Clinic/Area	CPT	DESC	FY20 FEE
MULTIPLE	97802	MNT, initial visit, 15 minute unit	36.38
MULTIPLE	97803	MNT, subsequent visit, 15 minute unit	31.48
NT	G0108	DSMT individual visit, 30 minute unit	54.24
NT	G0109	DSMT group session of 2 or more, 30 minute unit	14.96
NT	S9446	Patient Education group visit	5.00

FY21 FEE	Amt Change	Percent Change	Notes
36.38	-	0.00%	
31.48	-	**0.00%**	
54.24	-	**0.00%**	
14.96	-	**0.00%**	
5.00	-	**0.00%**	

No changes in FY21 per Rach

ıael

Clinic/Area	CPT
FP	11981
FP	11982
FP	11983
FP	57170
FP	57452
FP	57454
FP	57455
FP	57456
FP	58100
FP	58300
FP	58301
MH	59025
MH	59425
MH	59426
MH	59430
MH	76815
MH	76816
MH	76817
MH	76818
MH	76819
FP	76830
FP	76857
FP	76998
FP	81025
MULTIPLE	96127
FP/MH	96150
FP/MH	96151
FP/MH	96152
FP	97799
MH	99078
MULTIPLE	99201
MULTIPLE	99202
MULTIPLE	99203
MULTIPLE	99204
MULTIPLE	99205
MULTIPLE	99211
MULTIPLE	99212
MULTIPLE	99213
MULTIPLE	99214
MULTIPLE	99215
FP	99383
FP	99384
FP	99385

FP	99386
FP	99387
FP	99394
FP	99395
FP	99396
SH	99406
SH	99407
SH	99408
FP	99393
FP	99397
MH	99412
FP	99429
FP	J1050
FP	J1050
FP	J2790
FP	J7297
FP	J7298
FP	J7300
FP	J7307
MH	S0280
MH	S0281
MH	S9442
FP	T1001
FP	T1001
FP	T1001
FP	T1001
	XXXXX

DESC
Insert Drug Implant Device
Removal non-biodegradable drug delivery implant
Removal with reinsertion, non-biodegradable drug delivery implant
Diaphragm fitting
Colpo W/O biopsy
Colposcopy of the cervix with biopsy(s) of the cervix and endocervical curettage
Colpo W/Biopsy
Colposcopy of the cervix with endocervical curettage
Endometrial biopsy with or without endocervical biopsy, without cervical dilation, any method
IUD Insert
IUD Removal
Fetal Non-Stress Test (FNST)
Maternal Health package 4-6 vs
Maternal Health package 7+ vs
Postpartum Exam
Ultrasound, pregnant uterus, limited, one or more fetuses, transabdominal approach
Ultrasound, pregnant uterus, limited or follow-up, transabdominal approach, per fetus
Ultrasound, pregnant uterus, transvaginal approach
Biophysical profile with non-stress testing
Biophysical profile without non-stress testing
Ultrasound, transvaginal approach
Ultrasound, pelvic (non-obstetric), limited or follow-up, transabdominal approach
Ultrasonic guidance, intraoperative
Pregnancy Test (urine)
Depression Screening
Health and behavior assessment, each 15 mins.; initial assessment
Health and behavior assessment, each 15 mins.; re-assessment
Health and behavior intervention, each 15 mins.; individual
DSV, BH Referral
Health Ed. Child/parenting Class
OV, New, Minimal
OV, New, Limited
OV, Comprehensive
OV, New, Detailed
OV, New, Comprehensive
OV, Est, Minimal
OV, Est, Limited
OV Est Expanded
OV, Est, Detailed
OV, Est, Comprehensive
New FP Preventive Age 5-11 (do we see clients 11 and younger?)
New Preventive age 12-17
New Preventive age 18-39

New Preventive age 40-64
New Preventive age 65>years
Est Preventive age 12-17
Est Preventive age 18-39
Est Preventive age 40-64
Smoking Cessation Couns 3-10 minutes
Smoking Cessation Counseling >10minutes
Substance Abuse Counseling >30 mins.
Est Preventive age 5-11 years (do we see clients 11 and younger?)
Est Preventive age 65>years
Prev. Counseling/Centering Pregnancy
AV/Unplanned Pregnancy
Depo-Provera IM
Depo-SubQ Injection
Rhogam (Rhophylac)
Liletta IUD
Mirena IUD
IUD Device (Paragard)
Etonogestrel Implant system (Nexplanon)
Risk Screen - PMH
Postpartum-PMH
Childbirth Education Class
DSV Counseling
FP Pregnancy Test Counseling
Postpartum Visit
Behavioral health Counseling
Inmate CoPay/DC Detention Center

FY20 FEE	FY21 FEE	Amt Change	Percent Change
270.16	270.16	-	0%
306.82	306.82	-	0%
426.24	426.24	-	0%
104.87	104.87	-	0%
209.75	209.75	-	0%
293.92	293.92	-	0%
	293.92	293.92	
	229.98	229.98	
	186.52	186.52	
139.83	139.83	-	0%
181.92	181.92	-	0%
93.68	93.68	-	0%
885.83	885.83	-	0%
1583.62	1583.62	-	0%
359.08	359.08	-	0%
	144.26	144.26	
	197.39	197.39	
	166.60	166.60	
	208.85	208.85	
	152.11	152.11	
	208.85	208.85	
	81.49	81.49	
	81.49	81.49	
16.29	16.29	-	0%
	9.05	9.05	
	36.82	36.82	
	36.82	36.82	
	33.80	33.80	
0.00	0.00	-	#DIV/0!
8.71	8.71	-	0%
83.49	83.49	-	0%
142.55	142.55	-	0%
206.36	206.36	-	0%
314.86	314.86	-	0%
424.47	424.47	-	0%
42.70	42.70	-	0%
82.81	82.81	-	0%
139.15	139.15	-	0%
204.99	204.99	-	0%
276.27	276.27	-	0%
229.43	229.43	-	0%
259.30	259.30	-	0%
250.48	250.48	-	0%

291.20	291.20	-	0%
291.20	291.20	-	0%
227.29	227.29	-	0%
226.04	226.04	-	0%
240.97	240.97	-	0%
27.15	27.15	-	0%
54.30	54.30	-	0%
n/a	n/a	#VALUE!	#VALUE!
201.60	201.60	-	0%
240.97	240.97	-	0%
40.73	40.73	-	0%
0.00	0.00	-	#DIV/0!
23.60	23.60	-	0%
1.04	1.04	-	0%
154.09	154.09	-	0%
47.04	47.04	-	0%
316.24	316.24	-	0%
229.22	229.22	-	0%
408.82	408.82	-	0%
50.00	50.00	-	0%
150.00	150.00	-	0%
10.86	10.86	-	0%
87.09	87.09	-	0%
87.09	87.09	-	0%
87.09	87.09	-	0%
87.09	87.09	-	0%
20.00	20.00	-	0%

Notes
50% CPS
50% CPS
reflects difference in cost of service for insert and removal vs. both in one visit
we don't do this often
50% CPS
50% CPS - Update Description
50% CPS
70% statewide average (equivlent to 50% DCoDPH CPS for other related procedures)
70% statewide average (equivlent to 50% DCoDPH CPS for other related procedures)
50% CPS
50% CPS
50% CPS
50% CPS
50% CPS
50% CPS
70% statewide average (equivlent to 50% DCoDPH CPS for other related procedures)
70% statewide average (equivlent to 50% DCoDPH CPS for other related procedures)
70% statewide average (equivlent to 50% DCoDPH CPS for other related procedures)
70% statewide average (equivlent to 50% DCoDPH CPS for other related procedures)
70% statewide average (equivlent to 50% DCoDPH CPS for other related procedures)
70% statewide average (equivlent to 50% DCoDPH CPS for other related procedures)
70% statewide average (equivlent to 50% DCoDPH CPS for other related procedures)
50% CPS
70% statewide average (equivlent to 50% DCoDPH CPS for other related procedures)
70% statewide average (equivlent to 50% DCoDPH CPS for other related procedures)
70% statewide average (equivlent to 50% DCoDPH CPS for other related procedures)
70% statewide average (equivlent to 50% DCoDPH CPS for other related procedures)
50% CPS
50% CPS
50% CPS
above 50% CPS
50% CPS
50% CPS
50% CPS
50% CPS
50% CPS
50% CPS
50% CPS

50% CPS
same as 40-65
50% CPS
50% CPS
50% CPS
50% CPS
2x cost for 99406
50% CPS
same as 40-65
50% CPS
Leave on the fee schedule
cost of med
50% CPS
cost of med
cost of med
cost of med
cost of med

Clinic/Area	CPT	DESC	FY 20 FEE	FY 21 FEE	Amt Change	Percent Change
PHAR	N/A	Prenavite	2.16	-	(2.16)	(1.00)
PHAR	N/A	Nitrofurantoin	0.58	0.58	-	-
PHAR	N/A	Cipro 250mg	0.06	0.06	-	-
PHAR	N/A	Cipro 500mg	0.11	0.20	0.09	0.82
PHAR	N/A	Metrogel	1.67	1.67	-	-
PHAR	N/A	Septra DS	0.04	0.04	-	-
PHAR	N/A	Cryselle	3.62	0.13	(3.49)	(0.96)
PHAR	N/A	Orsythia	2.25	0.08	(2.17)	(0.96)
PHAR	N/A	Apri	1.89	0.07	(1.82)	(0.96)
PHAR	N/A	Norethindrone	2.16	0.06	(2.10)	(0.97)
PHAR	N/A	Miconazole 7	3.51	3.51	-	-
PHAR	N/A	Diflucan	0.73	2.50	1.77	2.42
PHAR	N/A	Antifungal Cream	1.50	1.50	-	-
PHAR	N/A	Chewable vitamins	2.53	-	(2.53)	(1.00)
PHAR	N/A	Ferrous Sulfate	0.01	0.01	-	-
PHAR	N/A	Colace	0.01	0.01	-	-
PHAR	N/A	Phenergan	0.02	0.02	-	-
PHAR	N/A	Ranitidine	0.05	-	(0.05)	(1.00)
PHAR	N/A	Zofran	0.12	0.12	-	-
PHAR	N/A	Tri-Sprintec	2.79	0.10	(2.69)	(0.96)
PHAR	N/A	Sprintec	1.44	0.05	(1.39)	(0.97)
PHAR	N/A	Tri-Lo Sprintec	0.27	0.08	(0.19)	(0.70)
PHAR	N/A	Portia	3.90	0.14	(3.76)	(0.96)
PHAR	N/A	Plan B	3.69	3.69	-	-
PHAR	N/A	Ferrous Gluconate	0.05	0.05	-	-
PHAR	N/A	Terconazole	3.07	-	(3.07)	(1.00)
PHAR	N/A	Ocella	3.64	0.13	(3.51)	(0.96)
PHAR	N/A	Depo	24.38	24.38	-	-
PHAR	N/A	Nuvaring	8.34	0.01	(8.33)	(1.00)

Notes
Not charged - Remove from fee schedule
Increase
Decrease - Description change from Lo/ovral to Cryselle
Decrease - Description change from Sronyx to Orsythia
Decrease - Description change from Desogen to Apri
Decrease - Description change from Micronor to Norethindrone
Increase
Not charged - Remove from fee schedule
Taken off formulary - Remove from fee schedule
Decrease - Description changed from Ortho Tri-cyclen to Tri-Sprintec
Decrease - Description changed from Ortho Cyclen to Sprintec
Decrease - Description changed from Ortho Tri-cyclen lo to Tri-Lo Sprintec
Decrease - Description changed from Levora to Portia
Has not been ordered in several years - remove from fee schedule
Decrease - Description changed from Yasmin to Ocella
Decrease

Clinic/Area	CPT	DESC		FY 21 FEE
LAB	36415	Venipuncture	Chemistry	5.71
LAB	36416	Finger Stick	Chemistry	0
LAB	80048	Basic Metabolic Panel	Chemistry	13.70
LAB	80053	Comprehensive Metabolic Panel	Chemistry	14.39
LAB	80061	Lipid Panel	Chemistry	20.87
LAB	80076	Hepatic Function Panel	Chemistry	13.18
LAB	81003	Urinalysis	Serology	4.62
LAB	81015	Urine Micro	Serology	4.77
LAB	81025	Pregnancy Test, Urine - Result Positive+	Chemistry	10.07
LAB	81025	Pregnancy Test, Urine - Result Negative -	Chemistry	10.07
LAB	82040	Albumin	Chemistry	12.20
LAB	82247	Bilirubin, Total	Chemistry	12.22
LAB	82248	Bilirubin, Direct	Chemistry	12.20
LAB	82310	Calcium	Chemistry	12.19
LAB	82374	Carbon Dioxide	Chemistry	12.22
LAB	82435	Chloride	Chemistry	12.37
LAB	82465	Cholesterol, Total	Chemistry	12.35
LAB	82565	Creatinine (blood)	Chemistry	12.16
LAB	82947	Glucose	Chemistry	12.20
LAB	82948	Blood Glucose - Finger Stick	Chemistry	-
LAB	82950	Glucose Challenge (GCT)	Chemistry	12.20
LAB	82951	GTT - 3 hour	Chemistry	29.07
LAB	82952	GTT - 3 hour	Chemistry	29.07
LAB	83540	Iron	Chemistry	-
LAB	83718	HDL	Chemistry	13.39
LAB	84075	Alkaline Phosphatase	Chemistry	12.24
LAB	84132	Potassium	Chemistry	12.37
LAB	84155	Total Protein	Chemistry	12.18
LAB	84295	Sodium	Chemistry	12.37
LAB	84450	Aspartate Amino Transferase (AST)	Chemistry	12.20
LAB	84460	Alanine Amino Transferase (ALT)	Chemistry	12.22
LAB	84478	Triglycerides	Chemistry	12.42
LAB	84520	BUN (Blood Urea Nitrogen)	Chemistry	12.21
LAB	84550	Uric Acid	Chemistry	12.22
LAB	85004	CBC	Hematology	-
LAB	85014	Hematocrit	Hematology	-
LAB	85018	Hemoglobin (Hgb)	Hematology	8.48
LAB	85025	CBC with automated diff. & platlets	Hematology	8.48
LAB	85027	Blood Count/w Platelet Count	Hematology	-
LAB	86592	RPR	Serology	8.56
LAB	86593	RPT Titer	Serology	11.23
LAB	87164	Dark Field	Microscopy	16.40
LAB	87205	Gram Stain	Microscopy	7.10
LAB	87210	Wet Prep	Microscopy	5.78

LAB	87491	Chlamydia	Microbiology	32.80
LAB	87591	Gonorrhea	Microbiology	32.80
LAB	87661	Trichomonas Detection		20.80
LAB	99000	Specimen Handling	Chemistry	-

Amt Change	Percent Change	Notes
-	0%	
-	#DIV/0!	Not performed. But leave on the schedule
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	#DIV/0!	Not performed. But leave on the schedule
-	0%	
-	0%	
-	0%	
-	#DIV/0!	Not performed. But leave on the schedule
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	
-	#DIV/0!	Not performed. But leave on the schedule
-	#DIV/0!	Not performed. But leave on the schedule
-	0%	
-	0%	
-	#DIV/0!	Not performed. But leave on the schedule
-	0%	
-	0%	
-	0%	
-	0%	
-	0%	

-	0%	
-	0%	
-	0%	
-	#DIV/0!	Not performed. But leave on the schedule

Clinic/	CPT	DESC	FY 21 Fee	Amt Change
EH	N/A	Well Permit	425.00	-
EH	N/A	Bacteriological Sample (Total Coliform/E-coli)	135.00	-
EH	N/A	Inorganic Water Sample (includes Nitrate/Nitrite)	135.00	-
EH	N/A	Pesticide Water Sample	135.00	-
EH	N/A	Petroleum Water Sample	135.00	-
EH	N/A	Application for Improvement Permit (2 acre limit)	250.00	-
EH	N/A	Improvement Permit Revisit Fee	100.00	-
EH	N/A	Construction Authorization Type I & II	200.00	-
EH	N/A	Construction Authorization Type III	350.00	-
EH	N/A	Construction Authorization Type IV/V/VI System	525.00	-
EH	N/A	Appeal Charge (0-2 acres) within 1 year of orig. eval.	200.00	-
EH	N/A	Appeal Charge (2-5 acres) within 1 year of orig. eval.	200.00	-
EH	N/A	Appeal Charge (5 + acres) within 1 year of orig. eval.	200.00	-
EH	N/A	Appeal of Permit Condition	200.00	-
EH	N/A	Wastewater System Reconnection Permit	200.00	-
EH	N/A	Application for Structural Alterations/Additions	100.00	-
EH	N/A	Type V System (Plan Review)	-	-
EH	N/A	Swimming Pool, Wading Pool or Spa Permit (seasonal or y	350.00	-
EH	N/A	Pool Plan Review	350.00	-
EH	N/A	Pool Permit Inspection Revisit	100.00	-
EH	N/A	Tattoo Artist Permit	300.00	-
EH	N/A	Temporary/Apprentice Tattoo Artist Permit	150.00	-
EH	N/A	Food Service Plan Review	250.00	-
EH	N/A	Existing Food Establishment Plan Review	150.00	-
EH	N/A	Temporary Food Event Permit	75.00	-
EH	N/A	Limited Food Service Establishment	75.00	-
EH	N/A	Mobile Food Unit/Push Cart/Caterer Plan Review	200.00	-
EH	N/A	Type V/VI Operational Permit Renewal Fee (every 5 years	50.00	-
EH	N/A	Engineered Option Permit (aka EOP)	150.00	-
EH	N/A	Well Repair Permit	-	-

Tracts of land greater then 2 acres that have been previously evaluated by a licensed sc scientist and a sealed report submitted will be charged $200.00. However, only the are specified by the consultant will be evaluated.

*** We accept VISA/MASTERCARD or checks.**

*** Please make checks payable to Durham County Department of Public Health and retu to: Attn: Environmental Health 414 E. Main St. Durham, NC 27701**

Percent Change
0%
0%
0%
0%
0%
0%
0%
0%
0%
0%
0%
0%
0%
0%
0%
0%
0%
#DIV/0!
0%
0%
0%
0%
0%
0%
0%
0%
0%
0%
0%
0%
0%
#DIV/0!

ɔil

a

ırn

Notes

No Changes in FY21 Per Chris

Clinic/Area	CPT	DESC	Admin Fee	FY20 FEE
AH	54050	Destruction of Genital Warts Male	0.00	254.55
AH	56501	TCA Vulva	0.00	251.50
TB	86580	TB PPD	0.00	25.00
IM	86790	Rabies Titer	20.45	45.00
IM	90471	IM Admin	0.00	20.45
IM	90472	IM Admin (additional vaccine)	0.00	20.45
IM	90473	Oral Nasal Admin only Vaccine given on DOS	0.00	20.45
IM	90474	Oral Nasal Admin any other vaccine on the DOS	0.00	20.45
IM	90632	Hepatitis A (Adult)	20.45	59.85
IM	90633	Hepatitis A (ped)	20.45	20.45
IM	90636	Twinrix	20.45	97.25
IM	90647	HIB (pedvax)	20.45	20.45
IM	90648	HIB (ActHIB)	20.45	20.45
IM	90649	Gardasil-HPV Females/males 9-26 payor 6	20.45	216.40
IM	90686	Flu Vaccine, 3 yrs & >, IM	20.45	38.08
IM	90670	Prevnar 13	20.45	20.45
IM	90675	Pre-Exposure Rabies	20.45	304.45
IM	90680	Rotovirus	20.45	20.45
IM	90685	Flu (6-35 months)	20.45	37.27
IM	90696	Kinrix (DTaP-IPV)	20.45	20.45
IM	90698	Pentacel (DTaP-IPV Hib)	20.45	20.45
IM	90700	DTaP	20.45	20.45
IM	90707	MMR, Live	20.45	89.05
IM	90713	IPV	20.45	-
IM	90714	Td(Tetnus and diptheria)	20.45	48.24
IM	90715	Tdap	20.45	52.95
IM	90716	Varivax	20.45	141.60
IM	90723	Pediarix (DTaP-HepB-Polio)	20.45	20.45
IM	90732	Pneumoonia Vaccine (PneumoVax)	20.45	113.07
IM	90734	Meningococcal	20.45	127.44
IM	90736	Herpes Zoster (Shingles) vaccine	20.45	229.93
IM	90744	Hepatitis B (ped)	20.45	20.45
IM	90746	Hepatitis B (Adult)	20.45	63.25
MULTIPLE	96372	Medication Administration	0.00	17.04
AH	99080	I-693 Form Completetion	0.00	42.70
MULTIPLE	99201	OV, New, Minimal	0.00	83.49
MULTIPLE	99202	OV, New, Limited	0.00	142.55
MULTIPLE	99203	OV, Comprehensive	0.00	206.36
MULTIPLE	99204	OV, New, Detailed	0.00	314.86
MULTIPLE	99205	OV, New, Comprehensive	0.00	424.47
MULTIPLE	99211	OV, Est, Minimal	0.00	42.70
MULTIPLE	99212	OV, Est, Limited	0.00	82.81
MULTIPLE	99213	OV Est Expanded	0.00	139.15
MULTIPLE	99214	OV, Est, Detailed	0.00	204.99
MULTIPLE	99215	OV, Est, Comprehensive	0.00	276.27
AH	99401	Indiv Counseling 15 min.	0.00	53.28
AH	99402	Indiv Counseling 30 min.	0.00	106.57

AH	99403	Indiv Counseling 45 min.	0.00	159.85
AH	99404	Indiv Counseling 60 min.	0.00	213.14
TB	T1002	RN services up to 15 minutesX _____ units	0.00	19.50
AH	T1002	STD Control Treatment (RN) X _____ units	0.00	19.50
MULTIPLE	87635	SARS-COV-2 TESTING	0.00	100.00

FY21 FEE	Amt Change
$254.55	-
$251.50	-
$25	-
$45	-
$20.45	-
$20.45	-
$20.45	-
$20.45	-
$59.85	-
$20.45	-
$97.25	-
$20.45	-
$20.45	-
$216.40	-
$38.08	-
$20.45	-
$304.45	-
$20.45	-
$37.27	-
$20.45	-
$20.45	-
$20.45	-
$89.05	-
-	-
$48.24	-
$52.95	-
$141.60	-
$20.45	-
$113.07	-
$127.44	-
$229.93	-
$20.45	-
$63.25	-
$17.04	-
$42.70	-
$83.49	-
$142.55	-
$206.36	-
$314.86	-
$424.47	-
$42.70	-
$82.81	-
$139.15	-
$204.99	-
$276.27	-
$53.28	-
$106.57	-

$159.85	-
$213.14	-
$19.50	-
$19.50	-
100.00	-

Notes
50% of DCO cost per service
50% of DCO cost per service
cost is $7.73/dose for private patients (daycare, LTC employees), 340B covers cost for TB patients
State allows us to bill $20.45 for adminisration of VFC vaccines
State permits $20.45 to be billed for each VFC vaccine administered, even if multiple injections given at same vi
State permits $20.45 to be billed for each oral VFC vaccine administered
State permits $20.45 to be billed for each oral VFC vaccine administered, the only oral vaccine we give is Rotavi
Adults with Medicaid get private stock
Only stock VFC vaccine provided by state, allowable admin fee is $20.45
State allows us to bill $20.45 for administration of VFC vaccines
State allows us to bill $20.45 for administration of VFC vaccines
Only stock VFC vaccine provided by state, allowable admin fee is $20.45
Only stock VFC vaccine provided by state, allowable admin fee is $20.45
Only stock VFC vaccine provided by state, allowable admin fee is $20.45
Only stock VFC vaccine provided by state, allowable admin fee is $20.45
Only stock VFC vaccine provided by state, allowable admin fee is $20.45
Only stock VFC vaccine provided by state, allowable admin fee is $20.45
Only stock VFC vaccine provided by state, allowable admin fee is $20.45
equivalent to a nurse visit
50% of DCO cost per service
50% of DCO cost per service
50% of DCO cost per service
50% of DCO cost per service
DCO cost per service estimated at $848.93, 50% of Dco Cost per service
Nurse visit
50% of DCO cost per service
50% of DCO cost per service
50% of DCO cost per service
50% of DCO cost per service
50% of DCO cost per service ($106.57) = $53.28
50% of DCO cost per service ($213.14)=$106.57

50% of DCO cost per service ($319.71) = $159.85
50% of DCO cost per service
new fee as of May 2020

sit

irus

nic/A	CPT	DESC	FY 20 FEE
DT	D0120	Periodic Oral Exam	45.22
DT	D0140	Limited Oral Exam (Pallative (emergency) treatment of dental pain-r	75.97
DT	D0145	Oral Exam, under 3 yrs	69.64
DT	D0150	Comp Exam, new/existing pt.	80.50
DT	D0160	Detailed, extensive oral exam	136.00
DT	D0170	Limited Oral Reevaluation	53.36
DT	D0210	Intraoral, incl. bitewings	105.00
DT	D0220	Intraoral, periapical, firts	26.23
DT	D0230	Intraoral, periapical, addl.	23.52
DT	D0240	Intraoral, occlusal film	41.61
DT	D0270	Bitewing, single	26.23
DT	D0272	Bitewing, two	42.51
DT	D0273	Bitewing 3	46.00
DT	D0274	Bitewing, four	59.69
DT	D0330	Panoramic film	123.01
DT	D1110	Prophylaxis Adult	94.97
DT	D1120	Prophylaxis Child	66.03
DT	D1206	Topical Fluoride varnish < 21	60.60
DT	D1208	Topical application of fluoride – excluding varnish	60.60
DT	D1330	Oral Hygiene Instruction	-
DT	D1351	Sealant – per tooth	51.55
DT	D1354	Interim caries arresting medicament application - per tooth	31.00
DT	D1510	Space Maintainer - unilateral	333.75
DT	D1515	Space Maintainer - bilateral	466.70
DT	D1551	Recement Bilateral Space Maintainer - Maxillary	
DT	D1552	Recement Bilateral Space Maintainer - Mandibular	
DT	D1553	Recement Unilateral Space Maintainer	
DT	D1556	Removal of Fixed Unilateral Space Maintainer	
DT	D1557	Removal of Fixed Bilateral Space Maintainer - Maxillary	
DT	D1558	Removal of Fixed Bilateral Space Maintainer - Mandibular	
DT	D2140	Amalgam: One Surface Primary or Permanent	112.15
DT	D2150	Amalgam: 2 Surfaces	146.52
DT	D2160	Amalgam: 3 Surfaces	178.18
DT	D2161	Amalgam: 4 Surfaces	216.17
DT	D2330	Resin-based Composite: 1 Surface	140.19
DT	D2331	Resin-based Composite: 2 Surfaces	179.08
DT	D2332	Resin-based Composite: 3 Surfaces	218.88
DT	D2335	Resin-based Composite: 4 or More Surfaces	258.68
DT	D2390	Resin-based Composite: Crown Anterior	369.00
DT	D2391	Resin-based Composite: 1 Surface Posterior	163.71
DT	D2392	Resin-based Composite: 2 Surface Posterior	214.36
DT	D2393	Resin-based Composite: 3 Surface Posterior	265.91
DT	D2394	Resin-based Composite: 4 Surface Posterior	326.51
DT	D2930	Prefab Crown Stainless steel Primary	265.66
DT	D2931	Prefab Crown	300.28
DT	D2932	Resin-based Crown	320.18
DT	D2934	Prefab esthetic coated	295.00

DT	D2940	Sedative Filling	101.30
DT	D2950	Core Buildup, including pins	230.00
DT	D2951	Restoration	62.00
DT	D2970	Temp Crown (fractured tooth)	240.00
DT	D3110	Pulp Caps	75.88
DT	D3220	Therapeutic pulpotomy	165.00
DT	D3310	Endodontic Therapy	648.06
DT	D4210	Ginevectomy	563.00
DT	D4341	Periodontal Scaling/Root planing; 4+ Teeth	206.00
DT	D4342	Periodontal Scaling/Root planing; 1-3 Teeth	151.00
DT	D4355	Full mouth debridement	173.66
DT	D4910	Periodontal Maintenance	62.00
DT	D7111	Extraction, coronal remnants - deciduous	109.44
DT	D7140	Extraction – Erupted Tooth	145.62
DT	D7210	Surgical Extract. Erupted Tooth	256.87
DT	D7220	Removal Impacted Tooth Soft Tissue	263.00
DT	D7230	Removal Impacted Tooth: Partially Bony	199.00
DT	D7240	Removal Impacted Tooth: Completely Bony	199.00
DT	D7241	Removal Impacted Tooth: Completely Bony Unusual Surgical	232.02
DT	D7250	Surgical Removal of residual tooth roots	272.24
DT	D7510	Incision and drainage of abscess	287.62
DT	D9230	Nitrous Oxide (Analgesia)	64.22

FY 21 FEE	Amt Change	Percent Change	Notes
45.22	-	0.00%	
75.97	-	0.00%	
69.64	-	0.00%	
80.50	-	0.00%	
136.00	-	0.00%	
53.36	-	0.00%	
105.00	-	0.00%	
26.23	-	0.00%	
23.52	-	0.00%	
41.61	-	0.00%	
26.23	-	0.00%	
42.51	-	0.00%	
46.00	-	0.00%	
59.69	-	0.00%	
123.01	-	0.00%	
94.97	-	0.00%	
66.03	-	0.00%	
60.60	-	0.00%	
60.60	-	0.00%	
-	-	#DIV/0!	Keep for data purposes
51.55	-	0.00%	
31.00	-	0.00%	
333.75	-	0.00%	
466.70	-	0.00%	
39.00			New code for FY 21
39.00			New code for FY 21
39.00			New code for FY 21
34.00			New code for FY 21
34.00			New code for FY 21
34.00			New code for FY 21
112.15	-	0.00%	
146.52	-	0.00%	
178.18	-	0.00%	
216.17	-	0.00%	
140.19	-	0.00%	
179.08	-	0.00%	
218.88	-	0.00%	
258.68	-	0.00%	
369.00	-	0.00%	
163.71	-	0.00%	
214.36	-	0.00%	
265.91	-	0.00%	
326.51	-	0.00%	
265.66	-	0.00%	
300.28	-	0.00%	
320.18	-	0.00%	
295.00	-	0.00%	

101.30	-	0.00%	
230.00	-	0.00%	
62.00	-	0.00%	
240.00	-	0.00%	
75.88	-	0.00%	
165.00	-	0.00%	
648.06	-	0.00%	
563.00	-	0.00%	
206.00	-	0.00%	
151.00	-	0.00%	
173.66	-	0.00%	
62.00	-	0.00%	
109.44	-	0.00%	
145.62	-	0.00%	
256.87	-	0.00%	
263.00	-	0.00%	
199.00	-	0.00%	
199.00	-	0.00%	
232.02	-	0.00%	
272.24	-	0.00%	
287.62	-	0.00%	
64.22	-	0.00%	