



Macon County Public Health

MACON COUNTY BOARD OF HEALTH MINUTES 5/27/2025

Members: Garrett Higdon, Engineer; John Shearl, County Commissioner; Josh Young, County Commissioner, Vacant, Optometrist; Dr. Roy Lenzo, Veterinarian; Cortney Patrick, Pharmacist; Dr. Matt Corbin, Dentist and Vice Chair; Angela Stone, Nurse Representative; Dr. Carlos Vargas, Physician; Members of General Public, Jerry Hermanson Chair, Dr. Nathan Feibelman III, General Public; Steve Grissim, General Public

Members Absent: Josh Young and Dr. Roy Lenzo

Staff Present: Kathy McGaha, Christina Stamey, Melissa Setzer, Jennifer Garrett, Lisa Browning and Jimmy Villiard.

Guests: None

Media: Shelby Powell, The Franklin Press

Call to Order: Jerry Hermanson called the meeting to order at 6:14 p.m.

Welcome/Intro/
Departures/
Recognition/
Announcements:

Jerry opened the meeting welcoming everyone to the Macon County Board of Health meeting. Mr. Hermanson started the meeting by welcoming our newest Board of Health member, Cortney Patrick who is filling the pharmacist spot. There was also an announcement that the July 2025 Board of Health meeting was scheduled and approved on the 5th Tuesday. The Board agreed to keep it as it is.

Public Comment: There was no one present for Public Comment.

Agenda Approval: Garrett Higdon made a motion to approve the agenda. Matt Corbin seconded the motion. Motion passed unanimously.

Presentation:

Vision Blitz:

Jennifer Garrett, Nursing Director, provided a presentation on a new vision program. School Nurses joined forces with Southwestern Community College's Optometry Program and Optometrist, Dr. Coy Brown to make this program come to life. Jennifer described the process of vision screening, including retesting in a quieter setting for children with ADD or other disabilities. The program includes referrals for children who fail vision screenings. The Vision Blitz Day involved busing children to Southwestern Community College for free eye exams and glasses fitting. The children then got to choose from three tables full of frames. Once the glasses were created, Jennifer and Christina Stamey drove to each child's school, doing a vision test with each child with their new prescription glasses on and documenting some amazing vision improvements. Jennifer shared emotional stories of children receiving their new free glasses and the positive impacts this will make on their lives. Jennifer explained the difficulties in finding opticians and eye doctors who accept Medicaid, which is the primary insurance for many children. The program aims to provide glasses and eye exams for children in need, with a goal of expanding the program to other counties. The vision program has a goal to purchase a vision van to travel to schools and provide services, with plans to approach foundations for funding to achieve this asset. The program has received support from the community, including a feature on the Southwestern Community College Facebook page. Angie Stone, our nurse representative on the board, acknowledged and thanked Jennifer Garrett for her hard work and dedication to make this program happen and creating a wonderful experience for the children. (See attached handouts).

Approval of Previous Meeting Minutes:

Angie Stone made a motion to approve the previous minutes. Matt Corbin seconded the motion. Motion passed unanimously.

Old Business:

None

New Business:

Annual Child Fatality Report:

Jennifer Garrett provided an overview of the Child Fatality Task Force, its role in reviewing medical examiner reports, and its annual report to the commissioners and Board of Health. The task force reviewed three deaths in 2023/2024, identifying system weaknesses. Jennifer discussed efforts to improve documentation systems and the challenges faced in obtaining records from hospitals. The task force made recommendations to the state, including the need for smoke detectors and carbon monoxide detectors in rental properties. Jennifer mentioned some of the upcoming events sponsored by Safe Kids, Franklin Fire Department, The Child Fatality Task Force and others. Jerry Hermanson asked Jennifer about the change in the HIPPA policy. Jennifer does not have the exact information at this time, but will present it to the Board as soon as she does. (See attached handouts).

Rabies Clinic Update:	<p>Jimmy Villiard announced the coordination of an upcoming Rabies Clinic on July 12th 2025, with Noah's Ark hosting the event. The clinic will charge a \$10 fee for the rabies vaccine. Jimmy explained the importance of the rabies vaccine and explained that this is the only vaccine required by law for pet owners to get for their pets. Jimmy report that historically they usually vaccinate anywhere from 50 to 100 animals during the clinic, but with many other nonprofit organizations also offering rabies clinic, he predicts the numbers to be less. The \$10 fee goes directly to the cost of the vaccine.</p>
Billing Guide & Fee Plan:	<p>Melissa Setzer presented the Billing Guide and Fee Plan, explaining its role in setting eligibility requirements, fees, and waiver processes. The Billing Guide includes a list of insurance companies and a methodology for setting fees based on costs. Melissa highlighted changes in the Billing Guide, including updated verbiage for the family planning section. The Fee Plan includes clinical fees, lab fees, dental fees, animal services fees, and environmental health fees, with some fees remaining unchanged. Melissa explained that the fees as of now are based off the previous year. Melissa announced that the proposal of the fees for Environmental Health does have changes and will require the Board to vote on them and the other fees. There was discussion on what the changes were compared to what the Board voted on last year by Matt Corbin. Cortney Patrick also asked for more details on the fees. John ShearI replied saying, "Developers such as himself, should not have to pay fees for permits due to the amount of revenue they bring into the county". Melissa Setzer provided handouts for the Board for reference. Melissa also explained that our fees were comparable to Jackson Counties and other surrounding counties.</p> <p><u>Votes are as follows:</u></p> <p>Steve Grissim made a motion to approve the Bill Guide. Carlos Vargas seconded the motion. Motion passed unanimously with the exception of John ShearI recusing himself from the vote due to Commissioners voting in June</p> <p>Garrett Higdon made a motion to approve the Fee Plan, including all fees presented. Nathan Feilbelman seconded the motion. Motion passed unanimously with the exception of John ShearI recusing himself from the vote due to Commissioners voting in June.</p> <p>After the vote, Dr. Nathan Feibelman asked If there are available mental health services and support in the school systems. Jennifer Garrett responded that there are school counselors and support in the schools. Also, there is an individual school participating in a pilot program for mental health services.</p>
<u>Closed Session:</u>	No need for closed session
<u>Next Meeting Date:</u>	July 29 th , 2025

Adjournment: Steve Grissim made a motion to adjourn. John Shearl seconded the motion. Motion passed unanimously at 8:47 PM.

Minutes Recorded by: Christina Stamey

Macon County Child Fatality Task Force 2025 Report

Macon County Commissioners and Macon County Board of Health

I. Introduction

In 1993, the North Carolina General Assembly established a network of local Child Fatality Prevention Teams (CFPT's) across the state to confidentially review medical examiner reports, death certificates and other records of deceased residents under age 18. Each local team consists of representatives of public and nonpublic agencies in the community such as law enforcement, Guardian Ad Litem, health departments, among others, that provide services to children and their families.

The purpose of this report is to give a summary of the causes of death, the number of cases reviewed, recommendations for prevention, if any, that have been made and to share local team activities and accomplishments.

II. Role of the MACON County Commissioners and Board of Health

- Receive annual reports which contain recommendations and advocate for system improvements and needed resources, if requested.
- Appoint members of the local team as identified by the membership.

III. Child Deaths by Cause, System Problems Identified, Recommendations for Prevention & Proposed Action

In 2023, the Macon County Child Fatality Task Force reviewed 3 deaths total. In January, the new review year began and deaths for 2024 will be reviewed. This first quarter (Jan., Feb., and March) had 0 deaths reported and in Quarter 2 (March, April, May) there was 1 death reported.

Cause of Death	System Problem Identified	Recommendation	Proposed Action
Strangulation Intentional Self harm	During the review, it was asked about information in the Guidance Counselors notes about what counseling he received. The Schools were not present at the first meeting so the CFT Chair called the Superintendent after the initial meeting for someone to find the notes and share them at a follow-up meeting. It was discovered at that time that the Guidance Counselor	System Problem identified was that Guidance Counselors do not take copious notes of meetings with students and record them in a standardized fashion (Like a nurse records nursing notes in an electronic health record). In addition, there was no system in place for how notes were passed on from counselor to counselor. The school system is going to work with the lead school nurse to	School Supervisor of the Counselors, the Superintendent and Lead School Nurse are going to meet in June of 2024 and discuss documentation options and how to document effectively for guidance counselors since the school nurses already have a system in place. This will be implemented in Aug. 2024 for the 24-25 school year.

	no longer worked at the school, and there were very little to no notes on the meetings that the student and the counselor had – just a few notes scribbled on some notebook paper.	create or find a better documentation system was the recommendation of the committee.	
Congenital Malfunction of heart Birth asphyxia	Hospital was sent release of records for case for Child Fatality review. Hospital sent back more forms to be completed along with attestation forms that stated we did not intend to use information to sue them. Delayed review process	State was notified of delay of release of action	State responded that Hospital was trying to comply with new HIPAA rules. State is looking into how to prevent delay by perhaps creating new ROI.
Thermal Cutaneous inhalation injuries/ burns to respiratory tract and body	Due to extent of fire unsure if fire alarms were present – home was a rental	Discussed need to have a way to require rental owners to have smoke detectors, carbon monoxide detectors, and clear functioning exits.	Committee made recommendation to State.

IV. Macon County CFPT Activities and Accomplishments

Examples:

- Continued to support Case Management of High Risk Children case worker to be able to purchase car seats and pack and plays. The case worker is trained in installing car seats and if a parent completes the CMARC program they may get a car seat- which the case worker installs and gives education about. The caseworker also works with Care Management of High Risk Pregnancies- and in that program; parents are provided pack and plays and given safe sleep education.
- Discussed partnership with Sheriff's Department to begin a gunlock give away at community events. Researching ways obtain gun locks and what events to do giveaways.

V. Conclusion

Thank you to the members of the Macon County Commissioners/Board of Health for the opportunity to share with you the successes and dedicated work of the local team as we continue to review child fatalities, make recommendations, and take actions to prevent future child deaths. Please feel free to contact the Child Fatality Chairperson, Jennifer Garrett, at 828-349-2466, respectively, should you have any questions about this report.

Director of Nursing

Jennifer Barrett, BSN, RN, CPN, CSN, CPHN

Chairperson

5/20/25

Date



Macon County
Public Health

MCPH Billing Guide

Revised 7/1/2025

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Fees

I. Foundation

Macon County Public Health is a public agency whose mission is to promote, protect, and enhance the health of all people and the environment. MCPH provides a multitude of services to the citizens in Macon County. The department has several programmatic units, which operate specifically under Federal, State, and local legal authority to provide services including, but not limited to the following: Clinical Services, Dental Services, Laboratory, Vital Records, Animal Services, School Health, Environmental Health, Emergency Preparedness, and Women, Infant, and Children Nutritional Services.

Macon County Public Health serves the public interest best by assuring that all legally required public health services are furnished to all citizens while prioritizing those citizens with greatest need. MCPH provides services without regard to religion, race, national origin, creed, gender, parity, marital status, age, sexual orientation, or contraceptive preference.

Fees are a means to help distribute services to citizens in the county and help finance and extend public health resources, as government funding cannot support the full cost of providing all required and requested services. Fees are considered appropriate, in the sense that while the entire population benefits from the availability of subsidized public health services for those in need, it is the actual users of such services who gain benefits for themselves.

Fees for Health Department services are authorized under North Carolina 130A-39 (g), provided that 1) they are in accordance with a plan recommended by the Health Director and approved by the Board of Health and the County Commissioners, and 2) they are not otherwise prohibited by law.

II. Fee Setting

In accordance with G.S. 130A-39(g), which allows local health departments to implement fees for services rendered, the Macon County Public Health, with the approval of the county's governing boards will implement specific fees for services and seek reimbursement for services. The method used for setting fees will be solely based on the cost to provide the service. Resources that may be used in this process include, Cost Report, Medicaid Reimbursement rates, fees charged by surrounding health departments/service providers and/or DPH LHD worksheet for setting fees.

1. Fee Setting Procedure

- a. The following is the procedure to which Macon County Public Health uses for setting fees for services:
 - i. A developed multi-disciplinary committee of the Macon County Public Health will meet at least annually, to determine the cost of providing services and discuss the fees for the services provided.
 - ii. Fees will be determined based on the cost to provide services, in conjunction with the cost study analysis, which assesses direct and indirect costs including, but not limited to, the salary of staff rendering services, materials and supplies used, building and maintenance fees.

- iii. In order to set fees, Macon County Public Health may use multiple resources such as, the Workbook for Setting Service Fees that has been provided by the NC Division of Public Health, a cost study analysis, fees of local health departments within the area and/or review the Medicaid, Medicare and Third Party Insurance rates for services.
- iv. Once the fees are reviewed and discussed by the committee, the Health Director will present the fees to the governing boards for their review and final approval.
- v. Once approval has been received, the appropriate fees are set and will be maintained in the Health Department, noted as the approved "Fee Schedule".
- vi. The fee schedule may be automatically adjusted (without Board approval) during the fiscal year if the Health Department receives notification of an increase of the cost of lab tests, vaccinations and/or supplies as long as the approved methodology is used. This includes: the ability to complete any lab test Lab Corp offers and to set the fee based on the approved fee setting methodology, the adjustment of lab fees, the addition of new CPT codes and supply cost increases.

Billing & Revenue

In accordance with G.S. 130-A-39(g), which allows local health departments to implement a fee for services rendered the Macon County Public Health, with the approval of the Macon County Board of Health and the Macon County Commissioners (or appropriate governing body) will implement specific fees for services and seek reimbursement. Specific methods used in seeking reimbursement will be through third-party coverage, including Medicaid, Medicare, private insurance, and individual client pay. The agency will adhere to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided.

Appendix I, includes the list of accepted insurances that Macon County Public Health participates with for both clinical and dental services.

I. Charging for Services

- 1. There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all clients.
- 2. Persons requesting program services will be encouraged to apply for Medicaid, when appropriate.
- 3. Client charges will be determined by each program requirements.
- 4. Program requirements and MCPH's governing boards determine when program charges are adjusted according to a fee scale. When applicable, charges will be adjusted according to a fee scale based on the Federal Poverty Guidelines ([Poverty Guidelines | ASPE](#)). Some services are

provided on a non-sliding fee basis. See the Program Specific Eligibility and Financial Requirements section for Sliding Fee vs. Non-Sliding Fee determination.

5. There shall be a consistent method applied to “aging” accounts.
6. Clients shall be given a receipt each time a payment is collected.

II. Non-Sliding Fees

Macon County Public Health provides specific services at a non-discounted rate regardless of federal poverty level. These fees will not slide on the sliding fee scale. See the Program Specific Eligibility and Financial Requirements section for this determination.

III. Limiting or Restricting Services Due to Inability to Pay

1. No one shall be denied clinical services based solely on the inability to pay.
2. Non-agency lab orders, Environmental Health Services, Dental Services, and Animal Services may be denied based on inability to pay; however, MCPH will make every effort to establish referral sources and/or discounted fees to make all services accessible.
3. Women’s Health (Family Planning and Maternal Health)
 - a. The Title X guidelines do not distinguish between “inability” and “unwillingness” to pay. For Family Planning clients who do not pay, the agency can use debt set-off. Even if a client establishes a payment plan but then refuses to honor the plan services cannot be denied or restricted.
 - b. Denying or restricting services would constitute client abandonment. Therefore, services for Maternal Health may not be denied because a client is unwilling or unable to pay.
4. Child Health
 - a. MCPH may not restrict Child Health services due to an outstanding bill. Title V funds are used to prevent barriers to care for clients that are Non-Medicaid, non-insured as well.

IV. Clinical Fee Collection

1. Upon each clinic visit, Management Support staff will determine the income and sliding fee scale status of each client, if applicable. Staff will be responsible for documentation of financial eligibility on Self Declaration Income Form to determine eligibility (Attachment B). Clients without required verification will be charged at 100% until income documentation is received, with the exception of Family Planning services per current Title X guidelines.
2. Payment is due and expected at the time services are rendered. If a balance remains, a payment agreement and schedule will be established and signed by the client. (Attachment D)
3. Enrollment under Title XIX (Medicaid) shall be presumed to constitute full payment for billable services to Medicaid.
4. The Accounts Receivable System will be balanced daily.
5. Monthly statements will be mailed to the client/responsible party as long as confidentiality is not jeopardized.

V. Payment Agreement

Payment agreements are offered to each and every patient that owes a balance and is unable to pay in full at time of appointment. See MCPH's Policy 101.01 Collection of Funds Policy.

VI. Fee Waiving Process

MCPH's Health Director has the authority to waive client fees of individuals who, for good cause, are unable to pay. Clients must submit this request to MCPH in writing. MCPH Finance Director will submit the account balance and justification that has been provided by the client and Billing Supervisor to the Health Director for approval. MCPH Health Director will review and approve or deny on a case to case bases. After the decision is made a letter and settlement statement will be provided to the client.

VII. Billing Medicaid and Third-Party Insurance

1. Clients presenting with third party health insurance coverage where copayments are required, shall be subject to collection of the required copayment at the time of service. For Family Planning (Title X) clients, the copay may not exceed the amount they would have paid for services based on the sliding fee scale.
2. Clients will sign a consent on paper to be scanned, or electronically sign a consent allowing the Health Department to file insurance and a copy of the insurance card will be scanned at that time into the client's medical record.
3. Third party insurance is billed the total amount of the service provided. The charge and any remaining balance with the exception of copayments, is billed to the client based on the program sliding fee scale, if applicable. Copayments are not subject to the sliding fee scale adjustment.
4. Claims are filed electronically.
5. Payments are posted electronically/manually to client accounts. If applicable, secondary insurance is filed.
6. Denials are researched using the Remittance Advice (RA) for Medicaid and Explanation of Benefits' for private insurance. Any denials deemed incorrect are resubmitted as quickly as possible. Any remittance or final denial is posted to the client's account. Remaining balance for Medicaid clients are adjusted off (unless it was for a non-covered service that the client was made aware of prior to the service being rendered).
 - a. If a client has any form of third-party reimbursement, that payer must be billed (required if the agency is "in network", otherwise optional), unless confidentiality is a barrier*. Medicaid will be billed as the payer of last resort. Clients should be made aware that they will be responsible for any balance remaining after the claim has been processed. This may include copays, coinsurance, deductibles and non-allowed charges. As required by Title X, Family Planning clients whose family income is between 101%-250% FPL will not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.

7. If an encounter with a client is found to be coded incorrectly, the provider may make corrections by appending the provider's note and e-superbill within the client's medical record and notifying the billing department's supervisor. The billing department will review the corrections and update the charges accordingly. If a client has been charged and have received a monthly statement and the addition or correction of the service made by the provider will increase the client's balance, the correction will be made with no additional cost to the client, unless, the client was over charged.
8. * Third party billing is processed in a manner that does not breach client confidentiality, particularly in sensitive cases (e.g., adolescents or young adults seeking confidential services, or individuals for whom billing the policy holder could result in interpersonal violence). The confidential client may give you their insurance card not thinking that the subscriber is not aware of the visit. Filing an insurance claim will result in an EOB (explanation of benefits) being sent to the subscriber which would violate confidentiality. Be certain to have the client sign/initial if they want insurance to be filed.

VIII. Overpayments and Refunds

1. Payment for copays, deductibles, coinsurance, account balances and non-sliding fees will be collected at the time of service.
2. If an overpayment is made by the client, the client will be notified of the overpayment and given the option for refund, or application of the overpayment to another date of service balance or for an upcoming appointment. Overpayments that clients choose to have refunded, will be refunded based on county policy.
3. Overpayments paid by Medicaid, Medicare and insurance will be reviewed and refunded in accordance to the guidelines set forth in our network participatory agreement.
4. See MCPH Policy 299.04 Environmental Health Refunds for EH Refund process.
5. See MCPH Policy 701.11 Animal Services Refunds for AS Refund process.

IX. Bad Debt Write Off and NC Debt Setoff

1. Bad Debt Write Off
 - a. Outstanding accounts having no activity in more than 12 months shall be written off as bad debts, at least annually upon approval of the Macon County Board of Health and the Macon County Commissioners. Board of Health and Board of County Commissioners minutes will serve as documentation that the write-offs have been approved.
 - b. Once an account has been written off as a bad debt it should not be reinstated. Only if the client returns to the clinic and wants to make a payment should action be taken to reinstate only the payment amount, post the payment and leave the remaining balance that was initially written off as it stands.
2. NC Debt Setoff
 - a. Client accounts fulfilling the requirements of NC Debt Setoff will be submitted to the NC Debt Setoff Program, at least annually. The account balance must be (1.) greater than

\$50.00, and (2.) must be 60 days delinquent before it is eligible for Debt Set Off. After being delinquent for a minimum of 60 days, the client/guarantor will be notified of the process of debt setoff, via letter. The client/guarantor has 30 days to take action via payment or payment plan or the debt will be submitted to NC Debt Setoff.

X. Bankruptcy

1. When legal notification is received from Bankruptcy court, there is no further collection of the outstanding account unless a payment schedule is set up by the Bankruptcy court.
2. The client's account is notated/flagged with bankruptcy information, such as the time frame to which the bankruptcy references.
3. The account maybe written off if mandated by court.
4. The client may volunteer to pay.
5. Additional visits to which are not included in the bankruptcy time frame, will be the client's responsibility.

XI. Request for No Mail - Outstanding Debts

1. When a client requests no mail, discussion of payment of outstanding debts shall occur at the time service is rendered.
2. If the client is unable to pay in full at the time of service rendered, a receipt will be given to the client reflecting the partial payment and the client will sign a payment agreement.
3. Medical record is flagged reflecting-- "NO MAIL" and every precaution should be taken to ensure bills are "not" sent to clients, requesting "NO MAIL".
4. Client is reminded every visit of the amount they still owe.
5. No letters or correspondence concerning insurance, past due accounts or other billing issues will be sent to any client that requests "NO MAIL".
6. MCPH reserves the right to pursue all allowable avenues to collect payment. A "No Mail" request does not require MCPH to forfeit that right.

XII. Donations

1. Donations shall be accepted, regardless of income status.
2. The client account will not be reduced due to a donation.
3. There shall be no "schedule of donations", bills for donations, or implied or overt coercion.
4. See MCPH Policy 101.09 Donations Policy for the Donations process.

XIII. Vaccine and Administration

1. Macon County Public Health will not charge a fee to clients for state supplied vaccines provided to clients that are eligible for such vaccine in accordance to the NCIP Coverage Criteria and Vaccine for Children.
2. Administration fees for the rendering of state supplied vaccine may be billed to Medicaid. State supplied vaccine will be identified with a SL modifier. The appropriate NDC code must also be included.

3. Clients and Third Party Payers may be charged and/or billed the administration fee and the cost of purchased vaccine by the Macon County Public Health as a non-sliding fee when provided outside of programs.
4. Vaccine administration and vaccine provided within Child Health, Family Planning, and Maternal Health program will be subject to the sliding fee scale.

XIV. 340b Drugs and Devices

1. Macon County Public Health bills Medicaid the acquisition cost of medication or devices purchased through the 340b drug program.
2. All 340b drugs and devices are identified with a UD modifier in the Patagonia billing system. 340b drugs and devices are billed to Medicaid with an FP and UD modifier. The appropriate NDC code must also be included.
3. Drugs and devices purchased through the 340b program are labeled as 340b and stored separately from other medications and supplies.

Eligibility

I. Identification

It is considered “best practice” for each person presenting for services to establish their identity either with a birth certificate, driver’s license, military I.D., passport, visa, or green card, etc. A local health department may not require a client to present identification that includes a picture of the client for immunization, pregnancy prevention, sexually transmitted disease and communicable disease services (Consolidated Agreement, B, 16). However, you may take a photograph of the client, (with their permission) for internal use only.

II. Determining Family Size

A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. An economic unit must have its own source of income. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit if each group supports only their unit. A pregnant woman is counted as two (including the unborn child) in determining family size.

Examples: Determining Family Size

- A foster child assigned by DSS with income considered to be paid to the foster parent for support of the child.
 - Family of 1
- A student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians.

- Dependent of the family
- Self-supporting students maintaining a separate residence would be a separate economic unit.
- An individual in an institution.
 - Separate Economic Unit
- A client who requests “confidential services”, regardless of age.
 - Family of 1
 - If a Family Planning client presents for a service and is considered to be a minor, interview questions may include the following
 - Ask the client if their parents are aware of their visit.
 - Ask if “both” parents are aware of their visit, since sometimes the mother may be present with the client; however, the father may not be aware of the visit.
 - Ask if you can send a bill to the home to both parents.
 - If the client states both parents are aware and it is not a confidential visit, you should treat as such and use all family members in the economic unit.

III. Determining Gross Income

Gross income is the total of all cash income before deductions for income taxes, employee’s social security taxes, insurance premiums, bonds, etc. For self-employed applicants (both farm and non-farm) this means net income after business expenses.

1. The following are acceptable types of income to be used when determining gross income, this is not an all-inclusive list:
 - a. Wages (regular, overtime, etc.)
 - b. Alimony
 - c. Any cash earnings (i.e. tips, etc.) and/or contributions received
 - d. Child Support (cannot consider as income for Family Planning)
 - e. Disability
 - f. Dividends
 - g. Military Earnings
 - h. NC Unemployment
 - i. Pensions
 - j. Social Security/Supplemental Security Income (SSI)
2. Exceptions
 - a. Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteer Service Act of 1973
 - b. Payments received under the Job Training Partnership Act
 - c. Payments under the Low-Income Energy Assistance Act
 - d. The value of assistance to children or families under the National School Lunch Act, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977
 - e. Veteran’s Disability payments

3. The following are acceptable forms of documentation of gross income:
 - a. Bank Statement
 - b. Check Stub (includes regular wages, overtime, etc.)
 - c. Client Statement (Family Planning Only)
 - d. Income Tax Return (annual, not quarterly)
 - e. Letter of Verification from Employer
 - f. Military Earnings Statement
 - g. NC Unemployment Statement
 - h. Pension Statement
 - i. Social Security/Supplemental Security Income (SSI) Statement
4. No client will be refused services when presenting for care based on lack of income documentation, however each client will be billed at 100% until proof of income and family size is provided to the agency except Family Planning.
 - a. The client will have 30 days (agency may determine time limit) to present this documentation in order to adjust the previous 100% charge to the sliding fee scale.
 - b. If no documentation is produced in 30 days, then the charge stands at 100% for that visit.
 - c. This does not apply to non-sliding fee scale services, which should be paid in full on the date of service.

IV. Computation of Income

1. Income will be based on a twelve (12) month period. If the client is working the day they present for a service, income will be calculated weekly, bi-weekly, monthly or annually, depending on the documentation obtained.
2. If the client is unemployed the day they present for their service, their "employment only" income will be calculated at zero (0); however, the client should be required to provide "their mechanism", in regard to their paying for food, clothing, shelter, utility bills, etc. Refer to "sources of income" counted and apply all sources, as appropriate. "Regular contributions received from other sources outside of the home" is most often considered one of those sources. If the client is receiving unemployment or other "sources" of income, as designated above, all of those sources should be counted.
3. The client's income will be determined by the following:
 - a. Regular Income Formula
 - i. Based on 12 month period
 - ii. Use gross income or self-employed income after business expenses
 - iii. Calculation:
 1. Weekly = pay X 52
 2. Biweekly = pay X 26
 3. Twice a month = pay X 24
 - b. Unemployment or Irregular Income Formula:

- i. Add any Unemployment Compensation and Irregular Income from past 6 months X 2 to project their 12 month income.

V. Title X Income Collection Requirements for Clients Seeking “Confidential Services”

1. Title X requires that any client seeking “confidential services” be considered a family of one and that only their income be used in assessing their percent pay on the sliding fee scale.
2. Confidential Services: provides an additional layer of privacy and confidentiality beyond HIPAA’s regulations. For example: an adolescent seeking Family Planning services, whose parents are not aware, if the adolescent and parents were seeking other services (immunization, etc...) at a later date, the adolescents history of family planning services would not be disclosed to the parent.
3. HIPAA (The Health Insurance Portability and Accountability Act of 1996): is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient’s consent or knowledge.
4. A copy of the Income and Eligibility Statement (refer to Attachment B) should be maintained for future reference. The number in the household, annual gross income and percentage of pay should be reflected on the financial documentation. The documentation should be signed and dated by the interviewer and client. Use of electronic signatures is acceptable.
5. Income is re-assessed annually unless there has been a change in financial status. Following the initial financial eligibility determination, the client will be asked at each visit if there has been a change in their financial status. Income will always be based on the “actual date” of service. If there has been a change or it is time for their annual review the income determination process should take place.
6. Client fees are assessed according to the rules and regulations of each program and the recommended Program’s Poverty Level Scale (Sliding Fee Scale) will be used to determine fees. All third-party providers will be billed, without discount, where applicable.
7. Clients presenting with third party health insurance coverage where copayments are required shall be subject to collection of the required copayment at the time of service. For Family Planning (Title X) clients the copay may not exceed the amount they would have paid for services based on sliding fee scale.
8. Income information reported during the financial eligibility screening for one program can be used through other programs offered in the agency, rather than to re-verify income or rely solely on the client’s self-report.

Programs Specifics Eligibility and Financial Requirements

I. Animal Services

- a. MCPH Animal Services' primary mission is to protect the health and safety of our residents, and to protect animals and promote their humane treatment. We will make every effort to promote pet adoptions of healthy, nonaggressive animals by the general public and promote responsible pet ownership. To reduce the number of homeless pets, we will ensure that all dogs and cats are spayed or neutered prior to adoption and current of their immunizations.
- b. **Eligibility:**
 - i. Macon County Jurisdiction
- c. **Financial:**
 - i. Animal Service fees are determined by MCPH Governing Boards, the Board of Health and County Commissioners.
 - ii. Animal Service fees from other counties are taken into consideration.
 - iii. Fees for Animal Services are due at time of service.
 - iv. More information is available in Macon County's Animal Control Ordinance - <https://maconnc.org/images/Animal%20Control%20Ordinance10.13.15.pdf>.
- d. **Sliding Fee:**
 - i. Not Applicable

II. Case Management Services

1. Case Management for at Risk Children (CMARC)

- a. **Eligibility:**
 - i. CMARC is care management for Medicaid children, birth to five years of age, who have long term medical conditions, are in long-term stressful situations (been exposed to adverse childhood experiences or adversely affected by social determinates of health), children in foster care, and/or were in a Neonatal Intensive Care Unit (NICU). Referrals to CMARC may come from any community member, provider, or be a self-referral.
 - ii. Enrollment into CMARC is voluntary for the child and family.
 - iii. Parent or guardian must consent to all services, documentation and analytics.
- b. **Financial:**
 - i. Participants are not charged for these services.
- c. **Sliding Fee:**
 - i. Not Applicable

2. Care Management for High Risk Pregnancies (CMHRP)

- d. Macon County Public Health must assure or provide CMHRP services to Medicaid eligible patients, in accordance to CMHRP program requirements. Macon County Public Health is subcontracted by Prepaid Health plans (PHP) to provide CMHRP services. The CMHRP population is comprised of PHP Priority Members and individuals who are eligible for service.
- e. **Eligibility:**
 - i. At-Risk Pregnant Women who are not aligned with a PHP, but receive Medicaid Direct and Presumptive Eligibility coverage should also be referred to CMHRP services as applicable.
- f. **Financial:**
 - i. Participants are not charged for these services.
- g. **Sliding Fee:**
 - i. Not Applicable

III. Clinical Services

1. Adult Health

- a. Macon County Public Health provides adult services that includes, but is not limited to, the following: employment physicals, DOT physicals, Sheriff's office physicals, daycare (adult employment) physicals, college physicals, foster (parent) physicals, colposcopies, etc.
- b. **Eligibility:**
 - i. 18 years old and over, Resident of Macon County (except for colposcopies, pregnancy tests).
- c. **Finance:**
 - i. Adult health visits are not eligible for sliding fee discounts; Private insurance, can be billed, if available. Patients are responsible for remaining balances or total cost of visit.
- d. **Sliding Fee:**
 - i. Not Applicable – these services are billed at a set fee per type of visit.

2. Breast and Cervical Cancer Control Program (BCCCP)

- a. The goal of the North Carolina Breast and Cervical Cancer Control Program (BCCCP) is to reduce the morbidity and mortality due to breast and cervical cancer in women by providing breast and cervical cancer screening, diagnostic services, and patient navigation services for eligible underserved women of North Carolina.
- b. **Eligibility:**
 - ii. Women 21 to 75 years of age with gross incomes that are below 250% of the federal poverty level, according to the Federal Poverty Guidelines, and who are uninsured or underinsured, may be eligible for breast and cervical services, subject to the limitations and exceptions listed below.

- iii. Women enrolled in Medicare (Part B) and/or Medicaid programs are not eligible for NC BCCCP-funded services.
- iv. Women receiving Family Planning (Title X of the Public Health Service Act) services are not eligible for NC BCCCP-funded services that are available through Title X funding.
- v. Documented citizenship is not required for screening and/or diagnostic services through NC BCCCP.
- vi. Breast Services:
 - 1. At least 75% of all initial mammograms provided through NC BCCCP using federal funds must be for women ages 50 to 64; no more than 25% may be provided for symptomatic women under the age of 50.
 - 2. Symptomatic women under the age of 50
 - a. NC BCCCP state funds or federal funds can be used to reimburse for diagnostic services for symptomatic women under the age of 50.
 - b. Abnormal findings, including a discrete palpable mass, nipple discharge, and skin or nipple changes, a woman can be provided a diagnostic mammogram and a referral for a surgical consultation.
 - 3. Asymptomatic women ages 40 to 49
 - a. NC BCCCP state funds may be used to reimburse for mammograms for women ages 40 to 49.
 - b. NC BCCCP federal funds may only be used for mammograms in this population for women who are symptomatic, subject to the 25% limitation noted above.
 - 4. Asymptomatic women under the age of 40
 - a. NC BCCCP state funds and federal funds can be used to screen asymptomatic women under the age of 40, if they are considered to be at high risk (see high risk defined below) for developing breast cancer.
 - 5. Asymptomatic or symptomatic women ages 65 to 75
 - a. NC BCCCP state funds may be used to reimburse for mammograms for women ages 65 to 75 if no other source of funding is available.
 - b. NC BCCCP federal funds may be used for symptomatic women in this population.
 - 6. All women should undergo a risk assessment to determine if they are at high risk for developing breast cancer.
- vii. Cervical Services:
 - 1. At least 20% of all enrolled women screened for cervical cancer shall meet the definition of never screened (greater than 10 years). The priority age for cervical cancer screening is women between the ages of

21 and 64. All women should undergo a risk assessment to determine if they are at high risk for developing cervical cancer.

2. Women diagnosed outside of NC BCCCP with breast and/or cervical cancer and/or precancerous lesions with a diagnosis that is less than three months prior to the date of BCCM application, and who meet NC BCCCP eligibility criteria may receive Patient Navigation-only (PN-only) services to apply for BCCM.

c. **Financial:**

- i. Women whose gross incomes are less than or equal to 100% of the federal poverty level shall not be charged for any services covered through NC BCCCP. However, ancillary costs and non-NC BCCCP covered fees may be charged to the NC BCCCP participant. Participants shall be notified of any possible charges prior to committing to the procedure.
- ii. A flat fee may not be charged for NC BCCCP services to any woman enrolled in NC BCCCP.

d. **Sliding Fee:**

- i. Sliding fee scales may be used for women whose gross incomes are between 101% and 250% of the federal poverty level.

3. Child Health

- a. MCPH Child Health Program's primary mission is to ensure health services for children, including parenting education, nutrition, well childcare, genetic services, newborn screening, childcare health consultation, developmental screening, early intervention, transition, linkage with medical homes, screening and treatment clinics, resource lines, NC Health Choice, and children/youth families with special health care needs.

b. **Eligibility:**

- i. Birth through 20 years, regardless of residency.

c. **Financial:**

- i. A sliding fee scale is applied based on current child health program guidelines. Medicaid or private insurance plans are billed, if available.

d. **Sliding Fee:**

- i. Sliding fee scales are used for children whose gross household income is between 101% and 250% of the federal poverty level per current NCDPH sliding fee scales.

4. Communicable Disease Control

- a. MCPH Communicable Disease Control's mission is to reduce morbidity and mortality resulting from communicable disease that are a significant threat to the public, through detection, tracking, investigation, control, education, and care activities to improve the health of people in Macon County. Macon County works with the Communicable Disease Branch under the overarching goal to control the spread of communicable

diseases, detect cases of communicable diseases, and monitor for the occurrence of new cases in the community.

- b. **Eligibility:**
 - i. Macon County residents
- c. **Finance:**
 - i. Not Applicable
- d. **Sliding Fee:**
 - i. Not Applicable

5. Dental Services

- a. The Macon County Children's Dental Clinic (Molar Roller) provides comprehensive general dental services to children from birth to 19 years of age.
- b. **Eligibility:**
 - i. Resident of Macon County or enrolled in Macon County Schools, ages birth to 19.
- c. **Financial:**
 - i. Dental fees will be based on Dentemax rates plus MCPH's fee adjustment based on the approved fee setting methodology (see attachment).
- d. **Sliding Fee:**
 - i. Self-pay consumers, or those with no dental insurance, may qualify for sliding fee scale based on their family size and household income.
 - ii. Sliding fee discount is based on 250% of Federal Poverty with a maximum discount of 50%.

6. Employee and Family Health

- a. a. Macon County's Employee and Family Health Program provides Macon County Employees, their dependents and retirees who are enrolled in Macon County's health insurance plan a clinic that is designed to screen, diagnose, and treat minor illnesses or injuries which require prompt attention, but are not of such seriousness to require a visit to an emergency room. Employee health clinic is not intended to manage chronic health conditions. Employees needing chronic disease management shall be referred to Macon County Primary Care Program. This program is NOT intended to replace an individual's primary care provider.
- b. **Eligibility:**
 - i. Client must be an employee, dependent or retiree that is enrolled in Macon County's insurance plan, part time employee with Macon County or Alliance staff with Macon County Public Health.
- c. **Financial:**
 - ii. There is no co-pay for sick visits.

- iii. Over-the-Counter Medications are offered at a reduced cost (\$1 - \$3) per medication.
 - iv. Employee Health eligible clients who have a lab order from their outside provider or through the employee health clinic are able to receive lab services conducted at MCPH's lab at no charge.
- b. **Sliding Fee:**
- i. Not Applicable

7. Family Planning or Women's Health Service

- a. MCPH Family Planning Program's mission is to reduce unintended pregnancies and improve selected health practices among low-income families. Family Planning services provide the delivery of related preventative health services including patient education and counseling, physical examinations, lab testing, basic infertility services, cervical and breast cancer screening, sexually transmitted disease and human immunodeficiency virus prevention education, testing, treatment and referral, pregnancy diagnosis and counseling, preconception health counseling, education regarding a wide range of contraceptive methods, and emergency contraception.
- b. **Eligibility:** Men and Women of childbearing age regardless of residency.
- c. **Finance:**
 - i. A sliding fee scale is applied based on current Family Planning Program billing guidelines. Medicaid or Private Insurance plans are billed, if available and patient does not request to receive "Confidential Services" (see below).
 - ii. Family Planning services must be provided solely on a voluntary basis and may NOT be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other programs (Sections 1001 and 1007, PHS Act; 42 CFR 5.5 (a) (2)).
 - iii. Family Planning must provide services without subjecting individuals to any coercion to accept services, or to employ or not to employ any particular methods of family planning (42CFR 59.5 (a) (2)).
 - iv. Adherence to program requirements in project management and administration must be based on Title X Program Requirements.
 - v. Family income shall be assessed before determination whether copayments or additional fees are charged.
 - 3. Patients whose family income is at or below 100% of current Federal Poverty Level will not be charged for services.
 - 4. Patients whose family income is 101%-250% of current Federal Poverty Level will be charged in accordance with a schedule of discounts. These patients shall not pay more in co-payments or additional fees than they would otherwise pay when the schedule of discounts is applied.

5. Patients whose family income is greater than 250% of FPL shall be charged in accordance with a schedule of fees designed to recover the reasonable cost of providing services.
- vi. Reasonable measures to verify income without burdening clients from low-income families should be observed.
 1. Agencies that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on client's self-report.
 2. If a client's income cannot be verified after reasonable attempts to do so, charges are to be based on the client's self-reported income.
 3. If a client refuses to provide a verbal declaration of income, and income cannot be verified through access to enrollment in another program within the agency, then the client may be charged 100% of the cost of services after informing the client that failure to declare income will result in the client owing 100% of the fee.
 4. If a third party (including a government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts.
- vii. If a client, including adolescents, is seeking "confidential services", they will be considered "confidential" and it will be documented on the Financial Eligibility form. Charges to clients seeking confidential services will be based solely on the individual's income.
- viii. A sign in the finance/discharge areas is required stating that charges incurred in the family planning program will be based in accordance with a schedule of discounts based on ability to pay and family size, except for persons from families whose annual income exceeds 250% of the Federal Poverty Level (59.5 & 59.10 in the Family Planning Regulations and Title VI of the Civil Rights Act of 1964 through Executive Order 13166).
- ix. The use of NC Debt Setoff is acceptable for collecting past due amounts for Family Planning clients.
 1. Confidential clients should NOT be referred to Debt Set-off.
- x. The "Bad Debt Write-Off" method of aging accounts will be strictly followed. Bills/receipts given to clients at the time of service show total charges, as well as any allowable discounts.
- xi. Family Planning clients will pay the lesser of the copay or where they fall on Sliding Fee Scale as required by Title X.
- d. **Sliding Fee:**
 - i. A sliding fee scale is applied based on current Family Planning Program billing guidelines. Medicaid or Private Insurance plans are billed, if available and patient does not request to receive "Confidential Services" (see above).

8. Immunization/Immunization Action Plan

- a. Macon County Public Health's goal is to prevent disease, disability, and death from vaccine preventable diseases in infants, children, and adults. MCPH works with the NC Immunization branch to assure that individuals are age-appropriately immunized, and manages outbreaks of vaccine preventable diseases including: infants, children, college bound individuals, and adults. Macon County Public Health also offers foreign travel vaccines.
- b. **Eligibility**
 - i. There are no residency requirements for immunizations.
- c. **Financial:**
 - i. Some Foreign Travel vaccines are required to be pre-paid before ordering due to high cost of vaccine. Reference XIII (Vaccine and Administration) for further financial information.
- d. **Sliding Fee:**
 - i. Not Applicable

9. Laboratory

- a. Laboratory services are performed by LabCorp, North Carolina State Lab of Public Health or Macon County Public Health's lab.
- b. **Eligibility:**
 - i. Not Applicable
- c. **Financial:**
 - i. Billing is determined by services provided.
 - ii. Patient insurance will be filed or patient will be billed for date of services.
- d. **Sliding Fee:**
 - i. Clinical laboratory services will be billed according to individual program Agreement Addenda (ex. Family Planning, Sexually Transmitted Disease, WiseWoman, etc.)
 - ii. External Lab Orders will be charged at 100% of fee.

10. Maternal Health/Prenatal

- a. MCPH Maternal Health Program's purpose is to ensure that all individuals who are pregnant and low-income have access to early and continuous prenatal and postnatal care. Obstetrical care is provided through contracted arrangements with area providers.
- b. **Eligibility:**
 - i. Patients must be a Macon County Resident, proof of residency is required.
- c. **Finance:**
 - i. Presumptive Medicaid, Medicaid or Private Insurance plans are billed, if available.
 - ii. Charges will not be assessed when income falls below 100% of Federal Poverty Guidelines, for Child Health, Family Planning and Maternity programs.

d. **Sliding Fee:**

- iii. A sliding fee scale is applied based on current Maternal Health Program billing guidelines.

11.Primary Care

- a. Macon County Public Health provides primary care services to eligible full time Macon County Residents who do not have a primary care doctor and are between the ages of 21-64 years. MCPH will not accept the following for primary care services: chronic pain management, methadone physicals, disability claims. Patients must complete a medical questionnaire, which is reviewed by the MCPH medical provider; patients can be accepted or denied primary care services based on the medical questionnaire and whether or not Macon County Public Health's physician can provide the level of care the patient requires.
- b. **Eligibility:**
 - i. Patient must be a Macon County resident
 - ii. Patient must be between the ages of 21-64 years.
- c. **Finance:**
 - i. Patients with Medicare, Medicaid, or private insurance, their plans will be billed for services.
 - ii. Patients with insurance are responsible for insurance co-payments or remaining balances after insurance payment.
 - iii. Self-Pay patients are responsible for remaining balances after sliding fee scale has been applied to their services.
- d. **Sliding Fee:**
 - i. A sliding fee scale is applied to patients without insurance (self-pay) based on provided income, with a maximum discount of 60%.

12.School Based Health Center

- a. Macon County's School-based Health Center's primary mission is to provide students and staff of Macon County Schools a convenient and affordable option to access health care. These services will be provided through a telehealth model. This program is designed to serve one of Macon County's most vulnerable populations.
- b. **Eligibility:**
 - i. Child: Must be enrolled in Macon County Schools, and enrolled in the school based health center.
 - ii. Adult (School Staff): Must be employed by Macon County Schools, and enrolled in the school based health center.

c. **Finance:**

- i. Child: Medicaid or private insurance plans will be billed, if available. If non-insured, fees will be based on NC Child Health Program Financial Guidelines (see above).
- ii. Adult: Medicaid or private insurance plans will be billed, if available. If non-insured a flat fee, determined by MCPH's Governing Boards, will be billed to the patient.

d. **Sliding Fee:**

- i. Child: See Child Health Program Financial Guidelines.
- ii. Adult: Not Applicable

13. Sexually Transmitted Disease Prevention

- a. MCPH STD Prevention Program's mission is closely linked to the mission of the Centers for Disease Control and Prevention (CDC) Division of STD Prevention (DSTDP). The DSTDP has specific disease prevention goals that are contextualized within the broad framework of the social determinants of health, the promotion of sexual health, and the primary prevention of sexually transmitted disease. STD prevention concentrates its efforts on four focus areas to guide STD prevention and maximize longer-term impact:
 - i. Adolescents and Young Adults
 - ii. Men Who Have Sex with Men (MSM)
 - iii. Pregnant Women
 - iv. STD Prevention Systems
- b. **Eligibility:**
 - i. No residency requirements
- c. **Financial:**
 - i. Offer routine Sexually Transmitted Disease (STD) and Human Immunodeficiency Virus (HIV) services at no cost to the client regardless of county of residence.
 - ii. STD testing which is not required by North Carolina Administrative Code (I OA NCAC 41A .0204) may be billed according to local billing policy (for example serum herpes testing).
 - iii. Medicaid and Private Insurance plans can be billed, if desired by client.
 - iv. Clients can choose to be a "confidential" patient and to not bill Medicaid or Private insurance plans at no cost to them, unless the service is not covered by program guidelines.
 - v. Non-Insured or confidential clients are billed at a zero charge, unless the service is not required by the North Carolina Administrative code (I OA NCAC 41A .0204), as stated above.
- d. **Sliding Fee:**
 - i. Not Applicable

14. Sexually Transmitted Disease Drugs

- a. The North Carolina Administrative Code (I OA NCAC 4 IA .0204) requires North Carolina local health departments to provide free treatment for clients diagnosed with sexually transmitted diseases (STDs): Local health departments shall provide diagnosis, testing, treatment, follow-up, and preventive services for syphilis, gonorrhea, chlamydia, nongonococcal urethritis, mucopurulent cervicitis, chancroid, lymphogranuloma venereum, and granuloma inguinal. These services shall be provided upon request and at no charge to the patient.
- b. Local health departments are expected to purchase drugs at the lowest available pricing. The Health Resources and Services Administration's (HRSA) federal 340B Drug Pricing Program requires drug manufacturers to provide outpatient drugs to eligible health care organizations/covered entities at significantly reduced prices which are generally recognized as the cheapest available. This 340B Program enables covered entities to stretch scarce federal and state resources as far as possible, reaching more eligible patients and providing more comprehensive services. Local health department clinics which diagnose and treat sexually transmitted diseases and receive funding from state and local resources are 340B Program covered entities.
- c. An individual is a patient of a 340B covered entity only if:
 - i. the covered entity has established a relationship with the individual, such that the covered entity maintains records of the individual's health care; and
 - ii. the individual receives health care services from a health care professional who is either employed by the covered entity or provides health care under contractual or other arrangements (e.g., referral for consultation) such that responsibility for the care provided remains with the covered entity; and
 - iii. the individual receives a health care service or range of services from the covered entity which is consistent with the service or range of services for which grant funding has been provided to the entity.
- d. **Eligibility:**
 - i. No residential requirements.
- e. **Finance:**
 - i. Macon County Public Health shall ensure program integrity and maintain auditable records which document compliance with all 340B Program requirements as specified at <https://www.hrsa.gov/opa/program-requirements/index.html>. Billing policies and procedures must comply with North Carolina Administrative Code (I OA NCAC 4 IA .0204) and insurance requirements. Medications on the STD Formulary must be charged at the cost of acquisition. The LHD must establish a fee schedule for all billable STD tests and treatments.
- f. **Sliding Fee:**
 - i. Not applicable

15. Tuberculosis (TB) Control

- a. The mission of the Macon County Public Health TB Program is to eliminate tuberculosis disease as a public health threat by reducing the number of new cases of TB and by controlling the spread of TB into the general population.
- b. **Eligibility:**
 - i. Any persons residing either temporarily or permanently in North Carolina.
- c. **Finance:**
 - i. Clients who are referred or present for evaluation and/or treatment to rule out active tuberculosis, or for evaluation and/or treatment for latent tuberculosis infection. These services are covered under the tuberculosis program.
- d. **Sliding Fee:**
 - i. Not Applicable

16. Wisewoman

- a. The NC WISEWOMAN Project promotes effective screening and lifestyle intervention strategies for cardiovascular health in order to reduce the incidence of heart disease and stroke and reduce mortality in eligible underserved women of North Carolina.
- b. **Eligibility:**
 - i. Women ages 40 to 64
 - ii. Women eligible for NC BCCCP, meaning those women with gross incomes that are less than 250% of the federal poverty level.
 - iii. Women not enrolled in Medicare Part B or Medicaid (as women enrolled in Medicare Part B or Medicaid are not eligible for NC WISEWOMAN Project enrollment or program funded services).
 - iv. There is an exception for women age 65 who had been previously enrolled in the NC WISEWOMAN Project and who otherwise remain eligible for NC BCCCP: these women may return for their rescreening 12-18 months after their initial NC WISEWOMAN Project visit.
- c. **Financial:**
 - i. NC WISEWOMAN Project funds shall only be used for payment after all other third-party payment sources (including private insurance) provide evidence of partial or non-payment of program eligible services. NC WISEWOMAN Project is the payer of last resort.
 - ii. Women whose gross incomes are less than 101 % the federal poverty level cannot be charged for any services covered through NC WISEWOMAN Project. Participants should be notified of any possible charges prior to committing to the procedure.
 - iii. A flat fee cannot be charged for NC WISEWOMAN PROJECT services to any woman enrolled in NC WISEWOMAN Project.
- d. **Sliding Fee:**

- i. Sliding fee scales may be used for women whose gross incomes are between 101% and 250% of the federal poverty level.

17. Workman's Compensation

- a. Macon County Public Health provides Macon County Employees with Workman's Compensation Services during business hours (8am -4:30pm- Monday through Friday) for services that are not serious enough to require an Emergency room visit.
- b. **Eligibility:**
 - i. Must be a Macon County Employee.
- c. **Finance:**
 - i. Workman's compensation claims are filed/billed to Argent by Macon County Public Health Finance.
- d. **Sliding Fee:**
 - i. Not Applicable

IV. Environmental Health Services

- a. MCPH Environmental Health Program's primary mission is to protect environmental and public health by assuring compliance with state and local environmental laws. Environmental Health Services include inspections and permitting of septic systems, private drinking water wells, swimming pools, hospitals, daycare centers, schools, food handling, tattoo parlors, and lodging establishments.
- b. **Eligibility:**
 - i. Macon County Jurisdiction
- c. **Financial:**
 - i. Environmental Health fees are determined by MCPH Governing Boards, the Board of Health and County Commissioners. Environmental Health fees from other counties are taken into consideration.
 - i. Fees for Environmental Health Services are due at time of service.
- d. **Sliding Fee:**
 - i. Not Applicable

V. Women, Infant and Children's Nutrition (WIC) Services

- a. Supplemental nutrition and education program to provide specific nutritional foods and education services to improve health status of target groups.
- b. **Eligibility:**
 - i. WIC is available to pregnant, breastfeeding, and postpartum women as well as infants and children up to age 5.
 - ii. The following criteria must also be met:
 - 1. be a resident of North Carolina;
 - 2. be at medical and/or nutritional risk

3. have a family income less than 185% of the US Federal Poverty Level; Medicaid, AFDC, or food stamps automatically meet the income eligibility requirement.

c. **Financial:**

- i. Participants are not charged for these services.

d. **Sliding Fee:**

- i. Not Applicable

Appendixes

- I. [Attachment – Appendix I – MCPH Accepted Insurances and Governmental Payers](#)
- II. [Attachment – Appendix II – MCPH Fee Plan](#)
- III. [Attachment – Appendix III – MCPH Fee Setting Methodology](#)
- IV. [Attachment – Appendix IV – MCPH Fee Waiver Request Form](#)
- V. [Attachment – Appendix V – MCPH Fee Waiver Settlement Letter](#)

Macon County Public Health Billing Guide - Appendix III – MCPH's Fee Setting Methodology

The following formulas are used as MCPH's Fee Setting Methodology:

1. Clinic Fees:
 - a. Start with the cost of the item
 - b. Round up to the nearest dollar
 - c. Add \$10.00
2. Lab Fees:
 - a. Start with the cost of the test
 - b. Round up to the nearest dollar
 - c. Add \$20.00
3. Dental Fees:
 - a. Start with the rate Dentemax has set for the service
 - b. Round up to the nearest dollar
 - c. Add \$20.00
 - d. For any rate that is not on Dentemax's Fee List, multiply the Medicaid Rate by 2, then round up to the nearest dollar
4. Environmental Health Fees:
 - a. Environmental Health fees are determined by MCPH Governing Boards, the Board of Health and County Commissioners. Environmental Health fees from other counties are taken into consideration.
5. Animal Services Fees:
 - a. Animal Services fees are determined by MCPH Governing Boards, the Board of Health and County Commissioners. Animal Services fees from other counties are taken into consideration.
 - b. More information is available in Macon County's Animal Control Ordinance - <https://maconnc.org/images/Animal%20Control%20Ordinance10.13.15.pdf>.

MACON COUNTY PUBLIC HEALTH
Fee Waiver Request Form



Macon County
Public Health

Print Consumer's Full Name		Date of Birth	SSN
Responsible Payer's Full Name (if different than consumer)		Address	
City	State	Zip	Phone
MCPH Account Number		Account Balance	
Date of Service	Justification Attached?	Amount Requested to be Waived	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Explanation:			
MCPH Finance Officer Signature		Date	
Health Director Signature	Date	Request Approved?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

MCPH's Health Director has the authority to waive client fees of individuals who, for good cause, are unable to pay. Clients must submit this request to MCPH in writing including the justification. MCPH Finance Director will submit the account balance and justification to the Health Director for approval.

CPT Billing Code	Modifier	Clinical Fees	MCPH Current Fee	MCPH FY26 Fee Schedule	2025 Medicaid Rate/Cost of Product	Methodology
J0133		Doxycycline/Acyclovir	\$0.00	\$0.00		
J0456		Azithromax	\$0.00	\$0.00		
J0561		Bicillin	.25/unit	.25/unit		
J0696		Ceftriazone	2.50/unit	2.50/unit		
J1050		Injection, Medroxyprogesterone Acetate, 150 MG (.34 per unit)	\$20.00	\$20.00		
J1100		Injection, Dexamethasone sodium phosphate	\$10.00	\$10.00		
J1725		17P Injection	\$21.00	\$21.00		
J1726		Makena 17P	\$850.00	\$850.00		
J2790		Rho (D) Immune Globulin (Rhlg), full dose, 300mcg	\$134.00	\$134.00		
J3490		17-P used only for the treatment of advanced adenocarcinoma of the uterine corpus	\$850.00	\$850.00		
J7297		Liletta	\$50.00	\$50.00		
J7298		Mirena (replaces J7302)	\$350.00	\$350.00		
J7298	UD	Mirena IUD - Medicaid	\$311.00	\$311.00		
J7300		Intrauterine copper contraceptive device, Paragard T380A	\$265.00	\$265.00		
J7300	UD	Intrauterine copper contraceptive device, Paragard T380A	\$265.00	\$265.00		
J7301		Skyla IUD small frame	\$800.00	\$800.00		
J7301	UD	Skyla IUD small frame - Medicaid	\$376.00	\$376.00		
J7302		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	\$528.00	\$528.00		
J7307		Nexplanon	\$500.00	\$540.00	529.90	530.00+10.00=540.00
J7307	UD	Nexplanon	\$405.00	\$405.00		
Q3014		TELE Psychiatry Origination Site Fee	\$21.00	\$21.00		
Q9984		Kyleena IUD - hormone releasing	\$900.00	\$900.00		
Q9984	UD	Kyleena IUD - hormone releasing - Medicaid	\$543.00	\$543.00		
S0030		Metronidazole	\$0.00	\$0.00		
2000F		BPV Measurement of ocular blood flow with interpretation	\$5.00	\$5.00		
11200		Removal of skin tags, up to 15 lesions	\$70.00	\$70.00		
11201		Removal of skin tags each additional 10 lesions	\$28.00	\$28.00		
11400		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 0.5 cm or less	\$115.00	\$115.00		
11401		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 0.6 cm to 1.0 cm	\$135.00	\$135.00		
11402		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 1.1 cm to 2.0 cm	\$152.00	\$152.00		
11403		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 2.1 cm to 3.0 cm	\$176.00	\$176.00		
11404		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 3.1 cm to 4.0 cm	\$194.00	\$194.00		
11406		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter over 4.0	\$232.00	\$232.00		
11420		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	\$110.00	\$110.00		
11421		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	\$142.00	\$142.00		
11422		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 cm to 2.0 cm	\$158.00	\$158.00		

11423		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 cm to 3.0 cm	\$192.00	\$192.00		
11424		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 cm to 4.0 cm	\$218.00	\$218.00		
11426		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	\$291.00	\$291.00		
11440		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	\$132.00	\$132.00		
11441		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 cm to 1.0 cm	\$157.00	\$157.00		
11442		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 cm to 2.0 cm	\$174.00	\$174.00		
11443		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 cm to 3.0 cm	\$219.00	\$219.00		
11444		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 cm to 4.0 cm	\$272.00	\$272.00		
11446		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	\$333.00	\$333.00		
12001		Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, and/or extremities (including hands and feet); 2.5 cm or less	\$147.00	\$147.00		
12002		Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	\$159.00	\$159.00		
12004		Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	\$184.00	\$184.00		
12005		Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	\$228.00	\$228.00		
12006		Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	\$298.00	\$298.00		
12007		Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, and/or extremities (including hands and feet); over 30.0 cm	\$331.00	\$331.00		
12011		Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); 2.5 cm or less	\$153.00	\$153.00		
12013		Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); 2.6 cm to 5.0 cm	\$171.00	\$171.00		
12014		Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); 5.1 cm to 7.5 cm	\$200.00	\$200.00		
12015		Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); 7.6 cm to 12.5 cm	\$250.00	\$250.00		
12016		Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); 12.6 cm to 20.0 cm	\$304.00	\$304.00		
12017		Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); 20.1 cm to 30.0 cm	\$394.00	\$394.00		

12018		Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); over 30.0 cm	\$476.00	\$476.00		
12020		Treatment of superficial wound dehiscence; simple closure	\$202.00	\$202.00		
12021		Treatment of superficial wound dehiscence; with packing	\$148.00	\$148.00		
11981		Nexplanon insertion	\$65.00	\$65.00		
11982		Nexplanon removal	\$80.00	\$80.00		
11983		Nexplanon removal with reinsertion	\$145.00	\$145.00		
17110		Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	\$79.00	\$79.00		
54050		Destroy Penis Lesion(s) - Simple Chemical	\$228.00	\$228.00		
54065		Destruction Penis Lesion(s) - Extensive Cryosurgery	\$387.00	\$387.00		
56501		TCA Vulva	\$229.00	\$229.00		
56515		Destroy Vulva Lesion(s) - Complex	\$394.00	\$394.00		
57170		Diaphragm fitting with instructions	\$91.00	\$91.00		
57452		Colposcopy of the cervix including upper/adjacent vagina	\$191.00	\$191.00		
57454		Colposcopy of the cervix including upper/adjacent vagina w/biopsy of cervix or endocervical curettage	\$269.00	\$269.00		
57455		Colposcopy of cervix including upper/adjacent vagina w/biopsy of cervix	\$253.00	\$253.00		
57456		Colposcopy of the cervix including upper/adjacent vagina w/endocervical curettage	\$239.00	\$239.00		
58100		Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	\$109.00	\$109.00		
58300		Insert intrauterine device	\$132.00	\$132.00		
58301		Removal of IUD	\$169.00	\$169.00		
59025		Fetal Non-Stress Test	\$62.00	\$62.00		
59425		Prenatal visits: 4 to 6 visits	\$1,000.00	\$1,000.00		
59426		Prenatal visits: 7 or more visits	\$1,300.00	\$1,300.00		
59430		After Delivery Care	\$121.00	\$121.00		
69210		Remove impacted ear wax	\$86.00	\$86.00		
83013		Helicobacter Pylon Uren Brenth Test	\$110.00	\$110.00		
86580		TB Test	\$21.00	\$21.00		
86580P		TB Test - Patient Pay	\$21.00	\$21.00		
87428		COVID/Flu	\$64.00	\$64.00		
G0008		Administration Fee - Flu Shot (Medicare)	\$14.00	\$14.00		
G0009		Administration Fee - Pneumonia Shot (Medicare)	\$14.00	\$14.00		
G0010		Administration Fee - Hep B (Medicare)	\$14.00	\$14.00		
Q2038		Influenza vaccine quadrivalent 6-36 months	\$16.00	\$16.00		
Q2037		Flu Virus Vaccine (Fluvirin) Medicare	\$16.00	\$16.00		
Q2038		Flu Virus Vaccine (Fluzone) Medicare	\$16.00	\$16.00		
Q2039		Flu Virus Vaccine (Unspecified) Medicare	\$18.00	\$18.00		
90471		Vaccine Administration Fee	\$14.00	\$14.00		
90472		Vaccine Administration Fee-Each Additional	\$14.00	\$14.00		
90473		Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	\$20.00	\$20.00		
90474		Each additional intranasal or oral route vaccine (single or combination vaccine/toxoid)	\$20.00	\$20.00		
90620		Meningococcal B (recombinant protein serogroup B, 2 dose)	\$188.00	\$254.00	243.47	244.00+10.00=254.00
90621		Meningococcal B (recombinant lipoprotein serogroup B 3 dose)	\$160.00	\$223.00	212.77	213.00+10.00=223.00
90632		Hep A - Adult	\$70.00	\$93.00	82.98	83.00+10.00=93.00
90633		Hep A - Pediatric	\$48.00	\$49.00	38.38	39.00+10.00=49.00

90636		Twinrix Vaccine	\$116.00	\$145.00	134.86	135.00+10.00=145.00
90645		Hib - child - HbOC 4 dose schedule	\$31.00	\$31.00		
90646		Hib - Adult - booster only	\$31.00	\$31.00		
90647		Hib - PRP_OMP 3 dose schedule	\$31.00	\$41.00	30.72	31.00+10.00=41.00
90648		Hib - child - PRP-T 4 dose schedule	\$59.00	\$59.00		
90650		HPV bivalent 2vHPV (Cervarix)	\$137.00	\$137.00		
90651		HPV 9 3 dose	\$258.00	\$327.00	316.07	317.00+10.00= 327.00
90656		Flu Shot (6mos and up)		\$29.00	18.42	19.00+10.00=29.00
90658		Flu Shot (3 yrs & >)	\$11.00	\$11.00		
90660		Flumist		\$33.00	22.12	23.00 + 10.00=33.00
90662		Fluzone High Dose (65 & >)		\$76.00	65.24	66.00.+10.00=76.00
90670		Prevnam	\$231.00	\$231.00		
90672		Quadrivalent Flu Mist	\$40.00	\$40.00		
90675		Rabies Vaccine - Exposure	\$370.00	\$1,063.00	1052.04	1053.00+10.00=1063.00
90676		Rabies Vaccine - Preventive	\$370.00	\$699.00	688.08	689.00+10.00=699.00
90680		Rotateq	\$104.00	\$112.00	101.01	102.00+10.00= 112.00
90681		Rotarix	\$115.00	\$115.00		
90691		Typhoid Vaccine	\$125.00	\$125.00		
90696		Kinrix - (DTaP-IPV)	\$72.00	\$72.00		
90698		Pentacel - (DTaP-IPV/Hib)	\$130.00	\$130.00		
90700		DTaP	\$47.00	\$47.00		
90702		DT - Diphtheria Tetanus	\$58.00	\$58.00		
90707		MMR	\$96.00	\$106.00	95.74	96.00+10.00=106.00
90710		MMRV (Proquad)	\$253.00	\$294.00	283.42	284.00+10.00=294.00
90713		IPV	\$53.00	\$56.00	45.3	46.00+10.00=56.00
90714		Td	\$53.00	\$53.00		
90715		Tdap	\$57.00	\$57.00		
90716		Varicella Vaccine	\$156.00	\$198.00	187.72	188.00+10.00=198.00
90717		Yellow Fever Vaccine	\$171.00	\$222.00	211.63	212.00+10.00=222.00
90723		Pediarix - (DTaP- HepB-IPV)	\$92.00	\$113.00	102.87	103.00+10.00=113.00
90732		Pneumonia Vaccine	\$123.00	\$131.00	120.59	121.00+10.00=131.00
90733		Meningococcal	\$118.00	\$118.00		
90734		Menactra	\$139.00	\$163.00	152.44	153.00+10.00=163.00
90736		Zostavax (Shingles Vaccine)	\$240.00	\$240.00		
90738		Japanese Encephalitis Vaccine	\$308.00	\$308.00		
90744		Hep B - Pediatric	\$37.00	\$38.00	27.97	28.00+10.00=38.00
90746		Hep B - Adult	\$69.00	\$81.00	70.1	71.00+10.00=81.00
90750		Shingrix	\$177.00	\$232.00	221.97	222.00 + 10.00=232.00
92552		Hearing Test	\$39.00	\$39.00		
92567		Tympanometry	\$18.00	\$18.00		
92587		Evoked otoacoustic emissions; limited (single stimulus level, either transient)	\$63.00	\$63.00		
93000		EKG with Interpretation and Report	\$40.00	\$40.00		
93010		EKG additional testing	\$30.00	\$30.00		
96110		Developmental Screening	\$13.00	\$13.00		
96127		Brief Emotional/Behavioral Assessment	\$7.00	\$7.00		
96150		Health & Behavior Assessment, per 15 min, Initial	\$21.00	\$21.00		
96151		Health & Behavior Assessment, per 15 min, re-assessment	\$20.00	\$20.00		
96160		Administration of Patient-Focused Health Risk Assessment	\$6.00	\$6.00		
96372		Therapeutic Injection	\$20.00	\$20.00		

97151		Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	\$100.00	\$100.00		
97802		Medical nutrition therapy; initial assessment and intervention, individual,	\$45.00	\$45.00		
97803		Medical nutrition therapy; re-assessment and intervention, individual,	\$22.00	\$22.00		
98967		Telephone Education, 15 min/unit	\$0.00	\$0.00		
98960		Individual Education, face to face	\$0.00	\$0.00		
98961		Group Education, face to face	\$0.00	\$0.00		
99080		Special reports such as insurance forms & complete physical forms	\$15.00	\$15.00		
99172		Visual Acuity Screening Test - Color	\$5.00	\$5.00		
99173		Visual Acuity Screening Test	\$5.00	\$5.00		
99201		Office Visit (OV) new patient (pt) minor-phys time approx. 10 minutes	\$83.00	\$83.00		
99202		OV new pt, moderate-phys time approx 20 minutes	\$124.00	\$124.00		
99203		OV new pt, moderate-phys time approx 30 minutes	\$180.00	\$180.00		
99204		OV new pt, complex-phys time approx 45 minutes	\$280.00	\$280.00		
99205		OV new pt, severe-phys time approx 60 minutes	\$326.00	\$326.00		
99211		OV established (estab) pt, minimal w/wo phys, time approx 5 min (inc limited specialty PE)	\$43.00	\$43.00		
99212		OV estab. pt, minor-phys time approx 10 min. (inc. Employment PE)	\$72.00	\$72.00		
99213		OV estab. pt, moderate. phys time approx 15 min. (inc. DOT PE)	\$121.00	\$121.00		
99214		OV estab. pt, severe. phys time approx 25 min.	\$209.00	\$209.00		
99215		OV estab. pt, severe. phys time approx 40 min.	\$262.00	\$262.00		
99381		New Patient (NP) physical exam: < 1 year	\$211.00	\$211.00		
99382		NP physical exam: 1 to 4 Years	\$227.00	\$227.00		
99383		NP physical exam: 5 to 11 years	\$226.00	\$226.00		
99384		NP physical exam: 12 to 17 years	\$249.00	\$249.00		
99385		NP physical exam: 18 to 39 years	\$242.00	\$242.00		
99386		NP physical exam: 40 to 64 years	\$287.00	\$287.00		
99387		NP physical exam: 65 years and over	\$310.00	\$310.00		
G0438		Initial Visit Medicare Only Once in a lifetime	\$310.00	\$310.00		
99391		Established Patient (EP) physical exam: < 1 year	\$200.00	\$200.00		
99392		EP physical exam: 1 to 4 years	\$200.00	\$200.00		
99393		EP physical exam: 5 through 11 years	\$200.00	\$200.00		
99394		EP physical exam: 12 to 17 years	\$216.00	\$216.00		
99395		EP physical exam: 18 to 39 years	\$217.00	\$217.00		
99396		EP physical exam: 40 to 64 years	\$242.00	\$242.00		
99397		EP physical exam: 65 years and older	\$250.00	\$250.00		
G0439		Medicare Subsequent Annual Wellness Visit	\$250.00	\$250.00		
99406		Tobacco Education (3-10 min)	\$13.00	\$13.00		
99407		Tobacco Education over 10 min	\$25.00	\$25.00		
99408		Substance Abuse	\$31.00	\$31.00		
99409		Substance Abuse over 30 min	\$63.00	\$63.00		
99420		Additional Assessments	\$9.00	\$9.00		
99451		Consultant - 5 minutes or more without patient being present	\$36.00	\$36.00		
99452		Consultant Treating Provider 16-30 min communicating & preparing referral	\$36.00	\$36.00		

99492		Initial psychiatric collaborative care management first 70 minutes	\$131.00	\$131.00		
99493		Subsequent psychiatric collaborative care management 60 minutes	\$105.00	\$105.00		
99494		Collaborative care management, each additional 30 mins in a month	\$55.00	\$55.00		
99495		Transitional care management services/moderate	\$121.00	\$121.00		
99496		Transitional care management services/high	\$209.00	\$209.00		
99497		Advance care planning first 30 min	\$180.00	\$180.00		
99498		Advance care planning additional 30 minutes	\$180.00	\$180.00		
99499		Other Evaluation and Management Services (Replaced LU202)	\$55.00	\$55.00		
99412		Preventive medicine, group counseling, appx 60 minutes	\$91.00	\$91.00		
Pending		Uninsured Adult School Based Health Center Visit Only	\$30.00	\$30.00		
New Fees						
J1885+B205:H232		Ketorolac tromethamine, per 15 mg, injection (Toradol)		\$11.00	0.5	1.00+10.00=11.00
J7613		Albuterol Solution		\$11.00	0.1	1.00+10.00=11.00
10060		Drainage Of Abscess		\$80.00	69.47	70.00+10.00=80.00
10120		Foreign Body Removal, Skin		\$79.00	68.12	69.00+10.00=79.00
11730		Avulsion Of Nail Plate, Partial Or Complete, Simple;		\$57.00	46.29	47.00+10.00=57.00
11732		Avulsion Of Nail Plate, Partial Or Complete, Simple; Each Additional Nail Plate		\$35.00	24.06	25.00+10.00=35.00
11750		Removal Of Nail Bed		\$142.00	131.67	132.00+10.00=142.00
20610		Drainage Of Joint Or Bursa		\$49.00	38.92	39.00+10.00=49.00
30300		Remove Foreign Body,Nose		\$99.00	88.56	89.00+10.00=99.00
41010		Incision Tongue Fold		\$91.00	80.63	81.00+10.00=91.00
69200		Removal Foreign Body From External Auditory Canal;		\$53.00	42.5	43.00+10.00=53.00
94010		Spirometry, Including Graphic Record, Total And Timed Vital Capacity.		\$17.00	6.94	7.00+10.00=17.00
94060		Bronchodilation Responsiveness, Spirometry As In 94010, Pre- And		\$57.00	46.24	47.00+10.00=57.00
94640		Nonpressurized Inhalation Treatment For Acute Airway Obstruction		\$21.00	10.49	11.00+10.00=21.00
11300		Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs;		\$33.00	22.84	23.00+10.00=33.00
11301		Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs;		\$49.00	38.83	39.00+10.00=49.00
11302		Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs;		\$59.00	48.15	49.00+10.00=59.00
11303		Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs;		\$67.00	56.48	57.00+10.00=67.00
11305		Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp,		\$39.00	28.91	29.00+10.00=39.00
11306		Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp,		\$54.00	43.79	44.00+10.00=54.00
11307		Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp,		\$62.00	51.63	52.00+10.00=62.00
11308		Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp,		\$73.00	62.11	63.00+10.00=73.00
11310		Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Face,		\$44.00	33.07	34.00+10.00=44.00
11311		Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Face,		\$59.00	48.44	49.00+10.00=59.00
11312		Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Face,		\$66.00	55.62	56.00+10.00=66.00
11313		Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Face,		\$85.00	74.41	75.00+10.00=85.00
11104		Punch Bx Skin Single Lesion		\$53.00	42.23	43.00+10.00=53.00
11105		Punch Bx Skin Ea Sep/Addl		\$34.00	23.03	24.00+10.00=34.00

Macon County Public Health Fee Schedule FY25

CPT Billing Code	LabCorp Test Number	Lab Fees	MCPH Current Fee	Starting Cost	Rounded up to nearest \$	Fees as of 7/1/2025
83498	070085	17-OH Progesterone, LC/MS	\$ 37.00	\$ 16.70	\$ 17.00	\$ 37.00
82024	004440	Adrenocorticotrophic Hormone (ACTH), Plasma	\$ 39.00	\$ 18.97	\$ 19.00	\$ 39.00
85307	117762	Activated Protein C Resistance (APCR)	\$ 50.00	\$ 29.06	\$ 30.00	\$ 50.00
84460	001545	Alanine Aminotransferase (ALT/SGPT)	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
82040	001081	Albumin	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
	140285	Albumin/Creatinine Ratio, Random Urine	See Group			
80320	017996	Ethanol, Whole Blood	\$ 33.00	\$ 12.44	\$ 13.00	\$ 33.00
82075	In House	ALCOHOL- BREATH ETHANOL	\$ 50.00			\$ 50.00
82085	002030	Aldolase	\$ 23.00	\$ 2.74	\$ 3.00	\$ 23.00
82088	004374	Aldosterone, LC/MS	\$ 34.00	\$ 13.18	\$ 14.00	\$ 34.00
84075	001107	Alkaline Phosphatase	\$ 24.00	\$ 3.29	\$ 4.00	\$ 24.00
	602628	Allergen Profile w/Total IgE, Respiratory – Area 2	See Group			
86005	602620	EX01 Animal Mix (Allergy)	***			
82103	001982	a1- Antitrypsin	\$ 27.00	\$ 6.05	\$ 7.00	\$ 27.00
	095653	a1- Antitrypsin Phenotyping	See Group			
82105	002253	α-Fetoprotein (AFP), Tumor Marker	\$ 27.00	\$ 6.99	\$ 7.00	\$ 27.00
	017319	α-Fetoprotein (AFP) Tetra Profile	See Group			
82139	700068	Amino Acid Profile, Quantitative, Plasma	\$ 151.00	\$ 130.33	\$ 131.00	\$ 151.00
80299	007476	Amitriptyline	\$ 38.00	\$ 17.97	\$ 18.00	\$ 38.00
82140	007054	Ammonia, Plasma	\$ 26.00	\$ 6.00	\$ 6.00	\$ 26.00
82150	001396	Amylase	\$ 25.00	\$ 4.60	\$ 5.00	\$ 25.00
82157	004705	Androstenedione, LC/MS	\$ 38.00	\$ 17.47	\$ 18.00	\$ 38.00
82164	010116	Angiotensin- converting Enzyme (ACE)	\$ 26.00	\$ 5.49	\$ 6.00	\$ 26.00
86215	096289	Anti-Dnase B (Streptococcal) Antibodies	\$ 35.00	\$ 14.67	\$ 15.00	\$ 35.00
86225	096339	Anti-dsDNA (Double-stranded) Antibodies	\$ 27.00	\$ 6.99	\$ 7.00	\$ 27.00
86870	006213	Antibody Identification	\$ 37.00	\$ 16.69	\$ 17.00	\$ 37.00
86850	006015	Antibody Screen	\$ 25.00	\$ 4.33	\$ 5.00	\$ 25.00
	791490	Antidepressant Drug Profile, Quantitative	See Group			
86235 (x2)	006338	Antixtractable Nuclear Antigens	\$ 52.00	15.93 (2X)	\$16.00 (2X)	\$ 52.00
86037 (x3)	162388	Antineutrophil Cytoplasmic Antibodies (ANCA)	\$ 41.00	6.14 (3X)	7.00 (3X)	\$ 41.00
86038	164962	Antinuclear Ab by Multiplex Immunoassay, Reflex to 5-biomarker profile	\$ 24.00	\$ 3.86	\$ 4.00	\$ 24.00
86060	006031	Antistreptolysin O (ASO) Antibodies	\$ 24.00	\$ 3.78	\$ 4.00	\$ 24.00
85301	015057	Antithrombin (AT) Antigen (Immunologic)	\$ 39.00	\$ 18.17	\$ 19.00	\$ 39.00
85300	015040	Antithrombin (AT) Activity	\$ 43.00	\$ 22.68	\$ 23.00	\$ 43.00
	015594	Antithrombin (AT) Deficiency Profile	See Group			
82175	007245	Arsenic, Whole Blood	\$ 51.00	\$ 30.99	\$ 31.00	\$ 51.00
84450	001123	Aspartate Aminotransferase (AST/SGOT)	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
86611(x4)	163162	Bartonella Antibody Profile	\$ 108.00	\$ 21.67	22.00 (4X)	\$ 108.00
86146(x2)	163002	β2-Glycoprotein 1 Antibodies, IgG, IgM	\$ 32.00	\$ 5.99	6.00 (2X)	\$ 32.00
82232	480020	β2-Microglobulin (Serial Monitor)	\$ 35.00	\$ 14.52	\$ 15.00	\$ 35.00
82239	010330	Bile Acids	\$ 31.00	\$ 10.88	\$ 11.00	\$ 31.00
82248	001222	Bilirubin, Direct	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00

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82247	001099	Bilirubin, Total	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
85060	005300	Hematopathology Consultation, Peripheral Smear	\$ 24.00	\$ 3.70	\$ 4.00	\$ 24.00
	006049	ABO Grouping and Rho(D) Typing	See Group			
86900	006056	ABO Grouping	\$ 23.00	\$ 2.45	\$ 3.00	\$ 23.00
86901	006064	Rh Typing	\$ 23.00	\$ 2.35	\$ 3.00	\$ 23.00
83880	140889	B-Type Natriuretic Peptide (BNP)	\$ 48.00	\$ 27.12	\$ 28.00	\$ 48.00
82308	004895	Calcitonin (Thyrocalcitonin)	\$ 38.00	\$ 17.63	\$ 18.00	\$ 38.00
82652	081091	Calcitriol (1,25 di-OH Vitamin D)	\$ 38.00	\$ 17.43	\$ 18.00	\$ 38.00
82310	001016	Calcium	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
82330	004804	Calcium, Ionized	\$ 24.00	\$ 3.79	\$ 4.00	\$ 24.00
82340	003269	Calcium, Urine	\$ 25.00	\$ 4.80	\$ 5.00	\$ 25.00
86304	002303	Cancer Antigen (CA) 125	\$ 38.00	\$ 7.99	\$ 8.00	\$ 38.00
86300	483404	Cancer Antigen (CA) 15-3 (Serial Monitor)	\$ 37.00	\$ 16.81	\$ 17.00	\$ 37.00
86300	140293	Cancer Antigen (CA) 27.29	\$ 30.00	\$ 9.77	\$ 10.00	\$ 30.00
36416	In House	CAPILLARY BLOOD DRAW	\$ 4.00			\$ 4.00
86301	002261	Carbohydrate Antigen (CA) 19-9	\$ 30.00	\$ 9.99	\$ 10.00	\$ 30.00
82374	001578	Carbon Dioxide, Total	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
82375	007187	Carbon Monoxide, Whole Blood	\$ 31.00	\$ 11.00	\$ 11.00	\$ 31.00
86147(x3)	161950	Anticardiolipin Antibodies (ACA), IgA, IgG, IgM, Quantitative	\$ 113.00	\$ 30.16	\$ 31.00	\$ 113.00
82380	001529	Carotene, β	\$ 33.00	\$ 12.36	\$ 13.00	\$ 33.00
82384	084152	Catecholamines, Fractionated, Plasma	\$ 45.00	\$ 24.43	\$ 25.00	\$ 45.00
86200	164914	Anti-CCP (Cyclic Citrullinated Peptide) Antibodies, IgG and IgA, ELISA	\$ 35.00	\$ 15.00	\$ 15.00	\$ 35.00
86360	505271	CD4:CD8 Ratio Profile	\$ 61.00	\$ 40.73	\$ 41.00	\$ 61.00
82378	002139	Carcinoembryonic Antigen (CEA)	\$ 28.00	\$ 7.18	\$ 8.00	\$ 28.00
	165126	Celiac HLA Class II	See Group			
82390	001560	Ceruloplasmin	\$ 26.00	\$ 5.79	\$ 6.00	\$ 26.00
86632	096149	Chlamydia trachomatis Antibodies, IgM	\$ 34.00	\$ 13.15	\$ 14.00	\$ 34.00
	180051	Chlamydia/Gonococcus/Genital Mycoplasma Profile, NAA, Urine	See Group			
	180049	Chlamydia/Gonococcus/Mycoplasma genitalium, NAA, Urine	See Group			
	183160	Chlamydia trachomatis, Neisseria gonorrhoeae, and Trichomonas vaginalis,	See Group			
	183194	Chlamydia/Gonococcus, NAA	See Group			
82436	003160	Chloride, 24-Hour Urine	\$ 24.00	\$ 3.29	\$ 4.00	\$ 24.00
82435	001206	Chloride	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
82465	001065	Cholesterol, Total	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
82495	071522	Chromium, Plasma	\$ 49.00	\$ 28.52	\$ 29.00	\$ 49.00
82507	016865	Citric Acid (Citate), 24-Hour Urine	\$ 37.00	\$ 16.90	\$ 17.00	\$ 37.00
87324	086207	Clostridioides difficile Toxins A and B, EIA	\$ 35.00	\$ 14.53	\$ 15.00	\$ 35.00
86644	006494	Cytomegalovirus (CMV) Antibodies, IgG	\$ 26.00	\$ 5.59	\$ 6.00	\$ 26.00
86645	096727	Cytomegalovirus (CMV) Antibodies, Qualitative, IgM	\$ 28.00	\$ 7.27	\$ 8.00	\$ 28.00
86162	001941	Complement, Total (CH50)	\$ 26.00	\$ 5.04	\$ 6.00	\$ 26.00
85025	005009	Complete Blood Count (CBC) With Differential	\$ 22.00	\$ 2.00	\$ 2.00	\$ 22.00
86880	006270	Coombs', Direct	\$ 31.00	\$ 10.57	\$ 11.00	\$ 31.00

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82533	004051	Cortisol	\$ 26.00	\$ 5.59	\$ 6.00	\$ 26.00
84681	010108	C-Peptide	\$ 25.00	\$ 4.79	\$ 5.00	\$ 25.00
82565	001370	Creatinine	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
	002154	Creatine Kinase (CK), Total Plus Isoenzymes	See Group			
82550	001362	Creatine Kinase (CK), Total	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
82553	120816	Creatine Kinase (CK), MB	\$ 97.00	\$ 76.31	\$ 77.00	\$ 97.00
86141	120766	C-Reactive Protein (CRP), High Sensitivity (Cardiac Risk Assessment)	\$ 26.00	\$ 5.81	\$ 6.00	\$ 26.00
86140	006627	C-Reactive Protein (CRP), Quantitative	\$ 25.00	\$ 4.79	\$ 5.00	\$ 25.00
82523	500089	C-Telopeptide (Endocrine Sciences)	\$ 106.00	\$ 85.23	\$ 86.00	\$ 106.00
82575	003004	Creatinine Clearance	\$ 24.00	\$ 3.50	\$ 4.00	\$ 24.00
82570	003012	Creatinine, 24-Hour Urine	\$ 26.00	\$ 5.39	\$ 6.00	\$ 26.00
82595	001594	Cryoglobulin, Qualitative With Quantitative Reflex	\$ 24.00	\$ 3.82	\$ 4.00	\$ 24.00
87077	008664	Organism Identification, Bacteria	\$ 27.00	\$ 7.00	\$ 7.00	\$ 27.00
87070	008649	Aerobic Bacterial Culture, General	\$ 30.00	\$ 10.00	\$ 10.00	\$ 30.00
80158	706556	Cyclosporine, Whole Blood	\$ 36.00	\$ 15.48	\$ 16.00	\$ 36.00
81220	481025	Cystic Fibrosis (CF), 97 Variants	\$ 160.00	\$ 140.00	\$ 140.00	\$ 160.00
86644	006494	Cytomegalovirus (CMV) Antibodies, IgG	\$ 26.00	\$ 5.59	\$ 6.00	\$ 26.00
86645	096727	Cytomegalovirus (CMV) Antibodies, Qualitative, IgM	\$ 28.00	\$ 7.27	\$ 8.00	\$ 28.00
85379	115188	D-Dimer	\$ 40.00	\$ 19.37	\$ 20.00	\$ 40.00
82627	004020	Dehydroepiandrosterone (DHEA) Sulfate	\$ 30.00	\$ 9.49	\$ 10.00	\$ 30.00
80162	007385	Digoxin	\$ 26.00	\$ 6.00	\$ 6.00	\$ 26.00
80051	303754	Electrolyte Panel	\$ 23.00	\$ 2.02	\$ 3.00	\$ 23.00
86663	096248	Epstein-Barr Virus (EBV) Antibodies to Early Antigen-Diffuse [EA(D)], IgG	\$ 32.00	\$ 11.61	\$ 12.00	\$ 32.00
86664	010272	Epstein-Barr Virus (EBV) Nuclear Antigen Antibodies, IgG	\$ 32.00	\$ 11.97	\$ 12.00	\$ 32.00
	096255	Epstein-Barr Virus (EBV) (Viral Capsid Antigen [VCA] and Early Antigen-	See Group			
	240610	Epstein-Barr Virus (EBV) Antibody Profile	See Group			
82668	140277	Erythropoietin (EPO)	\$ 25.00	\$ 4.49	\$ 5.00	\$ 25.00
82670	004515	Estradiol	\$ 36.00	\$ 15.98	\$ 16.00	\$ 36.00
82677	004614	Estriol	\$ 34.00	\$ 13.78	\$ 14.00	\$ 34.00
82672	004549	Estrogens, Total	\$ 32.00	\$ 11.98	\$ 12.00	\$ 32.00
82679	004564	Esterone	\$ 44.00	\$ 23.96	\$ 24.00	\$ 44.00
85250	086298	Factor IX Activity	\$ 81.00	\$ 60.02	\$ 61.00	\$ 81.00
85220	086249	Factor V Activity	\$ 74.00	\$ 53.27	\$ 54.00	\$ 74.00
81241	511154	Factor V Leiden Mutation Analysis	\$ 79.00	\$ 58.04	\$ 59.00	\$ 79.00
85240	086264	Factor VIII Activity	\$ 76.00	\$ 55.12	\$ 56.00	\$ 76.00
82705	001677	Fecal Fat, Qualitative	\$ 28.00	\$ 7.98	\$ 8.00	\$ 28.00
82710	001354	Fecal Fat, Quantitative	\$ 35.00	\$ 14.28	\$ 15.00	\$ 35.00
82728	004598	Ferritin	\$ 25.00	\$ 4.89	\$ 5.00	\$ 25.00
82731	120857	Fetal Fibronectin	\$ 188.00	\$ 167.10	\$ 168.00	\$ 188.00
85384	001610	Fibrinogen Activity	\$ 25.00	\$ 4.58	\$ 5.00	\$ 25.00
82746	002014	Folate (Folic Acid)	\$ 25.00	\$ 4.79	\$ 5.00	\$ 25.00
83001	004309	Follicle-stimulating Hormone (FSH)	\$ 27.00	\$ 6.30	\$ 7.00	\$ 27.00

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83521(x2)	121137	Free κ and λ Light Chains Plus Ratio, Quantitative	\$ 90.00	\$ 35.00	35.00 (2X)	\$ 90.00
82985	100800	Fructosamine	\$ 26.00	\$ 5.58	\$ 6.00	\$ 26.00
	001917	Glucose 6-Phosphate Dehydrogenase (G6PD), Quantitative, Whole Blood and	See Group			
82941 (per specimen)	004390	Gastrin	\$ 28.00	\$ 7.99	\$ 8.00	\$ 28.00
	180040	Genital Mycoplasma Profile, NAA, Urine	See Group			
82947	001032	Glucose	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
82977	001958	γ-Glutamyl Transferase (GGT)	\$ 24.00	\$ 3.29	\$ 4.00	\$ 24.00
87081	188130	Group B Streptococcus Colonization Detection Culture	\$ 33.00	\$ 12.60	\$ 13.00	\$ 33.00
88175	199300	Gynecologic Pap Test (Image-guided), Liquid-based Preparation With Reflex	\$ 39.00	\$ 19.00	\$ 19.00	\$ 39.00
	199305	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Human	See Group			
99000	In House	HANDLING FEE	\$ 25.00			\$ 25.00
83010	001628	Haptoglobin	\$ 28.00	\$ 7.81	\$ 8.00	\$ 28.00
84703	004556	Human Chorionic Gonadotropin (hCG), β-Subunit, Qualitative	\$ 27.00	\$ 6.78	\$ 7.00	\$ 27.00
83013	180836	Helicobacter pylori Urea Breath Test	\$ 110.00	\$ 90.00	\$ 90.00	\$ 110.00
87338	180764	Helicobacter pylori Stool Antigen	\$ 50.00	\$ 30.00	\$ 30.00	\$ 50.00
85014	005058	Hematocrit	\$ 23.00	\$ 2.87	\$ 3.00	\$ 23.00
83036	001453	Hemoglobin (Hb) A1c	\$ 24.00	\$ 4.00	\$ 4.00	\$ 24.00
85660	005330	Hemoglobin (Hb) Solubility With Reflex to Hemoglobinopathy Fractionation	\$ 24.00	\$ 4.00	\$ 4.00	\$ 24.00
80074	144000	Acute Viral Hepatitis (HAV, HBV, HCV)	\$ 41.00	\$ 20.30	\$ 21.00	\$ 41.00
86709	006734	Hepatitis A Antibody, IgM	\$ 24.00	\$ 4.00	\$ 4.00	\$ 24.00
86708	006726	Hepatitis A Virus (HAV) Antibody, Total	\$ 25.00	\$ 4.27	\$ 5.00	\$ 25.00
86705	016881	Hepatitis B Core Antibody, IgM	\$ 24.00	\$ 4.00	\$ 4.00	\$ 24.00
86704	006718	Hepatitis B Core Antibody, Total	\$ 26.00	\$ 6.00	\$ 6.00	\$ 26.00
86706	006395	Hepatitis B Surface Antibody, Qualitative	\$ 24.00	\$ 3.40	\$ 4.00	\$ 24.00
87340	006510	Hepatitis B Surface Antigen (HBsAg) Screen, Qualitative	\$ 24.00	\$ 3.51	\$ 4.00	\$ 24.00
86707	006635	Hepatitis Be Antibody	\$ 28.00	\$ 7.02	\$ 8.00	\$ 28.00
87350	006619	Hepatitis Be Antigen	\$ 27.00	\$ 6.15	\$ 7.00	\$ 27.00
87517	551620	Hepatitis B Virus (HBV), Quantitative, DNA Real-time PCR, (Graphical)	\$ 206.00	\$ 185.96	\$ 186.00	\$ 206.00
86803	144050	Hepatitis C Virus (HCV) Antibody With Reflex to Quantitative Real-time PCR	\$ 26.00	\$ 5.86	\$ 6.00	\$ 26.00
87902	550475	Hepatitis C Virus (HCV) Genotyping, Nonreflex	\$ 135.00	\$ 115.00	\$ 115.00	\$ 135.00
86803	140659	HCV Antibody	\$ 38.00			***
80076	322755	Hepatic Function Panel (7)	\$ 23.00	\$ 2.44	\$ 3.00	\$ 23.00
	164099	Herpes Simplex Virus (HSV) Types 1 and 2-Specific Antibodies, IgG	See Group			
83718	001925	High-density Lipoprotein Cholesterol (HDL-C)	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
	500918	Histopathology (Colpo & Mole Removal)	See Group			
87389	083935	HIV p24 Antigen/Antibody With Reflex to Confirmation	\$ 26.00	\$ 5.98	\$ 6.00	\$ 26.00
86703	State	HIV- STATE LAB	\$ -			Free
81374	006924	HLA B27 Disease Association	\$ 42.00	\$ 21.54	\$ 22.00	\$ 42.00
83090	706994	Homocyst(e)line	\$ 44.00	\$ 23.24	\$ 24.00	\$ 44.00
	164099	Herpes Simplex Virus (HSV) Types 1 and 2-Specific Antibodies, IgG	See Group			
84702	004416	Human Chorionic Gonadotropin (hCG), β-Subunit, Quantitative	\$ 25.00	\$ 5.00	\$ 5.00	\$ 25.00

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87625	507810	Human Papillomavirus (HPV) Genotypes 16 and 18,45	\$ 53.00	\$ 33.00	\$ 33.00	\$ 53.00
	164830	IBD Panel	See Group			
86335	123034	Immunofixation (IFE), Urine	\$ 42.00	\$ 21.70	\$ 22.00	\$ 42.00
	122390	Immunofixation (IFE) and Protein Electrophoresis, Random Urine	See Group			
	001495	Immunofixation (IFE), Serum and Protein Electrophoresis, Serum	See Group			
	003467	Immunofixation (IFE) and Protein Electrophoresis, 24-Hour Urine	See Group			
82785	002170	Immunoglobulin E, Total	\$ 27.00	\$ 6.38	\$ 7.00	\$ 27.00
82784(x3)	001768	Immunoglobulins, Quantitative, IgA, IgG, IgM	\$ 62.00	\$ 13.24	14.00 (3X)	\$ 62.00
	002295	Immunoglobulins, Quantitative, IgA, IgE, IgG, IgM	See Group			
86336	146803	Inhibin A, Ultrasensitive	\$ 134.00	\$ 113.18	\$ 114.00	\$ 134.00
83525	004333	Insulin	\$ 24.00	\$ 3.70	\$ 4.00	\$ 24.00
	501561	Insulin, Free and Total	See Group			
84305	010363	Insulin, Free and Total	\$ 32.00	\$ 11.98	\$ 12.00	\$ 32.00
86340	010413	Intrinsic Factor Blocking Antibodies	\$ 31.00	\$ 10.07	\$ 11.00	\$ 31.00
	001321	Iron and Total Iron-binding Capacity (TIBC)	See Group			
80235	007012	Lacosamide	\$ 196.00	\$ 175.74	\$ 176.00	\$ 196.00
83615	001115	Lactic Acid Dehydrogenase (LD)	\$ 24.00	\$ 3.29	\$ 4.00	\$ 24.00
80175	716944	Lamotrigine, Serum or Plasma	\$ 49.00	\$ 28.52	\$ 29.00	\$ 49.00
83655	007625	Lead, Whole Blood (Adult)	\$ 24.00	\$ 3.45	\$ 4.00	\$ 24.00
80177	716936	Levetiracetam, Serum or Plasma	\$ 38.00	\$ 17.48	\$ 18.00	\$ 38.00
83721	120295	Low-density Lipoprotein Cholesterol (Direct)	\$ 27.00	\$ 6.85	\$ 7.00	\$ 27.00
83690	001404	Lipase	\$ 25.00	\$ 4.29	\$ 5.00	\$ 25.00
80061	235010	Lipid Panel With LDL:HDL Ratio	\$ 30.00	\$ 3.00	\$ 3.00	\$ 23.00
83695	120188	Lipoprotein(a)	\$ 30.00	\$ 9.50	\$ 10.00	\$ 30.00
80178	007708	Lithium	\$ 25.00	\$ 4.89	\$ 5.00	\$ 25.00
	117054	Lupus Anticoagulant Comprehensive	See Group			
83002	004283	Luteinizing Hormone (LH)	\$ 28.00	\$ 7.10	\$ 8.00	\$ 28.00
86617(x2)	163600	Lyme Disease, Line Blot	\$ 78.00	\$ 28.52	29.00 (2X)	\$ 78.00
83735	001537	Magnesium	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
81420	451927	MaterniT21 PLUS Core (chr21,18,13,sex)	\$ 319.00	\$ 29.00	\$ 299.00	\$ 319.00
	058495	Measles, Mumps, Rubella (MMR) Immunity Profile	See Group			
86765	096560	Measles (Rubeola) Antibodies, IgG	\$ 26.00	\$ 5.81	\$ 6.00	\$ 26.00
83825	085324	Mercury, Whole Blood	\$ 45.00	\$ 24.59	\$ 25.00	\$ 45.00
80048	322758	Metabolic Panel (8), Basic	\$ 23.00	\$ 2.58	\$ 3.00	\$ 23.00
80053	322000	Metabolic Panel (14), Comprehensive	\$ 24.00	\$ 3.33	\$ 4.00	\$ 24.00
83835	004234	Metanephrines, Fractionated, Quantitative, 24-Hour Urine	\$ 41.00	\$ 21.00	\$ 21.00	\$ 41.00
83921	706961	Methylmalonic Acid, Serum or Plasma	\$ 40.00	\$ 19.37	\$ 20.00	\$ 40.00
86308	006189	Mononucleosis Test, Qualitative	\$ 25.00	\$ 4.80	\$ 5.00	\$ 25.00
86735	096552	Mumps Antibodies, IgG	\$ 25.00	\$ 4.82	\$ 5.00	\$ 25.00
87563	180076	Mycoplasma genitalium, NAA, Swab	\$ 46.00	\$ 26.00	\$ 26.00	\$ 46.00
83874	010405	Myoglobin	\$ 30.00	\$ 9.24	\$ 10.00	\$ 30.00
83874	003079	Myoglobin, Quantitative, Random Urine	\$ 32.00	\$ 11.63	\$ 12.00	\$ 32.00

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	550960	NASH FibroSure® Plus	See Group			
	884247	NMR LipoProfile® With Lipids (Without Graph)	See Group			
80299	007393	Nortriptyline	\$ 33.00	\$ 12.76	\$ 13.00	\$ 33.00
82274	182949	Occult Blood, Fecal, Immunoassay (ColoFIT™)	\$ 40.00	\$ 20.00	\$ 20.00	\$ 40.00
83935	003442	Osmolality, Urine	\$ 26.00	\$ 5.25	\$ 6.00	\$ 26.00
83930	002071	Osmolality	\$ 26.00	\$ 5.04	\$ 6.00	\$ 26.00
	008623	Ova and Parasites Examination	See Group			
83945	003970	Oxalate, Quantitative, 24-Hour Urine	\$ 30.00	\$ 9.58	\$ 10.00	\$ 30.00
87168	188664	Parasite Identification, Arthropod	\$ 64.00	\$ 43.73	\$ 44.00	\$ 64.00
83970	015610	Parathyroid Hormone (PTH), Intact	\$ 26.00	\$ 5.49	\$ 6.00	\$ 26.00
85730	005207	Partial Thromboplastin Time (PTT), Activated	\$ 23.00	\$ 2.91	\$ 3.00	\$ 23.00
86747(x2)	163303	Parvovirus B19 (Human), IgG, IgM	\$ 90.00	\$ 34.82	35.00 (2X)	\$ 90.00
80307	733727	Pain Management Screening Profile (11 Drugs), Urine (PMP-11S)	\$ 156.00	\$ 135.60	\$ 136.00	\$ 156.00
80184	007823	Phenobarbital, Serum or Plasma	\$ 33.00	\$ 12.09	\$ 13.00	\$ 33.00
80185	007401	Phenytoin, Serum or Plasma	\$ 27.00	\$ 6.90	\$ 7.00	\$ 27.00
84105	003251	Phosphorus, 24-Hour Urine	\$ 24.00	\$ 3.57	\$ 4.00	\$ 24.00
84100	001024	Phosphorus	\$ 24.00	\$ 3.29	\$ 4.00	\$ 24.00
85049	005249	Platelet Count	\$ 23.00	\$ 3.00	\$ 3.00	\$ 23.00
84132	001180	Potassium	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
84133	003186	Potassium, 24-Hour Urine	\$ 26.00	\$ 5.44	\$ 6.00	\$ 26.00
84134	016931	Prealbumin	\$ 27.00	\$ 6.71	\$ 7.00	\$ 27.00
	144053	Pregnancy, Initial Screening Profile	See Group			
	007856	Primidone, Serum or Plasma	See Group			
82523	140850	Intact N-Terminal Propeptide of Type 1 Procollagen	\$ 182.00	\$ 161.70	\$ 162.00	\$ 182.00
84144	004317	Progesterone	\$ 28.00	\$ 7.10	\$ 8.00	\$ 28.00
84146	004465	Prolactin	\$ 26.00	\$ 5.95	\$ 6.00	\$ 26.00
84153	010322	Prostate-specific Antigen (PSA)	\$ 25.00	\$ 4.79	\$ 5.00	\$ 25.00
84066	004747	Prostatic Acid Phosphatase (PAP)	\$ 27.00	\$ 6.70	\$ 7.00	\$ 27.00
	003129	Protein and Creatinine, Random Urine	See Group			
85302	080465	Protein C Antigen	\$ 53.00	\$ 32.58	\$ 33.00	\$ 53.00
	283655	Protein C Deficiency Profile	See Group			
85303	117705	Protein C, Functional	\$ 45.00	\$ 24.43	\$ 25.00	\$ 45.00
	117754	Protein S Deficiency Profile	See Group			
	003368	Protein Electrophoresis, 24-Hour Urine	See Group			
	354928	Protein Electrophoresis, Random Urine	See Group			
	225920	Protein Electrophoresis With Interpretation, Serum	See Group			
85306	164525	Protein S, Functional	\$ 51.00	\$ 30.95	\$ 31.00	\$ 51.00
84155	001073	Protein, Total	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
84156	003277	Protein, Total, Quantitative, 24-Hour Urine	\$ 24.00	\$ 3.83	\$ 4.00	\$ 24.00
85610	005199	Prothrombin Time (PT)	\$ 23.00	\$ 2.50	\$ 3.00	\$ 23.00
	480947	PSA Total+% Free	See Group			
86480	182879	QuantiFERON®-TB Gold Plus	\$ 62.00	\$ 42.00	\$ 42.00	\$ 62.00

Macon County Public Health Fee Schedule FY25

CPT Billing Code	LabCorp Test Number	Lab Fees	MCPH Current Fee	Starting Cost	Rounded up to nearest \$	Fees as of 7/1/2025
86480	182893	QuantiFERON®-TB Gold Plus (Client Incubated)	\$ 75.00	\$ 55.00	\$ 55.00	\$ 75.00
86382	083885	Rabies Neut.Abs Titrat.(RFFIT)	\$ 75.00	\$ 55.00	\$ 55.00	\$ 75.00
86593	006460	Rapid Plasma Reagin, Quant	\$ 24.00	\$ 3.50	\$ 4.00	\$ 24.00
85041	005033	Red Blood Cell (RBC) Count	\$ 27.00	\$ 6.12	\$ 7.00	\$ 27.00
80069	322777	Renal Function Panel	\$ 23.00	\$ 2.86	\$ 3.00	\$ 23.00
84244	002006	Renin Activity, Plasma	\$ 31.00	\$ 10.98	\$ 11.00	\$ 31.00
	139845	Respiratory Pathogen Panel	See Group			
87420	014548	Respiratory Syncytial Virus (RSV), Immunoassay	\$ 45.00	\$ 24.96	\$ 25.00	\$ 45.00
85045	005280	Reticulocyte Count	\$ 24.00	\$ 3.49	\$ 4.00	\$ 24.00
86431	006502	Rheumatoid Factor (RF)	\$ 25.00	\$ 4.20	\$ 5.00	\$ 25.00
86757(x2)	016502	Spotted Fever Group Antibodies, IgG and IgM	\$ 92.00	\$ 35.44	36.00 (2X)	\$ 92.00
87425	006866	Rotavirus, Direct Detection Immunoassay	\$ 33.00	\$ 12.48	\$ 13.00	\$ 33.00
86762	006197	Rubella Antibodies, IgG	\$ 25.00	\$ 4.26	\$ 5.00	\$ 25.00
	052373	Scleroderma Diagnostic Profile	See Group			
85652	005215	Sedimentation Rate, Modified Westergren	\$ 23.00	\$ 2.50	\$ 3.00	\$ 23.00
80195	716712	Sirolimus, Whole Blood	\$ 41.00	\$ 20.37	\$ 21.00	\$ 41.00
86235(x2)	012708	Sjögren's Antibodies (Anti-SS-A/Anti-SS-B)	\$ 52.00	\$ 15.92	16.00 (2X)	\$ 52.00
84300	003178	Sodium, 24-Hour Urine	\$ 24.00	\$ 3.29	\$ 4.00	\$ 24.00
84295	001198	Sodium	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
	008144	Stool Culture	See Group			
87186	008680	Susceptibility Testing, Aerobic and Facultatively Anaerobic Organisms	\$ 29.00	\$ 9.00	\$ 9.00	\$ 29.00
86592	012005	Syphilis: RPR With Reflex to RPR Titer and Treponemal Antibodies,	\$ 23.00	\$ 2.50	\$ 3.00	\$ 23.00
80197	700248	Tacrolimus, Whole Blood	\$ 69.00	\$ 48.87	\$ 49.00	\$ 69.00
80156	007419	Carbamazepine, Serum or Plasma	\$ 27.00	\$ 6.90	\$ 7.00	\$ 27.00
84403	004226	Testosterone, Total	\$ 26.00	\$ 6.00	\$ 6.00	\$ 26.00
84402	144980	Testosterone, Free, Direct	\$ 43.00	\$ 22.28	\$ 23.00	\$ 43.00
80198	007336	Theophylline	\$ 31.00	\$ 10.50	\$ 11.00	\$ 31.00
85670	015230	Thrombin Time	\$ 37.00	\$ 16.75	\$ 17.00	\$ 37.00
	117024	Thrombotic Risk Profile, Acquired	See Group			
86376	006676	Thyroid Peroxidase (TPO) Antibodies	\$ 26.00	\$ 5.49	\$ 6.00	\$ 26.00
86800	006685	Thyroglobulin Antibody	\$ 27.00	\$ 6.99	\$ 7.00	\$ 27.00
	000455	Thyroid Profile	See Group			
	000620	Thyroid Profile With TSH	See Group			
84443	004259	Thyroid-stimulating Hormone (TSH)	\$ 23.00	\$ 2.52	\$ 3.00	\$ 23.00
84445	140749	Thyroid-stimulating Immunoglobulin (TSI)	\$ 70.00	\$ 50.00	\$ 50.00	\$ 70.00
84436	001149	Thyroxine (T4)	\$ 22.00	\$ 1.75	\$ 2.00	\$ 22.00
84439	001974	Thyroxine (T4), Free, Direct	\$ 25.00	\$ 4.65	\$ 5.00	\$ 25.00
85705	500146	Tissue Thromboplastin Inhibition Test (TTIT)	\$ 112.00	\$ 91.53	\$ 92.00	\$ 112.00
86359	096834	T-Lymphocyte CD3 Cells	\$ 147.00	\$ 126.63	\$ 127.00	\$ 147.00
	096925	T-Lymphocyte Helper/Suppressor Profile	See Group			
86777	006478	Toxoplasma gondii Antibodies, IgG	\$ 28.00	\$ 7.98	\$ 8.00	\$ 28.00
84466	004937	Transferrin	\$ 28.00	\$ 7.06	\$ 8.00	\$ 28.00

Macon County Public Health Fee Schedule FY25

CPT Billing Code	LabCorp Test Number	Lab Fees	MCPH Current Fee	Starting Cost	Rounded up to nearest \$	Fees as of 7/1/2025
84478	001172	Triglycerides	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
84482	070104	Reverse T3	\$ 41.00	\$ 20.37	\$ 21.00	\$ 41.00
84480	002188	Triiodothyronine (T3)	\$ 24.00	\$ 3.50	\$ 4.00	\$ 24.00
84481	010389	Triiodothyronine (T3), Free	\$ 27.00	\$ 6.09	\$ 7.00	\$ 27.00
84479	001156	T3 Uptake	\$ 22.00	\$ 1.75	\$ 2.00	\$ 22.00
84484	140150	Troponin T (Highly Sensitive)	\$ 93.00	\$ 72.50	\$ 73.00	\$ 93.00
84540	003541	Urea Nitrogen, 24-Hour Urine	\$ 26.00	\$ 5.87	\$ 6.00	\$ 26.00
84520	001040	Urea Nitrogen	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
84560	012898	Uric Acid, Urine	\$ 24.00	\$ 3.57	\$ 4.00	\$ 24.00
84550	001057	Uric Acid	\$ 22.00	\$ 1.60	\$ 2.00	\$ 22.00
87086	008851	Urine Culture, Prenatal, With Group B Streptococcus Susceptibility Reflex	\$ 26.00	\$ 6.00	\$ 6.00	\$ 26.00
87086	008847	Urine Culture, Routine	\$ 26.00	\$ 6.00	\$ 6.00	\$ 26.00
81001	003772	Urinalysis, Complete With Microscopic Examination	\$ 24.00	\$ 3.74	\$ 4.00	\$ 24.00
81001	377036	Urinalysis, Complete With Microscopic Examination With Reflex to Urine	\$ 24.00	\$ 3.63	\$ 4.00	\$ 24.00
81003	003038	Urinalysis, Routine With Microscopic Examination on Positives	\$ 23.00	\$ 2.87	\$ 3.00	\$ 23.00
80164	007260	Valproic Acid, Serum or Plasma	\$ 25.00	\$ 4.64	\$ 5.00	\$ 25.00
84585	004143	Vanillylmandelic Acid (VMA), 24-Hour Urine	\$ 31.00	\$ 10.36	\$ 11.00	\$ 31.00
86787	096206	Varicella Zoster Virus (VZV) Antibodies, IgG	\$ 26.00	\$ 6.00	\$ 6.00	\$ 26.00
36415	998085	Venipuncture	\$ 9.00			\$ 9.00
84590	017509	Vitamin A	\$ 33.00	\$ 12.44	\$ 13.00	\$ 33.00
84425	121186	Vitamin B1, Whole Blood	\$ 35.00	\$ 14.46	\$ 15.00	\$ 35.00
84207	004655	Vitamin B6, Plasma	\$ 41.00	\$ 21.00	\$ 21.00	\$ 41.00
84591	070097	Vitamin B7	\$ 221.00	\$ 200.49	\$ 201.00	\$ 221.00
82607	001503	Vitamin B12	\$ 24.00	\$ 3.50	\$ 4.00	\$ 24.00
82306	081950	Vitamin D, 25-Hydroxy	\$ 35.00	\$ 14.53	\$ 15.00	\$ 35.00
84446	070140	Vitamin E (α and γ Tocopherol)	\$ 23.00	\$ 12.38	\$ 13.00	\$ 23.00
84597	121200	Vitamin K1	\$ 190.00	\$ 169.50	\$ 170.00	\$ 190.00
89055	008656	White Blood Cells (WBC), Stool	\$ 28.00	\$ 7.49	\$ 8.00	\$ 28.00
86794	163084	Zika Virus Antibody, IgM	\$ 95.00	\$ 75.00	\$ 75.00	\$ 95.00
84630	001800	Zinc, Serum or Plasma	\$ 25.00	\$ 4.28	\$ 5.00	\$ 25.00

*Fees listed are the most commonly ordered lab services at Macon County Public Health. A full listing can be referenced by accessing the "LabCorp Cost Schedule" document. A \$20 fee will be added to all lab services listed on the LabCorp document. All fees that require multiple test with one CPT code are calculated by the dollar amount of the test, multiplied by the number of tests, with only one \$20.00 fee added.

CPT CODE	OTHER SERVICES	CURRENT FEE	MCPH FY26 Fee Schedule
G0108	DSMT (Individual) 1/2 Hour Units	\$54.00	\$54.00
G0109	DSMT (Group) 1/2 Hour Units	\$19.00	\$19.00
G0447	Face To Face Behavioral Counseling for Obesity, Individual, 15 min un	\$25.00	\$25.00
G0473	Face To Face Behavioral Counseling for Obesity, Group, 30 min un	\$25.00	\$25.00
O430T	Diabetes Prevention Program	\$60.00	\$60.00
97802	MNT Individual/Initial (15 Min Units)	\$28.00	\$28.00
97803	MNT Re-Check/Individual (15 Min Units)	\$24.00	\$24.00
S9465	Diabetic management program, dietician visit (BCBS)	\$35.00	\$35.00
S9470	Nutritional counseling, dietician visit (BCBS)	\$35.00	\$35.00
	Baby Think It Over 4 Classes	\$350.00	\$350.00
	Body Fat Monitor & Calipers	\$10.00	\$10.00
	Body Fat Testing by Calipers	\$7.00	\$7.00
	Body Fat Testing by Monitor	\$5.00	\$5.00
	BTIO Keys	\$6.00	\$6.00
	Challenge Course	\$10.00	\$10.00
	CPR Breathing Barriers	\$6.00	\$6.00
	Adult 1st Aid / CPR / AED	\$90.00	\$90.00
	CPR w/AED (Adult & Child) - ELIMINATED	\$0.00	\$0.00
	Adult CPR/AED	\$70.00	\$70.00
	Adult & Pediatric CPR/AED	\$90.00	\$90.00
	Pediatric CPR/AED	\$70.00	\$70.00
CPT CODE	OTHER SERVICES	CURRENT FEE	MCPH FY26 Fee Schedule
	CPR w/AED (Child) + Infant CPR + FAB - ELIMINATED	\$0.00	\$0.00
	CPR w/AED (Adult & Child) + FAB - ELIMINATED	\$0.00	\$0.00
	Adult & Pediatric 1st Aid/CPR/AED	\$110.00	\$110.00
	First Aid-Basic	\$70.00	\$70.00
	Healthy Heart Screening	\$35.50	\$35.50
S9445	Individual Health Education	\$20.00	\$20.00
	Life Worksite Wellness (A)	\$40.00	\$40.00
	Life Worksite Wellness (B)	\$37.50	\$37.50
	Life Worksite Wellness (C)	\$35.00	\$35.00
	Life Worksite Wellness (D)	\$32.50	\$32.50
	Life Worksite Wellness (E)	\$30.00	\$30.00
	Locking Clips	\$1.00	\$1.00
	Face Shield	\$2.00	\$2.00

CPT CODE	CHILD DENTAL	CURRENT FEE
D0120	Periodic Oral Evaluation	\$54.00
D0140	Limited oral evaluation - problem focused	\$70.00
D0145	Oral Evaluation, pt < 3yrs	\$69.00
D0150	Comprehensive oral evaluation - new or established patient	\$74.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$141.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-op)	\$59.00
D0210	Intraoral - complete series (including bitewings)	\$109.00
D0220	Intraoral -periapical first film	\$39.00
D0230	Intraoral - periapical each additional film	\$36.00
D0240	Intraoral - occlusal film	\$32.00
D0250	Extraoral - first film	\$42.00
D0260	Extraoral - each additional film	\$35.00
D0270	Bitewing - single film	\$39.00
D0272	Bitewings - 2 films	\$49.00
D0273	Bitewings - 3 films	\$55.00
D0274	Bitewings - 4 films	\$62.00
D0330	Panoramic film	\$99.00
D1110	Prophylaxis - adult	\$83.00
D1120	Prophylaxis - child	\$67.00
D1201	Topical Fluoride w/ Prophylaxis	\$82.00
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$54.00

CPT CODE	CHILD DENTAL	CURRENT FEE
D1208	Topical application of fluoride (prophylaxis not included)	\$45.00
D1351	Sealant - per tooth	\$56.00
D1354	Silver Diamine Fluoride treatment	\$53.00
D1355	Alternative to sealants for site specific prevention	\$55.00
D1510	Space maintainer - fixed - unilateral	\$247.00
D1515	Space maintainer - fixed - bilateral	\$559.10
D1555	Remove Fix Space Maintainer	\$51.00
D1999	Unspecified preventive procedure	\$38.00
D2140	Amalgam - 1 surface, primary or permanent	\$108.00
D2150	Amalgam - 2 surfaces, primary or permanent	\$129.00
D2160	Amalgam - 3 surfaces, primary or permanent	\$151.00
D2161	Amalgam - 4 or more surfaces, primary or permanent	\$176.00
D2330	Resin-based composite - 1 surface, anterior	\$124.00
D2331	Resin-based composite - 2 surfaces, anterior	\$148.00
D2332	Resin-based composite - 3 surfaces, anterior	\$175.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	\$205.00
D2336	Resin based composite - 1 surface pstr perm	\$138.00
D2391	Resin-based composite - 1 surface, posterior	\$136.00
D2392	Resin-based composite - 2 surfaces, posterior	\$170.00
D2393	Resin-based composite - 3 surfaces, posterior	\$206.00
D2394	Resin-based composite - 4 or more surfaces, posterior	\$243.00
D2751	Crown, non- precious metal (porcelain)	\$722.00

CPT CODE	CHILD DENTAL	CURRENT FEE
D2910	Recement inlay/onlay or part	\$82.00
D2920	Recement Crown	\$82.00
D2930	Prefabricated stainless steel crown - primary tooth	\$222.00
D2940	Sedative filling	\$85.00
D2950	Core buildup, including any pins	\$194.00
D2951	Pin retention - per tooth, in addition to restoration	\$48.00
D2991	Application hydroxyapatite regeneration medicament	\$55.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$137.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$130.00
D4381	Localized delivery of antimicrobial agents	\$82.00
D7111	Extraction, coronal remnants - deciduous tooth	\$100.00
D7140	Extraction, erupted tooth or exposed root	\$125.00
D7210	Surgical removal of erupted tooth	\$206.00
D7220	Removal of impacted tooth - soft tissue	\$242.00
D7230	Removal of impacted tooth - partially bony	\$306.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$212.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$199.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous tissue	\$187.00
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$54.00
D9940	Occlusal Bite Guard	\$125.00
LU401	MI Paste	\$15.00

Animal Services

Microchipping for general public	\$15.00
Adoption - Cat	\$65.00
Adoption - Dog	\$65.00
Adoption - Special (Animals spayed or neutered prior to entering shelter)	\$45.00
Adoption Fee for Veterans (Dog or Cat)	\$35.00
Reclaim Fee	\$25.00
Citation - Option 1 (at officer's discretion)	\$25.00
Citation - Option 2 (at officer's discretion)	\$50.00
Pet Carrier	\$5.00
Quarantine Fee (per day)	\$10.00
Sponsor Fee	\$65.00
Adoption - Special Event (Festival, Fair, Holiday approved event) - Cat	\$20.00
Adoption - Special Event (Festival, Fair, Holiday approved event) - Dog	\$30.00
Adoption - Overpopulation - Cat	\$10.00
Adoption - Overpopulation - Dog	\$20.00
Adoption - Sponsored Event - fee set by sponsor	Fee set by sponsor
Boarding Fee (per day after notification)	\$10.00
Leash	1.00/un

Environmental Health Fee Plan

FOOD, LODGING & INSTITUTIONS				
	DESCRIPTION	CHARGE CODE	CURRENT FEE	PROPOSED NEW FEE
Temporary Food	Temp Food	Temporary Food	\$75	\$75
Limited Food	Limited Food	Food & Lodging	\$75	\$75
Plan Review	Plan Review	Food & Lodging	\$200	\$250
Mobile Food Unit	Mobile Food	Food & Lodging	\$200	\$250
Tattoo Artist (working in a permitted tattoo parlor)	Tattoo Permit	Food & Lodging	\$500	\$250
Tattoo Parlor (tattoo artist that owns parlor)	Tattoo Permit	Food & Lodging	\$700	\$250
Pools	Pool Permit	Swimming Pool	\$100	\$100
Spa	Spa Permit	Swimming Pool	\$50	\$100
ONSITE WASTE WATER FEE STRUCTURE				
	DESCRIPTION	CHARGE CODE	CURRENT FEE	
IP-1	IP-1	Wastewater	\$400	
IPAC - 1	IPAC - 1	Wastewater	\$400	
IP-2 or IP-3	IP-2 or IP-3	Wastewater	\$500	
IPAC-2 or IPAC-3	IPAC-2 or IPAC-3	Wastewater	\$500	
IP-4 or IP-5	IP-4 or IP-5	Wastewater	\$1,000	
IPAC-4 or IPAC-5	IPAC-4 or IPAC-5	Wastewater	\$1,000	
IPAC-6 (comm rate)	IPAC-6	Wastewater	\$1,188	
IPAC-7 (comm rate)	IPAC-7	Wastewater	\$1,386	
CA Only	CA Only	Wastewater	No Charge	No Charge
PROPOSED NEW FEE STRUCTURE AND AMOUNTS				
AC-1		Wastewater		\$300
IP/IPAC-2		Wastewater		\$400
IP/IPAC-3		Wastewater		\$500
IP/IPAC-4		Wastewater		\$600
IP/IPAC-5		Wastewater		\$700
IP/IPAC-6		Wastewater		\$800
7+ Bedrooms		Wastewater		\$100 per BR over 6
Addition to System	Add to Sys-(# of BR's)	Wastewater	\$250 per BR	\$250 per BR
Repair	Repair	Wastewater	No Charge	No Charge
Site Visit	Site Visit	Wastewater	\$125	\$150
Tank Relocation	Site Visit	Wastewater	\$125	\$150
Commercial System	Commercial GPD (i.e.: Comm 100gpd)	Wastewater	\$1.65 per gallon	\$2.00 per gallon
Commercial Repair	Repair Comm System	Wastewater	\$.42 per gallon	\$.75 per gallon
PRIVATE DRINKING WATER WELLS				
	DESCRIPTION	CHARGE CODE	FEE	PROPOSED NEW FEE
New Well	New SF Well or New Shared or Dry Well	\$296 Private \$79 GS/EHS	\$375	\$375
Repair	Repair - Water sample needed	\$50 Private \$79 GS/EHS	\$129	\$129
Abandonment	Abandonment	No Charge	N/C	N/C
Relocate Well (Revision)	Well Relocation	Priv Water	\$125	\$200
Well Variance	Well Variance Request	\$125 Priv Water \$71 Priv Water \$79 GS/EHS	\$254	\$275
	Water sample to be taken by EH	(does not include water kit fee)	\$50	\$100

WATER SAMPLES

Category	Description	Price
Full Inorganic Panel	Alkalinity, Arsenic, Barium, Cadmium, Calcium, Chloride, Chromium, Nitrate/Nitrite, Copper, Fluoride, Hardness (Total), Iron, Lead, Manganese, Magnesium, Mercury, pH, Selenium, Silver, Sodium, Sulfate, Zinc	\$78.00
Inorganic Panel without Nitrate/Nitrite	Alkalinity, Arsenic, Barium, Cadmium, Calcium, Chloride, Chromium, Copper, Fluoride, Hardness (Total), Iron, Lead, Manganese, Magnesium, Mercury, pH, Selenium, Silver, Sodium, Sulfate, Zinc	\$75.00
Metals Panel	Arsenic, Barium, Cadmium, Calcium, Chloride, Chromium, Copper, Iron, Lead, Manganese, Magnesium, Mercury, Selenium, Silver, Sodium, Zinc	\$67.00
Individual Metals	1-3 maximum from above, with the addition of Uranium to the sample selection	\$53.00
Lead follow-up testing	3 samples from the same location	\$77.00
Anions	Fluoride, Chloride and Sulfate	\$36.00
Disinfection By-Products	Bromide, Bromate, Chlorite and Chlorate	\$36.00
Fluoride only – Physician, Dentist	Fluoride	\$10.00
Nitrate/Nitrite only	Nitrate, Nitrite	\$36.00
Arsenic speciation	Arsenic ⁺³ and Arsenic ⁺⁵ – Total arsenic must have been previously determined to found to be ≥ 10 ppb.	\$34.00

Organic Chemistry

Category	Description	Price
Pesticides	Chlorinated Pesticides; Nitrogen-Phosphorus Pesticides; EDB, DBCP & TCP	\$79.00
Herbicides	Glyphosate, Chlorinated Acid Herbicides	\$79.00
Petroleum Products	Petroleum Analysis and VOC scan	\$79.00
Synthetic Organic Compounds	Synthetic Organic Compounds	\$79.00
Carbamates	Carbamates	\$79.00
Volatile Organic Chemicals (VOC)	Volatile Organic Compounds	\$129.00

Microbiology

Category	Description	Price
Total Coliform/ <i>E. coli</i> , P/A	Presence/Absence testing using an enzymatic procedure.	\$20.00
Total Coliform/ <i>E. coli</i> , MPN	Enzymatic procedure using the Quantitray system.	\$30.00
Fecal Coliform, MPN (Quantitray)	Enzymatic procedure using the Quantitray system. This method does not determine the number of Total Coliform present in the sample.	\$37.00
Fecal Coliform/Fecal Streptococcus – MTF	Cultural methods using serial dilutions.	\$50.00
Enterococcus, MPN (Quantitray) – Enzymatic	Enzymatic procedure using the Quantitray system.	\$34.00
Iron Bacteria	Centrifugation followed by a microscopic examination.	\$39.00
Sulfur/Sulfate – Reducing Bacteria	Presence/Absence testing for sulfur bacteria and for sulfur-reducing bacteria. This method requires a 30-day incubation period.	\$50.00
<i>Pseudomonas</i> – MTF or MPN (Quantitray) Enzymatic	Quantitative determination of the number of <i>Pseudomonas</i> present in a sample using either the Quantitray MPN or cultural MTF.	\$38.00
Heterotrophic Plate Count	Direct plating of multiple sample dilutions.	\$33.00

**VISION COMPARISON FROM HEALTH FAIR SCREENING TO RECEIVING GLASSES AT VISION
BLITZ- 2024-2025**

INITIALS	SCHOOL	GRADE	Health Fair Vision	Corrected with Glasses
	Cartoogechaye	KG	R-20/40 L-20/25	R- 20/25 L-20/25 B-20/25
	Cartoogechaye	2	R-20/40 L-20/63	R- 20/32 L-20/32 B-20/32
	Cartoogechaye	2	R- 20/50 L-20/50	R- 20/25 L-20/25 B-20/25
	Cartoogechaye	4	R-20/63 L-20/50	R- 20/25 L-20/25 B-20/25
	East Franklin	KG	R-20/50 L-20/50	R- 20/32 L-20/32 B-20/32
	East Franklin	2	R-20/40 L-20/40	R-20/25 L-20/25 B-20/25
	East Franklin	2	R- 20/63 L-20/80	R-20/40 L-20/25 B-20/25
	East Franklin	3	R- 20/40 L-20/20	R-20/25 L-20/25 B-20/20
	East Franklin	3	R-20/40 L-20/25	R-20/25 L-20/20 B-20/20
	East Franklin	3	R- 20/40 L-20/32	R- 20/32 L-20/25 B- 20/25
	East Franklin	3	R-20/32 L-20/20	R- 20/20 L-20/20 B-20/20
	East Franklin	4	R- 20/40 L-20/32	R-20/25 L-20/25 B-20/20
	Highlands	1	R-20/40 L-20/40	R-20/32 L-20/40 B-20/32
	Highlands	8	Had to be Photo screened and showed myopia (nearsight) and astig.	R-20/25 L-20/32 B-20/32

VISION COMPARISON FROM HEALTH FAIR SCREENING TO RECEIVING GLASSES AT VISION BLITZ- 2024-2025

[illegible]

2024-2025 Vision Data - Reported End of Year Report

add together

secured
care ÷
total

referred ÷
total # screen

Grade	Passed	Referred	Secure Care	Totals	Percent Secure	Percent Referred
1	250	5	11	266	68.75%	6.02%
2	248	9	16	273	64.00%	9.16%
3	251	9	15	275	62.50%	8.73%
4	224	10	5	239	33.33%	6.28%
5	216	17	9	242	34.62%	10.74%
6	196	22	9	227	29.03%	13.66%
7	187	22	7	216	24.14%	13.43%
8	150	18	5	173	21.74%	13.29%
9	2			2		
10	1	1		2	0.00%	50.00%
KG	227	8	20	255	71.43%	10.98%
PK 440	60	2	3	65	60.00%	7.69%
PR 340	6		1	7		
Grand Total	2018	124	100	2242	44.64%	9.99%

Ø screened @
Health fair
done for
educational
purposes

% referred
are based
off no
health fair
last year
- last health
fair 22-23

PK - 3rd - over 50% have secured care

4th - 8th grade - ↓ 40% secured care

5th - 8th grade - had highest # of referral % (10-13%)
+ lowest secured care rate

* Priority next yr to focus on 5th - 8th graders secured care.

Last year health fair not done due to Parent Bill of Rights confusion.