	90649	\$210.00	\$135.73
I & D Cyst/Simple/Single Abscess	10060	\$185.00	\$80.14
I & D Cyst/Complicated Multiple	10061	\$310.00	\$137.99
Insertion, Nexplanon (must be billed w/J7307)	11981	\$280.00	\$101.87
Incision Thrombosed Hemorrhoid	46083	\$210.00	\$125.40
Inhalation Treatment	94640	\$32.00	\$10.49
IUD Insertion	58300	\$160.00	\$60.97
IUD Removal	58301	\$205.00	\$74.87
Medical Nutrition Therapy (Int ea 15 min)	97802	\$65.00	\$24.51
Medical Nutrition Therapy (Subs ea 15 min)	97803	\$58.00	\$21.44
Medication Injection	96372	\$27.00	\$17.04
Meningococcal Vaccine (Menactra) Private	90734	\$155.00	\$106.87
Mirena IUD	J7302	\$840.00	\$477.20
MMR Vaccine	90707	\$66.00	\$41.02
MMRV Vaccine	90710	\$142.00	
Nexplanon Implant	J7307	\$725.00	\$577.20
OAE Screening (Hearing)	92587	\$65.00	\$30.08
Oral Contraceptives (Females 11-55 yr old) (Max of 14 pks per 365 days)	S4993FP	\$7.65	\$3.35
Pairing/Cutting Benign Lesion (Corn/Callus)	11055	\$50.00	\$35.45
Pairing/Cutting Benign Lesion 2-4 (Corn/Callus)	11056	\$105.00	\$43.48
Pap Smear	88142	\$18.38	
Paragard IUD	J7300	\$810.00	\$386.89
Pedvax HIB Vaccine (Private)	90647	\$32.00	\$19.68/VFC
Pneumonia Vaccine	90732	\$48.00	\$31.53
Poliovirus Vaccine (IPOL) Private	90713	\$40.00	\$24.79/VFC
Pregnancy Test	81025	\$20.00	\$8.04
Prevnar 13 TM Vaccine (Private)	90670	\$138.00	VFC
Rabies Vecine	90675	\$205.00	\$147.06
Remove Implant	11982	\$318.00	\$117.41
Removal w/reinsert, Nexplanon (must be billed w/J7307)	11983	\$490.00	\$182.72
Removal 1 Nail Plate Partial/Complete	11730	\$160.00	\$72.54
Removal Addtl Nail Plate	11732	\$55.00	\$33.86
Removal Skin Tags up to 15	11200	\$138.00	\$59.46
RN Services	T1002	\$83.00	\$18.59
Rocephin (250 mg)	J0696	\$13.00	\$1.43
Rotavirus Vaccine (Rota Teq) Private	90680	\$117.00	VFC

Rockingham County Department of Health and Human Services

Fees - Effective July 1, 2014

<u>Service Description</u>	<u>CPT</u>	<u>RCDPH</u>	<u>MEDICAID</u>
		<u>RATES</u>	<u>RATES</u>
Smoking Cessation (3-10 minutes)	99406	\$18.00	
Smoking Cessation (>10 minutes)	99407	\$34.00	
Spirometry	94010	\$60.00	\$26.37
Strep Screen Rapid	87880	\$25.00	\$14.57
TB Skin Test (Flat Rate) (No Charge for Exposures)	86580	\$20.00	\$5.59
TD >7 yrs IM	90714	\$30.00	\$19.25
TDaP Vaccine (Boostrix) (>10 and older) Private	90715	\$73.00	\$39.49/VFC
Urinalysis Dipstick w/Micro	81000	\$10.00	\$4.03
Urinalysis Dipstick w/o Micro	81002	\$10.00	\$3.25
Vaccine Admin (One) Injectable Vaccine (TJ modifier for NC Health Choice)	90471	\$20.00	\$13.71
Vaccine Admin (One) Injectable Vaccine (Birth to 20 yrs old) (Medicaid Only)	90471EP	\$20.00	\$13.71
Vaccine Admin (Two or more) Injectable Vaccines (Bill in conjunction with 90471) TJ modifier for NC Health Choice	90472	\$20.00	\$13.71
Vaccine Admin (Two or more) Injectable Vaccines (Birth to 20 yrs old) (Bill in conjunction with 90471EP) Medicaid Only	90472 (EP)	\$20.00	\$13.71
Vaccine Admin (One) Intranasal/Oral (Birth to 20 yrs old) TJ modifier for NC Health Choice	90473 (EP)	\$20.00	\$13.71
Vaccine Admin (One Injectable Vaccine & One Intranasal/Oral Vaccine) (Birth to 20 yrs old) (Bill in conjunction with 90471) TJ modifier for NC Health Choice	90474 (EP)	\$20.00	\$13.71
Vaccine Admin (Medicare/Medicare HMO Flu)	G0008	\$20.00	\$17.65
Vaccine Admin (Medicare/Medicare HMO Pneumonia)	G0009	\$20.00	\$16.67
Varicella Vaccine (Varivax)	90716	\$115.00	\$86.42
Veinpuncture	36415	\$12.00	\$2.78
Vision Screening	99173	\$13.00	
Wet Mount	87210	\$15.00	\$4.85
Oral Evaluation (Bill in conjunction w/1206CH)	D0145CH	\$52.00	\$36.35
Topical Fluoride Varnish (Bill in conjunction w/0145CH)	D1206CH	\$44.00	\$16.04
Post Partum Visits (Mom)	99501	\$275.00	\$58.29
Newborn Assessment (Baby)	99502	\$275.00	\$60.00

Rockingham County Department of Health and Human Services

Dental Clinic

Master Fee Schedule

Effective July 1, 2014

CDT- 2012/2013 Code	Description	Our Charge	Medicaid Rate
D0120	Recall Exam	\$ 38.00	\$ 25.79
D0140	Limited Oral Evaluation	\$ 65.00	\$ 36.76
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$ 59.00	\$ 36.35
D0150	Initial Oral Exam, new or established	\$ 67.00	\$ 44.61
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$ 88.00	\$ 68.27
D0170	Re-evaluation-limited, problem focused	\$ 60.00	\$ 28.73
D0210	Complete Series X-rays	\$ 95.00	\$ 71.79
D0220	Periapical X-ray - first film	\$ 22.00	\$ 14.91
D0230	Periapical X-ray - two or more	\$ 20.00	\$ 12.03
D0240	Occlusal PA	\$ 30.00	\$ 15.98
D0250	Extraoral - first film	\$ 36.00	\$ 21.52
D0260	Extraoral - each additional film	\$ 27.00	\$ 17.78
D0270	Bitewings - Single Film	\$ 22.00	\$ 11.34
D0272	Bitewings x 2	\$ 35.00	\$ 18.50
D0273	Bitewings - Three Films	\$ 42.00	\$ 25.26
D0274	Bitewings x 4	\$ 49.00	\$ 32.08
D0330	Panorex X-ray	\$ 95.00	\$ 59.25
D0470	Diagnostic Casts	\$ 55.00	\$ 42.78
D1110	Prophy (Adult)	\$ 69.00	\$ 38.10
D1120	Prophy (Child)	\$ 54.00	\$ 27.21
D1201	Prophy w/Fluoride (Child)	\$ 62.00	not covered
D1203	Fluoride w/out Prophy (Child)	\$ 30.00	\$ 16.04
D1204	Fluoride w/out Prophy (Adult)	\$ 28.00	\$ 16.04
D1205	Prophy w/Fluoride (Adult)	\$ 71.00	not covered
D1206	Topical Fluoride Varnish	\$ 49.00	\$ 16.04
D1351	Sealants	\$ 42.00	\$ 28.58
D1510	Space Maint Fixed - Unilateral	\$ 275.00	\$ 190.96
D1515	Space Maint Fixed - Bilateral	\$ 500.00	\$ 267.34
D2140	Amalgam 1 surface	\$ 95.00	\$ 71.02
D2150	Amalgam 2 surface	\$ 120.00	\$ 89.99
D2160	Amalgam 3 surface	\$ 145.00	\$ 104.19
D2161	Amalgam 4 surface or more	\$ 175.00	\$ 114.69
D2330	Resin 1 surface anterior	\$ 115.00	\$ 65.90
D2331	Resin 2 surface anterior	\$ 146.00	\$ 81.41
D2332	Resin 3 surface anterior	\$ 178.00	\$ 96.24
D2335	Resin 4 surface anterior	\$ 210.00	\$ 121.91
D2390	Resin Crown - anterior	\$ 185.00	\$ 76.00
D2391	Resin 1 surface posterior	\$ 133.00	\$ 100.84
D2392	Resin 2 surface posterior	\$ 174.00	\$ 122.64
D2393	Resin 3 surface posterior	\$ 216.00	\$ 148.60
D2394	Resin 4 surface posterior	\$ 260.00	\$ 174.82
D2930	SSC - Primary	\$ 216.00	\$ 144.28
D2931	SSC - Permanent	\$ 217.00	\$ 155.16
D2932	Prefabricated resin crown	\$ 250.00	\$ 169.52
D2933	Prefabricated stainless steel crown with resin window	\$ 241.00	\$ 189.05
D2934	Prefabricated esthetic coated stainless steel crown	\$ 250.00	\$ 189.05
D2940	Sedative filling	\$ 83.00	\$ 39.77
D2950	Crown Buildup	\$ 174.00	\$ 98.25
D2951	Pin Placement	\$ 46.00	\$ 23.86
D2970	Temporary Crown (fractured tooth)	\$ 155.00	\$ 139.73
D3110	Pulp cap-direct (excluding final restoration)	\$ 53.00	not covered
D3220	Pulpotomy - Excl Rest	\$ 134.00	\$ 81.09

Rockingham County Department of Health and Human Services

Dental Clinic

Master Fee Schedule

Effective July 1, 2014

CDT- 2012/2013 Code	Description	Our Charge	Medicaid Rate
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$ 128.00	\$ 81.09
D3230	Pulpal Therapy - Anterior	\$ 250.00	\$ 143.22
D3240	Pulpal Therapy - Posterior	\$ 375.00	\$ 190.96
D3310	RCT - Anterior	\$ 600.00	\$ 283.58
D3320	RCT - Premolar	\$ 700.00	\$ 335.13
D3330	RCT - Molar	\$ 800.00	\$ 409.90
D3351	Apexification/recalcification/pulpal regeneration - initial visit	\$ 230.00	\$ 138.18
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	\$ 154.00	\$ 100.54
D3353	Apexification/recalcification - final visit	\$ 335.00	\$ 201.08
D3410	Apicoectomy/periradicular surgery - anterior	\$ 608.00	\$ 259.86
D4210	Gingivectomy - 4 or more teeth	\$ 490.00	\$ 248.52
D4211	Gingivectomy - 1 to 3 teeth	\$ 191.00	\$ 92.29
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth per quadrant	\$ 491.00	\$ 292.86
D4241	Gingival flap procedure, including root planing	\$ 300.00	\$ 247.48
D4341	Periodontal Scaling and root planning - 4 or more teeth	\$ 185.00	\$ 100.54
D4342	Periodontal Scaling and root planning - 1 to 3 teeth	\$ 120.00	\$ 58.48
D4355	Full mount debridement	\$ 130.00	\$ 67.37
D4910	Periodontal Maintenance	\$ 103.00	\$ 49.59
D5110	Complete Denture - Maxillary	\$ 1,195.00	\$ 584.82
D5120	Complete Denture - Mandibular	\$ 1,195.00	\$ 584.82
D5130	Immediate denture - maxillary	\$ 1,085.00	\$ 634.41
D5140	Immediate denture - mandibular	\$ 1,085.00	\$ 634.41
D5211	All resin acrylic upper partial - Maxillary	\$ 950.00	\$ 433.70
D5212	All resin acrylic lower partial - Mandibular	\$ 950.00	\$ 433.70
D5213	Cast metal upper partial	\$ 1,320.00	\$ 626.92
D5214	Cast metal lower partial	\$ 1,320.00	\$ 626.92
D5410	Adjust complete denture - Maxillary	\$ 66.00	\$ 31.81
D5411	Adjust complete denture - Mandibular	\$ 66.00	\$ 31.81
D5421	Adjust partial denture - Maxillary	\$ 66.00	\$ 31.81
D5422	Adjust partial denture - Mandibular	\$ 66.00	\$ 31.81
D5510	Repair broken complete dentures base	\$ 156.00	\$ 77.15
D5520	Replace missing/broken tooth comp denture	\$ 128.00	\$ 65.03
D5610	Repair resin denture base	\$ 142.00	\$ 77.15
D5620	Repair cast framework	\$ 158.00	\$ 104.80
D5630	Repair or replace broken clasp	\$ 160.00	\$ 147.99
D5640	Replace broken teeth - per tooth	\$ 107.00	\$ 65.50
D5650	Add tooth to existing partial denture	\$ 129.00	\$ 79.53
D5660	Add clasp to existing partial denture	\$ 147.00	\$ 119.35
D5730	Reline complete maxillary denture (chairside)	\$ 278.00	\$ 135.68
D5731	Reline complete mandibular denture (chairside)	\$ 278.00	\$ 135.68
D5740	Reline maxillary partial denture (chairside)	\$ 264.00	\$ 133.34
D5741	Reline mandibular partial denture (chairside)	\$ 264.00	\$ 133.34
D5750	Reline complete maxillary denture (laboratory)	\$ 293.00	\$ 172.64
D5751	Reline complete mandibular denture (laboratory)	\$ 293.00	\$ 172.64
D5760	Reline maxillary partial denture (laboratory)	\$ 297.00	\$ 168.43
D5761	Reline mandibular partial denture (laboratory)	\$ 297.00	\$ 168.43
D6985	Pediatric partial denture, fixed	\$ 429.00	\$ 342.94
D7111	Extraction - coronal remnants - deciduous tooth	\$ 90.00	\$ 51.56
D7140	Extraction	\$ 120.00	\$ 63.54
D7210	Surgical Extraction - Erupted	\$ 210.00	\$ 109.23
D7220	Soft tissue impaction	\$ 213.00	\$ 124.26
D7230	Partial bony impaction	\$ 275.00	\$ 165.99

Rockingham County Department of Health and Human Services

Dental Clinic

Master Fee Schedule

Effective July 1, 2014

CDT- 2012/2013 Code	Description	Our Charge	Medicaid Rate
D7240	Bony Impaction	\$ 325.00	\$ 193.35
D7241	Bony Impaction w/Complications	\$ 399.00	\$ 232.02
D7250	Resid Roots - unerupted	\$ 210.00	\$ 119.10
D7260	Oroantral fistula closure	\$ 477.00	\$ 380.84
D7270	Tooth reimplantation	\$ 235.00	\$ 211.39
D7280	Surgical access of an unerupted tooth	\$ 382.00	\$ 190.25
D7285	Biopsy - hard tissue	\$ 175.00	\$ 136.61
D7286	Biopsy - soft tissue	\$ 326.00	\$ 108.18
D7288	Brush biopsy - transepithelial sample collection	\$ 165.00	\$ 108.18
D7310	Alveoloplasty - w/extr 4 or more teeth	\$ 221.00	\$ 102.93
D7311	Alveoloplasty in conjunction w/extraction	\$ 205.00	\$ 96.24
D7320	Alveoloplasty per quad	\$ 225.00	\$ 150.18
D7321	Alveoloplasty not in conjunction w/extraction	\$ 300.00	\$ 134.74
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$ 665.00	\$ 523.79
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts)	\$ 1,215.00	\$ 970.38
D7410	Excision of benign lesion up to 1.25 cm	\$ 261.00	\$ 161.47
D7411	Excision of benign lesion greater than 1.25 cm	\$ 265.00	\$ 211.47
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$ 326.00	\$ 177.78
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$ 285.00	\$ 227.84
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$ 296.00	\$ 236.31
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$ 443.00	\$ 353.86
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$ 175.00	\$ 139.89
D7471	Removal of lateral exostosis (maxilla or mandible)	\$ 407.00	\$ 225.69
D7472	Removal of torus palatinus	\$ 525.00	\$ 262.00
D7473	Removal of torus mandibularis	\$ 470.00	\$ 260.59
D7485	Surgical reduction of osseous tuberosity	\$ 390.00	\$ 234.86
D7510	I & D Intra Oral	\$ 200.00	\$ 111.00
D7520	Incision and drainage of abscess - extraoral soft tissue	\$ 567.00	\$ 238.70
D7530	Removal of foreign body, skin, or tissue	\$ 280.00	\$ 126.32
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$ 293.00	\$ 233.93
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$ 381.00	\$ 304.58
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$ 479.00	\$ 382.70
D7820	Closed reduction of dislocation	\$ 229.00	\$ 182.46
D7910	Suture sm. Trauma	\$ 250.00	\$ 167.03
D7911	Complicated suture - up to 5 cm	\$ 325.00	\$ 259.51
D7912	Complicated suture - greater than 5 cm	\$ 403.00	\$ 322.08
D7920	Skin graft	\$ 1,069.00	\$ 854.77
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$ 336.00	\$ 176.85
D7963	Frenuloplasty	\$ 379.00	\$ 269.33
D7971	Excision of pericoronal gingiva	\$ 147.00	\$ 152.77
D7972	Surgical reduction of fibrous tuberosity	\$ 322.00	\$ 257.32
D7980	Sialolithotomy	\$ 381.00	\$ 304.74
D9110	Emergency palliative	\$ 90.00	\$ 42.57
D9410	House/extended care facility call	\$ 94.00	\$ 74.86
D9420	Hospital or ambulatory surgical center call	\$ 148.00	\$ 118.35
D9440	Office visit - after regularly scheduled hours	\$ 74.00	\$ 58.48
D9610	Therapeutic parenteral drug, single administration	\$ 42.00	\$ 35.09
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$ 75.00	\$ 58.01
D9630	Other drugs and/or medicaments, by report	\$ 19.00	\$ 15.20
D9930	Post op dry socket	\$ 95.00	not covered

ROCKINGHAM COUNTY DEPARTMENT OF PUBLIC HEALTH
 LABORATORY FEE SCHEDULE (SPECTRUM LABORATORY)
 EFFECTIVE DECEMBER 6, 2010

1005	HGB/HCT	85018, 85014	7.50
2335	Ra Panel	84550, 85652, 86038, 86431	21.75
2390	Iron/TIBC	83550, 83540	10.00
2515	Thy Panel w/ TSH	84436, 84443, 84479	12.60
2905	Anemia Profile	82607, 82746, 83540, 83550, 85045, 85027, 82728	38.00
2935	Vit B12/ Folate	82607, 82746	16.00
3074	THYROID PANEL	84436, 84479	14.50
3706	CP BII EXE	80053, 80061, 84436, 84443, 84479, 85025	26.86
5990	GC/CT AMP PROBE, GENITAL	87591, 87491	30.75
5995	GC/CT AMP PROBE, URINE	87591, 87491	30.75
8300	CMP AND LIVER	80053, 82248	21.50
10000	CBC NO DIFF (COMP BLD CNT)	85027	4.00
10010	CBC/DIFF	85025	4.00
10040	PLATELET COUNT	85049	6.00
15010	SED RATE	85652	6.00
22000	PROTHROMBIN TIME	85610	5.50
22900	CMP	80053	5.13
22910	BMP	80048	4.75
22930	LP	80061	5.13
22940	HEP PANEL, ACUTE	80074	36.75
22960	LIVER PANEL	80076	4.75
23010	POTASSIUM	84132	3.25
23040	Glucose	82947	8.00
23060	CREATININE	82565	3.25
23070	TOTAL BILIRUBIN	82247	3.50
23100	ALKALINE PHOSPHATASE	84075	3.25
23110	SGOT/AST	84450	3.25
23120	ALT/SGPT	84460	3.25
23170	PHOSPHORUS	84100	3.25
23180	URIC ACID	84550	3.25
23190	LDH	83615	3.25
23200	MAGNESIUM	83735	3.25
23210	AMYLASE	82150	6.75

23215	LIPASE	83690	6.00
23220	Cholesterol	82465	2.00
23265	T4	84438	3.75
23270	T3 UPTAKE	84479	3.75
23280	TSH	84443	5.10
23300	T4, Free	84439	3.75
23310	Iron	83540	5.00
23315	TIBC	83550	5.00
23330	Vit B 12	82607	10.00
23340	Folate	82746	6.00
23350	Ferritin	82728	4.00
23375	HEMOGLOBIN A1C	83036	8.50
23378	HEMOGLOBIN A1C W EAVG GLU	83036	8.50
23380	Carbamaz, Tegretol	80156	14.00
23400	PHENYTOIN	80185	14.00
23460	Phenobarb	80184	14.00
23560	HEPATITIS B SURFACE AB	87340	14.00
23570	ANTI-HBC	86704	14.00
23590	HEP B SURFACE AB	86706	14.00
23620	HEPATITIS C ANTIBODY	83803	27.00
23650	HEPATITIS B SURF AB, QNT	86706	14.00
23670	FSH	83001	14.50
23780	PSA	84153	8.25
23781	PSA, MEDICARE	60103	8.25
23890	RA FACTOR	86431	7.50
23895	PREGNANCY, SERUM QUAL	84703	6.00
23897	HCG QUANT	84702	12.25
23900	ANA	86038	5.00
23930	LYME DISEASE IGG IGM RFLX	86618 x 2	30.75
23933	VARICELLA ZOSTER AB, IGG	86787	17.50
23935	Hpylori Ab, IgG	86677	10.00
23970	Rubella Anti	86762	10.00
23980	MONO SCREEN	86308	9.75
24085	MICROALBUMIN	82043	14.50
32370	T3 UPTAKE	84479	3.75
59020	INSULIN, RANDOM	83525	10.00
59021	INSULIN, FASTING	83525	10.00
65000	URINALYSIS REFLEX	81003	4.75
70010	CULTURE, URINE	87076	14.50
70015	CULTURE, URINE OB	87086	14.50
70060	Culture Throat	87081	8.00

70200	CULTURE, ABCESS	87070, 87205	16.50
70240	CULTURE, BLOOD	87040	18.25
70650	GASP	87650	8.00
70660	GROUP B STREP PRB	87081, 87149	8.00
71030	MIC	87186	5.50
81070	HSV 1	86695	15.00
81071	HSV 2	86696	15.00
83630	HIV	86703	12.00
83780	LEAD, BLOOD	83655	12.75
	ROCKY MTN SPOT		
85050	FEV, G/M	86757 x 2	46.75
85710	CRP, HIGH SENSITIVITY	86141	104.25
85810	Vit D 25	82306	25.00
86523	HPV High	87621	70.00
86573	Cyta Fluid	88160	55.00

OCCUPATIONAL HEALTH SERVICES

<u>Service</u>	<u>Current Fee</u>
Hourly Professional Fees	\$40.00
Health Risk Appraisal	\$ 3.00
Diabetes	\$12.00
Cholesterol	\$15.00
Colon Cancer	\$ 5.00
Flu	\$29.75 per person
Pneumonia	\$68.00 per person
Hepatitis B (Administration Only)	\$ 7.00
Tuberculosis Testing (For selected population only)	\$20.00

Health Department Drug Formulary

\$4.00 Co-Pay

Prescription Assistance Program

\$2.00 per Prescription
Administration Fee