

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



ADMINISTRATION (4120)	
A. ADMINISTRATIVE FEES	
Fee	Charge
Copies	\$0.25 per page

HUMAN RESOURCES (4130)	
A. ADMINISTRATIVE FEES	
Fee	Charge
Replacement County Badge Fee	\$7.00 per badge

GIS MAPPING (4141)	
A. MAPPING FEES	
Fee	Charge
Custom Mapping Services	\$25.00 per hour (1-hour minimum)

FINANCE (4150)	
A. ADMINISTRATIVE FEES *Per N.C.G.S. 25-3-506	
Fee	Charge
Returned Check Fee	\$35.00

ELECTIONS (4160)	
A. ADMINISTRATIVE FEES	
Fee	Charge
Copies	\$0.05 per page

TAX ASSESSOR (4170)	
A. ADMINISTRATIVE FEES	
Fee	Charge
Copies	\$0.25 per page for first 12 pages \$0.10 per page for over 12 pages
Faxing (Local only)	\$3.00 per fax

TAX COLLECTIONS (4180)	
A. ADMINISTRATIVE FEES *Per N.C.G.S 105-236	
Fee	Charge
Tax Returned Check Fee	\$25.00 or 10% of check amount up to \$1,000.00
Garnishment Bank Attachment Fee	\$60.00
B. BEER AND WINE LICENSES *Per N.C.G.S. 105-113.78	
Fee	Charge
On-premises Malt Beverage License	\$25.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



Off-premises Malt Beverage License	\$5.00
On-premises Unfortified Wine, On-premises Fortified Wine, or Both License	\$25.00
Off-premises Unfortified Wine, Off-premises Fortified Wine, or Both License	\$25.00

REGISTER OF DEEDS (4190)

A. REAL ESTATE DOCUMENT FEES * Per N.C.G.S. 161-10 and N.C.G.S 161-14

Fee	Charge
Deeds of Trust	\$64.00 for first 35 pages \$4.00 per page over 35 pages
All Other Instruments (Excluding UCCs, Plats, Satisfaction)	\$26.00 per document up to 15 pages \$4.00 per page over 15 pages
Multi-Instrument Fee (Two or more recordings combined into one document to be indexed separately)	\$10.00 for each additional instrument
Excise Tax	\$1.00 per \$500 (or any part thereof consideration)
Satisfaction of Deed of Trust	\$0.00
Nonstandard Documents	\$25.00

B. PLAT AND MAP FEES *Per N.C.G.S. 161-10

Fee	Charge
Plats	\$21.00 per sheet
Highway Right-of-Way Plan Map	\$21.00 for first page \$5.00 for each additional page

C. OTHER REGISTER DOCUMENT FEES *Per N.C.G.S. 161-10

Fee	Charge
Fixture Filing Fee	\$38.00 for pages 1-2 \$45.00 for pages over 3-10 \$2.00 additional per each page over 10

D. MARRIAGE LICENSE FEES *Per N.C.G.S. 161-10

Fee	Charge
Marriage License	\$60.00
Certified Copy	\$10.00

E. BIRTH AND DEATH CERTIFICATE FEES *Per N.C.G.S. 161-10

Fee	Charge
Certified Copy of Vital Records	\$10.00
State-wide Issuance of Vital Records	\$24.00
Amendment of Birth and Death Record	\$10.00
Delayed Birth Application	Contact Register of Deeds

F. AMENDMENT/LEGITIMATION REQUEST FEES

Fee	Charge
Amendments and Legitimations	\$15.00

G. NOTARY FEES *Per N.C.G.S. 161-10

Fee	Charge
Oaths	\$10.00 per oath
Verification of Commission	\$5.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



H. OTHER REQUESTS *Per N.C.G.S. 161-10	
Fee	Charge
Request for Uncertified Copies	\$0.25 per page
Request for Certified Copies of Non-Vital Records	\$5.00 for page 1 \$2.00 per additional page
Military Discharge Records	\$0.00

SHERIFF (4310)

A. ADMINISTRATIVE FEES	
Fee	Charge
Fingerprinting	\$10.00
Civil Processing	\$30.00 per person served
B. CONCEAL CARRY FEES *Per N.C.G.S. 14-415.19	
Fee	Charge
Original Concealed Carry Application/ Fingerprinting	\$90.00
Concealed Carry Renewal Application	\$75.00
Duplicate Concealed Carry Card	\$15.00
State Retired LEO Application/ Fingerprinting	\$45.00
State Retired LEO Renewal Application	\$40.00
3. DOG FEES *Per N.C.G.S. 67-4.3; Craven County Sec. 6-126	
Fee	Charge
Dangerous Dog Permit (Initial)	\$100.00 per animal
Annual Dangerous Dog Permit (After Year 1)	\$50.00 per animal
Annual Vicious Dog Permit Fee	\$500.00

JAIL ADMINISTRATION (4316)

A. JAIL FEES	
Fee	Charge
Inmate Boarding	\$50.00 - \$100.00 per day
EOMP Fee	\$360.00 per month (standard) or as ruled by judge.
B. MISCELLANEOUS	
Fee	Charge
Notary Fee	\$5.00

EMERGENCY SERVICES (4320)

A. GENERAL FEES	
Fee	Charge
Fire Report Fee	\$5.00
Franchise Fee	\$2,000.00 per provider

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



NEW BERN CRAVEN RESCUE (4331)
FT BARNWELL RESCUE (4333)
BRIDGETON EMS (4334)
VANCEBORO RESCUE (4335)
COVE CITY RESCUE (4336)
TWP #7 EMS (4337)

A. AMBULANCE SERVICE FEES	
Fee	Charge
Basic Life Support (BLS)	\$350.00 + \$10.50 per mile
Advanced Life Support ² (ALS ²)	\$540.00 + \$10.50 per mile
Advanced Life Support (ALS)	\$580.00 + \$10.50 per mile
Treat No Transport – Flat Rate	\$150.00

ANIMAL SERVICES (4350)

A. ADOPTION FEES	
Fee	Charge
Dog Adoption Fee (Includes: Rabies Vaccination for Dog over 12 Weeks Old, DAPP Vaccination, Bordetella Vaccination, Microchip, Heartworm Test for Dog Over 7 Months Old, Spay/Neuter for Dog Over 8 Weeks Old and Over 2.2 lbs.)	\$125.00
Cat Adoption Fee (Includes: Rabies Vaccination for Cats Over 12 Weeks Old, FVRCP Vaccination, Microchip, Spay/Neuter for Cats Over 8 Weeks Old and Over 2.2 lbs.)	\$80.00
First Responder/ Active-Duty Military Dog Adoption Fee (Includes: Rabies Vaccination for Dog over 12 Weeks Old, DAPP Vaccination, Bordetella Vaccination, Microchip, Heartworm Test for Dog Over 7 Months Old, Spay/Neuter for Dog Over 8 Weeks Old and Over 2.2 lbs.)	\$100.00
First Responder/ Active-Duty Military Cat Adoption Fee (Includes: Rabies Vaccination for Cats Over 12 Weeks Old, FVRCP Vaccination, Microchip, Spay/Neuter for Cats Over 8 Weeks Old and Over 2.2 lbs.)	\$55.00
Senior Cats for Senior Laps Adoption Fee (Cats Over 5 Years Old, Seniors Over 60 Years Old) (Includes: Rabies Vaccination, FVRCP Vaccination, Microchip, Spay/Neuter)	\$20.00
Lonely Hearts Club Adoption Fee for Dogs (Length of Stay Over 50 Days) (Includes: Rabies Vaccination for Dog over 12 Weeks Old, DAPP Vaccination, Bordetella Vaccination, Microchip, Heartworm Test for Dog Over 7 Months Old, Spay/Neuter for Dog Over 8 Weeks Old and Over 2.2 lbs.)	\$62.50
Lonely Hearts Club Adoption Fee for Cats (Length of Stay Over 50 Days) (Includes: Rabies Vaccination for Cats Over	\$40.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



12 Weeks Old, FVRCP Vaccination, Microchip, Spay/Neuter for Cats Over 8 Weeks Old and Over 2.2 lbs.)	
Petsense Program Adoption Fee	\$25.00
Heartworm Positive Dog (Includes: Rabies Vaccination, DAPP Vaccination, Bordetella Vaccination, Microchip, Heartworm Test, Spay/Neuter)	\$75.00
Craven Care Animal Adoption and Rescue Fee	\$0.00
Rescue (501c3) Previously Spayed/Neutered Dog Pull Fee (Includes: Rabies Vaccination for Dog over 12 Weeks Old, DAPP Vaccination, Bordetella Vaccination, Heartworm Test for Dog Over 7 Months Old)	\$0.00
Rescue (501c3) Spayed/Neutered at CPASC Dog Pull Fee (Includes: Rabies Vaccination for Dog over 12 Weeks Old, DAPP Vaccination, Bordetella Vaccination, Heartworm Test for Dog Over 7 Months Old, Spay/Neuter for Dog Over 8 Weeks Old and Over 2.2 lbs.)	\$50.00
Rescue (501c3) Intact Dog Pull Fee (Includes: Rabies Vaccination for Dog over 12 Weeks Old, DAPP Vaccination, Bordetella Vaccination, Heartworm Test for Dog Over 7 Months Old)	\$0.00
Rescue (501c3) Previously Spayed/Neutered Cat Pull Fee (Includes: Rabies Vaccination for Cats Over 12 Weeks Old, FVRCP Vaccination)	\$0.00
Rescue (501c3) Spayed at CPASC Cat Pull Fee (Includes: Rabies Vaccination for Cats Over 12 Weeks Old, FVRCP Vaccination, Spay for Cats Over 8 Weeks Old and Over 2.2 lbs.)	\$50.00
Rescue (501c3) Neutered at CPASC Cat Pull Fee (Includes: Rabies Vaccination for Cats Over 12 Weeks Old, FVRCP Vaccination, Neuter for Cats Over 8 Weeks Old and Over 2.2 lbs.)	\$25.00
Rescue (501c3) Intact Cat Pull Fee (Includes: Rabies Vaccination for Cats Over 12 Weeks Old, FVRCP Vaccination)	\$0.00
Large Bird Adoption Fee	\$100.00
Small Bird Adoption Fee	\$20.00
Duck Adoption Fee	\$5.00
Chicken Adoption Fee	\$5.00
Pig Adoption Fee	\$25.00
Sheep Adoption Fee	\$50.00
Goat Adoption Fee	\$50.00
Horse Adoption Fee	\$250.00
Reptile Adoption Fee	\$20.00
Rabbit Adoption Fee	\$20.00
Guinea Pig Adoption Fee	\$20.00
Ferret Adoption Fee	\$30.00
Chinchilla Adoption Fee	\$30.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



Hedgehog Adoption Fee	\$30.00
Rodent Adoption Fee	\$5.00
B. VACCINATION, MICROCHIP, HEARTWORM TEST FEES	
Fee	Charge
One-Year Rabies Vaccination	\$10.00
One-Year Rabies Vaccination – County-Wide Public Rabies Vaccination Clinic Days	\$7.00
Rescue (501c3) Rabies Vaccination Fee	\$10.00
Rescue (501c3) Microchip Fee	\$10.00
Rescue (501c3) or Adoption FELV/FIV Test	\$25.00
C. REDEMPTION FEES	
Fee	Charge
First Redemption Fee for Spayed/Neutered Pet	\$25.00
First Redemption Fee for Intact Pet	\$50.00
Second Redemption Fee for Spayed/Neutered Pet	\$50.00
Second Redemption Fee for Intact Pet	\$100.00
Third Redemption Fee for Spayed/Neutered Pet	\$100.00
Third Redemption Fee for Intact Pet	\$150.00
D. SUPPLIES	
Fee	Charge
Animal Carrier	\$10.00
Elizabethan Collar (E-collar/Cone)	\$10.00
E. OTHER SERVICES	
Fee	Charge
Boarding Fee (12-24 hours)	\$15.00 per day
Bite or Rabies Quarantine Boarding – 10 days (Includes: Rabies Vaccination)	\$250.00
Health Certificate for Rescue (501c3) Transport (Max 6 Animals of Same Species per Page)	\$35.00 per page

INSPECTIONS (4360)	
A. BUILDING PERMIT APPLICATION FEES *Per N.C.G.S. 160D-1101	
Fee	Charge
Building Permit Application – Residential	\$0.17 per square foot
Building Permit Application – Commercial	\$0.19 per square foot
B. TALL STRUCTURE PERMIT APPLICATION FEES *Per N.C.G.S. 160D-1101	
Fee	Charge
Tall Structure Building Permit Application – Residential	1% of total project valuation OR minimum of \$200.00
Tall Structure Building Permit Application – Commercial	1% of total project valuation OR minimum of \$200.00
C. INSULATION PERMIT APPLICATION FEES *Per N.C.G.S. 160D-1101	
Fee	Charge
Insulation Permit Application – Residential	\$0.06 per heated square foot
Insulation Permit Application – Commercial	\$0.06 per heated square foot
D. ELECTRICAL PERMIT APPLICATION FEES *Per N.C.G.S. 160D-1101	
Fee	Charge

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



Electrical Permit Application – Residential	\$70.00 - Temporary Pole \$95.00 - 0-100 amps \$115.00 - 101-200 amps \$135.00 - 201-300 amps \$155.00 - 301-400 amps \$0.45 per each additional amp over 400 amps
Electrical Permit Application – Commercial	Temporary Pole - \$70.00 \$0.85 per amp
E. PLUMBING PERMIT APPLICATION FEES *Per N.C.G.S. 160D-1101	
Fee	Charge
Plumbing Permit Application – Residential	\$12 per fixture
Plumbing Permit Application – Commercial	\$17 per fixture
F. MECHANICAL PERMIT APPLICATION FEES *Per N.C.G.S. 160D-1101	
Fee	Charge
Mechanical Permit Application – Residential	\$0.09 per heated square foot
Mechanical Permit Application – Commercial	\$0.13 per heated square foot
G. GAS LINE PERMIT APPLICATION FEES	
Fee	Charge
Gas Line Permit Application – Residential	\$70.00
Gas Line Permit Application – Commercial	\$70.00
H. FIRE-RELATED PERMIT APPLICATION FEES *Per N.C.G.S. 160D-1101	
Fee	Charge
Fire Inspection Permit Application – Residential	\$70 per structure
Fire Inspection Permit Application – Commercial	\$70 per structure
Sprinkler Permit Application – Residential	\$70.00 plus \$0.06 per square foot
I. RENOVATION PERMIT APPLICATION FEES *Per N.C.G.S. 160D-1101	
Fee	Charge
Renovation Permit Application – Residential	\$8.00 per \$1,000.00 of contract
Renovation Permit Application – Commercial	\$12.00 per \$1,000.00 of contract
J. SOLAR PANEL PERMIT APPLICATION FEES *Per N.C.G.S. 160D-1101	
Fee	Charge
Solar Panel Permit Application – Residential	\$400 plus \$5.00 per panel
Solar Panel Permit Application – Commercial	\$500 minimum \$5 per panel for the first 200 panels \$1 per panel for panels over 200
K. MANUFACTURED HOME PERMIT APPLICATION FEES *Per N.C.G.S. 160D-1101	
Fee	Charge
Manufactured Home – Single Wide	\$110.00
Manufactured Home – Double Wide	\$165.00
Manufactured Home – Triple Wide	\$205.00
L. OTHER BUILDING FEES *Per N.C.G.S. 160D-1101	
Fee	Charge
Deck/Docks/Piers Permit Application – Residential/ Commercial	\$70.00 for structures up to 300 square feet Additional \$0.22 per square foot over 300 square feet
Swimming Pool Permit Application – Residential/ Commercial	\$70.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



Sign Permit Application– Commercial	\$1.50 per square foot per sign face
Reinspection Fee – Residential/Commercial	\$70.00
Demolition Fee – Residential/ Commercial	\$70.00
After-Hours Inspection Fee – Residential/ Commercial	\$75.00 per hour (1-hour minimum)
Certificate of Occupancy – Residential/ Commercial	\$25.00
Certificate of Compliance – Residential/ Commercial	\$25.00
New Bern Sewer Inspections – Residential/ Commercial	\$70.00
M. SERVICE/ VIOLATION FEES *Per N.C.G.S. 160D-1101	
Fee	Charge
Permit Violation – Residential	1 st offense – Written Warning 2 nd offense - \$250.00 and no inspections/permits until fees are paid
Permit Violation – Commercial	1 st offense – \$250.00 and no inspections/permits until fees are paid 2 nd offense – \$250.00 and no inspections/permits until fees are paid, and licensing board contacted

CARTS RURAL OPERATIONS (4511)

A. RURAL TRANSPORTATION FEES

Fee	Charge	
Craven Rural General Public Fare	Trip Mileage	Fare
	0 – 7.5 miles	\$3.25
	7.6 – 9.5 miles	\$3.50
	9.6 – 11.5 miles	\$3.75
	11.6 – 13.5 miles	\$4.00
	13.6 – 15.5 miles	\$4.25
	15.6 – 17.5 miles	\$4.50
	17.6 – 19.5 miles	\$4.75
	19.6 – 21 miles	\$5.00
	21.1 – 23 miles	\$5.25
	23.1 – 25 miles	\$5.50
	25.1 – 27 miles	\$5.75
	27.1 – 29 miles	\$6.00
29.1 – 31 miles	\$6.25	
31.1 – 33 miles	\$6.50	
Craven Rural Employment-Related Fare	Trip Mileage	Fare
	0 – 7.5 miles	\$3.25
	7.6 – 9.5 miles	\$3.50
	9.6 – 11.5 miles	\$3.75
	11.6 – 13.5 miles	\$4.00
	13.6 – 15.5 miles	\$4.25
	15.6 – 17.5 miles	\$4.50
	17.6 – 19.5 miles	\$4.75
	19.6 – 21 miles	\$5.00
21.1 – 23 miles	\$5.25	

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



	23.1 – 25 miles	\$5.50
	25.1 – 27 miles	\$5.75
	27.1 – 29 miles	\$6.00
	29.1 – 31 miles	\$6.25
	31.1 – 33 miles	\$6.50
Jones County Passenger Fare		\$2.00 per one-way ride
Pamlico County Passenger Fare		\$2.00 per one-way ride
Greenville Passenger Fare		\$5.00 per one-way ride
Rural Agency Cost	Trip Mileage	Cost
	Up to 10 miles	\$5.00
	10.1 – 15 miles	\$6.50
	15.1 – 20 miles	\$8.00
	20.1 – 30 miles	\$10.00
	30.1 – 40 miles	\$12.00
	40.1 – 45 miles	\$15.00
B. RURAL ADVERTISING FEES		
	Fee	Charge
Driver Side 18” x 120” Signage		\$100.00 per month with 6-month agreement \$90.00 per month with 12-month agreement
Passenger Side 18” x 60” Signage		\$80.00 per month with 6-month agreement \$75.00 per month with 12-month agreement
Driver Side 18” x 120” Signage and Passenger Side 18” x 60” Signage		\$175.00 per month with 6-month agreement \$150.00 per month with 12-month agreement
Interior Vehicle Signage		\$25.00 per month

CARTS URBAN OPERATIONS (4513)		
A. URBAN TRANSPORTATION FEES		
Fee	Charge	
Fixed Route Full Rate Fare		\$1.00 per one-way ride
Fixed Route Discounted Half-Rate Fare		\$0.50 per one-way ride
ADA Complimentary Paratransit Fare		\$2.00 per one-way ride
Urban Public Passenger Fare	Trip Mileage	Fare
	0 – 7.5 miles	\$3.25
	7.6 – 9.5 miles	\$3.50
	9.6 – 11.5 miles	\$3.75
	11.6 – 13.5 miles	\$4.00
	13.6 – 15.5 miles	\$4.25
	15.6 – 17.5 miles	\$4.50
	17.6 – 19.5 miles	\$4.75
	19.6 – 21 miles	\$5.00
	21.1 – 23 miles	\$5.25
	23.1 – 25 miles	\$5.50
	25.1 – 27 miles	\$5.75
	27.1 – 29 miles	\$6.00
	29.1 – 31 miles	\$6.25

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



	31.1 – 33 miles	\$6.50
Urban Employment-Related Fare	Trip Mileage	Fare
	0 – 7.5 miles	\$3.25
	7.6 – 9.5 miles	\$3.50
	9.6 – 11.5 miles	\$3.75
	11.6 – 13.5 miles	\$4.00
	13.6 – 15.5 miles	\$4.25
	15.6 – 17.5 miles	\$4.50
	17.6 – 19.5 miles	\$4.75
	19.6 – 21 miles	\$5.00
	21.1 – 23 miles	\$5.25
	23.1 – 25 miles	\$5.50
	25.1 – 27 miles	\$5.75
	27.1 – 29 miles	\$6.00
	29.1 – 31 miles	\$6.25
	31.1 – 33 miles	\$6.50
Urban Agency Cost	Trip Mileage	Cost
	Up to 10 miles	\$5.00
	10.1 – 15 miles	\$6.50
	15.1 – 20 miles	\$8.00
	20.1 – 30 miles	\$10.00
	30.1 – 40 miles	\$12.00
	40.1 – 45 miles	\$15.00
B. URBAN ADVERTISING FEES		
Fee	Charge	
Driver Side 18” x 120” Signage	\$100.00 per month with 6-month agreement \$90.00 per month with 12-month agreement	
Passenger Side 18” x 60” Signage	\$80.00 per month with 6-month agreement \$75.00 per month with 12-month agreement	
Driver Side 18” x 120” Signage and Passenger Side 18” x 60” Signage	\$175.00 per month with 6-month agreement \$150.00 per month with 12-month agreement	
Interior Vehicle Signage	\$25.00 per month	

ENVIRONMENTAL HEALTH (4710)

A. ADMINISTRATIVE FEES		
Fee	Charge	
Copies	\$0.25 per page	
Credit Card Transaction Fee	\$2.45	
Debit Card Transaction Fee	\$1.25	
B. FOOD, LODGING, AND INSTITUTIONS FEES		
Fee	Charge	
Plan Review – New Establishment	\$250.00	
Plan Review – Existing Establishment	\$150.00	
Plan Review – Mobile Food Units and Custom Push Carts	\$75.00	

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



ServSafe Test Proctor Fee per Student (Minimum 2 students)	\$75.00
Temporary Food Establishment Permit *Per N.C.G.S 130A-248	\$75.00
Limited Food Service – Annual Permit (Concession Stands at Sporting Events) *Per N.C.G.S 130A-248	\$75.00
Swimming Pool – Annual Permit	\$100.00
Swimming Pool – Re-visit	\$50.00
Swimming Pool – Plan Review	\$150.00
Temporary Display Spa	\$75.00 \$25.00 for each additional
Tattoo Artist – Annual Permit	\$200.00
Tattoo Artist – Temporary Permit (7 days maximum)	\$100.00

C. ONSITE WATER AND WASTEWATER FEES

Fee	Charge
Swimming Pool – Site Approval	\$80.00
Authorization to Reconnect in a MPH	\$50.00 per lot
Replacement of Home Approval (No changes in flow)	\$50.00
Foundation Additional Approval	\$50.00
Detached Structure Approval	\$50.00
Flow Increase/ Change in Use (Wastewater)	\$150.00
Soil Evaluation for Improvement Permit for less than 5 Bedrooms	\$150.00
Soil Evaluation for Improvement Permit for 5 or More Bedrooms or All Business/Commercial	\$300.00
Authorization to Construct Septic System for less than 5 Bedrooms	\$125.00
Authorization to Construct Septic System for 5 or More Bedrooms or All Businesses/ Commercial	\$300.00
Engineered Plan Review	\$150.00
Private Well – Repair/Replacement	\$200.00
Private Well – Construction Permit	\$200.00

D. PRIVATE PERMIT OPTIONS *Per N.C.G.S. 130A-336

Fee	Charge
(a2) Improvement Permit	\$150.00
(a2) Construction Authorization	\$50.00
(a2) Improvement Permit + Construction Authorization	\$110.00
EOP NOI/ATO (filing fee for each submission)	\$35.00
AOWE NOI/ATO (filing fee for each submission)	\$35.00

ENVIRONMENTAL HEALTH LAB (4712)

A. WATER ANALYSIS ENVIRONMENTAL LAB FEES

Fee	Charge
Potable – Total Coliform/ E. coli (P/A) – New Lines, Compliance, Noncompliance, Out of County, etc.	\$30.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



Potable – Heterotrophic Plate Count (MPN) – Compliance or Noncompliance	\$30.00
Potable – Heterotrophic Plant County (MPN) and Total Coliform. E. Coli (P/A) – Compliance or Noncompliance	\$47.00
Enterococcus, MPN (Quantitative) – Noncompliance (Marine Waters)	\$35.00
Pseudomonas, MPN (Quantitative) – Noncompliance (Hot Tubs)	\$35.00
E. Coli – MPN (Quantitative) – Noncompliance (Fresh Waters) (EPA) (GAP)	\$35.00
Private Well Water Analysis from State Laboratory of Public Health Collection Fee, in Addition to the Associated State Laboratory of Public Health Sample Fee.	\$35.00

SOLID WASTE (4720)

A. TRASH AND RECYCLING FEES

Fee	Charge
Trash Sticker for Disposal of 33 Gallons of Trash, Not to exceed 50 pounds	\$3.00 per sticker
Annual Recycling Fee (Billed to County Tax Bill)	\$60.00 per year
Annual Recycling Fee with Senior Discount (Billed to County Tax Bill)	\$30.00 per year
Annual Recycling Fee with Veterans Discount (Billed to County Tax Bill)	\$30.00 per year

VOLUNTARY AG DISTRICT (4731)

A. VOLUNTARY AGRICULTURAL DISTRICT FEES

Fee	Charge
Voluntary Agricultural District Enrollment Fee	\$76.00

PLANNING (4910)

A. REVIEW FEES *Per N.C.G.S. 160D

Fee	Charge
Subdivision and Mobile Home Parks Review	\$100.00 for five lots \$10.00 per lot exceeding 5 lots
Exempt Subdivision Review	\$40.00
Original Surety Bond Submittal	\$250.00
Surety Bond Renewal	\$100.00
Land Use Review	\$40.00
Land Use Review – Preliminary Subdivision	\$40.00 for 1-25 lots \$80.00 for 26-50 lots \$120.00 for 51-75 lots \$160.00 for 76-100 lots \$200.00 for 101-125 lots

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



	\$240.00 for 126-150 lots
B. ZONING PERMIT FEES *Per N.C.G.S. 160D	
Fee	Charge
Zoning Permit	\$25.00
Special Use Permit	\$150.00 plus postage
Zoning Appeal	\$150.00 plus postage
Zoning Variance	\$150.00 plus postage
Zoning Text/Map Amendment	\$150.00 plus postage
Tall Structures Zoning Permit – Residential	\$300.00
Tall Structures Zoning Permit – Commercial	\$1,000 for new and existing structures
C. FLOOR AND CAMA PERMIT FEES	
Fee	Charge
Flood Development Permit	\$40.00
Written Flood Zone Determination	\$25.00
CAMA Minor Permit	\$100.00

HEALTH ADMINISTRATION (5010)	
A. ADMINISTRATIVE FEES	
Fee	Charge
Copies (Does not include medical records)	\$0.25 per page
Medical Record Copies	\$10.00 for first 20 pages \$0.25 per page after first 20 pages
Faxing (Long distance)	\$1.00 per page
Faxing (Local)	\$0.00 per page

HEALTH LAB AND HEALTH EDUCATION (5020)			
A. MEDICAL FEES			
Code	Fee	Modifier	Charge
		59: Distinct procedural service 90: Sent to outside reference lab EP: Child early and periodic screen/service (Medicaid only) FP: Family planning service (Medicaid only) OB: Service included in antepartum global package SL: State-supplied vaccine UD: 340B acquisition cost (Billed to Medicaid)	
80048	Bmp Basic Metabolic Panel	OB	\$0.00
80048	Bmp Basic Metabolic Panel		\$40.00
80050	General Health Panel Cmp Cbc Tsh	OB	\$0.00
80050	General Health Panel Cmp Cbc Tsh		\$18.00
80051	Electrolyte Panel	OB	\$0.00
80051	Electrolyte Panel		\$13.00
80053	Cmp Comprehensive Metabolic Panel		\$52.00
80061	Lipid Panel		\$45.06
80069	Renal Function Panel		\$35.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



80074	Acute Hepatitis Panel	90	\$0.00
80076	Hepatic Function Panel		\$15.00
80076	Hepatic Function Panel	90	\$0.00
80156	Drug Screen Quantitative Carbamazepine T	90	\$0.00
80162	Drug Screen Quantitative Digoxin Total	90	\$0.00
80164	Drug Screen Quant Dipropylacetic Acid To	90	\$0.00
80175	Drug Screen Quantitative Lamotrigine	90	\$0.00
80177	Drug Screen Quantitative Levetiracetam	90	\$0.00
80178	Drug Screen Quantitative Lithium	90	\$0.00
80184	Drug Screen Quantitative Phenobarbital	90	\$0.00
80185	Drug Screen Quantitative Phenytoin Total	90	\$0.00
80201	Drug Screen Quantitative Topiramate	90	\$0.00
80299	Quantitation Drug Not Elsewhere Specifie	90	\$0.00
80307	By Instrument Chemistry Analyzers (Eg, U	90	\$0.00
80320	Drug Screen Quantitative Alcohols	90	\$0.00
80323	Alkaloids Not Otherwise Specified	90	\$0.00
80345	Barbiturates	90	\$0.00
80346	Benzodiazepines 1-12	90	\$0.00
81000	Urins Dip Stick/Tablet Reagnt Non-Auto	FP	\$10.00
81000	Urins Dip Stick/Tablet Reagnt Non-Auto	OB	\$0.00
81000	Urins Dip Stick/Tablet Reagnt Non-Auto		\$10.00
81001	Urns Dip Stick/Tablet Reagent Auto Micr	FP	\$10.00
81001	Urns Dip Stick/Tablet Reagent Auto Micr	OB	\$0.00
81001	Urns Dip Stick/Tablet Reagent Auto Micr		\$10.00
81002	Urinalysis Dipstick Rgnt Non-Auto W/O Mi	FP	\$7.50
81002	Urinalysis Dipstick Rgnt Non-Auto W/O Mi	OB	\$0.00
81002	Urinalysis Dipstick Rgnt Non-Auto W/O Mi		\$7.50
81003	Urinalysis Dipstick Auto W/O Microscopy	FP	\$7.50
81003	Urinalysis Dipstick Auto W/O Microscopy	OB	\$0.00
81003	Urinalysis Dipstick Auto W/O Microscopy		\$7.50
81025	Urine Pregnancy Test	FP	\$20.00
81025	Urine Pregnancy Test		\$20.00
81220	Cftr Gene Analysis Common Variants	90	\$0.00
81240	F2 Gene Analysis 20210g A Variant	90	\$0.00
81241	F5 Coagulation Factor V Anal Leiden Vari	90	\$0.00
81257	Hba1/Hba2 (Alpha Globin 1 And Alpha Glob	90	\$0.00
81291	Mthfr Gene Analysis Common Variants	90	\$0.00
81374	Hla I Low Resolution One Antigen Equival	90	\$0.00
81406	Molecular Pathology Procedure, Level 7 (90	\$0.00
81420	Fetal Chromosomal Aneuploidy Genomic Seq	90	\$0.00
81500	Onco (Ovarian) Biochemical Assay Two Pro	90	\$0.00
82040	Albumin Serum Plasma/Whole Blood		\$10.00
82043	Urine(Eg, Microalbumin), Quantitative	90	\$0.00
82088	Assay Of Aldosterone	90	\$0.00
82105	Alpha-Fetoprotein Serum	90	\$0.00
82105	Alpha-Fetoprotein Serum		\$22.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



82108	Assay Of Aluminum	90	\$0.00
82140	Assay Of Ammonia	90	\$0.00
82150	Assay Of Amylase	90	\$0.00
82164	Angiotensin I-Converting Enzyme	90	\$0.00
82172	Apolipoprotein Each	90	\$0.00
82175	Assay Of Arsenic	90	\$0.00
82239	Bile Acids Total	90	\$0.00
82247	Bilirubin Total	90	\$0.00
82247	Bilirubin Total		\$14.00
82248	Bilirubin Direct		\$10.00
82270	Occult Blood Peroxidase Activity Qual Fe		\$8.74
82274	Occult Blood Fecal Hgb Determination Ia		\$30.00
82306	25 Hydroxy Includes Fractions If Perform	90	\$0.00
82310	Calcium Total	90	\$0.00
82310	Calcium Total		\$10.00
82330	Calcium Ionized	90	\$0.00
82374	Carbon Dioxide Bicarbonate		\$10.00
82378	Carcinoembryonic Antigen Cea	90	\$0.00
82379	Carnitine Quantitative Each Specimen	90	\$0.00
82390	Ceruloplasmin	90	\$0.00
82435	Chloride Bld		\$9.00
82465	Cholesterol Serum/Whole Blood Total		\$12.00
82525	Assay Of Copper	90	\$0.00
82533	Cortisol Total	90	\$0.00
82550	Creatine Kinase Total	90	\$0.00
82553	Creatine Kinase Mb Fraction Only	90	\$0.00
82565	Creatinine Blood	90	\$0.00
82565	Creatinine Blood		\$10.00
82570	Creatinine Other Source	90	\$0.00
82607	Cyanocobalamin Vitamin B-12	90	\$0.00
82607	Cyanocobalamin Vitamin B-12		\$29.00
82627	Dehydroepiandrosterone-Sulfate	90	\$0.00
82670	Assay Of Estradiol	90	\$0.00
82672	Assay Of Estrogens Total	90	\$0.00
82677	Assay Of Estriol	90	\$0.00
82728	Assay Of Ferritin		\$26.00
82731	Ftl Fibronectin Cervicovag Secretions Se	90	\$0.00
82746	Assay Of Folic Acid Serum	90	\$0.00
82746	Assay Of Folic Acid Serum		\$28.00
82784	Assay Of Gammaglobulin Iga Igd Igg Igm E	90	\$0.00
82785	Assay Of Gammaglobulin Ige	90	\$0.00
82787	Gammaglobulin Immunoglobulin Subclasses	90	\$0.00
82947	Glucose Quantitative Blood Xcpt Reagent		\$13.00
82950	Glucose Post Glucose Dose		\$15.00
82951	Glucose Tolerance Test Gtt 3 Specimens		\$35.00
82952	Glucose Tolerance Ea Addl Beyond 3 Speci		\$18.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



82955	Gluc-6-Phosphate Dehydrogenase Quantitat	90	\$0.00
82977	Assay Of Glutamyltrase Gamma	90	\$0.00
83001	Gonadotropin Follicle Stimulating Hormon	90	\$0.00
83002	Gonadotropin Luteinizing Hormone	90	\$0.00
83010	Assay Of Haptoglobin Quantitative	90	\$0.00
83018	Heavy Metal Quantiative Each	90	\$0.00
83020	Hemoglobin Fractj/Quantj Electrophoresis	90	\$0.00
83036	A1c Hemoglobin Glycosylated	OB	\$0.00
83036	A1c Hemoglobin Glycosylated		\$26.23
83498	Assay Of Hydroxyprogesterone 17-D	90	\$0.00
83516	Immunoassay Analyte Qual/Semiquial Multip	90	\$0.00
83519	Immunoassay Analyte Quant Radioimmunoass	90	\$0.00
83520	Immunoassay Analyte Quantitative Nos	90	\$0.00
83525	Assay Of Insulin Total	90	\$0.00
83540	Assay Of Iron	90	\$0.00
83540	Assay Of Iron		\$13.00
83550	Iron Binding Capacity	90	\$0.00
83550	Iron Binding Capacity		\$17.00
83615	Lactate Dehydrogenase Ldh	90	\$0.00
83625	Lactate Dehydrogenase Isoenzymes Sep&Qua	90	\$0.00
83655	Assay Of Lead	90	\$0.00
83655	Assay Of Lead		\$23.00
83690	Assay Of Lipase	90	\$0.00
83727	Luteinizing Releasing Factor	90	\$0.00
83735	Assay Of Magnesium	90	\$0.00
83785	Assay Of Manganese	90	\$0.00
83825	Assay Of Mercury Quantitative	90	\$0.00
83880	Natriuretic Peptide	90	\$0.00
83883	Assay Of Nephelometry Each Analyte Nes	90	\$0.00
83921	Organic Acid 1 Quantitative	90	\$0.00
83970	Assay Of Parathormone	90	\$0.00
83993	Assay Of Calprotectin Fecal	90	\$0.00
84075	Alkaline Phosphatase Assay	90	\$0.00
84075	Alkaline Phosphatase Assay		\$10.00
84100	Assay Of Phosphorus Inorganic	90	\$0.00
84132	Potassium Serum Plasma/Whole Blood		\$9.00
84134	Prealbumin	90	\$0.00
84144	Assay Of Progesterone	90	\$0.00
84146	Assay Of Prolactin	90	\$0.00
84152	Assay Of Prostate Specific Antigen Compl	90	\$0.00
84155	Protein Total	90	\$0.00
84155	Protein Total		\$7.00
84156	Protein Total Xcpt Refractometry Urine	90	\$0.00
84165	Protein Electrophoretic Fractj&Quantj Se	90	\$0.00
84244	Assay Of Renin	90	\$0.00
84295	Sodium Serum Plasma Or Whole Blood		\$9.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



84403	Assay Of Testosterone Total	90	\$0.00
84425	Assay Of Thiamine-Vitamin B-1	90	\$0.00
84436	Assay Of Thyroxine Total		\$11.00
84436	Assay Of Thyroxine Total	90	\$0.00
84439	Assay Of Free Thyroxine	90	\$0.00
84443	Assay Of Thyroid Stimulating Hormone Tsh	90	\$0.00
84443	Assay Of Thyroid Stimulating Hormone Tsh		\$31.00
84450	Aspartate Aminotransferase Ast Sgot		\$10.00
84460	Alanine Aminotransferase Alt Sgpt	90	\$0.00
84460	Alanine Aminotransferase Alt Sgpt		\$10.00
84478	Triglycerides Assay		\$11.00
84479	Thyroid Horm Uptk/Thyroid Hormone Binding	90	\$0.00
84479	Thyroid Horm Uptk/Thyroid Hormone Binding		\$12.00
84480	Assay Of Triiodothyronine T3 Total Tt3	90	\$0.00
84480	Assay Of Triiodothyronine T3 Total Tt3		\$27.00
84481	Assay Of Triiodothyronine T3 Free	90	\$0.00
84482	Triiodothyronine T3 Reverse	90	\$0.00
84484	Assay Of Troponin Quantitative	90	\$0.00
84520	Urea Nitrogen Quantitative Assay		\$8.00
84550	Assay Of Blood/Uric Acid	90	\$0.00
84630	Assay Of Zinc	90	\$0.00
84681	Assay Of C-Peptide	90	\$0.00
84702	Gonadotropin Chorionic Quantitative	90	\$0.00
84703	Serum Pregnancy Test		\$20.18
85007	Blood Count Smear Mcrscp W/Mnl Difrntl W		\$11.00
85008	Bld Count Smear Mcrscp W/O Mnl Difrntl W		\$9.42
85018	Hemocue HEMOGLOBIN BLOOD COUNT		\$7.00
85025	Cbc Auto&Auto Difrntl Wbc		\$40.00
85027	Cbc Automated		\$17.49
85041	Blood Count Red Blood Cell Automated	90	\$0.00
85045	Blood Count Reticulocyte Automated	90	\$0.00
85045	Blood Count Reticulocyte Automated		\$8.00
85240	Clotting Factor Viii Ahg 1 Stage	90	\$0.00
85245	Clotting Factor Viii Vw Factor Ristoceti	90	\$0.00
85246	Clotting Factor Viii Vw Factor Antigen	90	\$0.00
85305	Clotting Inhibitors Protein S Total	90	\$0.00
85306	Clotting Inhibitors Protein S Free	90	\$0.00
85549	Muramidase	90	\$0.00
85610	Prothrombin Time	90	\$0.00
85613	Russell Viper Venom Time Diluted	90	\$0.00
85652	Sedimentation Rate Rbc Automated	90	\$0.00
85730	Thromboplastin Time Partial Plasma/Whole	90	\$0.00
85732	Thromboplastin Time Prtl Substit Plasma	90	\$0.00
86003	Allergen Specific Ige; Quantitative Or S	90	\$0.00
86008	Allergen Specific Ige; Quantitative Or S	90	\$0.00
86038	Antinuclear Antibodies Ana	90	\$0.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



86060	Antistreptolysin O Titer	90	\$0.00
86140	C-Reactive Protein	90	\$0.00
86141	C-Reactive Protein High Sensitivity	90	\$0.00
86146	Beta 2 Glycoprotein I Antibody Each	90	\$0.00
86147	Cardiolipin Antibody Each Ig Class	90	\$0.00
86160	Complement Antigen Each Component	90	\$0.00
86200	Cyclic Citrullinated Peptide Antibody	90	\$0.00
86225	Dna Antibody Native/Double Stranded	90	\$0.00
86255	Fluorescent Nonnfct Agt Antb Screen Ea A	90	\$0.00
86256	Fluorescent Nonnfct Agt Antb Titer Ea An	90	\$0.00
86304	Immunoassay Tumor Antigen Quantitative C	90	\$0.00
86308	Mononecleosis Heterophile Antibodies Scr	90	\$0.00
86308	Mononecleosis Heterophile Antibodies Scr		\$23.00
86317	Immunoassay Infectious Agent Antibody Qu	90	\$0.00
86334	Immunofixj Electrophoresis Serum	90	\$0.00
86336	Inhibin A	90	\$0.00
86341	Islet Cell Antibody	90	\$0.00
86376	Microsomal Antibodies Each	90	\$0.00
86430	Rheumatoid Factor Qualitative	90	\$0.00
86431	Rheumatoid Factor Quantitative	90	\$0.00
86480	Tb Cell Mediated Antign Respns Gamma In	90	\$0.00
86480	Tb Cell Mediated Antign Respns Gamma In		\$79.00
86580	Skin Test Tuberculosis Intradermal		\$13.00
86592	Rpr Syphilis Test Non-Treponemal Antibod		\$11.43
86593	Syphilis Test Quantitative	90	\$0.00
86615	Antibody Bordetella	90	\$0.00
86618	Antibody Borrelia Burgdorferi Lyme Disea	90	\$0.00
86644	Antibody Cytomegalovirus Cmv	90	\$0.00
86663	Antibody Epstein-Barr Eb Virus Early Ant	90	\$0.00
86664	Antibody Epstein-Barr Eb Virus Nuclear A	90	\$0.00
86665	Antibody Epstein-Barr Eb Virus Viral Cap	90	\$0.00
86677	Antibody Helicobacter Pylori	90	\$0.00
86695	Antibody Herpes Smplx Type 1	90	\$0.00
86695	Antibody Herpes Smplx Type 1		\$25.00
86696	Antibody Herpes Smplx Type 2	90	\$0.00
86696	Antibody Herpes Smplx Type 2		\$37.00
86704	Hepatitis B Core Antibody Hbcab Total	90	\$0.00
86706	Hepatitis B Surf Antibody Hbsab	90	\$0.00
86708	Hepatitis Antibody Haab Total	90	\$0.00
86735	Antibody Mumps	90	\$0.00
86747	Antibody Parvovirus	90	\$0.00
86753	Antibody Protozoa Nes	90	\$0.00
86757	Antibody Rickettsia	90	\$0.00
86762	Antibody Rubella	90	\$0.00
86765	Antibody Rubeola	90	\$0.00
86769	Antibody; Severe Acute Respiratory Syndrome	90	\$0.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



86777	Antibody Toxoplasma	90	\$0.00
86778	Antibody Toxoplasma Igm	90	\$0.00
86787	Antibody Varicella-Zoster		\$25.00
86788	Antibody West Nile Virus Igm	90	\$0.00
86789	Antibody West Nile Virus	90	\$0.00
86790	Antibody Virus Not Elsewhere Specified	90	\$0.00
86800	Thyroglobulin Antibody	90	\$0.00
86803	Hepatitis C Antibody	90	\$0.00
86803	Hepatitis C Antibody		\$27.00
86850	Antibody Screen Rbc Each Serum Technique	90	\$0.00
86850	Antibody Screen Rbc Each Serum Technique		\$22.00
86870	Antibody Id Rbc Antibodies Ea Panel Ea S	90	\$0.00
86880	Antihuman Globulin Direct Each Antiserum	90	\$0.00
86900	Blood Typing Serologic Abo		\$6.00
86901	Blood Typing Serologic Rh (D)		\$6.00
87040	Culture Bacterial Blood Aerobic W/Id Iso	90	\$0.00
87045	Cul Bact Stool Aerobic Isol Salmonella&S	90	\$0.00
87046	Cul Bact Stool Aerobic Addl Pathogens&Id	90	\$0.00
87075	Culture Bacterial Any Source Anaerobic I	90	\$0.00
87081	Culture Screening Only	90	\$0.00
87081	Culture Screening Only		\$18.16
87086	Urine Culture Bacterial Quantitative		\$22.20
87101	Cul Fngi Mold/Yeast Prsmptv Id Skn Hair/	90	\$0.00
87110	Culture Chlamydia Any Source	90	\$0.00
87177	Ova&Parasites Direct Smears Concentratio	90	\$0.00
87184	Susceptibility Study Antimicrobial Disk		\$19.00
87205	Smear Gram Or Giemsa Stain		\$17.00
87209	Smr Prim Src Cplx Spec Stain Ova&Parasit	90	\$0.00
87210	Wet Mount		\$12.00
87220	Koh Slide SampS Skn/Hr/Nls Fngi/Ectopara		\$11.43
87252	Virus Tiss Cul Inoculation Cytopathic Ef	90	\$0.00
87324	Iaad Eia Clostridium Difficile Toxin	90	\$0.00
87329	Iaad Eia Giardia	90	\$0.00
87340	Iaad Eia Hepatitis B Surface Antigen	90	\$0.00
87350	Iaad Eia Hepatitis Be Antigen	90	\$0.00
87389	Iaad Eia Hiv-1 Ag W/Hiv-1 & Hiv-2 Antbdy	90	\$0.00
87400	Influenza A/B Each	59	\$32.96
87400	Influenza A/B Each		\$32.96
87420	Rsv Respiratory Syncytial Virus		\$32.96
87426	Infectious Agent Antigen Detection By Im		\$30.00
87427	Iaad Eia Shiga-Like Toxin	90	\$0.00
87491	Iadna Chlamydia Trachomatis Amplified Pr	90	\$0.00
87491	Iadna Chlamydia Trachomatis Amplified Pr		\$0.00
87517	Iadna Hepatitis B Virus Quantification	90	\$0.00
87521	Iadna Hepatitis C Amplified Probe&Reverse	90	\$0.00
87522	Iadna Hepatitis C Quant & Reverse Transc	90	\$0.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



87528	Iadna Herpes Simplx Virus Direct Probe T	90	\$0.00
87536	Iadna Hiv-1 Quant & Reverse Transcription	90	\$0.00
87563	Infectious Agent Detection By Nucleic Ac	90	\$0.00
87591	Iadna Neisseria Gonorrhoeae Amplified Pr	90	\$0.00
87624	Iadna Human Papillomavirus High-Risk Typ	90	\$0.00
87625	Iadna Human Papillomavirus Types 16 & 18	90	\$0.00
87661	Iadna Trichomonas Vaginalis Amplified Pr	90	\$0.00
87798	Iadna Nos Amplified Probe Tq Each Organi	90	\$0.00
87801	Iadna Multiple Organisms Amplified Probe	90	\$0.00
87804	Iaadiadoo Influenza	59	\$32.96
87804	Iaadiadoo Influenza	90	\$0.00
87804	Iaadiadoo Influenza		\$32.96
87811	Infectious Agent Antigen Detection By Im		\$0.00
87880	Streptococcus Group A		\$32.96
87902	Nfct Agnt Genotyp Nucleic Acid Hepatitis	90	\$0.00
88175	Pap Smear		\$49.00
88271	Molecular Cytogenetics DNA Probe Each	90	\$0.00
88275	Molec Cytg Interphase Ish Analyze 100-30	90	\$0.00

MOBILE DENTAL UNIT (5030)

A. ADMINISTRATIVE FEES

Fee	Charge
NCHC Copay	\$5.00

B. MEDICAL FEES

Code	Fee	Charge
25copay	Insurance Copay \$25.00	\$25.00
D0120	Periodic Oral Evaluation	\$41.70
D0140	Limited Oral Evaluation	\$59.44
D0145	Oral Evaluation < 3 Yrs Of Age	\$57.60
D0150	Comprehensive Oral Evaluation	\$72.13
D0160	Detail/Extensive Oral Eval, B/R	\$110.39
D0170	Limited Re-Evaluation	\$46.46
D0210	Intraoral Full Mouth Images	\$116.08
D0220	Intraoral Periapical Images	\$24.11
D0230	Intraoral-Periapical Each Additional	\$19.45
D0240	Intraoral Occlusal Image	\$25.84
D0250	Extraoral 2D Projection Image	\$34.80
D0260	Extraoral-Each Additional Film	\$19.00
D0270	Bitewing Single Image	\$18.34
D0272	Bitewing Two Image	\$29.91
D0273	Bitewing Three Image	\$40.85
D0274	Bitewing Four Image	\$51.87
D0290	Skull & Facial Bone Survey Image	\$48.00
D0310	Sialography	\$155.85
D0320	TMJ Arthrogram, Incl Injection	\$317.74

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



D0330	Panoramic Image	\$95.81
D0470	Diagnostic Casts	\$69.18
D0473	Access Of Tiss,Gr&Mic Exam,Rpt	\$78.68
D1110	Prophylaxis-Adult	\$61.61
D1120	Prophylaxis-Child	\$44.00
D1206	Topical Applic Fluoride Varnish	\$25.42
D1208	Topical Appl Of Fluor Excl Varn	\$25.93
D1330	Oral Hygiene Instruction	\$42.14
D1351	Sealant-Per Tooth	\$46.22
D1354	Interim Caries Arresting Meds	\$15.00
D1510	Space Maint-Fixed-Unilateral	\$308.78
D1515	Space Maint-Fixed-Bilateral	\$330.00
D2140	Amalgam-1 Surf. Prim/Perm	\$114.84
D2150	Amalgam-2 Surf. Prim/Perm	\$145.51
D2160	Amalgam-3 Surf. Prim/Perm	\$168.48
D2161	Amalgam-4+ Surf. Prim/Perm	\$185.45
D2330	Resin-One Surface, Anterior	\$106.56
D2331	Resin-Two Surfaces, Anterior	\$131.64
D2332	Resin-Three Surfaces, Anterior	\$155.62
D2335	Resin-4+ W/Incis Angle-Anterior	\$197.13
D2390	Resin Composite Crown, Anterior	\$280.23
D2391	Resin Composite-1s, Posterior	\$122.89
D2392	Resin Composite-2s, Posterior	\$163.05
D2393	Resin Composite-3s, Posterior	\$198.31
D2394	Resin Composite-4+S, Posterior	\$240.29
D2920	Re-Cement Or Re-Bond Crown	\$31.59
D2930	Prefab Stain Steel Crn-Primary	\$233.30
D2931	Prefab Stain Steel Crown-Perm	\$250.89
D2932	Prefabricated Resin Crown	\$274.11
D2933	Prefab Stl Crown W/Resin Window	\$305.69
D2934	Prefb Esth Ctd Stnl Stl Crn-Prm	\$350.69
D2940	Protective Restoration	\$64.31
D2941	Interim Therapeutic Rest - Prim	\$50.00
D2950	Core Buildup, Include Any Pins	\$158.87
D2951	Pin Retention-/Tooth, (+ Rest)	\$38.58
D2970	Temporary Crown (Fractured Th)	\$147.00
D3110	Pulp Cap-Direct, (Ex Rest)	\$44.00
D3120	Pulp Cap-Indirect, (Ex Rest)	\$44.00
D3220	Therapeutic Pulpotomy-Pulp Remv	\$131.12
D3222	Partial Pulpotomy Apexogen	\$127.19
D3230	Pulpal Therapy-Anterior,Primary	\$231.59
D3240	Pulpal Therapy-Posterior, Prim	\$308.78
D3310	Endodontic Therapy - Anterior	\$458.55
D3320	Endodontic Therapy - Bicuspid	\$541.91
D3330	Endodontic Therapy - Molar	\$662.81
D3351	Apexification/Recalcif, Initial	\$223.44

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



D3352	Apexification/Recalcif, Interim	\$162.57
D3353	Apexification/Recalcif, Final	\$325.15
D3410	Apicoectomy/Periradic Surg-Ant	\$420.19
D4210	Gingivectomy-4+ Per Quadrant	\$401.86
D4211	Gingivectomy-1-3 Per Quadrant	\$149.23
D4240	Ging Flap,Root Pln, 4+ Per Quad	\$473.55
D4241	Ging Flap Rt Pln 1-3 Per Quad	\$400.18
D4341	Perio Scale/Root Pln-4+Per Quad	\$162.57
D4342	Perio Scale/Root Pln-1-3th,Quad	\$94.56
D4355	Full Mouth Debridemnt,Eval/Diag	\$108.94
D4910	Periodontal Maintenance	\$80.19
D5110	Complete Denture - Maxillary	\$945.65
D5120	Complete Denture - Mandibular	\$945.65
D5130	Immediate Denture - Maxillary	\$1,025.84
D5140	Immediate Denture - Mandibular	\$1,025.84
D5211	Maxillary Partial - Resin Base	\$701.29
D5212	Mandibular Partial - Resin Base	\$701.29
D5213	Maxil Partl-Cast Metal W/Resin	\$689.61
D5214	Mand Partl-Cast Metal W/Resin	\$689.61
D5410	Adjust Complete Denture-Maxil	\$51.44
D5411	Adjust Complete Denture-Mand	\$51.44
D5421	Adjust Partial Denture-Maxil	\$51.44
D5422	Adjust Partial Denture-Mand	\$51.44
D5510	Repair Complete Denture Base	\$84.87
D5520	Replace Teeth-Comp Dent (Ea Th)	\$105.15
D5610	Repair Resin Denture Base	\$84.87
D5620	Repair Cast Framework	\$115.28
D5630	Rpr Or Rplce Brkn Clasp, Per Th	\$239.30
D5640	Replace Broken Teeth-Per Tooth	\$102.74
D5650	Add Tooth To Exist Part Denture	\$128.60
D5660	Add Clasp, Exst Prt Dent Per Th	\$192.99
D5730	Reline Complete Maxil-Chairside	\$219.39
D5731	Reline Complete Mand-Chairside	\$219.39
D7110	Extraction-Single Tooth	\$100.00
D7111	Extraction Crnl Remnts-Decid Th	\$83.37
D7120	Extraction-Each Additional	\$93.5
D7130	Root Removal-Exposed Root	\$44.00
D7140	Extract,Erupted Th/Exposed Rt	\$102.74
D7210	Extraction-Surgical/Erupt Tooth	\$176.62
D7220	Extraction-Impacted/Soft Tis	\$200.93
D7230	Extraction-Impacted/Part Bony	\$268.41
D7240	Extraction-Impacted/Compl Bony	\$312.65
D7241	Remov Impact-Comp Bony W/ Comp	\$375.18
D7250	Surgic Removl Resid Tooth Root	\$192.58
D7260	Oroantral Fistula Closure	\$615.82
D7270	Reimplantation/Stabilization	\$341.82

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



D7280	Surgical Access Unerupted Tooth	\$307.63
D7283	Device For Impacted Tooth	\$345.99
D7285	Incisional Biop Oral Tiss-Hard	\$220.90
D7286	Incisional Biop Oral Tiss-Soft	\$174.93
D7288	Brush Biopsy-Transepith Sample	\$174.93
D7310	Alveoloplasty W/Ext 4+, Quad	\$166.44
D7311	Alveoloplasty W/Ext 1-3 Th/Quad	\$155.62
D7320	Alveoloplasty W/O Ext 4+, Quad	\$242.84
D7321	Alveoloplasty W/O Ex 1-3 Th/Quad	\$217.87
D7340	Vestibuloplasty-Ridge Ext -2nd	\$846.97
D7510	Incis/Drain Abscess-Intra Soft	\$179.49
D7530	Remove Foreign Body From Tissue	\$204.26
D7550	Partial Ostect/Sequestrectomy	\$492.51
D7670	Alveolus-Closed Reduction	\$770.13
D7910	Suture Of Small Wounds To 5cm	\$270.09
D7971	Excision-Pericoronal Ging /Arch	\$247.03
D9110	Emerg Treatment, Palliative	\$68.84
D9230	Analgesia-Inhal Of Nitrous Oxid	\$69.48
D9310	Consultation (2nd Opinion)	\$44.00

MATERNITY (5040)
CHILD HEALTH (5050)
IMMUNIZATION (5020)
CHILD HEALTH HAVELOCK (5054)
COMMUNICABLE DISEASE (5070)
TUBERCULOSIS (5071)
FAMILY PLANNING (5080)
ADULT PRIMARY CARE – NEW BERN (5100)
CANCER CONTROL (5101)
ADULT PRIMARY CARE – HAVELOCK (5102)
RISK REDUCTION – REFUGEE PROGRAM (5111)

A. ADMINISTRATIVE FEES	
Fee	Charge
Copies of Medical Records	\$10.00 for first 20 pages \$0.25 per page after first 20 pages

B. MEDICAL FEES			
Code	Fee	Modifier	Charge
		59: Distinct procedural service 90: Sent to outside reference lab EP: Child early and periodic screen/service (Medicaid only) FP: Family planning service (Medicaid only) OB: Service included in antepartum global package SL: State-supplied vaccine	

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



		UD: 340B acquisition cost (Billed to Medicaid)	
0001A	Admin Of Pfizer Covid-19 Vaccine, 1st Dose, 12 And Older		\$0.00
0002A	Admin Of Pfizer Covid-19 Vaccine, 2nd Dose, 12 And Older		\$0.00
0003A	Admin Of Pfizer Covid-19 Vaccine, 3rd Dose, 12 And Older		\$0.00
0004A	Admin Of Pfizer Covid-19 Vaccine, Booster Dose, 12 And Older		\$0.00
0011A	Admin Of Moderna Covid-19 Vaccine, 1st Dose		\$0.00
0012A	Admin Of Moderna Covid-19 Vaccine, 2nd Dose		\$0.00
0013A	Admin Of Moderna Covid-19 Vaccine, 3rd Dose		\$0.00
0051A	Admin Of Pfizer Covid-19 Vaccine, 1st Dose, 12 And Older, Ready To Use		\$0.00
0052A	Admin Of Pfizer Covid-19 Vaccine, 2nd Dose, 12 And Older, Ready To Use		\$0.00
0053A	Admin Of Pfizer Covid-19 Vaccine, 3rd Dose, 12 And Older, Ready To Use		\$0.00
0054A	Admin Of Pfizer Covid-19 Vaccine, Booster Dose, 12 And Older, Ready To Use		\$0.00
0064A	Admin Of Moderna Covid-19 Vaccine, Booster Dose		\$0.00
0071A	Admin Of Pfizer Covid-19 Vaccine, 1st Dose, 5-11 Years		\$0.00
0072A	Admin Of Pfizer Covid-19 Vaccine, 2nd Dose, 5-11 Years		\$0.00
0073A	Admin Of Pfizer Covid-19 Vaccine, 3rd Dose, 5-11 Years		\$0.00
0513F	Elevated Blood Pressure Plan Of Care		\$0.00
1003F	Level Activity Assessed		\$0.00
10060	Incision & Drainage Abscess Simple/Single		\$144.00
10120	Incision & Removal Foreign Body Subq Tis		\$118.95
10121	Incision & Removal Foreign Body Subq Tis		\$281.00
10140	I&D Hematoma Seroma/Fluid Collection		\$166.00
1032F	Current Smoker/Exposed to Secondhand Smoke		\$0.00
1033F	Tobacco Non-Smoker & No 2ndhand Smoke Ex		\$0.00
1034F	Current Tobacco Smoker		\$0.00
1035F	Current Smokeless Tobacco User		\$0.00
1036F	Current Tobacco Non-User		\$0.00
11055	Paring/Cutting Benign Hyperkeratotic Les		\$53.00
11056	Paring/Cutting Benign Hyperkeratotic Les		\$64.00
11200	Removal Skin Tags Mlt Fibrq Tags Any Area		\$88.00
11201	Removal Skin Tags Mlt Fibrq Tags Any Area E		\$21.00
1123F	Adv Care Pln Tlkd & Alt Dcsn Maker Docd		\$0.00
11300	Shaving Skin Lesion 1 Trunk/Arm/Leg Diam		\$73.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



11301	Shaving Skin Lesion 1 Trunk/Arm/Leg Diam 0.		\$100.00
11302	Shaving Skin Lesion 1 Trunk/Arm/Leg Diam 1.1		\$120.00
11303	Shaving Skin Lesion 1 Trunk/Arm/Leg Diam 2.		\$140.00
11305	Shaving Skin Lesion 1 S/N/H/F/G Diam 0.5		\$75.00
11306	Shaving Skin Lesion 1 S/N/H/F/G Diam 0.6		\$104.00
11307	Shaving Skin Lesion 1 S/N/H/F/G Diam 1.1		\$123.00
11308	Shaving Skin Lesion 1 S/N/H/F/G Diam 2.0		\$138.00
11310	Shaving Skin Lesion 1 F/E/E/N/L/M Diam 0		\$91.00
11311	Shaving Skin Lesion 1 F/E/E/N/L/M Diam 0.6-		\$115.00
11312	Shaving Skin Lesion 1 F/E/E/N/L/M Diam 1.1-		\$133.00
11313	Shaving Skin Lesion 1 F/E/E/N/L/M Diam 2		\$167.00
11400	Exc B9 Lesion Mrgn Xcp Sk Tg T/A/L 0.5 C		\$123.00
11401	Exc B9 Lesion Mrgn Xcp Sk Tg T/A/L 0.6-1		\$152.00
11402	Exc B9 Lesion Mrgn Xcp Sk Tg T/A/L 1.1-2		\$169.00
11403	Exc B9 Lesion Mrgn Xcp Sk Tg T/A/L 2.1-3		\$195.00
11404	Exc B9 Lesion Mrgn Xcp Sk Tg T/A/L 3.1-4		\$222.00
11406	Exc B9 Lesion Mrgn Xcp Sk Tg T/A/L 4.0 C		\$315.00
11420	Exc B9 Lesion Mrgn Xcp Sk Tg S/N/H/F/G 0		\$125.00
11421	Exc B9 Lesion Mrgn Xcp Sk Tg S/N/H/F/G 0		\$162.00
11422	Exc B9 Lesion Mrgn Xcp Sk Tg S/N/H/F/G 1		\$181.00
11423	Exc B9 Lesion Mrgn Xcp Sk Tg S/N/H/F/G 2		\$211.00
11424	Exc B9 Lesion Mrgn Xcp Sk Tg S/N/H/F/G 3		\$244.00
11426	Exc B9 Lesion Mrgn Xcp Sk Tg S/N/H/F/G		\$351.00
11440	Exc B9 Lesion Mrgn Xcp Sk Tg F/E/E/N/L/M		\$136.00
11441	Exc B9 Les Mrgn Xcp Sk Tg F/E/E/N/L/M 0.		\$173.00
11442	Exc B9 Les Mrgn Xcp Sk Tg F/E/E/N/L/M 1.		\$196.00
11443	Exc B9 Les Mrgn Xcp Sk Tg F/E/E/N/L/M 2.		\$235.00
11444	Exc B9 Les Mrgn Xcp Sk Tg F/E/E/N/L/M 3.		\$297.00
11446	Exc B9 Lesion Mrgn Xcp Sk Tg F/E/E/N/L/M		\$406.00
11600	Excision Mal Lesion Trunk/Arm/Leg 0.5 Cm		\$190.00
11601	Excision Mal Lesion Trunk/Arm/Leg 0.6-1.		\$235.00
11602	Excision Mal Lesion Trunk/Arm/Leg 1.1-2.		\$258.00
11603	Excision Mal Lesion Trunk/Arm/Leg 2.1-3.		\$294.00
11604	Excision Mal Lesion Trunk/Arm/Leg 3.1-4.		\$324.00
11606	Excision Malignant Lesion Trunk/Arm/Leg		\$458.00
11620	Excision Malignant Lesion S/N/H/F/G 0.5		\$194.00
11621	Excision Malignant Lesion S/N/H/F/G 0.6-		\$237.00
11622	Excision Malignant Lesion S/N/H/F/G 1.1-		\$268.00
11623	Excision Malignant Lesion S/N/H/F/G 2.1-		\$314.00
11624	Excision Malignant Lesion S/N/H/F/G 3.1-		\$353.00
11626	Excision Malignant Lesion S/N/H/F/G 4.0		\$431.00
11640	Excision Malignant Lesion F/E/E/N/L 0.5		\$203.00
11641	Excision Malignant Lesion F/E/E/N/L 0.6-		\$249.00
11642	Excision Malignant Lesion F/E/E/N/L 1.1-		\$288.00
11643	Excision Malignant Lesion F/E/E/N/L 2.1-		\$339.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



11644	Excision Malignant Lesion F/E/E/N/L 3.1-		\$419.00
11646	Excision Malignant Lesion F/E/E/N/L 4.0		\$553.00
11730	Avulsion Nail Plate Partial/Complete Sim		\$107.00
11740	Evacuation Subungual Hematoma		\$58.00
11750	Excision Nail Matrix Permanent Removal		\$231.00
11981	Insertion Non-Biodegradable Drug Deliver		\$150.00
11982	Removal Non-Biodegradable Drug Delivery		\$173.00
11983	Removal With Reinsertion Non Biodegradab		\$269.00
12001	Simple Repair Scalp/Neck/Ax/Genit/Trunk		\$159.00
12002	Simpl Repair Scalp/Neck/Ax/Genit/Trunk 2.		\$169.00
12011	Simple Repair F/E/E/N/L/M 2.5cm/<		\$169.00
12013	Simple Repair F/E/E/N/L/M 2.6cm-5.0 Cm		\$186.00
12031	Repair Intermediate S/A/T/E 2.5 Cm/<		\$253.00
12032	Repair Intermediate S/A/T/E 2.6-7.5 Cm		\$325.00
12041	Repair Intermediate N/H/F/Xtrnl Gent 2.5		\$265.00
12042	Repair Intermediate N/H/F/Xtrnl Gent 2.6		\$309.00
12051	Repair Intermediate F/E/E/N/L/&Muc 2.5 C		\$285.00
12052	Repair Intermediate F/E/E/N/L/&Muc 2.6-5		\$323.00
16000	Initial Tx 1st Degree Burn Local Tx		\$75.00
16020	Drs&/Dbrdmt Prtl-Thkns Burns 1st/Sbsq Sm		\$100.00
17000	Destruction Premalignant Lesion 1st		\$84.00
17003	Destruction Premalignant Lesion 14-Feb E		\$10.00
17110	Destruction Benign Lesions Up To 14		\$120.00
17111	Destruction Benign Lesions 15/		\$139.00
17250	Chemical Cauterization Of Granulation Ti		\$80.00
2014F	Mental Status Assessed (Normal/Mildly Impaired/Severely Impaired) (CAP)1		\$0.00
2015F	Asthma Impairment Assessment		\$0.00
20526	Injection Therapeutic Carpal Tunnel		\$84.00
20552	Injection Single/Mlt Trigger Point 2-Jan		\$60.00
20600	Arthrocentesis Aspir&/Inj Small Jt/Bursa		\$61.00
20605	Arthrocentesis Aspir&/Inj Interm Jt/Burs		\$65.00
20610	Arthrocentesis Aspir&/Inj Major Jt/Bursa		\$84.00
29105	Application Long Arm Splint Shoulder Han		\$91.00
29125	Application Short Arm Splint Forearm-Han		\$71.00
29130	Application Finger Splint Static		\$44.00
29550	Strapping Toes		\$45.00
3011F	Lipid Panel Results Documented And Reviewed		\$0.00
3023F	Spirometry Results Documented And Reviewed		\$0.00
30300	Removal Foreign Body Intranasal Office P		\$235.00
3044F	Most Recent Hemoglobin A1c Level < 7.00%		\$0.00
3046F	Most Recent Hemoglobin A1c Level Gt 9.0		\$0.00
3051F	Most Recent Hemoglobin A1c Level >= 7.0 And < 8.0 (Dm)		\$0.00
3052F	Most Recent Hemoglobin A1c Level >= 8.0 And < 9.0 (Dm)2		\$0.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



3066F	Documentation Of Treatment For Nephropathy (For Example, Patient Receiving Dialysis, Patient Being Treated For)		\$0.00
3085F	Suicide Risk Assessed (MDD)1		\$0.00
3117F	Heart Failure Disease-Specific Structured Assessment Tool Completed		\$0.00
3475F	Disease Prognosis For Rheumatoid Arthritis Assessed Poor Prognosis Documented		\$0.00
3476F	Disease Prognosis For Rheumatoid Arthritis Assessed Good Prognosis Documented		\$0.00
3500F	CD4+ Cell Count Or CD4+ Cell Percentage Documented As Performed (HIV)5		\$0.00
36415	Collection Venous Blood Venipuncture	FP	\$9.48
36415	Collection Venous Blood Venipuncture	OB	\$0.00
36415	Collection Venous Blood Venipuncture		\$9.48
4001F	Tobacco Use Cessation Ivntj Pharmacologi		\$0.00
4004F	Pt Scrnd Tobacco Use Rcvd Tobacco Cessat		\$0.00
4040F	Pneumococcal Vaccine Admin Rcvd Prior		\$0.00
51701	Insj Non-Ndwellg Bladder Catheter		\$74.46
57170	Diaphragm/Cervical Cap Fitting W/Instruc		\$93.00
57410	Pelvic Examination W/Anesthesia Other Th		\$0.00
57452	Colposcopy Cervix Upper/Adjacent Vagina		\$184.00
58100	Endometrial Bx W/Wo Endocervix Bx W/O Di		\$127.00
58300	Insertion Intrauterine Device Iud		\$135.57
58301	Removal Intrauterine Device Iud		\$173.35
59025	Fetal Nonstress Test		\$54.00
59425	Antepartum Care Only 4-6 Visits		\$594.00
59426	Antepartum Care Only 7/ Visits		\$1,200.00
59430	Postpartum Care Only Separate Procedure		\$200.00
65205	Removal Fb Eye Conjunctival Superficial		\$64.00
69200	Rmvl Fb Xtrnl Auditory Canal W/O Anes		\$136.00
69210	Removal Impacted Cerumen Instrumentation		\$88.25
80048	Bmp Basic Metabolic Panel	OB	\$0.00
80048	Bmp Basic Metabolic Panel		\$40.00
80050	General Health Panel CMP CBC TSH	OB	\$0.00
80050	General Health Panel CMP CBC TSH		\$18.00
80051	Electrolyte Panel	OB	\$0.00
80051	Electrolyte Panel		\$13.00
80053	Cmp Comprehensive Metabolic Panel		\$52.00
80061	Lipid Panel		\$45.06
80069	Renal Function Panel		\$35.00
80074	Acute Hepatitis Panel	90	\$0.00
80076	Hepatic Function Panel		\$15.00
80076	Hepatic Function Panel	90	\$0.00
80156	Drug Screen Quantitative Carbamazepine T	90	\$0.00
80162	Drug Screen Quantitative Digoxin Total	90	\$0.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



80164	Drug Screen Quant Dipropylacetic Acid To	90	\$0.00
80175	Drug Screen Quantitative Lamotrigine	90	\$0.00
80177	Drug Screen Quantitative Levetiracetam	90	\$0.00
80178	Drug Screen Quantitative Lithium	90	\$0.00
80184	Drug Screen Quantitative Phenobarbital	90	\$0.00
80185	Drug Screen Quantitative Phenytoin Total	90	\$0.00
80201	Drug Screen Quantitative Topiramate	90	\$0.00
80299	Quantitation Drug Not Elsewhere Specified	90	\$0.00
80307	By Instrument Chemistry Analyzers (Eg, U	90	\$0.00
80320	Drug Screen Quantitative Alcohols	90	\$0.00
80323	Alkaloids Not Otherwise Specified	90	\$0.00
80345	Barbiturates	90	\$0.00
80346	Benzodiazepines 1-12	90	\$0.00
81000	Urins Dip Stick/Tablet Reagnt Non-Auto	FP	\$10.00
81000	Urins Dip Stick/Tablet Reagnt Non-Auto	OB	\$0.00
81000	Urins Dip Stick/Tablet Reagnt Non-Auto		\$10.00
81001	Urnl Dip Stick/Tablet Reagent Auto Micr	FP	\$10.00
81001	Urnl Dip Stick/Tablet Reagent Auto Micr	OB	\$0.00
81001	Urnl Dip Stick/Tablet Reagent Auto Micr		\$10.00
81002	Urinalysis Dipstick Rgnt Non-Auto W/O Mi	FP	\$7.50
81002	Urinalysis Dipstick Rgnt Non-Auto W/O Mi	OB	\$0.00
81002	Urinalysis Dipstick Rgnt Non-Auto W/O Mi		\$7.50
81003	Urinalysis Dipstick Auto W/O Microscopy	FP	\$7.50
81003	Urinalysis Dipstick Auto W/O Microscopy	OB	\$0.00
81003	Urinalysis Dipstick Auto W/O Microscopy		\$7.50
81025	Urine Pregnancy Test	FP	\$20.00
81025	Urine Pregnancy Test		\$20.00
81220	Cftr Gene Analysis Common Variants	90	\$0.00
81240	F2 Gene Analysis 20210g A Variant	90	\$0.00
81241	F5 Coagulation Factor V Anal Leiden Vari	90	\$0.00
81257	HBA1/HBA2 (Alpha Globin 1 And Alpha Glob	90	\$0.00
81291	Mthfr Gene Analysis Common Variants	90	\$0.00
81374	Hla I Low Resolution One Antigen Equival	90	\$0.00
81406	Molecular Pathology Procedure, Level 7 (90	\$0.00
81420	Fetal Chromosomal Aneuploidy Genomic Seq	90	\$0.00
81500	Onco (Ovarian) Biochemical Assay Two Pro	90	\$0.00
82040	Albumin Serum Plasma/Whole Blood		\$10.00
82043	Urine (Eg, Microalbumin), Quantitative	90	\$0.00
82088	Assay Of Aldosterone	90	\$0.00
82105	Alpha-Fetoprotein Serum	90	\$0.00
82105	Alpha-Fetoprotein Serum		\$22.00
82108	Assay Of Aluminum	90	\$0.00
82140	Assay Of Ammonia	90	\$0.00
82150	Assay Of Amylase	90	\$0.00
82164	Angiotensin I-Converting Enzyme	90	\$0.00
82172	Apolipoprotein Each	90	\$0.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



82175	Assay Of Arsenic	90	\$0.00
82239	Bile Acids Total	90	\$0.00
82247	Bilirubin Total	90	\$0.00
82247	Bilirubin Total		\$14.00
82248	Bilirubin Direct		\$10.00
82270	Occult Blood Peroxidase Activity Qual Fe		\$8.74
82274	Occult Blood Fecal Hgb Determination Ia		\$30.00
82306	25 Hydroxy Includes Fractions If Perform	90	\$0.00
82310	Calcium Total	90	\$0.00
82310	Calcium Total		\$10.00
82330	Calcium Ionized	90	\$0.00
82374	Carbon Dioxide Bicarbonate		\$10.00
82378	Carcinoembryonic Antigen Cea	90	\$0.00
82379	Carnitine Quantitative Each Specimen	90	\$0.00
82390	Ceruloplasmin	90	\$0.00
82435	Chloride Bld		\$9.00
82465	Cholesterol Serum/Whole Blood Total		\$12.00
82525	Assay Of Copper	90	\$0.00
82533	Cortisol Total	90	\$0.00
82550	Creatine Kinase Total	90	\$0.00
82553	Creatine Kinase Mb Fraction Only	90	\$0.00
82565	Creatinine Blood	90	\$0.00
82565	Creatinine Blood		\$10.00
82570	Creatinine Other Source	90	\$0.00
82607	Cyanocobalamin Vitamin B-12	90	\$0.00
82607	Cyanocobalamin Vitamin B-12		\$29.00
82627	Dehydroepiandrosterone-Sulfate	90	\$0.00
82670	Assay Of Estradiol	90	\$0.00
82672	Assay Of Estrogens Total	90	\$0.00
82677	Assay Of Estriol	90	\$0.00
82728	Assay Of Ferritin		\$26.00
82731	Ftl Fibronectin Cervicovag Secretions Se	90	\$0.00
82746	Assay Of Folic Acid Serum	90	\$0.00
82746	Assay Of Folic Acid Serum		\$28.00
82784	Assay Of Gammaglobulin Iga Igd Igg Igm E	90	\$0.00
82785	Assay Of Gammaglobulin Ige	90	\$0.00
82787	Gammaglobulin Immunoglobulin Subclasses	90	\$0.00
82947	Glucose Quantitative Blood Xcpt Reagent		\$13.00
82950	Glucose Post Glucose Dose		\$15.00
82951	Glucose Tolerance Test Gtt 3 Specimens		\$35.00
82952	Glucose Tolerance Ea Addl Beyond 3 Speci		\$18.00
82955	Gluc-6-Phosphate Dehydrogenase Quantitat	90	\$0.00
82977	Assay Of Glutamyltrase Gamma	90	\$0.00
83001	Gonadotropin Follicle Stimulating Hormon	90	\$0.00
83002	Gonadotropin Luteinizing Hormone	90	\$0.00
83010	Assay Of Haptoglobin Quantitative	90	\$0.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



83018	Heavy Metal Quantiative Each	90	\$0.00
83020	Hemoglobin Fractj/Quantj Electrophoresis	90	\$0.00
83036	A1c Hemoglobin Glycosylated	OB	\$0.00
83036	A1c Hemoglobin Glycosylated		\$26.23
83498	Assay Of Hydroxyprogesterone 17-D	90	\$0.00
83516	Immunoassay Analyte Qual/Semiquial Multip	90	\$0.00
83519	Immunoassay Analyte Quant Radioimmunoass	90	\$0.00
83520	Immunoassay Analyte Quantitative Nos	90	\$0.00
83525	Assay Of Insulin Total	90	\$0.00
83540	Assay Of Iron	90	\$0.00
83540	Assay Of Iron		\$13.00
83550	Iron Binding Capacity	90	\$0.00
83550	Iron Binding Capacity		\$17.00
83615	Lactate Dehydrogenase Ldh	90	\$0.00
83625	Lactate Dehydrogenase Isoenzymes Sep&Qua	90	\$0.00
83655	Assay Of Lead	90	\$0.00
83655	Assay Of Lead		\$23.00
83690	Assay Of Lipase	90	\$0.00
83727	Luteinizing Releasing Factor	90	\$0.00
83735	Assay Of Magnesium	90	\$0.00
83785	Assay Of Manganese	90	\$0.00
83825	Assay Of Mercury Quantitative	90	\$0.00
83880	Natriuretic Peptide	90	\$0.00
83883	Assay Of Nephelometry Each Analyte Nes	90	\$0.00
83921	Organic Acid 1 Quantitative	90	\$0.00
83970	Assay Of Parathormone	90	\$0.00
83993	Assay Of Calprotectin Fecal	90	\$0.00
84075	Alkaline Phosphatase Assay	90	\$0.00
84075	Alkaline Phosphatase Assay		\$10.00
84100	Assay Of Phosphorus Inorganic	90	\$0.00
84132	Potassium Serum Plasma/Whole Blood		\$9.00
84134	Prealbumin	90	\$0.00
84144	Assay Of Progesterone	90	\$0.00
84146	Assay Of Prolactin	90	\$0.00
84152	Assay Of Prostate Specific Antigen Compl	90	\$0.00
84155	Protein Total	90	\$0.00
84155	Protein Total		\$7.00
84156	Protein Total Xcpt Refractometry Urine	90	\$0.00
84165	Protein Electrophoretic Fractj&Quantj Se	90	\$0.00
84244	Assay Of Renin	90	\$0.00
84295	Sodium Serum Plasma Or Whole Blood		\$9.00
84403	Assay Of Testosterone Total	90	\$0.00
84425	Assay Of Thiamine-Vitamin B-1	90	\$0.00
84436	Assay Of Thyroxine Total		\$11.00
84436	Assay Of Thyroxine Total	90	\$0.00
84439	Assay Of Free Thyroxine	90	\$0.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



84443	Assay Of Thyroid Stimulating Hormone Tsh	90	\$0.00
84443	Assay Of Thyroid Stimulating Hormone Tsh		\$31.00
84450	Aspartate Aminotransferase Ast Sgot		\$10.00
84460	Alanine Aminotransferase Alt Sgpt	90	\$0.00
84460	Alanine Aminotransferase Alt Sgpt		\$10.00
84478	Triglycerides Assay		\$11.00
84479	Thyroid Horm Uptk/Thyroid Hormone Binding	90	\$0.00
84479	Thyroid Horm Uptk/Thyroid Hormone Binding		\$12.00
84480	Assay Of Triiodothyronine T3 Total Tt3	90	\$0.00
84480	Assay Of Triiodothyronine T3 Total Tt3		\$27.00
84481	Assay Of Triiodothyronine T3 Free	90	\$0.00
84482	Triiodothyronine T3 Reverse	90	\$0.00
84484	Assay Of Troponin Quantitative	90	\$0.00
84520	Urea Nitrogen Quantitative Assay		\$8.00
84550	Assay Of Blood/Uric Acid	90	\$0.00
84630	Assay Of Zinc	90	\$0.00
84681	Assay Of C-Peptide	90	\$0.00
84702	Gonadotropin Chorionic Quantitative	90	\$0.00
84703	Serum Pregnancy Test		\$20.18
85007	Blood Count Smear Mcrscp W/Mnl Difrntl W		\$11.00
85008	Bld Count Smear Mcrscp W/O Mnl Difrntl W		\$9.42
85018	Hemocue HEMOGLOBIN BLOOD COUNT		\$7.00
85025	Cbc Auto&Auto Difrntl Wbc		\$40.00
85027	CBC Automated		\$17.49
85041	Blood Count Red Blood Cell Automated	90	\$0.00
85045	Blood Count Reticulocyte Automated	90	\$0.00
85045	Blood Count Reticulocyte Automated		\$8.00
85240	Clotting Factor Viii Ahg 1 Stage	90	\$0.00
85245	Clotting Factor Viii Vw Factor Ristoceti	90	\$0.00
85246	Clotting Factor Viii Vw Factor Antigen	90	\$0.00
85305	Clotting Inhibitors Protein S Total	90	\$0.00
85306	Clotting Inhibitors Protein S Free	90	\$0.00
85549	Muramidase	90	\$0.00
85610	Prothrombin Time	90	\$0.00
85613	Russell Viper Venom Time Diluted	90	\$0.00
85652	Sedimentation Rate Rbc Automated	90	\$0.00
85730	Thromboplastin Time Partial Plasma/Whole	90	\$0.00
85732	Thromboplastin Time Prtl Substit Plasma	90	\$0.00
86003	Allergen Specific Ige; Quantitative Or S	90	\$0.00
86008	Allergen Specific Ige; Quantitative Or S	90	\$0.00
86038	Antinuclear Antibodies Ana	90	\$0.00
86060	Antistreptolysin O Titer	90	\$0.00
86140	C-Reactive Protein	90	\$0.00
86141	C-Reactive Protein High Sensitivity	90	\$0.00
86146	Beta 2 Glycoprotein I Antibody Each	90	\$0.00
86147	Cardiolipin Antibody Each Ig Class	90	\$0.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



86160	Complement Antigen Each Component	90	\$0.00
86200	Cyclic Citrullinated Peptide Antibody	90	\$0.00
86225	Dna Antibody Native/Double Stranded	90	\$0.00
86255	Fluorescent Nonnftc Agt Antb Screen Ea A	90	\$0.00
86256	Fluorescent Nonnftc Agt Antb Titer Ea An	90	\$0.00
86304	Immunoassay Tumor Antigen Quantitative C	90	\$0.00
86308	Mononecleosis Heterophile Antibodies Scr	90	\$0.00
86308	Mononecleosis Heterophile Antibodies Scr		\$23.00
86317	Immunoassay Infectious Agent Antibody Qu	90	\$0.00
86334	Immunofixj Electrophoresis Serum	90	\$0.00
86336	Inhibin A	90	\$0.00
86341	Islet Cell Antibody	90	\$0.00
86376	Microsomal Antibodies Each	90	\$0.00
86430	Rheumatoid Factor Qualitative	90	\$0.00
86431	Rheumatoid Factor Quantitative	90	\$0.00
86480	Tb Cell Mediated Antign Respns Gamma In	90	\$0.00
86480	Tb Cell Mediated Antign Respns Gamma In		\$79.00
86580	Skin Test Tuberculosis Intradermal		\$13.00
86592	Rpr Syphilis Test Non-Treponemal Antibody		\$11.43
86593	Syphilis Test Quantitative	90	\$0.00
86615	Antibody Bordetella	90	\$0.00
86618	Antibody Borrelia Burgdorferi Lyme Disease	90	\$0.00
86644	Antibody Cytomegalovirus Cmv	90	\$0.00
86663	Antibody Epstein-Barr Eb Virus Early Ant	90	\$0.00
86664	Antibody Epstein-Barr Eb Virus Nuclear A	90	\$0.00
86665	Antibody Epstein-Barr Eb Virus Viral Cap	90	\$0.00
86677	Antibody Helicobacter Pylori	90	\$0.00
86695	Antibody Herpes Smplx Type 1	90	\$0.00
86695	Antibody Herpes Smplx Type 1		\$25.00
86696	Antibody Herpes Smplx Type 2	90	\$0.00
86696	Antibody Herpes Smplx Type 2		\$37.00
86704	Hepatitis B Core Antibody Hbcab Total	90	\$0.00
86706	Hepatitis B Surf Antibody Hbsab	90	\$0.00
86708	Hepatitis Antibody Haab Total	90	\$0.00
86735	Antibody Mumps	90	\$0.00
86747	Antibody Parvovirus	90	\$0.00
86753	Antibody Protozoa Nes	90	\$0.00
86757	Antibody Rickettsia	90	\$0.00
86762	Antibody Rubella	90	\$0.00
86765	Antibody Rubeola	90	\$0.00
86769	Antibody; Severe Acute Respiratory Syndr	90	\$0.00
86777	Antibody Toxoplasma	90	\$0.00
86778	Antibody Toxoplasma Igm	90	\$0.00
86787	Antibody Varicella-Zoster		\$25.00
86788	Antibody West Nile Virus Igm	90	\$0.00
86789	Antibody West Nile Virus	90	\$0.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



86790	Antibody Virus Not Elsewhere Specified	90	\$0.00
86800	Thyroglobulin Antibody	90	\$0.00
86803	Hepatitis C Antibody	90	\$0.00
86803	Hepatitis C Antibody		\$27.00
86850	Antibody Screen Rbc Each Serum Technique	90	\$0.00
86850	Antibody Screen Rbc Each Serum Technique		\$22.00
86870	Antibody Id Rbc Antibodies Ea Panel Ea S	90	\$0.00
86880	Antihuman Globulin Direct Each Antiserum	90	\$0.00
86900	Blood Typing Serologic Abo		\$6.00
86901	Blood Typing Serologic Rh (D)		\$6.00
87040	Culture Bacterial Blood Aerobic W/Id Iso	90	\$0.00
87045	Cul Bact Stool Aerobic Isol Salmonella &S	90	\$0.00
87046	Cul Bact Stool Aerobic Addl Pathogens&Id	90	\$0.00
87075	Culture Bacterial Any Source Anaerobic I	90	\$0.00
87081	Culture Screening Only	90	\$0.00
87081	Culture Screening Only		\$18.16
87086	Urine Culture Bacterial Quantitative		\$22.20
87101	Cul Fngi Mold/Yeast Prsmptv Id Skn Hair/	90	\$0.00
87110	Culture Chlamydia Any Source	90	\$0.00
87177	Ova&Parasites Direct Smears Concentration	90	\$0.00
87184	Susceptibility Study Antimicrobial Disk		\$19.00
87205	Smear Gram Or Giemsa Stain		\$17.00
87209	Smr Prim Src Cplx Spec Stain Ova&Parasit	90	\$0.00
87210	Wet Mount		\$12.00
87220	Koh Slide Samps Skn/Hr/Nls Fngi/Ectopara		\$11.43
87252	Virus Tissue Culture Inoculation Cytopathic Ef	90	\$0.00
87324	Iaad Eia Clostridium Difficile Toxin	90	\$0.00
87329	Iaad Eia Giardia	90	\$0.00
87340	Iaad Eia Hepatitis B Surface Antigen	90	\$0.00
87350	Iaad Eia Hepatitis Be Antigen	90	\$0.00
87389	Iaad Eia Hiv-1 Ag W/Hiv-1 & Hiv-2 Antbdy	90	\$0.00
87400	Influenza A/B Each	59	\$32.96
87400	Influenza A/B Each		\$32.96
87420	Rsv Respiratory Syncytial Virus		\$32.96
87426	Infectious Agent Antigen Detection By Im		\$30.00
87427	Iaad Eia Shiga-Like Toxin	90	\$0.00
87491	Iadna Chlamydia Trachomatis Amplified Pr	90	\$0.00
87491	Iadna Chlamydia Trachomatis Amplified Pr		\$0.00
87517	Iadna Hepatitis B Virus Quantification	90	\$0.00
87521	Iadna Hepatitis C Amplified Probe&Revrse	90	\$0.00
87522	Iadna Hepatitis C Quant & Reverse Transc	90	\$0.00
87528	Iadna Herpes Simplx Virus Direct Probe T	90	\$0.00
87536	Iadna Hiv-1 Quant & Reverse Transcriptio	90	\$0.00
87563	Infectious Agent Detection By Nucleic Ac	90	\$0.00
87591	Iadna Neisseria Gonorrhoeae Amplified Pr	90	\$0.00
87624	Iadna Human Papillomavirus High-Risk Typ	90	\$0.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



87625	Iadna Human Papillomavirus Types 16 & 18	90	\$0.00
87661	Iadna Trichomonas Vaginalis Amplified Pr	90	\$0.00
87798	Iadna Nos Amplified Probe Tq Each Organi	90	\$0.00
87801	Iadna Multiple Organisms Amplified Probe	90	\$0.00
87804	Iaadiadoo Influenza	59	\$32.96
87804	Iaadiadoo Influenza	90	\$0.00
87804	Iaadiadoo Influenza		\$32.96
87811	Infectious Agent Antigen Detection By Im		\$0.00
87880	Streptococcus Group A		\$32.96
87902	Nfct Agnt Genotyp Nucleic Acid Hepatitis	90	\$0.00
88175	Pap Smear		\$49.00
88271	Molecular Cytogenetics Dna Probe Each	90	\$0.00
88275	Molec Cytg Interphase Ish Analyze 100-30	90	\$0.00
90378	Respiratory Syncytial Virus Ig Im 50 Mg		\$0.00
90471	Im Adm Prq Id Subq/Im Njxs 1 Vaccine	EP	\$17.00
90471	Im Adm Prq Id Subq/Im Njxs 1 Vaccine		\$17.00
90472	Im Adm Prq Id Subq/Im Njxs Ea Vaccine	EP	\$17.00
90472	Im Adm Prq Id Subq/Im Njxs Ea Vaccine		\$17.00
90473	Im Adm Intransl/Oral 1 Vaccine	EP	\$17.00
90473	Im Adm Intransl/Oral 1 Vaccine		\$17.00
90474	Im Adm Intransl/Oral Ea Vaccine	EP	\$17.00
90474	Im Adm Intransl/Oral Ea Vaccine		\$17.00
90480	Covid-19 Vaccine Administration		\$65.00
90620	Bexsero 90620 PRIVATE		\$175.00
90620	Bexsero 90620 STATE	SL	\$0.00
90632	Hep A Adult State	SL	\$0.00
90632	Hep A Adult Private		\$71.00
90633	Hep A Peds State	SL	\$0.00
90633	Hep A Peds Private		\$27.00
90636	Twinrix STATE	SL	\$0.00
90636	Twinrix PRIVATE		\$121.00
90647	Hib State	SL	\$0.00
90647	Hib Private		\$27.00
90649	Gardasil STATE	SL	\$0.00
90649	Gardasil PRIVATE		\$152.00
90651	Gardasil 9 STATE	SL	\$0.00
90651	Gardasil 9 PRIVATE		\$228.00
90657	Flu Vaccine Private		\$8.00
90657	Flu Vaccine State	SL	\$0.00
90658	Flu Vaccine 3/ Yrs State	SL	\$0.00
90658	Flu Vaccine 3/ Yrs Private		\$8.00
90660	Flumist STATE	SL	\$0.00
90660	Flumist PRIVATE		\$8.00
90661	Influenza Vaccine Cell Cult Prsrv Free I		\$8.00
90670	Prevnar STATE	SL	\$0.00
90670	Prevnar PRIVATE		\$238.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



90672	Flumist STATE	SL	\$0.00
90672	Flumist PRIVATE		\$8.00
90674	Influenza, Quadrivalent STATE	SL	\$0.00
90674	Influenza, Quadrivalent PRIVATE		\$8.00
90675	Rabies Vaccine Intramuscular		\$202.98
90676	Rabies Vaccine Intradermal		\$63.64
90679	Arexvy (RSV Vaccine, adjuvanted)		\$289.00
90680	Rotavirus Vaccine 3 Dose Oral STATE	SL	\$0.00
90680	Rotavirus Vaccine 3 Dose Oral PRIVATE		\$85.00
90681	Rotarix STATE	SL	\$0.00
90681	Rotarix PRIVATE		\$138.00
90685	Flu Vaccine 6-35 Months STATE	SL	\$0.00
90685	Flu Vaccine 6-35 Months PRIVATE		\$8.00
90686	Flu Vaccine 3 Years And Older PRIVATE		\$8.00
90686	Flu Vaccine 3yrs And Older STATE	SL	\$0.00
90688	Flu Vaccine 3yrs And Older PRIVATE		\$8.00
90690	Typhoid Oral Private		\$67.00
90691	Typhoid Vaccine Im State	SL	\$0.00
90691	Typhoid Vaccine Im Private		\$71.00
90696	Kinrix STATE	SL	\$0.00
90696	Kinrix PRIVATE		\$51.00
90697	Vaxelis Vaccine		\$147.00
90698	Dtap-Hib-Ipv State	SL	\$0.00
90698	Dtap-Hib-Ipv Private		\$87.00
90700	Dtap Vaccine <7 YR STATE	SL	\$0.00
90700	Dtap Vaccine <7 Yr Private		\$24.00
90702	Dt Vaccine <7 YR STATE	SL	\$0.00
90707	Mmr Private		\$77.00
90707	Mmr State	SL	\$0.00
90710	Mmrv State	SL	\$0.00
90710	Mmrv Private		\$223.00
90713	Ipv State	SL	\$0.00
90713	Ipv Private		\$141.00
90714	Td Decavac 7 Yr/ State	SL	\$0.00
90714	Td Decavac Fr 7 Yr/ Private		\$35.00
90715	Tdap 7 Yrs/ State	SL	\$0.00
90715	Tdap 7 Yrs/ Private		\$43.00
90716	Varivax State	SL	\$0.00
90716	Varivax Private		\$140.00
90717	Yellow Fever Vaccine Sc STATE	SL	\$0.00
90717	Yellow Fever Vaccine PRIVATE		\$141.00
90723	Pediarix State	SL	\$0.00
90723	Pediarix Private		\$78.00
90732	Pneumovax 2 YRS/ STATE	SL	\$0.00
90732	Pneumovax 23-V 2 YRS/ PRIVATE		\$106.00
90733	Meningococcal Polysac Subcutaneous State	SL	\$0.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



90733	Meningococcal Polysac Subcutaneous Priva		\$91.00
90734	Meningococcal Conj Quadivalent State	SL	\$0.00
90734	Meningococcal Conj Quadivalent Private		\$153.00
90736	Zoster Vaccine STATE	SL	\$0.00
90736	Zoster Vaccine PRIVATE		\$175.00
90738	Japanese Encephalitis STATE	SL	\$0.00
90738	Japanese Encephalitis PRIVATE		\$232.00
90744	Hep B Peds State	SL	\$0.00
90744	Hep B Peds Private		\$55.00
90746	Hep B Adult State	SL	\$0.00
90746	Hep B Adult Private		\$49.00
90750	Shingrix (Zoster Vaccine)		\$189.00
90791	Psychiatric Diagnostic Evaluation		\$142.00
90832	Psychotherapy Patient &/ Family 30 Minute		\$65.00
90833	Psychotherapy Pt&/Family W/E&M Srvcs 30		\$34.00
90834	Psychotherapy Patient &/ Family 45 Minute		\$95.00
90836	Psychotherapy Pt&/Family W/E&M Srvcs 45		\$56.00
90837	Psychotherapy Patient &/ Family 60 Minute		\$131.00
90838	Psychotherapy Pt&/Family W/E&M Srvcs 60		\$89.00
90839	Psychotherapy For Crisis Initial 60 Minu		\$156.00
90840	Psychotherapy For Crisis Each Addl 30 Mi		\$88.00
91300	Pfizer Covid-19 Vaccine 12 And Older		\$0.00
91301	Moderna Covid-19 Vaccine		\$0.00
91305	Pfizer Covid-19 Vaccine 12 And Older, Ready To Use		\$0.00
91306	Moderna Covid-19 Vaccine, Booster		\$0.00
91307	Pfizer Covid-19 Vaccine 5-11 Years		\$0.00
91320	Covid-19 Comirnaty (Pfizer) 12yrs & up		\$124.00
91321	Covid-19 Spikevax (Moderna) 6mths – 11yrs		\$134.00
91322	Covid-19 Spikevax (Moderna) 12yrs & up		\$134.00
92002	Ophth Medical Xm&Eval Intermediate New P		\$56.00
92012	Ophth Medical Xm&Eval Intermediate Estab		\$59.00
92499	Unlisted Ophthalmological Service/Proced		\$0.00
92551	Screening Test Pure Tone Air Only		\$19.29
92551	Screening Test Pure Tone Air Only	EP	\$0.00
92567	Tympanometry		\$32.00
92587	Distort Product Evoked Otoacoustic Emisn	EP	\$0.00
92587	Distort Product Evoked Otoacoustic Emisn		\$64.59
93000	Ecg Routine Ecg W/Least 12 Lds W/I&R		\$25.00
93040	Rhythm Ecg 3-Jan Leads W/Interpretation		\$11.00
93041	Rhythm Ecg 3-Jan Leads Tracing Only W/O		\$10.00
93770	Dermination Of Venous Pressue		\$11.00
93784	Ambl Bld Press W/Tape&/Disk 24/ Hr Alys		\$57.00
93880	Duplex Scan Extracranial Art Compl Bi St		\$500.00
93882	Duplex Scan Extracranial Art Uni/Lmtd St		\$600.00
93971	Dup-Scan Xtr Veins Unilateral/Limited St		\$450.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



93990	Duplex Scan Hemodialysis Access		\$400.00
94010	Spmtry W/Vc Expiratory Flo W/Wo Mxml Vol		\$39.00
94060	Brncdilal Rspse Spmtry Pre&Post-Brncdila		\$68.00
94640	Pressurized/Nonpressurized Inhalation Tr		\$25.35
94664	Demo&/Eval Of Pt Utiliz Aersl Gen/Neb/In		\$39.00
94760	Noninvasive Ear/Pulse Oximetry Single De		\$4.50
95115	Prof Svcs Allg Immntx X W/Prv Allgic Xtr		\$13.00
95117	Prof Svcs Allg Immntx X W/Prv Allgic Xtr		\$20.00
96110	Developmental Screen W/Scoring & Doc Std		\$13.24
96127	Behav Assmt W/Score & Docd/Stand Instrum		\$17.28
96160	Administration Of Patient-Focused Health		\$17.28
96161	Administration Of Caregiver-Focused Heal		\$17.28
96360	Iv Infusion Hydration Initial 31 Min-1 H		\$67.00
96361	Iv Infusion Hydration Each Additional Ho		\$20.00
96372	Therapeutic Prophylactic/Dx Injection Su		\$26.00
97802	Medical Nutrition Assmt&Ivntj Indiv Each		\$55.87
97803	Medical Nutrition Re-Assmt&Ivntj Indiv E		\$31.60
97804	Medical Nutrition Therapy Grp2/ Indiv Ea		\$11.00
98960	Education&Training Self-Mgmt Nonphys 1 P		\$25.00
98961	Education&Training Self-Mgmt Nonphys 4-F		\$15.00
98966	Nonphysician Telephone Assessment 10-May		\$15.00
98967	Nonphysician Telephone Assessment 20-Nov		\$27.00
98968	Nonphysician Telephone Assessment 21-30		\$40.00
99024	Postop Follow Up Visit Related To Origin		\$73.65
99058	Svc Prv Emer Basis In Office Disrupting		\$27.00
99070	Supplies&Materials Above/Beyond Prov By		\$15.00
99080	Spec Reports Usual Med Comunicaj/Stand		\$36.05
99147	Prolonged Office Of Other Outpatient Visit		\$83.00
99173	Screening Test Visual Acuity Quantitativ	EP	\$0.00
99173	Screening Test Visual Acuity Quantitativ		\$21.00
99201	Office Outpatient New 10 Minutes	OB	\$0.00
99201	Office Outpatient New 10 Minutes		\$92.00
99202	Office O/P New Sf 15-29 Min	OB	\$0.00
99202	Office O/P New Sf 15-29 Min		\$137.00
99203	Office O/P New Low 30-44 Min	OB	\$0.00
99203	Office O/P New Low 30-44 Min		\$195.00
99204	Office O/P New Mod 45-59 Min	OB	\$0.00
99204	Office O/P New Mod 45-59 Min		\$287.00
99205	Office O/P New Hi 60-74 Min	OB	\$0.00
99205	Office O/P New Hi 60-74 Min		\$360.00
99211	Office O/P Est Minimal Prob	OB	\$0.00
99211	Office O/P Est Minimal Prob		\$51.00
99212	Office O/P Est Sf 10-19 Min	OB	\$0.00
99212	Office O/P Est Sf 10-19 Min		\$84.00
99213	Office O/P Est Low 20-29 Min	OB	\$0.00
99213	Office O/P Est Low 20-29 Min		\$124.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



99214	Office O/P Est Mod 30-39 Min	OB	\$0.00
99214	Office O/P Est Mod 30-39 Min		\$187.00
99215	Office O/P Est Hi 40-54 Min	OB	\$0.00
99215	Office O/P Est Hi 40-54 Min		\$268.00
99354	Prolng Svc Office O/P Dir Contact 1st Hr		\$75.00
99381	Initial Preventive Medicine New Patient	EP	\$140.00
99381	Initial Preventive Medicine New Patient		\$140.00
99382	Initial Preventive Medicine New Pt Age 1	EP	\$140.00
99382	Initial Preventive Medicine New Pt Age 1		\$140.00
99383	Initial Preventive Medicine New Pt Age 5	EP	\$227.00
99383	Initial Preventive Medicine New Pt Age 5		\$227.00
99384	Initial Preventive Medicine New Pt Age 1	EP	\$249.00
99384	Initial Preventive Medicine New Pt Age 1		\$249.00
99385	Initial Preventive Medicine New Pt Age 1	EP	\$246.00
99385	Initial Preventive Medicine New Pt Age 1		\$246.00
99386	Initial Preventive Medicine New Patient		\$293.00
99387	Preventive Medicine New Patient 65yrs&		\$317.00
99391	Periodic Preventive Med Established Pati	EP	\$140.00
99391	Periodic Preventive Med Established Pati		\$140.00
99392	Periodic Preventive Med Est Patient 1-4y	EP	\$140.00
99392	Periodic Preventive Med Est Patient 1-4y		\$140.00
99393	Periodic Preventive Med Est Patient 5-11	EP	\$186.00
99393	Periodic Preventive Med Est Patient 5-11		\$186.00
99394	Periodic Preventive Med Est Patient 12-1	EP	\$215.00
99394	Periodic Preventive Med Est Patient 12-1		\$215.00
99395	Periodic Preventive Med Est Patient 18-3	EP	\$209.00
99395	Periodic Preventive Med Est Patient 18-3		\$209.00
99396	Periodic Preventive Med Est Patient 40-6		\$233.00
99397	Periodic Preventive Med Est Patient 65yr		\$258.00
99401	Prevent Med Counsel&/Risk Factor Redj Sp		\$35.00
99406	Tobacco Use Cessation Intermediate 3-10		\$18.00
99407	Tobacco Use Cessation Intensive 10 Minut		\$34.00
99408	Alcohol/Substance Screen & Interven 15-3		\$46.00
99409	Alcohol/Substance Screen & Intervention		\$89.00
99441	Phys/Qhp Telephone Evaluation 5-10 Min		\$67.00
99442	Phys/Qhp Telephone Evaluation 11-20 Min		\$100.00
99443	Phys/Qhp Telephone Evaluation 21-30 Min		\$150.00
99455	Work Related/Med Dbt Xm Treating Phys		\$101.00
99497	Advanced Care Planning, First Thirty Minutes, Services Limited Medicare Beneficiaries		\$86.00
99498	Advanced Care Planning, Each Additional Thirty Minutes, Services Limited Medicare Beneficiaries		\$75.00
99501	Home Visit Postnatal Assmt&F-Up Care		\$232.59
99502	Home Visit Newborn Care & Assessment		\$232.59
D0145	Oral Evaluation, Pt < 3yrs		\$58.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



D1206	Topical Application Of Fluoride Varnish		\$42.00
E8658	Employee Skin Test V741		\$0.00
FLAGL	Metronidazole 500mg		\$0.00
G0008	Admin Influenza Virus Vac		\$17.00
G0009	Admin Pneumococcal Vaccine		\$17.00
G0010	Admin Hepatitis B Vaccine		\$17.00
G0101	CA Screen;Pelvic/Breast Exam		\$55.69
G0103	Psa Screening		\$55.69
G0108	Diab Manage Trnper Indiv		\$27.00
G0109	Diab Manage Trn Ind/Group		\$16.00
G0179	Md Recertification Hha Pt		\$0.00
G0180	Md Certification Hha Patient		\$0.00
G0402	Initial Preventive Exam		\$239.00
G0438	Ppps, Initial Visit		\$239.00
G0439	Ppps, Subseq Visit		\$175.00
G2012	Brief Check In By Md/Qhp		\$18.00
G8417	Calc Bmi Abv Up Param F/U		\$0.00
G8419	Calc Bmi Out Nrm Param Nof/U		\$0.00
G8420	Calc Bmi Norm Parameters		\$0.00
G8427	Doc Cur Meds By Prov		\$0.00
G8428	Cur Meds Not Document		\$0.00
G8430	Pt Inelig Med Check		\$0.00
G8431	Pos Clin Depres Scrn F/U Doc		\$0.00
G8433	Pt Inelig; Scrn Clin Dep		\$0.00
G8483	Flu Imm No Admin Doc Rea		\$0.00
G8484	Flu Immunize No Admin		\$0.00
G8509	Pos Pain Assess No F/U Doc		\$0.00
G8510	Pt Inelig Neg Scrn Depres		\$0.00
G8511	Clin Depres Scrn No F/U Doc		\$0.00
G8730	Pain Doc Pos And Plan		\$0.00
G8731	Pain Neg No Plan		\$0.00
G8732	No Doc Of Pain		\$0.00
G8752	Sys Bp Less 140		\$0.00
G8753	Sys Bp Or = 140		\$0.00
G8754	Dias Bp Less 90		\$0.00
G8755	Dias Bp Or = 90		\$0.00
G8783	Bp Scrn Perf Rec Interval		\$0.00
G8938	Bmi Calc, Pt No F/U Plan Elg		\$0.00
G8939	Pain Assessment Documented As Positive,		\$0.00
G8950	Pre-Htn Or Htn Doc, F/U Indc		\$0.00
G8952	Pre-Htn/Htn, No F/U, Not Gvn		\$0.00
G9919	Screening Performed And Positive And Provision Of Recommendations		\$0.00
G9921	Positive Screening Without Recommendations		\$0.00
J0561	Penicillin G Benzathine Inj		\$5.00
J0696	Ceftriaxone Sodium Injection		\$20.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



J0702	Betamethasone Acet&Sod Phosp		\$6.00
J1020	Methylprednisolone 20 Mg Injection		\$2.50
J1030	Methylprednisolone 40 Mg Injection		\$4.50
J1040	Methylprednisolone 80 Mg Injection		\$9.50
J1050	Medroxyprogesterone Acetate	FP	\$0.35
J1050	Medroxyprogesterone Acetate	UD	\$0.23
J1050	Medroxyprogesterone Acetate		\$0.35
J1094	Injection Dexamethasone Acetate		\$1.16
J1100	DEXAMETHASONE SODIUM PHOS 1 Mg		\$0.45
J1200	Diphenhydramine HCL Injection		\$1.00
J1726	Injection, Hydroxyprogesterone Caproate,		\$0.00
J1815	Insulin Injection		\$0.50
J1885	KETOROLAC TROMETHAMINE INJ Per 15 Mg		\$0.50
J1940	Furosemide Injection		\$0.50
J2001	Lidocaine Injection		\$0.50
J2550	Promethazine Hcl Injection		\$1.50
J2790	Rho D Immune Globulin Inj		\$108.60
J2930	Methylprednisolone Injection		\$4.00
J3250	Trimethobenzamide Hcl Inj		\$4.50
J3301	Triamcinolone Acet Inj Nos		\$1.50
J3410	Hydroxyzine Hcl Injection		\$1.14
J3420	Vitamin B12 Injection		\$0.50
J3490	Drugs Unclassified Injection		\$0.00
J7030	Normal Saline Solution Infus		\$1.00
J7042	5% Dextrose/Normal Saline		\$0.50
J7060	5% Dextrose/Water		\$1.50
J7120	Ringers Lactate Infusion		\$1.00
J7298	Levonorgestrel Iu 52mg 5 Yr	FP	\$860.00
J7298	Levonorgestrel Iu 52mg 5 Yr	UD	\$326.46
J7298	Levonorgestrel Iu 52mg 5 Yr		\$860.00
J7300	Intraut Copper Contraceptive	FP	\$776.00
J7300	Intraut Copper Contraceptive	UD	\$235.07
J7300	Intraut Copper Contraceptive		\$776.00
J7301	Levonorgestrel Iu 13.5 Mg	FP	\$671.00
J7301	Levonorgestrel Iu 13.5 Mg	UD	\$449.50
J7301	Levonorgestrel Iu 13.5 Mg		\$671.00
J7307	Etonogestrel Implant System	FP	\$700.00
J7307	Etonogestrel Implant System	UD	\$399.00
J7307	Etonogestrel Implant System		\$700.00
J7613	Albuterol 1mg Inhalation Solution Non Co		\$32.00
LDCOU	Lead Counseling		\$0.00
LU021	Complete Form Verify Exam		\$0.00
LU100	HIV Pre Test Counseling Or Testing		\$0.00
LU101	HIV Post Test Results Or Counseling		\$0.00
LU102	Completion Of Record Of TB Screen		\$0.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



LU114	PPD With STATE SUPPLY V741		\$0.00
LU117	Ppd Positive Result Contact		\$0.00
LU118	Ppd Negative Result Contact		\$0.00
LU119	Ppd Positive Result Low Risk R7611		\$0.00
LU120	Ppd Negative Result Low Risk R7611		\$0.00
LU123	Ppd No Read Contact		\$0.00
LU124	Ppd Not Read Low Risk		\$0.00
LU125	Reading A PPD Placed Elsewhere		\$0.00
LU201	Repeat Pap Smear		\$0.00
LU232	Test Or Lab Results Only		\$0.00
LU235	Pill Replacement		\$0.00
LU236	Pill Pick Up Only		\$0.00
LU237	Non-Billable Social Worker Contact		\$0.00
LU238	Non-Billable Health Ed Contact		\$0.00
LU239	Non-Billable Nutritionist Contact		\$0.00
LU240	Non-Billable Tb Lpn Contact		\$0.00
LU241	Non-Billable Ch Nurse Contact		\$0.00
LU242	Non Billable Std Contact		\$0.00
LU243	Non-Billable Cd Contact		\$0.00
LU247	Non-Billable Mh Nurse Contact		\$0.00
LU261	Non-Billable Fp Contact		\$0.00
LU262	Ppd Positive Result High Risk		\$0.00
LU263	Ppd Negative Result High Risk		\$0.00
LU264	Ppd Not Read High Risk		\$0.00
LU265	Treatment Of LBTI Initiated High		\$0.00
LU266	Treatment Of LBTI Initiated Low		\$0.00
LU267	Treatment Of LBTI Initiated Contact		\$0.00
LU268	Treatment Of LBTI Completed High		\$0.00
LU269	Treatment Of LBTI Completed Low		\$0.00
LU270	Treatment Of LBTI Completed Contact		\$0.00
LU271	Treatment Of LBTI Incomplete High		\$0.00
LU272	Treatment Of LBTI Incomplete Low		\$0.00
LU273	Treatment Of LBTI Incomplete Contact		\$0.00
LU279	Non-Billable Primary Care Nurse Contact		\$0.00
LU285	Fp Enhanced Role Rn Contact Report Only		\$0.00
LU400	Misc Services		\$0.00
LU401	Plan B Z30012		\$0.00
MISC	Miscellaneous Service		\$0.00
M0201	Admin Of Covid-19 Vaccine To Certain Medicare Patients In Their Home		\$0.00
OCC	Occupational Exposure		\$0.00
PTBAL	Patient Balance		\$0.00
Q2035	Afluria Vaccine, 3 Yrs & Private		\$8.00
Q2037	Fluvirin Vaccine, 3 Yrs & Private		\$8.00
Q2038	Fluzone Vaccine, 3 Yrs & State	SL	\$0.00
S0280	Medical Home, Initial Plan		\$73.50

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



S0281	Medical Home, Maintenance		\$220.50
S4993	Contraceptive Pills For Birth Control	FP	\$5.48
S4993	Contraceptive Pills For Birth Control	UD	\$8.27
S4993	Contraceptive Pills For Birth Control		\$5.48
S9442	Birthing Class		\$19.09
S9455	Diabetic Management Program,		\$40.00
S9465	Diabetic Management Program,		\$34.00
S9470	Nutritional Counseling, Diet		\$120.00
T1001	Nursing Assessment/Evaluation		\$129.00
T1002	RN Services Up To 15 Minutes		\$70.00
T1029	Dwelling Lead Investigation		\$438.16
U0002	2019-Ncov Coronavirus, SARS-Cov-2/2019-N		\$0.00

HOSPICE (5090)

A. SERVICE FEES

Fee	Charge
Routine Home Care	\$219.00 per day
Continuous Home Care	\$66.00 per hour
Inpatient Respite Care	\$508.00 per day
General Inpatient Care	\$1,146.00 per day
Skilled Nursing Visit	\$135.00 per visit
Hospice Aid	\$65.00 per visit
Social Worker	\$150.00 per visit
Physical Therapy	\$140.00 per visit

BEHAVIORAL HEALTH (5103)

A. MEDICAL FEES

Code	Fee	Charge
90791	Psychiatric Diagnostic Evaluation	\$142.00
90832	Psychotherapy Patient &/ Family 30 Minute	\$65.00
90833	Psychotherapy Pt&/Family W/E&M Services 30	\$34.00
90834	Psychotherapy Patient &/ Family 45 Minute	\$95.00
90836	Psychotherapy Pt&/Family W/E&M Services 45	\$56.00
90837	Psychotherapy Patient &/ Family 60 Minute	\$131.00
90838	Psychotherapy Pt&/Family W/E&M Services 60	\$89.00
90839	Psychotherapy For Crisis Initial 60 Minu	\$156.00
90840	Psychotherapy For Crisis Each Additional 30 Mi	\$88.00
98966	Nonphysician Telephone Assessment 10-May	\$15.00
98967	Nonphysician Telephone Assessment 20-Nov	\$27.00
98968	Nonphysician Telephone Assessment 21-30	\$40.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



G2012	Brief Check-In By Md/Qhp	\$18.00
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RISK REDUCTION – HEALTH COMMUNITIES (5110)	
A. SERVICES	
Fee	Charge
Minority Diabetes Prevention Program (MDPP)	\$0.00 (Fee Waived – COVID-19 Pandemic) \$0.00 - \$25.00 (Based on income)

PHARMACY 340B (5140)	
A. GENERIC 340B DRUGS	
Fee	Charge
Quantity: 0-30	Acquisition Cost (varies) + \$4.00
Quantity: 31-45	Acquisition Cost (varies) + \$5.00
Quantity: 46-60	Acquisition Cost (varies) + \$7.50
Quantity: 61-75	Acquisition Cost (varies) + \$10.00
Quantity: 76-90	Acquisition Cost (varies) + \$12.50
Quantity: 91-105	Acquisition Cost (varies) + \$15.00
Quantity: 106-115	Acquisition Cost (varies) + \$17.50
Quantity: 116-130	Acquisition Cost (varies) + \$20.00
Quantity: 131-145	Acquisition Cost (varies) + \$22.50
Quantity: 146-160	Acquisition Cost (varies) + \$25.00
Quantity: 161-175	Acquisition Cost (varies) + \$27.50
Quantity: 176-190	Acquisition Cost (varies) + \$30.00
B. NAME BRAND 340B DRUGS	
Fee	Charge
Quantity: 0-15	Acquisition Cost (varies) + \$15.00
Quantity: 16-30	Acquisition Cost (varies) + \$20.00
Quantity: 31-45	Acquisition Cost (varies) + \$25.00
Quantity: 46-60	Acquisition Cost (varies) + \$30.00
Quantity: 61-75	Acquisition Cost (varies) + \$35.00
Quantity: 76-90	Acquisition Cost (varies) + \$40.00
Quantity: 91-105	Acquisition Cost (varies) + \$45.00
Quantity: 106-115	Acquisition Cost (varies) + \$50.00
Quantity: 116-130	Acquisition Cost (varies) + \$55.00
Quantity: 131-145	Acquisition Cost (varies) + \$60.00
Quantity: 146-160	Acquisition Cost (varies) + \$65.00
Quantity: 161-175	Acquisition Cost (varies) + \$70.00
Quantity: 176-190	Acquisition Cost (varies) + \$75.00
C. NC MEDICAID DRUGS	
Fee	Charge
Quantity: 0+	Acquisition Cost (varies) + \$13.00
D. NC MEDICAID MANAGED CARE DRUGS	
Fee	Charge
Quantity: 0+	Acquisition Cost (varies) + \$10.24

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



E. STAFF COMPLETING PATIENT ASSISTANCE FORMS FOR FREE MEDICATION	
Fee	Charge
Quantity: 0+	Acquisition Cost (varies) + \$10.00
F. 340B CASH PRICE/ UNINSURED INSULINS AND SUPPLIES	
Fee	Charge
Insulin Multidose Vial (1 box)	Acquisition Cost (varies) + \$15.00
Insulin Pens (1 box)	Acquisition Cost (varies) + \$15.00
Victoza (1 box)	Acquisition Cost (varies) + \$20.00
Ozempic (1 box)	Acquisition Cost (varies) + \$20.00
Syringes (100-count box)	Acquisition Cost (varies) + \$10.00
Pen Tips (100-count box)	Acquisition Cost (varies) + \$7.50
G. 340B CASH PRICE/ UNINSURED INHALERS	
Fee	Charge
Albuterol (Rescue Inhaler)	Acquisition Cost (varies) + \$10.00
Long-Acting Inhaler	Acquisition Cost (varies) + \$25.00
H. 340B CASH PRICE/ UNINSURED EPI-PEN	
Fee	Charge
Epi-Pen (1 box)	Acquisition Cost (varies) + \$20.00
I. 340B CASH PRICE/ OVER-THE-COUNTER NICOTINE PRODUCTS	
Fee	Charge
14 Nicotine Patches	Acquisition Cost (varies) + \$15.00
28 Nicotine Patches	Acquisition Cost (varies) + \$30.00
Gum (110-count box)	Acquisition Cost (varies) + \$10.00
Lozenges (81-county box)	Acquisition Cost (varies) + \$10.00

SOCIAL SERVICES (5210)	
A. ADMINISTRATIVE FEES	
Fee	Charge
Copy Fee	\$0.25 per page
DSS TANF (5213)	
A. PRIVATE ADOPTION FEES	
Fee	Charge
Home Study Pre-Placement Assessment Fee	\$1,300.00
Adoption Report	\$200.00

RECREATION (5910)	
A. CREEKSIDE PARK SHELTER RENTAL FEES	
Fee	Charge
Rotary Shelter (Front of Park)	\$25.00 per 4-hour reservation
Congleton Shelter (Back of Park)	\$25.00 per 4-hour reservation
Bate Shelter (Near Youth Ball Fields)	\$25.00 per 4-hour reservation
Walking Trail Shelter (Near Fitness Area)	\$15.00 per 4-hour reservation
Gazebo (Back of Park)	\$15.00 per 4-hour reservation

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



B. WEST CRAVEN PARK SHELTER RENTAL FEES	
Fee	Charge
Bate Shelter	\$25.00 per 4-hour reservation
C. ROCKY RUN SHELTER RENTAL FEES	
Fee	Charge
Rocky Run Shelter	\$25.00 per 4-hour reservation
D. LATHAM-WHITEHURST NATURE PARK FEES	
Fee	Charge
Lathan-Whitehurst Natural Park Shelter	\$25.00 per 4-hour reservation
E. CREEKSIDE PARK FIELD AND COURT FEES (OUTSIDE GROUPS/ PUBLIC RESERVATIONS)	
Fee	Charge
Bengel Field (Youth Softball)	\$50.00 per day
Trader Field (Youth Softball)	\$50.00 per day
Weyerhaeuser Field (Youth Baseball)	\$50.00 per day
Progress Energy Field (Youth Baseball)	\$50.00 per day
Field #7 (Adult Baseball)	\$50.00 per day
Field #5 (Adult Softball)	\$50.00 per day
Field #6 (Adult Softball)	\$50.00 per day
Field #8 (Adult Softball)	\$50.00 per day
Large Soccer/ Football Field (Multi-use)	\$50.00 per day
Small Soccer/ Football Field (Multi-use)	\$50.00 per day
Tennis Courts	\$25.00 per court per day
Sand Volleyball Courts	\$25.00 per court per day
F. WEST CRAVEN PARK (OUTSIDE GROUPS / PUBLIC RESERVATIONS)	
Fee	Charge
Youth Baseball Field	\$50.00 per day
Youth Softball Field	\$50.00 per day
Adult Baseball Field	\$50.00 per day
Soccer/ Football/ Lacrosse Field (Multi-use)	\$50.00 per day
Tennis Courts	\$25.00 per court per day
G. LEAGUE AND PROGRAM FEES	
Fee	Charge
Youth Baseball (New Bern Sunday School League)	\$3.00 per player per season
Youth Softball (New Bern Girls Babe Ruth League)	\$3.00 per player per season
Youth Soccer (Coastal United Soccer Association)	\$3.00 per player per season
Youth Lacrosse (Craven Jaguars)	\$3.00 per player per season
Youth Football (West Craven Eagles/ Craven Jaguars)	\$3.00 per player per season
Youth Basketball	\$40.00 per player per season \$50.00 per player per season with late registration
Youth Volleyball	\$50.00 per player per season
Adult Volleyball	\$75.00 per team per season
Adult Kickball	\$225.00 per team per season
Adult Coed Softball	\$400.00 per team per season
Travel Baseball and Softball Teams (Practice-use Only)	\$50.00 per season
Community College, Epiphany, New Bern Christian Academy, and Private School Teams Field Usage	\$3.00 per player per season

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



(Practice Only)	
Community College, Epiphany, New Bern Christian Academy, and Private School Teams Field Usage (Games)	\$50.00 per team per game
H. CLASS, LESSON, AND CLINIC FEES	
Fee	Charge
Adult Golf Lessons (4 classes, 1-hour sessions)	\$75.00 per person \$70.00 per person for family/same households
Adult Tennis Lessons (3 classes, 1-hour sessions)	\$30.00 per person
Youth Tennis Lessons (4 classes, 45-minute sessions)	\$60.00 per person
Youth Tennis Lessons (8 classes, 45-minute sessions)	\$95.00 per person
Beginner Kayak Lessons	\$50.00 per person
I. SUMMER CAMP FEES	
Fee	Charge
Tennis Camp	\$75.00 per person per session
Indoor Volleyball Camp	\$65.00 per person per session
Basketball Camp	\$75.00 per person per session
Everyone Loves PE Camp	\$75.00 per person per session
J. MISCELLANEOUS FEES	
Fee	Charge
Field Lights (Tournaments, Private School Teams)	\$25.00 per hour
Concession Stand Use (Does Not Include Health Department Permit)	\$250.00 per season
Maintenance Worker Fee (Tournaments) – 8 hours	\$150.00 per worker
Quick Dry	\$10.00 per bag
Field Marking Lime	\$5.00 per bag

CONVENTION CENTER (5920)

A. ADMINISTRATIVE FEES	
Fee	Charge
Copies – Black/White	\$0.10 per page
Copies – Color	\$0.50 per page
Faxing	\$3.00 for first page \$1.00 per each additional page
B. RENTAL RATES	
Fee	Charge
Colonial Capital Ballroom (A,B,C)	\$3,250.00 per day
Ballroom A	\$1,850.00 per day
Ballroom B	\$1,250.00 per day
Ballroom C	\$1,000.00 per day
Tryon Room (A,B)	\$900.00 per day
Tryon Room A	\$500.00 per day
Tryon Room B	\$400.00 per day
Berne Room	\$700.00 per day
Executive Board Room	\$350.00 per day

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



Heritage Hall	\$550.00 per day
Promenade	\$265.00 per day
The View	\$1,000.00 per day
Riverfront Veranda	\$1,000.00 per day
The View, Veranda, Patio, and Greens	\$3,000.00 per day
Dressing Room Use	\$350.00 per day
Parking Lot Fee (Without Facility Rental)	\$1,000.00 per day

C. ARMED FORCES SPECIAL EVENT RENTAL RATES

Fee	Charge
Ballroom & Heritage Hall	\$1,775.00 per day
Audio-visual Package	\$675.00 per day
Dance Floor	\$650.00 per day
Reception Room	\$300.00 per day
Bartender Fee	\$150.00 per bartender
Linen (No Change Out)	\$6.45 per table
Décor	\$5.15 per table

D. LINEN AND SKIRTING FEES

Fee	Charge
Linen Table Covers (No Change Out)	\$7.00 per table
Black Table Covers 132s (No Change Out)	\$12.00 per table
13" Skirting (No Change Out)	\$15.00 per table
21" Skirting (No Change Out)	\$23.00 per table

E. DÉCOR FEES

Fee	Charge
Tall Glass Vase	\$6.00 per vase
Hurricane Globe	\$6.00 per mirror
Table Mirror	\$2.00 per table
Votives (x4)	\$2.00 per table

F. IN-HOUSE EQUIPMENT FEES

Fee	Charge
Portable Stage	\$25.00 per section
Dance Floor	\$650.00 per day
Tripod Easel	\$10.00 per day
Flip Chart with Pad and Markers	\$35.00 per day
Additional Flip Chart Pad	\$25.00 per additional pad
30" Rolling Cart	\$20.00 per day
54" Rolling Cart	\$25.00 per day
Standing Lectern	\$75.00 per day
Tabletop Lectern	\$50.00 per day
Computer Display Screen	\$625.00 per day for 1 screen \$875.00 per day for 2 screens \$1,000.00 per day for 4 screens
8" Tripod Screen	\$35.00 per day
11' Cradle Screen	\$65.00 per day

G. SERVICE FEES

Fee	Charge
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CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



Bartender	\$25.00 per hour (4-hour minimum)
Security	Contact Event Planner.
General Labor	\$18.00 per hour
Scissor Lift/Operator	\$75.00 per hour (2-hour minimum)
Refuse/ Recycle Fee	\$160.00 per event
Electrician	Prevailing rate.
Extraordinary Cleaning Services	Determined by conditions.

H. IT AND AUDIO-VISUAL FEES

Fee	Charge
Restricted Wi-Fi	\$50.00 per connection
Telephone Rental	\$20.00 per phone
Speaker Phone	\$45.00 per day
Utility Order 120 Volts/ 20 AMP	\$44.84 per day
Utility Order 240 Volts/ Single Phase	\$64.05 per day
Portable Sound System	\$225.00 per day
6 Channel Mixer	\$50.00 per day
Wireless Handheld Microphone	\$125.00 per day
Wireless Lavalier Microphone	\$125.00 per day
Smart Board	\$275.00 per day

I. PREPARED MEAL PRICES

Fee	Charge
Riverfront Continental Breakfast	\$9.00 per person
Biscuit Lovers Breakfast	\$11.00 per person
Royal Continental Breakfast	\$10.00 per person
Mid-Day Sweet Rush Snack	\$8.50 per person
Favorite 8 Snack	\$12.00 per person
Health and Fit Snack	\$10.50 per person
Snack Bar	\$10.00 per person
Health Break Snack	\$9.00 per person
Freshly Baked Grand Cookies	\$22.00 per dozen
Fudge Brownies	\$25.00 per dozen
Variety of Sweets Bar	\$28.00 per dozen

J. BAKERY PRICES

Fee	Charge
Sweet and Warm Cinnamon Rolls	\$22.00 per dozen
Bavarian Cream Eclairs	\$25.00 per dozen
Assortment of Muffins	\$20.00 per dozen
Sweet Apple Strudel Danish Pastries	\$22.00 per dozen
Apple, Blueberry, and Cinnamon Scones	\$20.00 per dozen
Variety of Bagels and Cream Cheese	\$25.00 per dozen

L. A LA CARTE FOOD PRICES

Fee	Charge
Potato Chips/ Peanuts/Trail Mix Bagged	\$1.75 per item
Potato Chips/ Pretzels/Popcorn Bowls	\$10.00 per bowl
Chocolate Candy Bars	\$1.75 per item
Assorted Ice-Cream Bars	\$2.50 per item

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



Fresh Sliced Fruit	\$3.25 per item
Southern Grand Biscuits	\$22.00 per dozen
Granola Bars	\$15.00 per 12 items
L. A LA CARTE DRINK PRICES	
Fee	Charge
Fresh Brewed Coffee	\$1.00 per cup \$24.00 per gallon
Tea/ Hot Chocolate	\$1.00 per cup \$1.50 per drink
Iced Tea/ Punch	\$18.00 per gallon
Juice – Individual	\$2.00 per item
Bottled Water (16 oz)	\$2.00 per item
Pepsi-Cola Products	\$2.00 per item
M. CONCESSION PRICES FOR PUBLIC EVENTS	
Fee	Charge
Hot Dog	\$3.00 per item
Hot Dog with Chili	\$5.00 per item
Chicken Salad Sandwich	\$6.00 per item
Chicken Salad Scoop	\$5.00 per item
Roast Beef with Cheddar Cheese Sandwich	\$6.00 per item
Turkey with Cheddar Cheese Sandwich	\$6.00 per item
Ham with Cheddar Cheese Sandwich	\$6.00 per item
Peanut Butter Crackers	\$1.00 per item
Trail Mix (Individual Bag)	\$1.00 per item
Granola (Individual Bag)	\$1.00 per item
Chips (Individual Bag)	\$1.00 per item
Fresh Baked Cookie	\$1.00 per item
Ice Cream	\$2.00 per item
N. BEER PRICES	
Fee	Charge
Budweiser/ Domestic	\$4.00 per drink
Bud Light/ Domestic	\$4.00 per drink
Miller Light/ Domestic	\$4.00 per drink
Yuengling/ Domestic	\$4.00 per drink
Michelob Ultra/ Domestic	\$4.00 per drink
Blue Moon/ Domestic	\$4.00 per drink
Corona/ Import	\$5.00 per drink
Heineken/ Import	\$5.00 per drink
Amstel Light/ Import	\$5.00 per drink
Stella Artois/ Import	\$5.00 per drink
Samuel Adams/ Import	\$5.00 per drink
Foothills Jade IPA/ Local Craft	\$6.00 per drink
Mother Earth Weeping Willow Wit / Local Craft	\$6.00 per drink
Duck Rabbit Milk Stout / Local Craft	\$6.00 per drink
O. WINE PRICES	
Fee	Charge

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



Chardonnay	\$6.00 per drink
Pinot Grigio	\$6.00 per drink
Moscato	\$6.00 per drink
White Zinfandel	\$6.00 per drink
Merlot	\$6.00 per drink
Cabernet Sauvignon	\$6.00 per drink
Pinot Noir	\$6.00 per drink
P. ALCOHOL MIXED DRINK PRICES	
Fee	Charge
House Brands	\$6.00 per drink
Call Brands	\$7.00 per drink
Premium Brands	\$8.00 per drink
Customized Specialty Drinks	\$7.00 per drink

WATER (7010)

A. ADMINISTRATIVE FEES	
Fee	Charge
Copies	\$0.25 per page
Certified Letter	\$4.05 per letter
Late Payment Penalty	10% of late account balance
B. RESIDENTIAL RATE SCHEDULE	
Fee	Charge
Consumption Usage of 0 – 3,000 Gallons	\$15.00
Consumption Usage Between 3,001 – 6,000 Gallons	\$15.00 + \$3.00 per 1,000 gallons
Consumption Usage Between 6,001 – 9,000 Gallons	\$24.00 + \$3.50 per 1,000 gallons
Consumption Usage Between 9,001 – 12,000 Gallons	\$34.50 + \$4.00 per 1,000 gallons
Consumption Usage Between 12,001 – 15,000 Gallons	\$46.50 + \$5.00 per 1,000 gallons
Consumption Usage Over 15,000 Gallons	\$61.50 + \$6.00 per 1,000 gallons
C. NON-RESIDENTIAL RATE SCHEDULE	
Fee	Charge
Consumption Usage of 0 – 3,000 Gallons	\$22.00
Consumption Usage Between 3,001 – 6,000 Gallons	\$22.00 + \$3.00 per 1,000 gallons
Consumption Usage Between 6,001 – 9,000 Gallons	\$31.00 + \$3.50 per 1,000 gallons
Consumption Usage Between 9,001 – 12,000 Gallons	\$41.50 + \$4.00 per 1,000 gallons
Consumption Usage Between 12,001 – 15,000 Gallons	\$52.00 + \$5.00 per 1,000 gallons
Consumption Usage Over 15,000 Gallons	\$62.50 + \$6.00 per 1,000 gallons
D. HYDRANT RATE SCHEDULE	
Fee	Charge
Consumption Usage of 0 – 3,000 Gallons	\$15.00
Consumption Usage Between 3,001 – 6,000 Gallons	\$15.00 + \$3.00 per 1,000 gallons
Consumption Usage Between 6,001 – 15,000 Gallons	\$24.00 + \$3.50 per 1,000 gallons
Consumption Usage Over 15,000 Gallons	\$55.50 + \$3.75 per 1,000 gallons
E. BULK RATE SCHEDULE	
Fee	Charge
Consumption Usage of 0 – 3,000 Gallons	\$400.00

CRAVEN COUNTY FEE SCHEDULE

Effective October 16, 2023



Consumption Usage Between 3,001 – 6,000 Gallons	\$400.00 + \$3.00 per 1,000 gallons
Consumption Usage Between 6,001 – 9,000 Gallons	\$409.00 + \$3.50 per 1,000 gallons
Consumption Usage Between 9,001 – 12,000 Gallons	\$419.50 + \$3.50 per 1,000 gallons
Consumption Usage Between 12,001 – 15,000 Gallons	\$430.00 + \$3.50 per 1,000 gallons
Consumption Usage Over 15,000 Gallons	\$440.50 + \$3.75 per 1,000 gallons
F. EMERGENCY INTERCONNECTION	
Fee	Charge
Emergency Interconnection Consumption Fee	\$4.00 per 1,000 gallons
G. NEW TAP FEES	
Fee	Charge
¾” Tap	\$1,250.00
¾” Meter Install	\$100.00
1” Tap	\$1,500.00
1” Meter Install	\$210.00
2” Tap	\$3,800.00
2” Meter Install	\$500.00
New Tap Deposit	\$50.00
New Tap Inspection Fee	\$10.00
H. NEW SERVICE EXISTING TAP FEES	
Fee	Charge
New Service Existing Tap Service Fee	\$25.00
New Service Existing Tap Deposit	\$50.00
I. SERVICE FEES	
Fee	Charge
Meter Re-read Fee	\$5.00
Broken Lock Replacement	\$5.00
Broken Lid Replacement	\$35.00
Meter Inspection	\$10.00
Accuracy Test	\$15.00
Reconnection Fee	\$25.00
Unplug Meter	\$50.00
Reinstall Meter	\$100.00
Service Fee (Call-out)	\$25.00
Hydrant Meter Deposit	\$500.00
Replace Damaged Angle Stop	\$50.00
Replace Damaged Meter Box	\$50.00
Replaced Damaged ¾” Meter	\$500.00
Replaced Damaged 1” Meter	\$600.00
Replaced Damaged 2” Meter	\$740.00
Replace Iperal Meter	\$350.00
Replace Digital Meter (Not Iperal)	\$350.00