

Jones County Health Department
Approved Clinical Fee Schedule Effective 07/01/2023

Service Description	CPT Code	Current Fee
Administration fee 1st dose Moderna COVID Vaccine	0011A	65.00
Administration fee 2nd dose Moderna COVID Vaccine	0012A	65.00
Administration fee 3rd dose Moderna COVID Vaccine	0013A	65.00
Administration fee Bivalent Booster dose Moderna COVID Vaccine	0134A	65.00
Drainage of abscess	10060	117.81
Foreign body removal, skin	10120	143.81
Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single	11055	52.11
Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); two to	11056	63.92
Removal of skin tags	11200	87.41
Removal of skin lesion	11400	122.60
Insertion, non-biodegradable drug delivery implant	11981	149.75
Removal, non-biodegradable drug delivery implant	11982	172.59
Removal with reinsertion, non-biodegradable drug delivery implant	11983	268.60
Repair of recent wound	12001	158.23
Simple repair superficial wounds sca neck axil ext gen tru/ex	12002	168.70
Simple repair superficial wounds of face ea eyel no li muc memb	12011	168.05
Dressings and/or debridement, initial or subsequent	16020	90.00
Destruction any method premalignant lesions one	17000	83.98
Destruction by any method, including laser, with or without surgi	17003	8.16
Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	17110	127.00
Chemical cauterization of wound	17250	78.92
Removal foreign body, nose	30300	234.48
Collection of venous blood by venipuncture	36415	11.00
Collection of capillary blood specimen (eg. Finger, heel, ear stick)	36416	13.00
Insertion of non-dwelling bladder catheter (eg, straight catheterization for)	51701	73.68
Treatment vaginal infection(insill/apply medication)	57150	59.14
Biopsy of cervix, single or multiple, or local excision of lesions	57500	149.22
Insert intrauterine device	58300	89.63
Removal of iud	58301	110.06
Remove impacted ear wax unilateral irrigation	69209	12.00
Remove impacted ear wax unilateral instrumentation	69210	68.00
Basic metabolic panel	80048	10.19
Electrolyte Panel	80051	8.77
Comprehensive metabolic panel	80053	15.79
Lipid profile	80061	17.04
Renal panel	80069	10.19
Acute hepatitis panel	80074	59.25
Hepatic function panel	80076	10.19
Digoxin	80162	16.88
Dipropylacetic acid	80164	17.04
Phentoin; total	80185	16.85
Quantitation of drug, not elsewhere specified	80299	17.41
Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin; non-automated	81000	4.03
Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin; automated	81001	4.03

Jones County Health Department
Approved Clinical Fee Schedule Effective 07/01/2023

Urinalysis routine without microscopy	81002	3.25
Ua, by dip stick or tablet; automated, wo micro	81003	2.86
Microscopic urine exam	81015	3.86
Ua pregnancy test - color comparison method	81025	8.04
Cystic Fibrosis Mutation 97	81220	130.00
Fragiel X carrier PCR	81243	210.00
Albumin; urine, micr, quantitative	82043	7.36
Aldosterone	82088	51.82
Alpha-Fetoprotein; Serum	82105	21.33
Amines, vaginal fluid, qualitative	82120	7.03
Amylase	82150	8.24
Bilirubin; Direct	82248	6.39
Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, 1-3	82270	4.13
Calcifediol (25-Oh Vitamin D-3)	82306	37.64
Calcium; Ionized	82330	17.37
Cholesterol, serum or whole blood, total	82465	5.53
Cortisol; Total	82533	20.73
Creatine Kinase (Ck), (Cpk); Total	82550	8.28
Creatinine; Blood	82565	6.52
Creatinine; Other Source	82570	6.58
Creatinine clearance	82575	12.01
Cyanocobalamin (vitamin b-12)	82607	19.16
Estradiol	82670	30.28
Estriol	82677	30.75
Ferritin specify method	82728	17.32
Folic acid	82746	18.69
Glucose; quantitative, blood (except reagent strip)	82947	4.99
Glucose blood stick test	82948	4.03
Glucose post glucose dose	82950	6.04
Glucose tolerance	82951	16.37
Glucose tolerance test each assit beyond 3 spec	82952	4.99
Blood glucose by monitoring device	82962	2.98
G G T	82977	9.15
Gonadotropin; Follicle Stimulating Hormone (Fsh)	83001	23.63
Luteinizing Hormone (Lh)	83002	23.55
Hemoglobin; glycated	83036	12.34
Insulin; Total	83525	14.54
Iron	83540	8.24
Ibc	83550	11.11
Lactate Dehydrogenase (Ld), (Ldh)	83615	7.68
Ldh Isoenzymes	83625	11.83
Lead	83655	15.39
Lipase	83690	8.75
Magnesium	83735	8.52
Natriuretic Peptide	83880	43.16
Organic Acid, Single, Quantitative	83921	20.93
PTH, Intact	83970	52.48
Ph body fluid except blood	83986	4.55

Jones County Health Department
Approved Clinical Fee Schedule Effective 07/01/2023

Phosphatase Alkaline	84075	6.58
Phosphorus Inorganic (Phosphate)	84100	6.03
Potassium serum	84132	5.84
Progesterone	84144	26.53
Prolactin	84146	24.64
Prostate specific antigen (psa); total	84153	23.39
Protein; total, except refractometry	84155	4.66
Renin	84244	27.96
Testosterone; Free	84402	32.37
Testosterone; total	84403	32.83
Thyroxine; total	84436	7.33
Thyroxine; Free	84439	11.47
Tsh	84443	20.72
Transferase; Aspartate Amino (Ast) (Sgot)	84450	6.57
Transferase; Alanine Amino (Alt) (Sgpt)	84460	6.73
Transferrin	84466	16.23
Thyroid hormone (t3 or t4) uptake or thyroid hormone binding ratio (thbr)	84479	7.58
Transferrin	84466	16.23
Tridothyronine (T-3); Free	84481	21.54
Uric Acid; Blood	84550	5.74
Gonadotropin chorionic quantitative	84702	11.12
Gonadotropin chorionic qualitative	84703	9.55
Blood Count; Other Than Spun Hematocrit	85014	3.01
Hemoglobin; glycated	85018	3.01
Blood count hemogram/platelet count auto/auto comp	85025	9.88
Blood count hemogram automated w platelet count	85027	8.23
Blood Count, Reticulocyte Count, Flow Cytometry	85045	5.09
Prothrombin time	85610	5.00
Sedimentation rate, erythrocyte, non-automated	85651	4.51
Sedimentation rate, erythrocyte, automated	85652	3.43
PTT	85730	7.63
Antinuclear Antibodies (Ana);	86038	15.37
CRP	86140	6.58
Sjogren's Anti-SS-A / Sjogren's Anti-SS-B	86235	22.80
Heterophile anitbodies; screening	86308	6.58
Inhibin A, Ultrasensitive	86336	21.33
Neutralization test, viral, ie rabies titer	86382	21.49
Rheumatoid Factor; Quantitative	86431	7.22
Quantiferon-TB Gold Plus 1 tube	86480	60.00
Sensitivity test tuberculosis	86580	20.00
Syphillis, precipitation or flocculation tests	86592	5.42
Syphillis, precipitation flocculation test quantites	86593	5.61
Antibody; epstein-barr, early antigen	86663	16.68
Antibody; helicobacter pyloui	86677	18.45
Hepatitis B core antibody (HBcAb)	86704	14.80
Hepatitis B IgM antibody	86705	14.96
Hepatitis B surface antibody (HBsAb)	86706	13.66
Hepatitis A Antibody (Haab), Total	86708	15.75

Jones County Health Department
Approved Clinical Fee Schedule Effective 07/01/2023

Hepatitis A antibody	86709	14.31
Antibody; mumps	86735	16.59
Antibody; rubella	86762	18.27
Antibody; rubeola	86765	16.38
Immunoassay SARS-CoV-2 IgG serology	86769	55.00
Treponema Pallidum	86780	17.26
Antibody; varicella-zoster	86787	16.38
Hepatitis c antibody;	86803	18.15
Culture, bacterial; blood, with isolation and presumptive identification of	87040	13.12
Salmonella/Shigella Screen	87045	11.99
Campylobacter screen	87046	11.99
Culture, bacterial; any other source except urine, blood or stool, with	87070	10.95
Culture, Bacterial; Any Source, Anaerobic With Isolation And Presumptive	87075	12.03
Culture, presumptive, pathogenic organisms, screening only;	87081	7.33
Culture, bacterial; quantitative colony count, urine	87086	10.26
Culture, bacterial; with isolation and presumptive identification of isolates,	87088	10.29
Ova And Parasites	87177	11.31
Smear, primary source with interpretation; gram or giemsa stain for bacteria,	87205	5.42
Smear, Primary Source With Interpretation; Special Stain For Inclusion Bodies	87207	15.48
Smear, Primary Source with interpretation; wet mount Trichrome stain	87209	7.13
Smear, primary source with interpretation; wet mount for infectious agents	87210	4.85
Tissue examination by koh slide of samples from skin, hair, or nails for fungi	87220	5.42
Virus isolation; tissue culture inoculation, observation, and presumptive	87252	20.71
Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative	87324	14.57
Giardia lamblia, Direct Detection EIA	87329	14.57
Infectious agent antigen detection by immunoassay technique	87338	50.00
Infectious agent antigen detection by enzyme immunoassay technique	87340	11.83
Hepatitis B surface antigen (HBsAg)	87341	11.83
DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-1 AND HIV-2	87389	30.53
CORONAVIRUS Rapid Antigen IA	87426	38.13
Enterohemorrhagic E coli (EHEC) Shiga Toxin, EIA	87427	14.57
Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Chlamydia Pneumoniae,	87486	31.18
Infectious agent detection by nucleic acid (dna or rna); chlamydia trachomatis	87491	31.18
Hepatitis C Amplified Probe Technique	87521	31.18
Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Hepatitis C,	87522	140.00
Herpes Simplex Virus	87529	40.00
HIV-1	87535	31.18
Detection of mycoplasma genitalium by DNA or RNA	87563	25.50
INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE	87581	31.18
Infectious agent detection by nucleic acid (dna or rna); neisseria gonorrhoeae	87591	31.18
Detection test for human papillomavirus (HPV) cervical or rectal	87624	31.18
DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILOMAVIRUS (HPV), TYPES 16 AND 18 ONLY	87625	65.00
Respiratory virus detection 12-25 targets	87633	31.18
SARS-CoV-2 RNA, Qual, NAAT, nasopharyngeal	87635	51.31

Jones County Health Department
Approved Clinical Fee Schedule Effective 07/01/2023

Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Covid-19 and Influenza Virus Types A And B, Multiplex Amplified Probe Technique	87636	142.63
Infectious agent detection by nucleic acid (DNA RNA); trichomonas vaginalis, amplified probe	87661	43.86
Infectious Agent Detection By Nucleic Acid (Dna Or Rna), BV	87798	31.18
Infectious Agent Detection By Nucleic Acid (Dna Or Rna), Multiple Organisms; NuSwab	87801	62.35
Infectious agent detection by immunoassay with direct optical observation	87880	14.57
Hepatitis C Genotype	87902	245.00
Anal (Rectal) Cytology, Liquid-based Preparation	88112	82.86
Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In	88142	25.76
Cytopathology, cervical or vaginal (any reporting system), collected in preserva	88175	33.04
Leukocyte Assessment, Fecal, Qualitative Or Semiquantitative	89055	5.42
Immunization administration (includes percutaneous, intradermal, subcutaneous	90471	20.15
Immunization administration, each additional vaccine	90472	20.15
Immunization administration by intranasal or oral route: one vaccine (single or	90473	20.15
Immunization administration by intranasal or oral route: each additional	90474	20.15
Meningococcal recombinant protein Serogroup B(MenB-4C), 2 dose schedule, IM	90620	186.29
Meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, IM	90621	150.13
Hepatitis A Vaccine (Hep A) adult dosage 2 dose for IM use	90632	78.96
Hepatitis A Vaccine (Hep A) pediatric/adolescent dosage 2 dose for IM use	90633	36.17
Twinrix Vaccine Syringe - Hepatitis A and Hepatitis B Vaccine (HEPA-HEPB), Adult dosage, for IM use	90636	119.90
Hemophilus Influenza b Vaccine (Hib) PRP-OMP Conjugate (3 dose schedule), for Intramuscular	90647	28.12
Hemophilus Influenza b Vaccine (Hib), PRP-T Conjugate (4 dose schedule), Intramuscular use	90648	18.01
Vaccine for human papilloma virus (3 dose schedule) injection into muscle	90651	260.44
Pneumococcal vaccine for injection into muscle	90670	239.74
Rabies Vaccine, for Intramuscular use	90675	390.41
Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	90680	92.44
Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	90681	133.97
Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use	90686	17.85
Influenza virus vaccine; quadrivalent, split virus, when administered to children 6-35 months	90687	17.85
Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older	90688	17.85
Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	90696	57.02
Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use	90698	105.50
Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	90700	25.52
Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use	90702	63.36
Measles, Mumps, and Rubella Virus Vaccine (MMR), Live, for Subcutaneous or Jet Injection use	90707	87.62
Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	90710	254.43
Tetanus & Diphtheria toxoids (Td), adsorbed, preservative free, for individuals 7 years and	90714	37.51
Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for IM use	90715	49.68
Varicella Virus Vaccine, Live for Subcutaneous use	90716	154.73

Jones County Health Department
Approved Clinical Fee Schedule Effective 07/01/2023

Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hepatitis B and poliovirus Vaccine inactivated (DTaP PtsP-HepB-IPV)	90723	88.88
Pneumococcal Polysaccharide Vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 yrs or older, for Subcutaneous or Intramuscular use	90732	120.59
Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use.	90734	147.74
Vaccine for hepatitis B (3dose schedule) for injection into muscle, pediatric and adolescent	90744	26.35
Hepatitis B Vaccine, Adult dosage, for Intramuscular use	90746	65.46
COVID mRNA vaccine, 100 mcg/0.5mL dosage, for intramuscular use	91301	0.00
COVID mRNA vaccine, 50 mcg/0.25mL dosage, for intramuscular use booster	91313	0.00
Hearing test	92551	8.27
Evoked otoacoustic emissions; limited (single stimulus level, either transient	92558	8.27
Tympanometry	92567	14.06
Acoustic reflex testing	92568	14.73
Electrocardiogram, complete	93000	16.85
Peak Flow	94010	26.37
Nonpressurized inhalation treatment for acute airway obstruction	94640	10.49
Inhalation therapy	94664	11.47
Noninvasive ear or pulse oximetry for oxygen sat.	94760	2.13
Developmental testing; limited (eg, developmental screening test ii, early	96110	8.75
Brief emotional or behavioral assessment	96127	4.49
Health behavior assess/reassess untimed	96156	83.32
Health behavior intervention 1st 30 min	96158	56.94
Health behavior intervention each addtl 15 min	96159	18.48
Administration and interpretation of patient-focused health risk assessment	96160	3.74
Administration and interpretation of caregiver-focused health risk assessment	96161	3.74
Therapeutic, prophylactic, or diagnostic injection (specify substance or drug)	96372	17.04
Therapeutic activities, direct (one on one) patient contact by the provider	97530	24.59
Physical performance test or measurement (eg, musculoskeletal,	97750	23.94
Individual Health Coaching; face to face; 15 minutes	98960	15.00
Individual Health Coaching; phone; 15 minutes	98967	15.00
laboratory	99000	30.00
Medical services after hours	99050	27.30
Screening test of visual acuity, quantitative, bilateral	99173	8.27
Ov new pt minor-phys time approx 10 mins	99201	91.29
Ov new pt, moderate-phys time approx 20 mins	99202	136.93
Ov new pt, moderate-phys time approx 30 mins	99203	194.75
Ov new pt, complex-phys time approx 45 mins	99204	286.03
Ov new pt, severe-phys time approx 60 mins	99205	359.06
Ov estab pt, minimal w/wo phys, time approx 5 mins	99211	50.22
Ov established pt, minor-phys time approx 10 mins	99212	83.69
Ov estab. Pt, moderate. Phys time approx 15 mins	99213	115.63
Ov estab. pt, severe. phys time approx 25 mins	99214	179.53
Ov estab. pt, severe. Phys time approx 40 mins	99215	267.78
Outpt. consult, minor-phys time approx 15 minn.	99241	80.50
Outpt. consult, moderate- phys time approx 30 min.	99242	125.35
Outpt. consult, severe- phys time approx 40 min.	99243	151.41
Outpt. consult, severe- phys time approx 60 min.	99244	224.9

Jones County Health Department
Approved Clinical Fee Schedule Effective 07/01/2023

Outpt. consult, severe- phys time approx 80 min.	99245	276.4
Initial comprehensive preventative medicine evaluation and management of an	99381	133.00
Initial comprehensive preventive medicine age 001-004	99382	145.00
New pt physical exam: 5 to 11 years	99383	226.38
New pt physical exam: 12 to 17 years	99384	248.43
New pt physical exam: 18 to 39 years	99385	245.49
New pt physical exam: 40 to 64 years	99386	292.53
New pt physical exam: 65 years and over	99387	316.05
Periodic comprehensive preventive medicine reevaluation and management of	99391	132.3
Estab. pt physical exam: 1 to 4 years	99392	133.00
Estab. pt physical exam: 5 through 11 years	99393	185.22
Estab. pt physical exam: 12 to 17 years	99394	214.62
Estab. pt physical exam: 18 to 39 years	99395	208.74
Estab. pt physical exam: 40 to 64 years	99396	232.26
Estab. pt physical exam: 65 years and older	99397	257.25
Smoking and tobacco use cessation counseling visit; intermediate, greater than	99406	17.54
Smoking and tobacco use cessation counseling visit; intensive, greater than 10	99407	33.88
Alcohol and/or substance (other than tobacco) abuse structured screening	99408	45.17
Alcohol and/or substance (other than tobacco) abuse structured screening	99409	88.80
Preventive medicine, group counseling, appx 60 minutes	99412	35.58
Online Digital E&M Service, established patient, for up to 7 days, cumulative timeduring 7 days; 5-10 min	99421	66.95
Online Digital E&M Service, established patient, for up to 7 days, cumulative timeduring 7 days; 11-20 min	99422	92.50
Online Digital E&M Service, established patient, for up to 7 days, cumulative timeduring 7 days; 20+ min	99423	143.63
Physician telephone estab patient service, 5-10 minutes of medical discussion	99441	66.95
Physician telephone estab patient service, 11-20 minutes of medical discussion	99442	92.50
Physician telephone estabpatient service, 21-30 minutes of medical discussion	99443	143.63
Self-Measured Blood Pressure; Pt edcu/training and device calibration	99473	8.89
Self-Measured Blood Pressure Measurements	99474	12.40
TB Skin Test READING ONLY	99499	5.00
Oral evaluation for a patient under three years of age and counseling with primary caregiver	D0145	39.18
Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	D1206	17.29
Administration of influenza virus vaccine	G0008	20.15
Administration of pneumococcal vaccine	G0009	20.15
Administration of Hep B vaccine	G0010	20.15
Diabetes outpatient self-management training services, individual, per 30 min	G0108	27.00
Diabetes self-management training services, group session, 2 or more per 30 min	G0109	19.00
Brief (5-10 min) communication, tech based, provider, COVID sx related, virtual check-in	G2012	66.95
Specimen collection for severe acute respiratory syndrome coronavirus 2	G2023	30.00
Penicillin G benzathine, per 100,000 units, injection	J0561	3.88
Ceftriaxone Sodium, per 250mg, injection (Rocephin)	J0696	2.47
Medroxyprogesterone acetate, 150 mg, injection, (Depo-Provera)	J1050	63.00
Rho(D) immune globulin; human, full-dose, for intramuscular use	J2790	113.85

Jones County Health Department
Approved Clinical Fee Schedule Effective 07/01/2023

Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	J7296	1,061.26
Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	J7298	1,167.80
Intrauterine copper contraceptive (ParaGard)	J7300	1,086.50
Etonogestrel (Contraceptive) Implant System, including implant and supplies (Nexplanon)	J7307	1,158.03
Albuterol; non-compounded unit dose 1 mg	J7613	0.40
Completion of record of TB Screen	99211 RS	20.00
Emergency contraceptive pill	S5001	6.19
Contraceptive pills for birth control	S4993	6.19
Medical records copying fee, administrative	S9981	10.00
Nursing assessment / evaluation	T1001	128.02
RN services up to 15 minutes	T1002	27.33
Case management (one unit = 15 minutes) (csc)	T1016	25.75
Targeted case mgmt 15 minutes	T1017	34.71
CDC-approved COVID test	U0001	68.08