



## CRAVEN COUNTY FEE SCHEDULE Effective September 1, 2025

### 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



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B. BEER AND WINE LICENSES *Per N.C.G.S. 105-113.78	
Fee	Charge
On-premises Malt Beverage License	\$25.00
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
Convenience Fee-Mail Certified Copy	\$75.00
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	



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Fee	Charge
Amendments and Legitimations	\$15.00
<b>G. NOTARY FEES *Per N.C.G.S. 161-10</b>	
Fee	Charge
Oaths	\$10.00 per oath
Verification of Commission	\$5.00
<b>H. OTHER REQUESTS *Per N.C.G.S. 161-10</b>	
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
<b>I. EXPEDITED FEES-VITAL RECORDS *Per N.C.G.S. 161-10 (a) (19)</b>	
Fee	Charge
Priority Mail	\$10.10
Priority Mail Express	\$31.40

### 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.



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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
Identification Card	\$5.00

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 Non-Emergency (BLSN)	\$350.00 + \$17.00 per mile
Basic Life Support Emergency (BLSE)	\$545.00 + \$17.00 per mile
Advanced Life Support 2 Emergency (ALS2)	\$950.00 + \$17.00 per mile
Advanced Life Support Non-Emergency (ALSN)	\$580.00 + \$17.00 per mile
Advanced Life Support Emergency (ALSE)	\$650.00 + \$17.00 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



**CRAVEN COUNTY FEE SCHEDULE**  
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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
FIV and/or FeLV Positive Cat (Includes: Rabies Vaccination for Cats Over 12 Weeks Old, FVCRP Vaccination, Microchip, Spay/Neuter for Cats Over 8 Weeks Old and Over 2.2lbs)	\$40.00
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 12 Weeks Old, FVRCP Vaccination, Microchip, Spay/Neuter for Cats Over 8 Weeks Old and Over 2.2 lbs.)	\$40.00
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	\$50.00



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Test for Dog Over 7 Months Old, Spay/Neuter for Dog Over 8 Weeks Old and Over 2.2 lbs.)	
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	\$10.00
Chicken Adoption Fee	\$10.00
Pig Adoption Fee	\$25.00
Sheep Adoption Fee	\$50.00
Goat Adoption Fee	\$50.00
Horse Adoption Fee	\$250.00
Reptile Adoption Fee	\$30.00
Rabbit Adoption Fee	\$30.00
Guinea Pig Adoption Fee	\$20.00
Ferret Adoption Fee	\$30.00
Chinchilla Adoption Fee	\$30.00
Hedgehog Adoption Fee	\$30.00
Rodent Adoption Fee	\$10.00
<b>B. VACCINATION, MICROCHIP, HEARTWORM TEST FEES</b>	
<b>Fee</b>	<b>Charge</b>
Bordetella Vaccination-County-Wide Public	\$20.00
Deworming (Pyrantel)-County-Wide Public	\$10.00
Distemper/Parvo (DAPP) Vaccination-previously unvaccinated animals every 3-6 Weeks until 4 Months Old County-Wide Public	\$20.00
Euthanasia (Appointments required)	\$25.00
FVRCP Vaccination-previously unvaccinated animals every 3-6 Weeks until 4 Months Old County-Wide Public	\$20.00



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Heartworm Test-County-Wide Public	\$20.00
Proheart Injection 0-22lbs (Heartworm test required before administration)	\$50.00
Proheart Injection 22.1-44lbs (Heartworm test required before administration)	\$80.00
Proheart Injection 44.1-66lbs (Heartworm test required before administration)	\$110.00
Proheart Injection 66.1-88lbs (Heartworm test required before administration)	\$140.00
Proheart Injection 88.1-110lbs (Heartworm test required before administration)	\$170.00
Proheart Injection 110.1-134lbs (Heartworm test required before administration)	\$200.00
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), County-Wide Public Microchip Fee	\$15.00
Rescue (501c3), Adoption, and County-Wide Public FELV/FIV Test	\$25.00
<b>C. REDEMPTION FEES</b>	
<b>Fee</b>	<b>Charge</b>
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
<b>D. SUPPLIES</b>	
<b>Fee</b>	<b>Charge</b>
Animal Carrier	\$10.00
Elizabethan Collar (E-collar/Cone)	\$10.00
Pethub Tags for Lost Pet Recovery	\$5.00
<b>E. OTHER SERVICES</b>	
<b>Fee</b>	<b>Charge</b>
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
Euthanasia Certification Course	\$100.00

INSPECTIONS (4360)



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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
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



## CRAVEN COUNTY FEE SCHEDULE

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Renovation Permit Application – Residential	\$8.00 per \$1,000.00 of contract
Renovation Permit Application – Commercial	\$12.00 per \$1,000.00 of contract
<b>J. SOLAR PANEL PERMIT APPLICATION FEES *Per N.C.G.S. 160D-1101</b>	
<b>Fee</b>	<b>Charge</b>
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
<b>K. MANUFACTURED HOME PERMIT APPLICATION FEES *Per N.C.G.S. 160D-1101</b>	
<b>Fee</b>	<b>Charge</b>
Manufactured Home – Single Wide	\$110.00
Manufactured Home – Double Wide	\$165.00
Manufactured Home – Triple Wide	\$205.00
<b>L. OTHER BUILDING FEES *Per N.C.G.S. 160D-1101</b>	
<b>Fee</b>	<b>Charge</b>
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
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
<b>M. SERVICE/ VIOLATION FEES *Per N.C.G.S. 160D-1101</b>	
<b>Fee</b>	<b>Charge</b>
Permit Violation – Residential	1 <sup>st</sup> offense – Written Warning 2 <sup>nd</sup> offense - \$250.00 and no inspections/permits until fees are paid
Permit Violation – Commercial	1 <sup>st</sup> offense – \$250.00 and no inspections/permits until fees are paid 2 <sup>nd</sup> offense – \$250.00 and no inspections/permits until fees are paid, and licensing board contacted

### CARTS RURAL OPERATIONS (4511)

<b>A. RURAL TRANSPORTATION FEES</b>		
<b>Fee</b>	<b>Charge</b>	
Craven Rural General Public Fare	Trip Mileage	Fare
	0 – 7.5 miles	\$3.25
	7.6 – 9.5 miles	\$3.50



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	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	<b>Trip Mileage</b>	<b>Fare</b>
	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	
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	<b>Trip Mileage</b>	<b>Cost</b>
	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>B. RURAL ADVERTISING FEES</b>		
<b>Fee</b>	<b>Charge</b>	
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	



## CRAVEN COUNTY FEE SCHEDULE

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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	
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



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	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>B. URBAN ADVERTISING FEES</b>		
<b>Fee</b>	<b>Charge</b>	
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	
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	
Existing System Approvals for Reconnections and Property Additions *15A NCAC 18E.0206	\$100.00	
Flow Increase/ Change in Use (Wastewater)		



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	\$200.00
Soil Evaluation for Improvement Permit for less than 5 Bedrooms	\$200.00
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	\$200.00
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
<b>D. PRIVATE PERMIT OPTIONS *Per N.C.G.S. 130A-335 &amp; 130A-336</b>	
<b>Fee</b>	<b>Charge</b>
(a2) Improvement Permit	\$200.00
(a2) Construction Authorization	\$80.00
(a2) Improvement Permit + Construction Authorization	\$160.00
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-Noncompliance (New lines, private drinking water wells etc.)	\$45.00
Potable-Total Coliform/E. coli-Regulatory Compliance (Public Water Supply)	\$30.00
Potable – Heterotrophic Plate Count (MPN) – Compliance or Noncompliance	\$35.00
E. Coli – MPN (Quantitative) – Noncompliance (Fresh Waters) (EPA) (GAP)	\$40.00
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



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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)	\$72.00 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 \$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. FLOOD AND CAMA PERMIT FEES	
Fee	Charge
Flood Development Permit	\$40.00
Written Flood Zone Determination	\$25.00
CAMA Minor Permit	\$100.00



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

D. STORMWATER PERMIT FEES *Per N.C.G.S 143-214.7,143-215.6A,153A-454,160A,160D, §§,174,185	
Stormwater Control Measures 0-1	\$1,000.00
Stormwater Control Measures 2	\$1,250.00
Stormwater Control Measures 3	\$1,750.00
Stormwater Control Measures 4 or more	\$2,250.00
Annual Inspection Fee	\$190.00
Each Additional SCM Inspection same property	\$100.00
Reinspection Fee for 1 Stormwater Control Measures	\$150.00
Reinspection for each additional Stormwater Control Measures same property	\$60.00

### 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
			<b>59:</b> Distinct procedural service <b>90:</b> Sent to outside reference lab <b>EP:</b> Child early and periodic screen/service (Medicaid only) <b>FP:</b> Family planning service (Medicaid only) <b>OB:</b> Service included in antepartum global package <b>SL:</b> State-supplied vaccine <b>UD:</b> 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
80074	Acute Hepatitis Panel	90	\$0.00
80076	Hepatic Function Panel		\$15.00



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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		\$8.00
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 September 1, 2025

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		\$7.00
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



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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
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/Semiqua 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 I 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



## CRAVEN COUNTY FEE SCHEDULE Effective September 1, 2025

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
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



**CRAVEN COUNTY FEE SCHEDULE**  
**Effective September 1, 2025**

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
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 Nonnft Agt Antb Screen Ea A	90	\$0.00
86256	Fluorescent Nonnft 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



## CRAVEN COUNTY FEE SCHEDULE Effective September 1, 2025

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
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



## CRAVEN COUNTY FEE SCHEDULE Effective September 1, 2025

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
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		\$42.00
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



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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
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



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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
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



**CRAVEN COUNTY FEE SCHEDULE**  
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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
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-Pericoronar 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)
IMMUNIZATION (5052)
CHILD HEALTH HAVELOCK (5054)



## CRAVEN COUNTY FEE SCHEDULE Effective September 1, 2025

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			
<b>Fee</b>		<b>Charge</b>	
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
		<b>59:</b> Distinct procedural service <b>90:</b> Sent to outside reference lab <b>EP:</b> Child early and periodic screen/service (Medicaid only) <b>FP:</b> Family planning service (Medicaid only) <b>OB:</b> Service included in antepartum global package <b>SL:</b> State-supplied vaccine <b>UD:</b> 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



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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
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



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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
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



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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
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



## CRAVEN COUNTY FEE SCHEDULE

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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
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



## CRAVEN COUNTY FEE SCHEDULE

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81000	Urlns Dip Stick/Tablet Reagnt Non-Auto	FP	\$10.00
81000	Urlns Dip Stick/Tablet Reagnt Non-Auto	OB	\$0.00
81000	Urlns Dip Stick/Tablet Reagnt Non-Auto		\$10.00
81001	Urlns Dip Stick/Tablet Reagent Auto Micr	FP	\$10.00
81001	Urlns Dip Stick/Tablet Reagent Auto Micr	OB	\$0.00
81001	Urlns 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		\$8.00
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
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
82306	25 Hydroxy Vitamin D		\$38.00
82310	Calcium Total	90	\$0.00
82310	Calcium Total		\$10.00



**CRAVEN COUNTY FEE SCHEDULE**  
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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		\$7.00
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
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/Semiquant Multip	90	\$0.00
83519	Immunoassay Analyte Quant Radioimmunoass	90	\$0.00
83520	Immunoassay Analyte Quantitative Nos	90	\$0.00



## CRAVEN COUNTY FEE SCHEDULE

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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 I 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
84152	Prostate-Specific Antigen (PSA) Compl		\$24.00
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
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



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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 I 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
85610	Prothrombin Time-Anticoagulation Therapy		\$7.00
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
86160	Complement Antigen Each Component	90	\$0.00
86200	Cyclic Citrullinated Peptide Antibody	90	\$0.00



## CRAVEN COUNTY FEE SCHEDULE

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86225	Dna Antibody Native/Double Stranded	90	\$0.00
86255	Fluorescent Nonnfect Agt Antb Screen Ea A	90	\$0.00
86256	Fluorescent Nonnfect 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



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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
87491	Urine Chlamydia/Gonorrhea		\$32.00
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



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87563	Infectious Agent Detection By Nucleic Ac	90	\$0.00
87591	Iadna Neisseria Gonorrhoeae Amplified Pr	90	\$0.00
87591	Urine Chlamydia/Gonorrhea		\$32.00
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		\$42.00
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
90380	Respiratory Syncytial Virus Infants 0.5mL		\$573.00
90381	Respiratory Syncytial Virus Infants 1.0mL		\$573.00
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		\$85.00
90633	Hep A Peds State	SL	\$0.00
90633	Hep A Peds Private		\$39.00
90636	Twinrix STATE	SL	\$0.00
90636	Twinrix PRIVATE		\$129.00
90647	Hib State	SL	\$0.00
90647	Hib Private		\$31.00
90649	Gardasil STATE	SL	\$0.00
90649	Gardasil PRIVATE		\$152.00
90651	Gardasil 9 STATE	SL	\$0.00
90651	Gardasil 9 PRIVATE		\$317.00
90657	Flu Vaccine Private		\$8.00



## CRAVEN COUNTY FEE SCHEDULE

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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
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		\$391.00
90676	Rabies Vaccine Intradermal		\$63.64
90678	Abrysvo (Pfizer,RSV Vaccine)		\$304.00
90679	Arexvy (RSV Vaccine, adjuvanted)		\$303.00
90680	Rotavirus Vaccine 3 Dose Oral STATE	SL	\$0.00
90680	Rotavirus Vaccine 3 Dose Oral PRIVATE		\$102.00
90681	Rotarix STATE	SL	\$0.00
90681	Rotarix PRIVATE		\$143.00
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		\$143.00
90696	Kinrix STATE	SL	\$0.00
90696	Kinrix PRIVATE		\$60.00
90697	Vaxelis Vaccine		\$157.00
90698	Dtap-Hib-Ipv State	SL	\$0.00
90698	Dtap-Hib-Ipv Private		\$106.00
90700	Dtap Vaccine <7 YR STATE	SL	\$0.00
90700	Dtap Vaccine <7 Yr Private		\$28.00
90702	Dt Vaccine <7 YR STATE	SL	\$0.00
90707	Mmr Private		\$93.00
90707	Mmr State	SL	\$0.00
90710	Mmrv State	SL	\$0.00
90710	Mmrv Private		\$284.00
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		\$42.00



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90715	Tdap 7 Yrs/ State	SL	\$0.00
90715	Tdap 7 Yrs/ Private		\$47.00
90716	Varivax State	SL	\$0.00
90716	Varivax Private		\$188.00
90717	Yellow Fever Vaccine Sc STATE	SL	\$0.00
90717	Yellow Fever Vaccine PRIVATE		\$212.00
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		\$121.00
90733	Meningococcal Polysac Subcutaneous State	SL	\$0.00
90733	Meningococcal Polysac Subcutaneous Priva		\$91.00
90734	Meningococcal Conj Quadravalent State	SL	\$0.00
90734	Meningococcal Conj Quadravalent Private		\$162.00
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		\$71.00
90750	Shingrix (Zoster Vaccine)		\$189.00
90791	Psychiatric Diagnostic Evaluation		\$206.00
90832	Psychotherapy Patient &/ Family 30 Minute		\$75.00
90833	Psychotherapy Pt&/Family W/E&M Srvc 30		\$68.00
90834	Psychotherapy Patient &/ Family 45 Minute		\$98.00
90836	Psychotherapy Pt&/Family W/E&M Srvc 45		\$86.00
90837	Psychotherapy Patient &/ Family 60 Minute		\$145.00
90838	Psychotherapy Pt&/Family W/E&M Srvc 60		\$114.00
90839	Psychotherapy For Crisis Initial 60 Minu		\$156.00
90840	Psychotherapy For Crisis Each Addl 30 Mi		\$106.00
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		\$141.00
91321	Covid-19 Spikevax (Moderna) 6mths – 11yrs		\$134.00
91322	Covid-19 Spikevax (Moderna) 12yrs & up		\$147.00
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



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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
93990	Duplex Scan Hemodialysis Access		\$400.00
94010	Spmtry W/Vc Expiratory Flo W/Wo Mxml Vol		\$39.00
94060	Brncdilat 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



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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
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



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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
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



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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		\$30.00
J0696	Ceftriaxone Sodium Injection		\$20.00
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		\$0.75
J1940	Furosemide Injection		\$0.50
J2001	Lidocaine Injection		\$0.50
J2550	Promethazine Hcl Injection		\$4.00
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		\$13.00
J3420	Vitamin B12 Injection		\$2.00
J3490	Drugs Unclassified Injection		\$0.00
J7030	Normal Saline Solution Infus		\$1.00



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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 (Mirena)	FP	\$1,288.00
J7298	Levonorgestrel Iu 52mg 5 Yr (Mirena)	UD	\$326.46
J7298	Levonorgestrel Iu 52mg 5 Yr (Mirena)		\$1,288.00
J7300	Intraut Copper Contraceptive (Paragard)	FP	\$1,208.00
J7300	Intraut Copper Contraceptive (Paragard)	UD	\$235.07
J7300	Intraut Copper Contraceptive (Paragard)		\$1,208.00
J7301	Levonorgestrel Iu 13.5 Mg (Skyla)	FP	\$1,073.00
J7301	Levonorgestrel Iu 13.5 Mg (Skyla)	UD	\$449.50
J7301	Levonorgestrel Iu 13.5 Mg (Skyla)		\$1,073.00
J7307	Etonogestrel Implant System (Nexplanon)	FP	\$1,288.00
J7307	Etonogestrel Implant System (Nexplanon)	UD	\$399.00
J7307	Etonogestrel Implant System (Nexplanon)		\$1,288.00
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
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



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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
S0281	Medical Home, Maintenance		\$220.50
S4993	Contraceptive Pills For Birth Control 1 Pack	FP	\$10.00
S4993	Contraceptive Pills For Birth Control 1 Pack	UD	\$8.27
S4993	Contraceptive Pills For Birth Control 1 Pack		\$10.00
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		\$1,200.00
U0002	2019-Ncov Coronavirus, SARS-Cov-2/2019-N		\$0.00

HOSPICE (5090)		
A. SERVICE FEES		
Fee	Charge	
Routine Home Care		\$225.00 per day
Continuous Home Care		\$68.00 per hour
Inpatient Respite Care		\$519.00 per day



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

General Inpatient Care	\$1,171.00 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
G2012	Brief Check-In By Md/Qhp	\$18.00

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



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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>B. NAME BRAND 340B DRUGS</b>	
<b>Fee</b>	<b>Charge</b>
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
<b>C. NC MEDICAID DRUGS</b>	
<b>Fee</b>	<b>Charge</b>
Quantity: 0+	Acquisition Cost (varies) + \$13.00
<b>D. NC MEDICAID MANAGED CARE DRUGS</b>	
<b>Fee</b>	<b>Charge</b>
Quantity: 0+	Acquisition Cost (varies) + \$10.24
<b>E. STAFF COMPLETING PATIENT ASSISTANCE FORMS FOR FREE MEDICATION</b>	
<b>Fee</b>	<b>Charge</b>
Quantity: 0+	Acquisition Cost (varies) + \$10.00
<b>F. 340B CASH PRICE/ UNINSURED INSULINS AND SUPPLIES</b>	
<b>Fee</b>	<b>Charge</b>
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
<b>G. 340B CASH PRICE/ UNINSURED INHALERS</b>	
<b>Fee</b>	<b>Charge</b>
Albuterol (Rescue Inhaler)	Acquisition Cost (varies) + \$10.00
Long-Acting Inhaler	Acquisition Cost (varies) + \$25.00



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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
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



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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
<b>F. WEST CRAVEN PARK (OUTSIDE GROUPS / PUBLIC RESERVATIONS)</b>	
<b>Fee</b>	<b>Charge</b>
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
<b>G. LEAGUE AND PROGRAM FEES</b>	
<b>Fee</b>	<b>Charge</b>
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 (Practice Only)	\$3.00 per player per season
Community College, Epiphany, New Bern Christian Academy, and Private School Teams Field Usage (Games)	\$50.00 per team per game
<b>H. CLASS, LESSON, AND CLINIC FEES</b>	
<b>Fee</b>	<b>Charge</b>
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



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

Youth Tennis Lessons (8 classes, 45-minute sessions)	\$95.00 per person
Beginner Kayak Lessons	\$50.00 per person
<b>I. SUMMER CAMP FEES</b>	
<b>Fee</b>	<b>Charge</b>
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
<b>J. MISCELLANEOUS FEES</b>	
<b>Fee</b>	<b>Charge</b>
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
Colonial Capital Ballroom (A,B,C)-Local Non Profit 20%. Rate can be available to local non-profit-501©(3). The rate only applies to Sunday-Tuesday events utilizing the ballroom and follows the third priority booking policy (only book within the nine months of the event). Discount does not apply to single rental of smaller meeting space or already discounted rates	\$2,600.00 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
Heritage Hall	\$550.00 per day



## CRAVEN COUNTY FEE SCHEDULE

### Effective September 1, 2025

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
<b>C. ARMED FORCES SPECIAL EVENT RENTAL RATES</b>	
<b>Fee</b>	<b>Charge</b>
Ballroom & Heritage Hall-includes The View (cocktail hour) + Tryon B (dressing room)	\$2,500.00 per day
Audio-visual Package	\$675.00 per day
Dance Floor	\$650.00 per day
Reception Room/Officer's Lounge	\$450.00 per day
Additional Bartender Fee	\$150.00 per bartender
Linen (No Change Out)	\$6.45 per table
Décor	\$5.15 per table
Military Vendor Table Bundle: For DJ, Photographer, etc. Covers up to 6 tables	\$30.00 per day
<b>D. LINEN AND SKIRTING FEES</b>	
<b>Fee</b>	<b>Charge</b>
Linen Table Covers (No Change Out)	\$9.00 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
<b>E. DÉCOR FEES</b>	
<b>Fee</b>	<b>Charge</b>
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
<b>F. IN-HOUSE EQUIPMENT FEES</b>	
<b>Fee</b>	<b>Charge</b>
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



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8" Tripod Screen	\$35.00 per day
11' Cradle Screen	\$65.00 per day
<b>G. SERVICE FEES</b>	
<b>Fee</b>	<b>Charge</b>
1 Bartender Flat Fee	\$200.00
Additional Bartenders	\$150.00 per bartender
Barback	\$75.00
Security	Contact Event Planner.
General Labor	\$18.00 per hour
Scissor Lift/Operator	\$75.00 per hour (2-hour minimum)
Refuse/ Recycle Fee	\$250.00 per event
Electrician	Prevailing rate.
Extraordinary Cleaning Services	Determined by conditions.
<b>H. IT AND AUDIO-VISUAL FEES</b>	
<b>Fee</b>	<b>Charge</b>
Restricted Wi-Fi	\$250.00 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 Lavalieri Microphone	\$125.00 per day
Smart Board	\$275.00 per day
<b>I. PREPARED MEAL PRICES</b>	
<b>Fee</b>	<b>Charge</b>
Riverfront Continental Breakfast	\$10.00 per person
Biscuit Lovers Breakfast	\$12.00 per person
Craven Continental Breakfast	\$11.00 per person
Mid-Day Sweet Rush Snack	\$10.50 per person
Favorite 8 Snack	\$12.00 per person
Health and Fit Snack	\$11.50 per person
Snack Bar	\$11.00 per person
Health Break Snack	\$10.00 per person
Freshly Baked Grand Cookies	\$22.00 per dozen
Fudge Brownies	\$25.00 per dozen
Variety of Sweets Bar	\$28.00 per dozen
<b>J. BAKERY PRICES</b>	
<b>Fee</b>	<b>Charge</b>
Sweet and Warm Cinnamon Rolls	\$23.00 per dozen
Bavarian Cream Eclairs	\$25.00 per dozen
Assortment of Muffins	\$21.00 per dozen
Sweet Apple Strudel Danish Pastries	\$23.00 per dozen



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Apple, Blueberry, and Cinnamon Scones	\$22.00 per dozen
Variety of Bagels and Cream Cheese	\$25.00 per dozen
<b>L. A LA CARTE FOOD PRICES</b>	
<b>Fee</b>	<b>Charge</b>
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
Fresh Sliced Fruit	\$3.25 per item
Southern Grand Biscuits	\$22.00 per dozen
Granola Bars	\$15.00 per 12 items
<b>L. A LA CARTE DRINK PRICES</b>	
<b>Fee</b>	<b>Charge</b>
Fresh Brewed Coffee	\$1.00 per cup \$25.00 per gallon
Tea/ Hot Chocolate	\$1.00 per cup \$1.50 per drink
Iced Tea/ Punch	\$20.00 per gallon
Juice – Individual	\$2.00 per item
Bottled Water (16 oz)	\$2.00 per item
Pepsi-Cola Products	\$2.00 per item
<b>M. CONCESSION PRICES FOR PUBLIC EVENTS</b>	
<b>Fee</b>	<b>Charge</b>
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
<b>N. BEER PRICES</b>	
<b>Fee</b>	<b>Charge</b>
Budweiser/ Domestic	\$5.00 per drink
Bud Light/ Domestic	\$5.00 per drink
Miller Light/ Domestic	\$5.00 per drink
Yuengling/ Domestic	\$5.00 per drink
Michelob Ultra/ Domestic	\$5.00 per drink
Blue Moon/ Domestic	\$4.00 per drink



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Corona/ Import	\$6.00 per drink
Heineken/ Import	\$6.00 per drink
Amstel Light/ Import	\$6.00 per drink
Stella Artois/ Import	\$6.00 per drink
Samuel Adams/ Import	\$6.00 per drink
Foothills Jade IPA/ Local Craft	\$7.00 per drink
Mother Earth Weeping Willow Wit / Local Craft	\$7.00 per drink
Duck Rabbit Milk Stout / Local Craft	\$7.00 per drink
<b>O. WINE PRICES</b>	
<b>Fee</b>	<b>Charge</b>
Chardonnay	\$7.00 per drink
Pinot Grigio	\$7.00 per drink
Moscato	\$7.00 per drink
White Zinfandel	\$7.00 per drink
Merlot	\$7.00 per drink
Cabernet Sauvignon	\$7.00 per drink
Pinot Noir	\$7.00 per drink
<b>P. ALCOHOL MIXED DRINK PRICES</b>	
<b>Fee</b>	<b>Charge</b>
House Brands	\$7.00 per drink
Call Brands	\$9.00 per drink
Premium Brands	\$9.00 per drink
Customized Specialty Drinks	\$8.00 per drink

WATER (7010)	
<b>A. ADMINISTRATIVE FEES</b>	
<b>Fee</b>	<b>Charge</b>
Copies	\$0.25 per page
Certified Letter	\$5.54 per letter
Returned Check Fee	\$35.00
Late Payment Penalty	10% of late account balance
<b>B. RESIDENTIAL RATE SCHEDULE</b>	
<b>Fee</b>	<b>Charge</b>
Consumption Usage of 0 – 3,000 Gallons	\$17.00
Consumption Usage Between 3,001 – 6,000 Gallons	\$3.50 per 1,000 gallons
Consumption Usage Between 6,001 – 9,000 Gallons	\$4.00 per 1,000 gallons
Consumption Usage Between 9,001 – 12,000 Gallons	\$4.50 per 1,000 gallons
Consumption Usage Between 12,001 – 15,000 Gallons	\$5.50 per 1,000 gallons
Consumption Usage Over 15,000 Gallons	\$6.50 per 1,000 gallons
<b>C. NON-RESIDENTIAL RATE SCHEDULE</b>	
<b>Fee</b>	<b>Charge</b>
Consumption Usage of 0 – 3,000 Gallons	\$24.00
Consumption Usage Between 3,001 – 6,000 Gallons	\$3.50 per 1,000 gallons



## CRAVEN COUNTY FEE SCHEDULE

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Consumption Usage Between 6,001 – 15,000 Gallons	\$4.00 per 1,000 gallons
Consumption Usage Over 15,000 Gallons	\$4.25 per 1,000 gallons
<b>D. HYDRANT RATE SCHEDULE</b>	
<b>Fee</b>	<b>Charge</b>
Consumption Usage of 0 – 3,000 Gallons	\$15.00
Consumption Usage Between 3,001 – 6,000 Gallons	\$3.00 per 1,000 gallons
Consumption Usage Between 6,001 – 15,000 Gallons	\$3.50 per 1,000 gallons
Consumption Usage Over 15,000 Gallons	\$3.75 per 1,000 gallons
<b>E. BULK RATE SCHEDULE</b>	
<b>Fee</b>	<b>Charge</b>
Consumption Usage of 0 – 3,000 Gallons	\$400.00
Consumption Usage Between 3,001 – 6,000 Gallons	\$3.00 per 1,000 gallons
Consumption Usage Between 6,001 – 9,000 Gallons	\$3.50 per 1,000 gallons
Consumption Usage Between 9,001 – 12,000 Gallons	\$3.50 per 1,000 gallons
Consumption Usage Between 12,001 – 15,000 Gallons	\$3.50 per 1,000 gallons
Consumption Usage Over 15,000 Gallons	\$3.75 per 1,000 gallons
<b>F. NEW TAP FEES</b>	
<b>Fee</b>	<b>Charge</b>
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
<b>G. NEW SERVICE EXISTING TAP FEES</b>	
<b>Fee</b>	<b>Charge</b>
New Service Existing Tap Service Fee	\$25.00
New Service Existing Tap Deposit	\$50.00
<b>H. SERVICE FEES</b>	
<b>Fee</b>	<b>Charge</b>
Meter Re-read Fee	\$5.00
Broken Lock Replacement	\$10.00
Broken Lid Replacement	\$78.00
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 ¾" Angle Stop (Labor included)	\$162.00
Replace 1" Angle Stop (Labor included)	\$185.00



**CRAVEN COUNTY FEE SCHEDULE**  
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Replace 2" Angle Stop (Labor not included)	\$500.00
Replace Damaged Meter Box (Labor not included)	\$78.00
Replace Damaged ¾" Meter (Transmitter and Labor included)	\$500.00
Replace Damaged 1" Meter (Transmitter and Labor included)	\$635.00
Replace Damaged 2" Meter (Transmitter included, Labor not included)	\$2,685.00
Replace Damaged Backflow ¾" (Labor not included)	\$148.00
Replace Damaged Backflow 1" (Labor not included)	\$176.00
Replace Meter (Labor included)	\$500.00
Replace Transmitter (Labor not included)	\$198.50