



# Fee Schedule

**Fees charged for services provided in the  
Knox County Combined General Health District**

*An Equal Opportunity Employer/Provided*

Revised 09/2013

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## SECTION 103.09 HOME HEALTH CARE

Home care fees shall be as follows:

Skilled nursing, per visit	\$95.00
Physical therapy, per visit	\$105.00
Occupational therapy, per visit	\$105.00
Speech therapy, per visit	\$105.00
Home health aide, per visit	\$50.00
Private duty service	
Skilled nursing, per hour	\$60.00
Home health aide, per hour	\$25.00

## SECTION 103.10 CLINIC SERVICES

### 103.101 MEDICAL CLINIC FEES

Medical clinic fees shall be as follows:

<b>Clinic Visits</b>		
Nursing Brief Visit (new patient)		N/C
Physician Brief Visit (new patient)	99201	\$50.00
Physician Limited Visit (new patient)	99202	\$65.00
Physician Intermediate Visit (new patient)	99203	\$105.00
Physician Comprehensive Visit (new patient)	99204	\$145.00
Physician Highly Complex Visit (new patient)	99205	\$175.00
Nursing Limited Visit (established patient)	99211	\$40.00
Nursing Complex Visit (established patient)	99211	\$50.00
Physician Brief Visit (established patient)	99212	\$45.00
Physician Limited Visit (established patient)	99213	\$70.00
Physician Intermediate Visit (established patient)	99214	\$90.00
Physician Comprehensive Visit (established patient)	99215	\$120.00
Well Exam Infant (up to 12 mos) (new patient)	99381	\$75.00
Well Exam (1-4 yrs.) (new patient)	99382	\$75.00
Well Exam (5-11 yrs.) (new patient)	99383	\$75.00
Well Exam (12-17 yrs.) (new patient)	99384	\$85.00
Well Exam (18-39 yrs) (new patient)	99385	\$90.00
Well Exam (40-64 yrs) (new patient)	99386	\$100.00
Well Exam (65 & over) new patient)	99387/G0344	\$120.00
Well Exam Infant (up to 12 mos) (established patient)	99391	\$65.00
Well Exam (1-4 yrs.) (established patient)	99392	\$65.00
Well Exam (5-11 yrs.) (established patient)	99393	\$65.00

Well Exam (12-17 yrs.) (established patient)	99394	\$75.00
Well Exam (18-39 yrs) (established patient)	99395	\$80.00
Well Exam (40-64 yrs) (established patient)	99396	\$95.00
Well Exam (65 & over) (established patient)	99397/G0344	\$120.00
Pelvic & Clinical Breast Exam	G0101	\$45.00
MD recertification HHA patient	G0179	\$60.00
MD certification HHA patient	G0180	\$80.00
Sports/Work Physical	Code by age	\$50.00
Sports Physical (special days)		\$20.00
Vision Screening w/out physical	99173	\$15.00
Hearing screening w/out physical	92552	\$25.00
Speech/Hearing Evaluation	92506	\$80.00
<b>Individual counseling (RN/LSW/RD)</b>		
15 minutes	99401	\$35.00
30 minutes	99402	\$50.00
45 minutes	99403	\$70.00
60 minutes	99404	\$85.00

### **Immunizations**

<b>Birth-18 Years</b>		
Hep A (VFC Only) (1-18 years of age)	90633	**
HIB	90645	**
Gardasil (HPV) (VFC Only) (11-18 years of age)	90649	**
Pevnar 13	90670	**
Rotavirus (VFC Only) (8-32 weeks of age)	90680	**
Rotarix (VFC Only)	90681	**
Kinrix (DTAP/IPV)	90696	**
Pentacel (DTAP/HIB/IPV)	90698	**
DTAP (0-6 years of age)	90700	**
MMR	90707	**
MMRV	90710	**
IPV	90713	**
TDAP (12-18 years of age)	90715	**
Varivax	90716	**
Td	90718	**
DTAP/Hep B/IPV (Pediarix)	90723	**
Menactra (11-18 years of age)	90734	**
Hep B (0-18 years. of age)	90744	**
Flu (6-35 months of age)	90657	\$25.00

<b>Other Immunizations/Private Stock</b>		
TB	86580	\$15.00
Flu (3 years and up)	90658	\$25.00
Zoster/Zostavax	90736	*
Hep B (adult)	90746	*
Hep A (adult)	90632	*
Hep A (1-18 years of age)	90633	*
Gardasil (HPV) (9-26 years of age)	90649	*
Rotovirus (8-32 weeks of age)	90680	*
MMR (adult)	90707	*
Polio (adult)	90713	*
TDAP (adult)	90715	*
Varivax (adult)	90716	*
Pneumococcal (adult)	90732	*
Meningococcal/Menactra (adult)	90734	*

\* Cost of vaccine plus administration fee of \$10.00

\*\*Administration fee of \$10.00 per person per visit

### **Procedures**

Venipuncture	36415/G0001	\$15.00
Glucose Blood Test (fingerstick)	82962	\$8.00
UA dip w/out scope	81002	\$10.00
Pregnancy test	81025/84703	\$15.00
Hemoglobin (HGB)	85018	\$5.00
Strep screen	87430	\$20.00
Bladder Irrigation	51700	\$25.00

Blood Occult Feces Screening (Hemacult)	82270	\$5.00
Injection, ceftriaxone sodium, per 250 mg	J0696	\$15.00
Injection, Depo-Medrol, 40 mg	J1030	\$8.00
Injection, Depo-Medrol, 80 mg	J1040	\$16.00
Triamcinolone Acetonide (Kenalog), per 10 mg	J3301	\$5.25
Airway Inhalation Treatment (Nebulizer)	94640	\$15.00
Destruction of skin lesions	17110	\$70.00
Destruction, vulva lesion(s)	56501	\$70.00
Destruction, penis lesion(s)	54056	\$70.00
Negative Pressure Wound, less than 50 cm	97605	\$35.00
Negative Pressure Wound, greater than 50 cm	97606	\$45.00
Remove impacted ear wax	69210	\$45.00
Injection, Small Joint	20600	\$55.00
Injection, Intermediate Joint	20605	\$70.00
Injection, Major Joint	20610	\$85.00
Biopsy of skin, subcutaneous tissue and/or mucous membrane; single lesion	11100	\$120.00
Biopsy of skin, each separate/additional lesion	11101	\$38.00
Removal of skin tags, multiple fibrocutaneous tags up to 15 lesions	11200	\$100.00
Removal of skin tags, each additional 10 lesions	11201	\$22.00
Transitional care management services-moderate	99495	\$195.00
Transitional care management services-high complexity	99496	\$270.00
Simple repair of superficial wounds 2.5 cm or less	12001	\$108.00
Repair, intermediate, wounds 2.5 cm or less	12031	\$282.00
Electrical Stimulation (unattended)	97014/G0283	\$17.00
Electrical Stimulation (attended) (per 15 minutes)	97032	\$23.00
Cholesterol Tests		\$10.00

<b>Miscellaneous</b>		
Immunization Adm 1 <sup>st</sup> /only component (through 18 years of age)	90460	\$25.00
Immunization Adm Each addtl Component (through 18 years of age)	90461	\$15.00
Immunization Administration	90471	\$25.00
Immunization Administration each additional vaccine	90472	\$15.00
Injection Administration Fee	90782	\$10.00
Administration of influenza virus vaccine	G0008	\$20.00
Administration of pneumococcal vaccine	G0009	\$20.00
Paternity testing (per individual)		\$20.00
Minimum (0%) Clinic Service Charge		\$20.00
Out-Of-County Patient Fee		\$10.00
<b>Laboratory Fees</b>		
Current charge as indicated by provider of lab services to be billed by participating laboratory		

**103.102 DENTAL CLINIC**

Dental clinic fees shall be as follows:

Periodic exam	D0120	\$34.00
Emergency exam	D0140	\$49.00
Comprehensive oral exam	D0150	\$58.00
Intraoral complete series	D0210	\$71.00
Intraoral periapical first film	D0220	\$21.00
Intraoral periapical each additional	D0230	\$17.00
Bitewing – single film	D0270	\$14.00
Bitewings – two films	D0272	\$25.00
Bitewings – three films	D0273	\$32.00
Bitewings – four films	D0274	\$46.00
Panoramic – Maxilla and Mandible Film	D0330	\$80.00
Prophylaxis adult	D1110	\$58.00
Prophylaxis child	D1120	\$42.00
Topical fluoride (prophylaxis not included)	D1203	\$22.00
Sealant per tooth	D1351	\$34.00
Space maintainer fixed unilateral	D1510	\$194.00
Space maintainer fixed bilateral	D1515	\$270.00
Recementation of space maintainer	D1550	\$40.00
Amalgam-one surface, primary or permanent	D2140	\$80.00
Amalgam-two surfaces, primary or permanent	D2150	\$104.00
Amalgam-three surfaces, primary or permanent	D2160	\$120.00
Amalgam-four or more surfaces, primary or permanent	D2161	\$140.00
Resin one surface anterior	D2330	\$100.00
Resin two surfaces anterior	D2331	\$120.00
Resin three surfaces anterior	D2332	\$132.00
Resin four/more surfaces/incisal anterior	D2335	\$175.00
Resin one surface posterior *	D2391	\$106.00
Resin two surface posterior *	D2392	\$137.00
Resin three surface posterior *	D2393	\$140.00
Resin four or more surface posterior*	D2394	\$164.00
Recement crown	D2920	\$66.00
Stainless steel crown – primary tooth	D2930	\$180.00
Stainless steel crown – permanent tooth	D2931	\$226.00
Sedative filling	D2940	\$56.00
Pulp cap – indirect (excluding final restoration)	D3120	\$56.00
Pulpotomy	D3220	\$136.00
Root canal therapy anterior (excluding final restoration)	D3310	\$390.00
Root canal therapy bicuspid (excluding final restoration)	D3320	\$485.00
Root canal therapy molar (excluding final restoration)	D3330	\$600.00
Periodontal scaling and root planning	D4341	\$130.00
Extraction single tooth	D7140	\$110.00
Minimum (0%) Dental Clinic Service Charge		\$35.00
Out-of-County Patient Fee		\$10.00

\* Optional service available at cost. Sliding Scale will not apply.

### **103.103 SLIDING FEE SCHEDULE**

The Health Commissioner shall establish a sliding fee schedule based on the federally established poverty level and family size and income. **Medical/Dental** Clinic and Home Health Care fees shall be administered in accordance with the approved sliding fee schedule for residents of Knox County and patients participating in the Child and Family Health Services (CFHS) program.

### **SECTION 103.11 VITAL STATISTICS**

Vital Statistics fees shall be as follows:

	State	Local	Total
Certified copy birth/death record	\$13.50	\$11.50	\$25.00

### **SECTION 103.12 MISCELLANEOUS FEES**

Other fees shall be as follows:

Copy of public records - first page	\$0.15
Each additional page of same public record	\$0.15
Returned check fee	\$10.00

### **SECTION 103.13 EFFECT OF PARTIAL INVALIDITY**

Should any provision or part thereof of this Regulation 103 be found unconstitutional, void or of no effect, the same shall not affect the legality and effect of the other provisions or parts thereof of this Regulation 103.

### **SECTION 103.14 EFFECTIVE DATE**

The fees in this Regulation 103 shall be effective on date specified by the Board and shall replace any previous fee schedule and regulation establishing fees for services provided by the Knox County Health Department adopted by the Board.



## **SECTION 103.15 EMERGENCY**

This regulation is hereby declared to be an emergency measure necessary for the immediate preservation of life, health and safety for the reason that fees need to be established to partially defray the cost of providing vital public health services in the Knox County General Health District; therefore, this regulation shall take effect and be in force immediately upon the effective date established by the Board of Health.

Adopted: 12/11/91

Amended: 12/23/92; 12/22/93; 12/28/94; 12/20/95; 03/27/96; 12/11/96; 10/22/97;  
08/26/98; 12/15/99; 12/20/00; 12/19/01; 03/01/02; 12/18/02; 07/01/03;  
12/17/03; 03/24/04; 05/26/04; 12/15/04; 06/29/05; 12/21/05; 12/20/06;  
04/25/07; 07/25/07; 12/19/07; 08/27/08; 12/17/08; 02/11/09; 06/24/09;  
12/16/09; 11/17/10; 03/23/11; 03/28/12; 04/25/12; 09/26/12; 12/19/12;  
01/23/13; 03/27/13; 04/24/13; 06/26/13; 07/31/13; 08/21/13