

REQUEST FOR BOARD ACTION

**HENDERSON COUNTY
BOARD OF COMMISSIONERS**

MEETING DATE: July 20, 2022

SUBJECT: FY 2022-2023 Fee Schedule Revision

PRESENTERS: Steve Smith, Health Director
Seth Swift, Environmental Health Supervisor

ATTACHMENTS: Yes
1. Revised FY23 Fee Schedule Pages

SUMMARY OF REQUEST:

At the Board of Commissioner's meeting on June 15, 2022, the Board adopted the Henderson County Fee Schedule for FY23. Since that time, two departments have requested revisions – Public Health has identified several incorrect fees, and Environmental Health identified a previously approved fee that had been omitted from the schedule. Please see the affected pages from the FY23 Fee Schedule for your review.

BOARD ACTION REQUESTED:

Staff requests the Board approve the revised FY23 Fee Schedule as proposed.

Suggested Motion:

I move the Board approve the revisions to the FY23 Fee Schedule for Public Health and Environmental Health as proposed.

16000 INITIAL TREATMENT FIRST DEGREE BURN		\$110.00
16020 CLEAN AND DEBRIDE BURN		\$124.00
17110 DSTRUCTION BENIGN LESIONS UP TO 14		\$237.00
2016F ASTHMA SYMPTOMS EVALUATED - REPORT ONLY		\$0.00
36000 INTRODUCTION NEEDLE/CATHETER VEIN		\$58.00
36415 ROUTINE VENIPUNCTURE		\$17.00
36416 CAPILLARY BLOOD DRAW		\$11.00
4015F PERSISTENT ASTHMA LONG TERM CTRL MED - REPORT ONLY		\$0.00
46900 DESTROY LESIONS ANAL, CHEMICAL		\$230.00
46916 DESTROY LESIONS ANAL, CRYO		\$230.00
46924 DESTROY LESION ANAL EXTENSIVE		\$230.00
54050 DESTROY LESION PENIS, CHEMICAL		\$230.00
54056 DESTROY LESION PENIS, CRYO		\$230.00
54060 DESTROY LESION PENIS, SIMPLE		\$230.00
54065 DESTROY LESION PENIS, EXTENSIVE		\$230.00
55250 VASECTOMY, REMOVE SPERM DUCT		\$1,054.00
56420 I&D OF BARTHOLINS GLAND ABSCESS		\$211.00
56405 I&D OF VULVA OR PERINEAL ABSCESS		\$211.00
56501 DESTROY VULVA LESIONS SIMPLE		\$230.00
56605 BIOPSY VULVA/PERINEUM 1 LES SPX		\$129.00
57061 DESTROY VAG LESIONS SIMPLE		\$230.00
57065 DESTROY VAG LESIONS EXTENSIVE		\$230.00
57170 FP FITTING OF DIAPHRAGM/CAP		\$135.00
57452 COLPO W/O CERVICAL BIOPSY OR ECC		\$249.00
57454 COLPO W/ CERVICAL BIOPSY & ECC		\$371.00
57455 COLPO W/ CERVICAL BIOPSY		\$340.00
57456 COLPO W/ ECC ONLY		\$311.00
57505 ENDOCERVICAL CURRETAGE (ECC ONLY)		\$173.00
58300 FP INSERT IUD DEVICE		\$247.00
58301 FP REMOVE IUD DEVICE		\$217.00
59025 TC FETAL NON-STRESS TEST		\$36.00
59025 FETAL NON-STRESS TEST		\$36.00
59425 ANTEPARTUM CARE ONLY, 4-6 VISITS	\$107.00	\$1,054.00
59426 ANTEPARTUM CARE ONLY, 7 OR MORE VISITS	-\$107.00	\$1,860.00
59430 POSTPARTUM CARE ONLY		\$398.00
69209 REMOVE IMPACTED EAR WAX, IRRIGATION ONLY		\$0.00
69210 REMOVE IMPACTED EAR WAX, INSTRUMENTATION		\$111.00
76801 OB US < 14 WKS TRANSABDOMINAL SINGL FETUS		\$143.00
76805 OB US >/= 14 WKS TRANSABDOMINAL SNGL FETUS		\$229.00
76815 OB US LIMITED FETUS FOR AFI PLACENTA FETAL POSITION		\$166.00
76816 OB US FOLLOW-UP TRANSABDOMINAL		\$143.00
76817 OB US TRANSVAGINAL		\$143.00
76818 OB US BPP W/ NST		\$143.00
76830 GYN US, TRANSVAGINAL		\$143.00
80061 LIPID PANEL		\$58.00
81001 URINALYSIS AUTO W/ MICROSCOPY		\$23.00
81003 URINALYSIS AUTOMATED W/O MICROSCOPY		\$11.00
81025 URINE PREGNANCY TEST		\$0.00
82270 FOBT, GUAIAAC, COLON CA SCR		\$14.00
82947 GLUCOSE , FASTING, RANDOM		\$13.00
82950 GTT, GLUCOSE TOLERANCE TEST, 1 SPEC, 1 HR, PP		\$18.00
82951 GTT, 2 HR, 3 SPEC		\$42.00

83036 HGB A1C GLYCOSOLATED HEMOGLOBIN TEST	\$18.00
83051 HEMAGLOBIN, HEMACUE	\$18.00
83655 LEAD SCR	\$23.00
84450 TRANSFERASE ASPARTATE AMINO (AST)	\$18.00
84481 THYROID, FREE	\$27.00
85018 HGB	\$14.00
85027 COMPLETE CBC AUTOMATED	\$30.00
86580 (TST) TB INTRADERMAL TEST	\$14.00
87081 CULTURE SCREEN ONLY, GC	\$63.00
87171 PINWORM EXAM	\$11.00
87205 SMEAR GRAM STAIN	\$14.00
87210 SMEAR WET MOUNT SALINE/INK	\$14.00
87491 CHLAMYDIA DNA AMP PROBE PCR (FLAT FEE/PT CHOICE)	\$35.00
87591 N. GONORRHOAE DNA AMP PROB PCR (FLAT FEE/PT CHOICE)	\$35.00
87798 PCR, INFECTIOUS AGENT DETECTION, EA ORGANISM	\$52.00
87880 STREP A ASSAY, RAPID STREP	\$17.00
90460 IMM ADMIN, PROVIDER COUNSELING	\$26.00
90461 IMM ADMIN EA ADDITIONAL VACC OR TOXOID COMPONENT	\$20.00
90471 IMMUNIZATION ADMIN	\$25.00
90472 IMMUNIZATION ADMIN EACH ADD	\$17.00
90473 IMMUN ADMIN ORAL/NASAL W INJECTION	\$17.00
90474 IMMUN ADMIN ORAL/NASAL W INJECTION	\$17.00
90620 MENINGITITS B VACCINE (BEXSERO)	\$179.00
90632 HEP A VACCINE ADULT IM (VAQTA/HAVRIX)	\$75.00
90633 HEP A VACCINE PED/ADOL IM 2 DOSE	\$30.00
90636 HEP A-HEP-B (TWINRIX)	\$98.00
90648 HIB (ACT HIB)	\$11.00
90651 H PAPILOMA 9 VACC 3 DOSE IM	\$254.00
90662 FLU VACCINE PRESERVE FREE, HIGH DOSE	\$58.00
90670 PNEUMOC CONJUGATE, 13VALENT, IM PR	\$227.00
90675 RABIES VACCINE (RABAVERT)	\$306.00
90677 PNEUMOC CONJUGATE, 20 VALENT, PCV 20	\$249.00
90681 ORAL NASAL ROTOVIRUS, 2 DOSE	\$124.00
90685 FLU VACCINE, QUAD, IM 6m - 35m	\$20.00
90686 FLU VACCINE, QUAD, IM >36m	\$18.00
90691 TYPHOID VACCINE IM	\$73.00
90696 DTaP-IPV (KINRIX)	\$53.00
90697 Dtap/Hib/IPV/HepB 6wks-4yr Vaxelis	\$124.00
90698 DTAP-HIB-IP VACCINE (PENTACEL) IM	\$69.00
90700 DTAP VACCINE <7 YRS IM	\$22.00 \$23.00
90707 MMR VACCINE SC	\$110.00
90713 POLIOVIRUS IPV SC/IM	\$24.00
90714 TD VACCINE NO PRSRV >= 7 IM	\$29.00
90715 TDAP VACCINE > 7 IM (ADACEL)	\$37.00 \$39.00
90716 VARICELLA ANTIBODY VACCINE	\$151.00
90717 YELLOW FEVER VACCINE SC	\$136.00
90723 HEP B-IPV-DTAP VACCINE IM (PEDIARIX)	\$71.00
90732 PNEUMOCOCCAL PPSV23 VACCINE	\$118.00
90734 MENINGOCOCCAL VACCINE IM	\$118.00
90738 ENCEPHALITIS VACCINE SC	\$319.00
90739 HEP B HAPLISAV 2 DOSE	\$130.00
90744 HEP B VACC PED/ADOL 3 DOSE IM	\$17.00

90746 HEP B VACC ADULT IM (ENGERIX)		\$46.00
90750 HERPES ZOSTER VACCINE SHINGIRX AGE 50 AND OLDER		\$172.00
90791 PSYCHIATRIC DIAG EVAL NO MEDICAL		\$355.00
90832 PSYCHOTHERAPY 30 MIN		\$155.00
90834 PSYCHOTHERAPY 45 MIN		\$231.00
90837 PSYCHOTHERAPY 60 MIN		\$307.00
90846 FAMILY PSYCH W/O PATIENT		\$264.00
90847 FAMILY PSYCH W/PATIENT		\$254.00
91300 PFIZER BIONTECH COVID-19 VACCINE		\$0.00
0001A PFIZER BIONTECH COVID-19 VACCINE ADMINISTRATION 1ST DOSE	\$40.00-	\$65.00
0002A PFIZER BIONTECH COVID-19 VACCINE ADMINISTRATION 2ND DOSE	\$40.00-	\$65.00
0003A PFIZER BIONTECH COVID-19 VACCINE ADMINISTRATION 3RD DOSE	\$40.00-	\$65.00
0004A PFIZER BIONTECH COVID-19 VACCINE ADMINISTRATION Booster	\$40.00-	\$65.00
91307 PFIZER BIONTECH COVID-19 VACCIN, Pediatric 5yr-11yr		\$40.00
0071A PFIZER BIONTECH COVID-19 VACCINE ADMINISTRATION 1ST DOSE, Pediatric	\$40.00-	\$65.00
0072A PFIZER BIONTECH COVID-19 VACCINE ADMINISTRATION 2ND DOSE, Pediatric	\$40.00-	\$65.00
91301 MODERNA COVID-19 VACCINE		\$0.00
0011A MODERNA COVID-19 VACCINE ADMINISTRATION 1ST DOSE	\$40.00-	\$65.00
0012A MODERNA COVID-19 VACCINE ADMINISTRATION 2ND DOSE	\$40.00-	\$65.00
0013A MODERNA COVID-19 VACCINE ADMINISTRATION 3RD DOSE	\$40.00-	\$65.00
91306 MODERNA COVID-19 VACCINE Booster		\$40.00
0014A MODERNA COVID-19 VACCINE ADMINISTRATION Booster	\$40.00-	\$65.00
91303 JANSSEN COVID-19 VACCINE		\$0.00
0031A JANSSEN COVID-19 VACCINE ADMINISTRATION	\$40.00-	\$65.00
91303 JANSSEN COVID-19 VACCINE Booster		\$40.00
0034A JANSSEN COVID-19 VACCINE Booster	\$40.00-	\$65.00
M0201 COVID-19 Vaccine Administration in Home		\$35.00
92551 PURE TONE HEARING TEST AIR		\$24.00
92567 TYMPANOMETRY		\$44.00
94010 BREATHING CAPACITY TEST		\$86.00
94060 SPIROMETRY W BRONCHODILATION		\$124.00
94640 AIRWAY INHALATION TREAT		\$34.00
94664 EVALUATE PT USE OF INHALER		\$34.00
94760 MEASURE BLOOD OXYGEN LEVEL		\$9.00
94761 NONINVASIVE EAR/PULSE OXIMETRY - MULTIPLE		\$9.00
96101 PSYCH TESTING BY PSYCH/PHYS		\$99.00
96110 DEVELOPMENTAL TEST LIMITED, ASQ, PEDS		\$16.00
96127 BEHAV ASSMT W/ SCORE & DOCD /STAND INSTRU		\$16.00
96152 HBI INTERVENE HLTH/BEHAVE INDIV		\$0.00
96160 ADMIN PT-FOCUSED HEALTH RISK INSTRUM		\$23.00
96161 ADMIN CAREGIVER-FOCUSED HEALTH RISK INSTRUM		\$23.00
96360 HYDRATION IV INFUSION, INT		\$107.00
96361 HYDRATION IV INFUSION, ADDED		\$34.00
96372 INJECT HORMONE, PREV MAKENA		\$26.00
97802 MEDICAL NUTRITION INDIV IN		\$46.00
97803 MED NUTRITION INDIV SUBSEQ		\$40.00
97804 MEDICAL NUTRITION THER, GROUP		\$40.00
98960 EDUCATION & TRAINING SELF MGNT NON-PHYSICIAN		\$0.00
99000 HANDLING FEE		\$6.00
99173 VISUAL ACUITY SCREEN		\$26.00
99177 VISUAL ACUITY AND AMBLYOPIA, INSTRUMENT-BASED		\$26.00
99188 DENTAL FLUORIDE VARNISH APPLICATION, PRI INS		\$86.00

ENVIRONMENTAL HEALTH DEPARTMENT	
Item	FY23 Fee
Application for Septic Tank Permits	
0 - 3000 gallons	\$1,000.00
3000+ gallons	\$1,000.00
Private Septic Permit (EOP, Session Law 2020, and AOWE)	\$75.00
Pre-existing (sewage only)	\$100.00
Permit changes requiring site visits for sewage	\$200.00
Building addition affecting septic system	\$250.00
Water Samples	
Bacteriological (Coliform)	\$50.00
Nitrate/Nitrite	\$50.00
Chemical (Full Inorganic Panel), Petroleum, Pesticide	\$100.00
New Well Inspection Permits	\$350.00
Existing Well Permit Change	\$150.00
State Required Fees for Water Analysis for New Wells	\$130.00
Permits - Per Tattoo Artist	\$75.00
Public Swimming Pool Permits	
Single Pool	\$100.00
Multiple Pools	\$200.00
Plan Review (Restaurants)	\$250.00
Temporary Food Stand Permit	\$75.00
Rule Booklets	\$1.00/\$2.50 (mailed)

DEPARTMENT OF SOCIAL SERVICES	
Item	FY23 Fee
Home Study in civil child custody cases	\$375.00 per home
Visitation supervision, testimony, monitoring, scheduling and related activities in civil child custody cases	\$50.00 per hour
North Carolina Health Choice (<i>based on income</i>)	\$50.00 per child (<i>Maximum of \$100.00 per household</i>)
Adoption Confidential Intermediary Services	
Initial Consultation	No Charge
Initial Search	\$375.00
Extended Search	\$50.00 per hour
Facilitation Services	\$50.00 per hour
Child Support	
Application Fee (<i>based on income/not currently receiving public assistance</i>)	\$10.00 - \$25.00
Genetic Testing for Non-Custodial Parents (<i>based on "per person"</i>)	on-site \$19.50 off-site \$25.00

CULTURAL AND RECREATION

LIBRARY	
Item	FY23 Fee
Card Fee for Non Resident	\$20.00 per year
Internet Fee For Non Card Holder	\$1.00 week (3 sessions daily)
Library Card Replacement	\$2.00
Printing Costs	
B/W Copier Printouts	10 cents per copy
Color Copier Printouts	20 cents per copy
Proctoring Fee	\$20.00