

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

=====

Meeting Date: May 17, 2011 Consent Regular
 Ordinance Public Hearing

Department:

Submitted By: Administration

Submitted For: Palm Beach County Health Department

=====

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to adopt: a Resolution amending the Palm Beach County Health Department Fee Schedule to increase fees for the Office of Vital Statistics for the issuance of birth and death certificates.

Summary: Section 154.06, Florida Statutes, authorizes counties by resolution to establish fees for services performed by local health departments. This Resolution amends the fee schedule previously approved by Resolution R2007-1863. This item was postponed at the April 5, 2011, meeting at the request of Chair; in response to the need for additional information. This information has been added to the Agenda Item Summary. In total, two fees are being amended for the Office of Vital Statistics. The fee for issuance of a birth certificate is being amended to \$15 from the current \$14, and the fee for issuance of a death certificate is being amended to \$15 from the current \$10. If approved, these fee increases will generate additional estimated annual revenue of \$290,499. The total revenue from these fees for the fiscal year ending June 30, 2010, was \$1,573,378. Revenue from these fees is used to support the Offices of: Vital Statistics, Immunization, Epidemiology and communicable disease control services (including Tuberculosis, HIV, and STD). If approved, these fees will become effective July 1, 2011.

Countywide (GB)

Background and Policy Issues: Section 154.06, Florida Statutes, provides that the State of Florida, Department of Health is authorized to establish fees for public health services performed by local public health departments, and further authorizes counties, by way of resolution, to establish fees for services performed by local health departments. These fees are collected by the local health departments and are utilized in continuing the provision of primary medical, dental and communicable disease control services; as well as providing other local community services. The fee schedule currently in effect (Resolution R2007-1863), was passed and adopted on October 16, 2007. It has been three years since these fees have been updated. Increased costs of operation require that these fees now be updated (**Background continued on page 3**).

Attachments:

1. Resolution with Amended Fee Schedule (underline/strikeout format)
2. Resolution with Amended Fee Schedule (clean copy)
3. Resolution R2007-1863 (with current fee schedule)

=====

Recommended by:  5/4/2011
Department Director Date

Approved By:  5/10/11
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Capital Expenditures					
Operating Costs					
External Revenues	(72,625)	(290,499)	(290,499)	(290,499)	(290,499)
Program Income (County)					
In-Kind Match (County)					
HEALTH DEPARTMENT NET FISCAL IMPACT	(72,625)	(290,499)	(290,499)	(290,499)	(290,499)

No. ADDITIONAL FTE
POSITIONS (Cumulative)

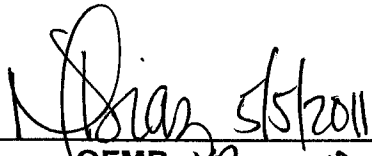
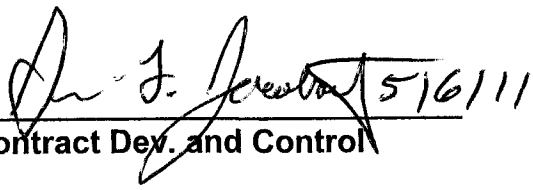
Is Item Included In Current Budget? Yes _____ No X
 Budget Account No.: Fund _____ Department _____ Unit _____
 Object _____ Reporting Category _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

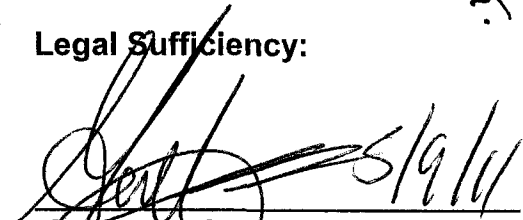
C. Departmental Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

 _____ OFMB YA 5/5/11 5/11/11	 _____ Contract Dev. and Control
--	--

B. Legal Sufficiency:



 Assistant County Attorney

C. Other Department Review:

 Department Director

REVISED 9/03
 ADM FORM 01
 (THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

BACKGROUND (CONTINUED):

- Two fees are being amended for the Office of Vital Statistics.
- These fees were last amended in 2007.
- The fee for issuance of a birth certificate is being amended to \$15 from the current \$14,
- The fee for issuance of a death certificate is being amended to \$15 from the current \$10.
- It is estimated that the average increase in fees will be 17%.
- Vital Statistics fee charges are based on reasonable cost and a review of comparable counties.
- The recommendation to raise the fees was determined based on a review of all 67 counties in Florida, with a focus on the highly populous counties which currently average \$15 for a birth certificate and \$12 for a death certificate.
- Miami Dade County Health Department Charges \$20 per Birth and Death certificate and \$16 for each additional.
- Broward County Health Department charges \$14 for Birth and \$10 for death and \$10 for each additional, which was last amended in 2007 and is equal to the fees approved in Resolution 2007-1863 for Palm Beach County Health Department.
- While it is true that some counties actually charge \$20 for the issuance of a birth or death certificate, we did not feel that such an increase would be fair and reasonable.
- Revenue from these fees is used to support the Offices of: Vital Statistics, Immunization, Epidemiology and communicable disease control services (including Tuberculosis, HIV, and STD).
- The fees addressed in this Resolution represent a total of 2.33% or \$1,573,378 of the Health Department's costs for FY 2010.
- If these fee increases are approved, it is expected that they will generate at a minimum a total of \$290,499 in increased revenue annually.
- These increased fees will allow the Health Department to offset increases in costs incurred since the last resolution approved in 2007.

PALM BEACH COUNTY HEALTH DEPARTMENT

COUNTY FEE SCHEDULE

SECTION 1. FIXED PRICE MANDATORY FEES

The non Medicare fees listed here may be raised annually, based on the annual average increase in the Consumer Price Index for the previous year.

A. Medical Services – Fees will not exceed Medicare rates when available; fees follow for aspects of programs for which Medicare rates may not be available.

1. Overseas Immunizations

- a. Consultation Fee for specific travel itinerary - \$45.
- b. Administration Fee per injection – Not to exceed Medicare rate
- c. Minimum Charge for vaccine per dose
Vaccine costs will be based on Medicare rates. When Medicare rates are not available (for example, for the Yellow Fever vaccine) the rate will be up to the 75th percentile level of the rate-based relative value scale (RB/RVS) which represents a fee \leq what 75% of providers in the County charge.
- d. Clients requesting overseas immunizations shall pay the price of the Consultation Fee, Administration Fee(s) and the vaccine charge for each vaccine.

2. Adult Immunizations (Immunizations to individuals 18 years and over)

- a. Administration Fee per injection – Not to exceed Medicare rate
- b. Minimum Charge for vaccine per dose - Vaccine costs will be based on Medicare rates. When Medicare rates are not available (for example, for the Yellow Fever vaccine) the rate will be up to the 75th percentile level of the rate-based relative value scale (RB/RVS) which represents a fee \leq what 75% of providers in the County charge.
- c. Immunization fees charged under this schedule may be those charged for Overseas Immunization, excluding the Consultation Fee.

3. Childhood Immunizations (Immunizations to persons 17 years of age and under)

- a. No fee will be charged for childhood immunizations required for admittance to or attendance in school as specified in Section 1003.22 FS.
- b. Administration Fee for immunizations not required for school – Not to exceed Medicare rate.

4. Laboratory Services

- a. The Medicaid rate will be used for viral load tests.
- b. The rate for laboratory work by a reference laboratory will be cost plus a \$10 processing/handling fee.
- c. The rate for antibody screening for maternity patients (no Medicare rate for this) will be the usual and customary rate—the rate that the reference laboratories would charge the Palm Beach County Health Department if they conducted this testing.

5. Medical Records

- a. Records Search Fee, each request \$10.00
- b. Copy Fee—first 20 pages (single or double sided), per page \$1.00
Copy Fee—21st page and greater, per page \$0.50

6. Completion of Insurance/Disability/Medical Reports or Forms
Physician/Staff completion of one (1) set of forms, per form \$25.00

7. School Health Physicals

Limited school health physicals (does not include laboratory work)
\$35.00

B. Public Health Services

1. HIV Testing for Professionals
Testing for health care professionals who are requesting such testing to meet professional standards or guidelines inclusive of pre-and post-test counsel Not to exceed Medicare rate

2. Vital Statistics
 - a. Birth Certificates - ~~\$14.00~~\$15.00 for the first and \$10.00 for additional certificates for same birth at time of purchase
 - b. Death Certificates - ~~\$10.00~~\$15.00 each
 - c. Expedited Birth or Death Certificates - \$10 additional charge for each order.
 - d. Vital Check Fee - \$5.00
 - e. Protective Plastic Sleeve - \$3.00

3. Community Health and Nutrition Services
 - a. Medical Nutrition Therapy Fees
 - Individual Counseling \$60.00
Initial nutrition assessment and counseling
 - Individual Follow-up \$25.00
 - b. Continuing Education
 - Continuing Professional Education (CPEU) \$10.00 per credit hour
Professional seminars leading to credit hours for registered dietitians or licensed dietitians/ nutritionists
 - c. Wellness, Nutrition and Health Promotion for general public
 - Group classes- includes materials \$75.00 per hour
(Additional charge for food)
 - Individual Rate \$10.00 per class
 - Wellness Package for businesses and agencies
12-week package \$500- \$1000 range
 - Individual Wellness Consult \$25.00 per hour
 - Smoking Cessation \$75.00 for 7 sessions

4. Health Promotion and Education
 - a. HIV 501 Course – Counseling, testing, partner elicitation, and notification training course, per individual from for-profit organization/association that does not have a formal agreement with PBCHD \$50.00
 - b. HIV 102 and 104 Courses, per individual from for-profit organization/association that does not have a formal agreement with PBCHD
 - 1-2 hour course \$15.00
 - 3-4 hour course \$25.00
 - c. TB 101 Course, 1-2 hour course, per individual \$15.00
 - d. Community Health Education Presentation
A planned educational session using established curriculum and defined learner objectives for the purpose of facilitating voluntary adaptation of behavior, per group
All materials are included for a., b., c., and d. \$25.00
 - e. Long Distance Learning, per credit hour
Teleconferenced college curricula at all student levels.
Currently participating in a Master of Public Health program.
Access requires certain prerequisites and acceptance of the individual based on space availability. \$15.00

5. Epidemiological Investigations

Actual costs will be billed to commercial enterprises where the enterprise is determined to be at fault as determined by the Palm Beach County Health Department.

6. Containers for used sharps (home users only), each \$3.00

C. Dental Services

Fees will be based on the Florida Department of Health Relative Value Units for each service times the average unit cost as calculated on an annual basis.

DENTAL FEE SCHEDULE RVUs		
ADA Code	Description of Dental Service	Relative Value Unit
D0120	PERIODIC ORAL EXAMINATION	1.10
D0140	LIMITED ORAL EVALUATION	0.75
D0150	COMPREHENSIVE ORAL EVALUATION	2.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION	2.40
D0170	RE-EVALUATION-LIMITED,PROBLEM FOCUSED	1.20
D0210	FULL SERIES INCLUDING BITEWINGS	1.75
D0216	PEDODONTIC MODIFIED FULL SERIES M	1.50
D0220	INTRAORAL PERIAPICAL SINGLE FIRST	0.35
D0230	INTRAORAL PERIAPICAL EACH ADDITION	0.23
D0240	INTRAORAL OCCLUSAL FILM	0.40
D0250	EXTRA ORAL SINGLE 1ST FILM	1.00
D0260	EXTRAORAL ADDITIONAL FILM	0.85
D0270	BITEWINGS SINGLE FILM	0.35
D0272	BITEWINGS TWO FILMS	0.50
D0273	BITEWINGS THREE FILMS	0.70
D0274	BITEWINGS FOUR FILMS	0.90
D0275	BITEWING ADDITIONAL FILM	0.35
D0280	BITEWING EACH ADDITIONAL FILM MED	0.35
D0290	POSTEROANTERIOR SKULL	1.80
D0310	SIALOGRAPHY	4.20
D0321	TEMPOROMANDIBULAR JOINT FILM	3.10
D0330	PANORAMIC MAXILLA MANDIBLE	1.30
D0340	CEPHALOMETRIC FILM	1.50
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	1.25
D0390	OTHER RADIOGRAPHS	0.00
D0400	TESTS AND LABORATORY EXAMINATIONS	0.00
D0420	EMERGENCY ORAL EXAM HOSPITAL	0.00
D0425	CARIES SUSCEPTIBILITY TESTS	1.15
D0430	BIOPSY AND EXAM OF ORAL TISSUE, HARD	4.85
D0440	BIOPSY AND EXAM OF ORAL TISSUE, SOFT	4.25
D0450	HISTOPATHOLOGIC EXAMINATION	1.10
D0460	PULP VITALITY TESTS	0.90
D0470	DIAGNOSTIC CASTS	1.38
D0471	DIAGNOSTIC PHOTOGRAPHS	1.25
D0490	MISC TESTS AND LAB EXAMS	0.00
D1110	PROPHYLAXIS ADULT	1.50
D1120	PROPHYLAXIS CHILD	1.00
D1201	TOPICAL APPICATION OF FLUORIDE CHILD(WITH PROPHY)	1.38
D1203	TOPICAL FLUORIDE WITHOUT PROPHY	0.75

D1204	TOPICAL FLUORIDE ADULT	0.75
D1205	TOPICAL FLUORIDE-ADULT (PROPHY INCLUDED)	2.00
D1320	TOBACCO CESSATION COUNSELING	1.30
D1330	ORAL HYGIENE INSTRUCTIONS	0.85
D1340	TRAINING IN PREVENTIVE DENTAL CARE	0.85
D1350	ADDITIONAL SEALANT PER TOOTH	0.65
D1351	TOPICAL APPL SEALANT PER TOOTH	0.65
D1500	SPACE MANAGEMENT THERAPY	0.00
D1510	FIXED UNILATERAL SPACE MAINTAINER	3.50
D1515	FIXED BILATERAL SPACE MAINTAINER	5.25
D1520	REMOVABLE UNILATERAL SPACE MANIT	4.75
D1525	REMOVABLE BILATERAL SPACE MAINT	5.75
D1550	RECEMENT SPACE RETAINER	1.10
D2110	AMALGAM 1 SURFACE DECIDUOUS	1.75
D2120	AMALGAM 2 SURFACE DECIDUOUS	2.10
D2130	AMALGAM 3 SURFACE DECIDUOUS	2.85
D2131	AMALGAM 4 SURFACE DECIDUOUS	3.65
D2140	AMALGAM RESTORATION ONE SURFACE PERM	1.75
D2150	AMALGAM RESTORATION 2 SURFACES PERM	2.10
D2160	AMALGAM RESTORATION 3 SURFACES PERM	2.85
D2161	AMALGAM 4 SURFACES OR MORE PERMAN	3.65
D2330	COMPOSITE RESIN ONE SURFACE – ANT	2.00
D2331	COMPOSITE RESIN TWO SURFACES – ANT	2.75
D2332	COMPOSITE RESIN 3 SURFACES – ANT	3.50
D2335	COMPOSITE RESIN INVOLVING INCISAL – ANT	4.50
D2336	COMPOSITE STRIP CROWN – ANT	3.90
D2337	RESIN –BASED COMPOSITE CROWN,ANTERIOR-PERMANEN	3.90
D2340	ACID ETCH FOR RESTORATION	0.00
D2380	RESIN BASED COMPOSITE-ONE SURFACE,POSTERIOR	2.05
D2381	RESIN BASED COMPOSITE-TWO SURFACES	2.80
D2382	RESIN BASED COMPOSITE-THREE OR MORE SURFACES	3.05
D2385	RESIN ONE SURFACE POSTERIOR PERM	2.05
D2386	RESIN BASED COMPOSITE TWO SURFACES	2.80
D2387	RESIN BASED COMPOSITE THREE SURFACES	3.05
D2388	RESIN BASED COMPOSITE FOUR OR MORE SURFACES	3.45
D2390	RESIN BASED COMPOSITE CROWN – ANT	3.90
D2391	RESIN BASED COMPOSITE – 1 SURF – POST	2.05
D2392	RESIN BASED COMPOSITE – 2 SURF – POST	2.80
D2393	RESIN BASED COMPOSITE – 3 SURF – POST	3.05
D2394	RESIN BASED COMPOSITE – 4 SURF – POST	3.45
D2710	PLASTIC OR ACRYLIC CROWN	13.75
D2721	ANTERIOR PREFABRICATED CROWN	13.75
D2905	REINFORCING PINS FIRST PIN MED ON	0.25
D2920	RECEMENT CROWNS	1.50
D2930	STAINLESS STEEL CROWN PRIMARY	3.50
D2931	STAINLESS STEEL CROWN PERMANENT T	4.50
D2932	PREFABRICATED RESIN CROWN	4.40
D2940	FILLINGS SEDATIVE	1.00
D2950	CROWN BUILDUPS WITH PIN	3.50
D2951	REINFORCING PIN PER TOOTH	0.75
D2954	PREFAB POST AND CORE IN ADD TO CROWN	4.00
D2960	LABIAL VENEER LAMINATE	5.50
D2970	TEMPORARY CROWN	4.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE,BY REPORT	8.18

D3110	PULP CAP DIRECT EXCLUDING FINAL REST.	0.88
D3120	PULP CAP INDIRECT EXCLUDING FINAL	0.75
D3220	PULPOTOMY	2.50
D3221	GROSS PULPAL,DEBRIDEMENT	3.50
D3230	PULPAL THERAPY ANTERIOR PRIMARY TOOTH	3.65
D3240	PULPAL THERAPY POSTERIOR PRIMARY TOOTH	4.85
D3305	PULPECTOMY AND ROOT CANAL FILLING	4.85
D3310	ROOT CANAL ONE CANAL	9.60
D3320	ROOT CANAL TWO CANALS	11.00
D3330	ROOT CANAL THREE OR MORE CANALS	16.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL ANTERIOR	11.50
D3347	RETREATMENT OF PREVIOUS ROOT CANAL BICUSPID	14.20
D3351	APEXIFICATION	6.70
D3352	APEX RECALC INTERIM MEDICATION	7.90
D3353	APEX RECALC FINAL VISIT	5.00
D3410	APICOECTOMY SEP SURG PROC PER ROOT	7.55
D3421	APICOECTOMY WITH ROOT CANAL	9.25
D3430	RETROGRADE FILLING	2.50
D3440	APICAL CURETTAGE	2.00
D3900	OTHER ENDODONTIC PROCEDURES	0.00
D3901	ENDODONTIC APPT	0.00
D4110	PERIODONTAL EXAM	2.00
D4200	SURGICAL SERVICES	0.00
D4210	GINGIVECTOMY OR GINGIVOCPLASTY/QUAD	6.25
D4211	GINGIVECTOMY OR GINGIVOPLASTY/PER TOOTH	5.10
D4220	GINGIVAL CURETTAGE PER QUADRANT	3.00
D4240	GINGIVAL FLAP	11.45
D4250	MUCOGINGIVAL SURGERY PER QUADRANT	16.45
D4260	OSSEOUS SURGERY PER QUADRANT	14.00
D4300	ADJUNCTIVE PERIDONTAL SERVICES	0.00
D4320	PROVISIONAL SPLINTING INTRACORONAL	4.15
D4321	PROVISIONAL SPLINTING EXTRACORONAL	3.50
D4330	OCCLUSAL ADJ LIMITED	0.50
D4331	OCCLUSAL ADJ COMPLICATED	5.00
D4340	PERIODONTAL SCALING COMPLIC	7.00
D4341	PERIODONTAL SCALING PER QUADRANT	4.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE EVALUATION	2.75
D4381	LOCALIZED DELIVERY OF CHEMOTHERAPELITIC AGENTS	2.20
D5110	COMPLETE UPPER DENTURE	20.00
D5120	COMPLETE LOWER DENTURE	20.00
D5130	DENTURE IMMEDIATE UPPER	21.25
D5140	DENTURE IMMEDIATE LOWER	21.25
D5211	PARTIAL DENTURE UPPER ACRYLIC	13.00
D5212	PARTIAL DENTURE LOWER ACRYLIC	13.35
D5213	UPPER PARTIAL DENTURE CAST METAL	21.00
D5214	LOWER PARTIAL DENTURE CAST METAL	21.00
D5216	PARTIAL DENTURE UPPER ACRYLIC W/CLASPS	4.00
D5218	PARTIAL DENTURE LOWER ACRYLIC W/CLASPS	4.00
D5230	DENTURE LOWER WITH GOLD OR CHROME CL	4.00
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE	8.95
D5301	ORTHODONTIC RETAINER HEADGEAR REP	0.00
D5310	EACH ADDITIONAL CLASP	3.35
D5320	EACH ADDITIONAL TOOTH	3.35
D5410	COMPLETE DENTURE ADJ	1.60

D5411	COMPLETE DENTURE ADJ LOWER	1.60
D5421	PARTIAL DENTURE ADJUST UPPER	1.60
D5422	PARTIAL DENTURE LOWER ADJ	1.60
D5510	REPAIR BROKEN COMPLETE DENTURE BA	3.00
D5520	REPAIR TEETH COMPLETE DENTURE EA	2.50
D5610	REPAIR RESIN DENTURE BASE – PARTIAL	3.00
D5620	REPAIR CAST FRAMEWORK	3.55
D5630	REPAIR OR REPLACE BROKEN CLASP	3.35
D5640	REPLACE TOOTH ONLY PER TOOTH	3.00
D5650	ADD TOOTH TO PART DENTURE	3.00
D5660	ADD TOOTH WITH CLASP TO DENTURE	4.00
D5680	REPLACE CLASP	3.35
D5690	EACH ADDNL CLASP	3.35
D5710	REBASE COMPLETE MAXILLARY DENTURE	7.25
D5711	REBASE COMPLETE MANDIBULAR DENTURE	7.25
D5720	REBASE MAXILLARY PARTIAL DENTURE	6.25
D5721	REBASE MANDIBULAR PARTIAL DENTURE	6.25
D5730	RELINE DENTURE COMPLETE UPPER/OFFICE	5.25
D5731	RELINE DENTURE COMPLETE LOWER/OFFICE	5.25
D5740	RELINE PARTIAL DENTURE UPPER	4.75
D5741	RELINE PARTIAL DENTURE LOWER	4.75
D5750	RELINE DENTURE COMPLETE UPPER W/LAB	6.25
D5751	RELINE DENTURE COMPLETE LOWER W/LAB	6.25
D5760	RELINE PARTIAL DENTURE LAB	6.25
D5761	RELINE MANDIBULAR PARTIAL DENTURE	6.25
D5801	PROSTHETIC VISIT	0.00
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	9.00
D5811	INTERIM COMPLETE DENTURE MANDIBULAR	9.00
D5820	TEMPORARY PARTIAL DENTURE	7.25
D5821	INTERIM PARTIAL DENTURE MANDIBULAR W/ CLASPS	7.25
D5850	TISSUE CONDITIONING	2.80
D5851	TISSUE CONDITIONING, MANDIBULAR	2.80
D5899	UNSPEC REMOVABLE PROSTHODONTIC PROCED	8.19
D7110	EXTRACTION FIRST PERM TOOTH IN QUADRAN	2.10
D7111	EXTRACTION FIRST DECIDUOUS TOOTH	2.00
D7120	EXTRACTION EACH ADDITIONAL PERMANENT	2.10
D7121	EXTRACTION EACH ADDITIONAL DECIDUOUS	2.00
D7130	ROOT REMOVAL EXPOSED ROOTS	2.10
D7160	SCHEDULED SURG POST OP APPT	0.00
D7210	EXTRACTION SURGICAL OF ERUPTED	4.25
D7220	EXTRACTION SOFT TISSUE IMPACTI	4.55
D7230	EXTRACTION PARTIAL BONE IMPACT	6.00
D7235	SUPERNUMERARY TOOTH EXTRACTION ME	2.10
D7240	EXTRACTION COMPLETE BONE IMPACTION	7.60
D7241	IMPACTION WITH SECTION OF TOOTH	10.00
D7250	ROOT RECOVERY	4.25
D7260	ANTRAL FISTULA CLOSURE	8.25
D7270	TOOTH REIMPLANTATION	8.10
D7280	SURGICAL TOOTH EXPOSURE	7.50
D7281	SURGICAL TOOTH EXPOSURE TO AID ERUPTION	6.50
D7285	BIOPSY OF HARD TISSUE	4.85
D7286	BIOPSY OF SOFT TISSUE	4.25
D7290	SURGICAL REPOSITIONING OF TEETH	5.50
D7300	ALVEOLOPLASTY LOCALIZED AREA	1.00

D7310	ALVEOLECTOMIES PER QUADRANT WITH EXTR	4.35
D7320	ALVEOLOPLASTY NO EXTRACTION	4.90
D7350	STOMATOPLASTY COMPLICATED	16.25
D	SURGICAL EXCISION SCAR TISSUE	0.00
D7410	RADICAL EXCISION UNDER 125 CM	4.75
D7420	RADICAL EXCISION OVER 125 CM	9.00
D7430	EXCISION OF BENIGN TUMOR UP TO 1.25 CM	4.90
D7431	EXCISION OF BENIGN TUMOR- MORE THAN 1.25 CM	4.90
D7450	REMOVE CYST OR TUMOR TO 125 CM	7.90
D7470	REMOVE EXOSTOSIS	4.35
D7480	PARTIAL OSTECTOMY	4.35
D7510	INCISE & DRAIN ABSCESS INTERORAL	2.35
D7520	INCISE & DRAIN ABSCESS EXTRAORAL	4.00
D7530	REMOVAL OF FOREIGN BODY, OR TISSUE	4.35
D7550	SEQUESTRECTOMY FOR OSTEOMYELITIS	7.00
D7600	TREATMENT OF FRACTURES SIMPLE	0.00
D7610	MAXILLA OPEN REDUCTION	0.00
D7620	MAXILLA CLOSED REDUCTION	48.00
D7630	MANDIBLE OPEN REDUCTION	66.00
D7640	MANDIBLE CLOSED REDUCTION	40.00
D7650	MALAR OPEN REDUCTION	63.00
D7660	MALAR CLOSED REDUCTION	38.00
D7670	ALVEOLUS STABILIZATION	20.00
D7800	REDUCTION OF DISLOCATION TMJ MGMT	0.00
D7880	OCCLUSAL ORTHOTIC APPLIANCE BY RO	9.35
D7900	OTHER ORAL SURGERY AND SUTURES	0.00
D7901	POST OP AND SUTURE REMOVAL	0.00
D7902	UNSCHED POST OP RESTORE	0.00
D7911	SUTURE WOUNDS TO 5 CM COMPLICATED	5.70
D7912	SUTURE WOUNDS OVER 5 CM COMPLICAT	8.50
D7960	FRENULECTOMY	5.25
D7970	EXCISION OF HYPERPLASTIC TISSUE	26.25
D7971	EXCISION OF PERICORONAL GINGIVA	7.55
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	22.00
D8070	COMPREHENSIVE ORTHODONTIC TREAT	91.00
D8080	COMPREHENSIVE ORTHODONTIC TREAT	91.00
D8090	COMPREHENSIVE ORTHODONTIC TREAT	95.00
D8210	REMOVABLE APPLIANCE THERAPY	11.90
D8220	FIXED OR CEM APPL THERAPY	14.30
D8670	PERIODIC ORTHODONTIC TREATMENT VI	2.70
D8900	ORTHODONTIC EXAM AND TREATMENT PL	7.80
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE	31.50
D9110	PALLIATIVE EMERGENCY PROCEDURE	2.00
D9210	LOCAL ANESTHESIA NOT W/ OPERATIVE PROCEDURES	0.70
D9220	GENERAL ANESTHESIA	4.25
D9221	GENERAL ANESTHESIA EACH ADDITIONAL	2.00
D9230	ANALGESIA INCLUDING NITROUS OXIDE	1.20
D9240	INTRAVENOUS SEDATION	4.50
D9310	CONSULTATION	1.80
D9420	HOSPITAL CALLS	3.00
D9430	OFFICE VISIT REG HOURS	1.60
D9630	DRUGS	1.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENTS/FLUORIDE	1.45
D9911	APPLICATION OF DESENSITIZING RESIN PER TOOTH	1.55

D9920	BEHAVIOR MANAGEMENT	1.55
D9930	POST OP SURG TREATMENT	1.85
D9940	OCCLUSAL GUARD, BY REPORT	7.00
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	3.70
D9951	OCCLUSAL ADJUSTMENT-LIMITED	2.15
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE	2.51
12011	REPAIR SUPERFICIAL WOUND FACE 2.5	2.70
12051	LAYER CLOSURE OF FACE WOUND 2.5 CM	4.12
12052	LAYER CLOSURE OF FACE WOUND 2.6 CM	4.37
13132	REPAIR COMPLEX FOREHEAD	10.43
20220	BIOPSY BONE TROCAR SUPERFICIAL	2.14
20240	BIOPSY EXCISIONAL SUPERFICIAL	6.23
20245	BIOPSY EXCISIONAL DEEP	15.67
21015	RADICAL EXCISION TUMOR SOFT TISSU	11.00
21029	REM BY CONTOURING OF BENIGN TUMOR	15.67
21030	EXCISION OF BENIGN TUMOR OTHER TH	10.07
21031	EXCISION OF TORUS MANDIBULARIS	7.35
21032	EXCISION OF MAXILLARY TORUS PALATINUS	7.23
21034	EXCISION OF MALIGNANT TUMOR OTHER	30.56
21040	EXCISION OF BENIGN CYST OR TUMOR	9.76
21041	EXCISION OF BENIGN CYST	9.76
21355	PERCUTANEOUS TREATMENT OF FRACTURE	7.59
21360	OPEN TREATMENT OF DEPRESSED MALAR FRAC	13.14
21365	MALAR AREA FRACTURE COMPLICATION	27.48
21421	PALATAL OR ALVEOLAR RIDGE	14.19
21422	OPEN TREATMENT OF PALATAL OR MAXILLA	17.40
21423	COMPLICATED TREATMENT OF PALATAL	21.00
21440	CLOSED TREATMENT OF MANDIBULAR OR MAX	9.26
21445	OPEN TRATMENT OF MANDIBULAR OR MAX	14.54
21451	CLOSED TREATMENT OF MANDIBULAR FX	13.91
21454	OPEN TREATMENT OF MANDIBULAR FX W	13.55
40800	INCISE AND DRAIN ABSCESS EXTRAORAL	3.08
40808	BIOPSY, VESTIBULE OF MOUTH	2.54
40810	RADICAL EXCISION OF LESION VESTIB	3.10
40819	EXCISION OF FRENUM LABIAL OR BUCC	5.80
40840	VESTIBULOPLASTY ANTERIOR	16.79
40842	VESTUBULOPLASTY POSTERIOR UNILATE	16.60
40843	VESTUBULOPLASTY POSTERIOR BILATER	21.30
40844	VESTIBULOPLASTY ENTIRE ARCH	29.57
40845	VESTIBULOPLASTY, COMPLEX	33.80
41010	INCISION OF LINGUAL FRENUM	2.73
41115	EXCISION OF LINGUAL FRENUM	8.56
41800	DRAINAGE ABSCESS, CYST, HEMATOMA	2.57
41822	EXCISION FIBROUS TUBEROSITIES	4.50
41823	EXCISION OSSEOUS TUBEROSITIES	7.79
41825	EXCISION OF LESION OR TUMOR w/o Repair	3.71
41826	EXCISION OF LESION OR TUMOR w/o Simple Repr	4.72
41827	EXCISION OF LESION OR TUMOR Complex Repair	7.43

D. Other

Reproduction of non medical documents (print shop) for other State or non-profit agencies Actual Cost

SECTION 2. SLIDING FEE SCALES FOR PRIMARY CARE

The Department of Health has two sliding fee scales. One applies to clients when they are not receiving family planning services and the other to clients receiving family planning services.

Financially eligible clients are not required to pay full cost to receive services. Rather, these clients pay a reduced cost in relation to their poverty status.

Poverty status is determined based on a client's annual household income and the number of individuals in the person's family. A lower annual household income and/or a larger family size place a person in a lower poverty status.

The Department of Health calculates its sliding fee scales using the poverty income information provided by the federal government every year at the beginning of February. The sliding fee scale is released by the Department of Health at the beginning of March, with implementation in the Health Management System at the end of March.

The Palm Beach County Health Department uses these sliding fee scales by authority of Chapter 154.011,(1),(c),7, Florida Statutes (Attachment I), and 64F-16 of the Florida Administrative Code (Attachment II). Chapter 64F-16 of the Florida Administrative Code details eligibility and fee assessment for services offered by County Health Departments including the authority to waive or reduce charges in situations of inability to pay.

The sliding fee schedule will not be applied to services such as overseas immunizations or school health physicals. These services are provided as a convenience to residents. Fees for these services will be charged at 100%.

PALM BEACH COUNTY HEALTH DEPARTMENT

COUNTY FEE SCHEDULE

SECTION 1. FIXED PRICE MANDATORY FEES

The non Medicare fees listed here may be raised annually, based on the annual average increase in the Consumer Price Index for the previous year.

A. Medical Services – Fees will not exceed Medicare rates when available; fees follow for aspects of programs for which Medicare rates may not be available.

1. Overseas Immunizations

- a. Consultation Fee for specific travel itinerary - \$45.
- b. Administration Fee per injection – Not to exceed Medicare rate
- c. Minimum Charge for vaccine per dose
Vaccine costs will be based on Medicare rates. When Medicare rates are not available (for example, for the Yellow Fever vaccine) the rate will be up to the 75th percentile level of the rate-based relative value scale (RB/RVS) which represents a fee ≤ what 75% of providers in the County charge.
- d. Clients requesting overseas immunizations shall pay the price of the Consultation Fee, Administration Fee(s) and the vaccine charge for each vaccine.

2. Adult Immunizations (Immunizations to individuals 18 years and over)

- a. Administration Fee per injection – Not to exceed Medicare rate
- b. Minimum Charge for vaccine per dose - Vaccine costs will be based on Medicare rates. When Medicare rates are not available (for example, for the Yellow Fever vaccine) the rate will be up to the 75th percentile level of the rate-based relative value scale (RB/RVS) which represents a fee ≤ what 75% of providers in the County charge.
- c. Immunization fees charged under this schedule may be those charged for Overseas Immunization, excluding the Consultation Fee.

3. Childhood Immunizations (Immunizations to persons 17 years of age and under)

- a. No fee will be charged for childhood immunizations required for admittance to or attendance in school as specified in Section 1003.22 FS.
- b. Administration Fee for immunizations not required for school – Not to exceed Medicare rate.

4. Laboratory Services

- a. The Medicaid rate will be used for viral load tests.
- b. The rate for laboratory work by a reference laboratory will be cost plus a \$10 processing/handling fee.
- c. The rate for antibody screening for maternity patients (no Medicare rate for this) will be the usual and customary rate—the rate that the reference laboratories would charge the Palm Beach County Health Department if they conducted this testing.

5. Medical Records

- a. Records Search Fee, each request \$10.00
- b. Copy Fee—first 20 pages (single or double sided), per page \$1.00
- Copy Fee—21st page and greater, per page \$0.50

- 6. Completion of Insurance/Disability/Medical Reports or Forms
Physician/Staff completion of one (1) set of forms, per form \$25.00

7. School Health Physicals

- Limited school health physicals (does not include laboratory work) \$35.00

B. Public Health Services

1. HIV Testing for Professionals
Testing for health care professionals who are requesting such testing to meet professional standards or guidelines inclusive of pre-and post-test counsel Not to exceed Medicare rate

2. Vital Statistics
 - a. Birth Certificates - \$15.00 for the first and \$10.00 for additional certificates for same birth at time of purchase
 - b. Death Certificates - \$15.00 each
 - c. Expedited Birth or Death Certificates - \$10 additional charge for each order.
 - d. Vital Check Fee - \$5.00
 - e. Protective Plastic Sleeve - \$3.00

3. Community Health and Nutrition Services
 - a. Medical Nutrition Therapy Fees
 - Individual Counseling \$60.00
Initial nutrition assessment and counseling
 - Individual Follow-up \$25.00

 - b. Continuing Education
 - Continuing Professional Education (CPEU) \$10.00 per credit hour
Professional seminars leading to credit hours for registered dietitians or licensed dietitians/ nutritionists

 - c. Wellness, Nutrition and Health Promotion for general public
 - Group classes- includes materials \$75.00 per hour
(Additional charge for food)
 - Individual Rate \$10.00 per class
 - Wellness Package for businesses and agencies
12-week package \$500- \$1000 range
 - Individual Wellness Consult \$25.00 per hour
 - Smoking Cessation \$75.00 for 7 sessions

4. Health Promotion and Education
 - a. HIV 501 Course – Counseling, testing, partner elicitation, and notification training course, per individual from for-profit organization/association that does not have a formal agreement with PBCHD \$50.00

 - b. HIV 102 and 104 Courses, per individual from for-profit organization/association that does not have a formal agreement with PBCHD
 - 1-2 hour course \$15.00
 - 3-4 hour course \$25.00

 - c. TB 101 Course, 1-2 hour course, per individual \$15.00

 - d. Community Health Education Presentation
A planned educational session using established curriculum and defined learner objectives for the purpose of facilitating voluntary adaptation of behavior, per group
All materials are included for a., b., c., and d. \$25.00

 - e. Long Distance Learning, per credit hour
Teleconferenced college curricula at all student levels.
Currently participating in a Master of Public Health program.
Access requires certain prerequisites and acceptance of the individual based on space availability. \$15.00

5. Epidemiological Investigations

Actual costs will be billed to commercial enterprises where the enterprise is determined to be at fault as determined by the Palm Beach County Health Department.

6. Containers for used sharps (home users only), each \$3.00

C. Dental Services

Fees will be based on the Florida Department of Health Relative Value Units for each service times the average unit cost as calculated on an annual basis.

DENTAL FEE SCHEDULE RVUs		
ADA Code	Description of Dental Service	Relative Value Unit
D0120	PERIODIC ORAL EXAMINATION	1.10
D0140	LIMITED ORAL EVALUATION	0.75
D0150	COMPREHENSIVE ORAL EVALUATION	2.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION	2.40
D0170	RE-EVALUATION-LIMITED,PROBLEM FOCUSED	1.20
D0210	FULL SERIES INCLUDING BITEWINGS	1.75
D0216	PEDODONTIC MODIFIED FULL SERIES M	1.50
D0220	INTRAORAL PERIAPICAL SINGLE FIRST	0.35
D0230	INTRAORAL PERIAPICAL EACH ADDITION	0.23
D0240	INTRAORAL OCCLUSAL FILM	0.40
D0250	EXTRA ORAL SINGLE 1ST FILM	1.00
D0260	EXTRAORAL ADDITIONAL FILM	0.85
D0270	BITEWINGS SINGLE FILM	0.35
D0272	BITEWINGS TWO FILMS	0.50
D0273	BITEWINGS THREE FILMS	0.70
D0274	BITEWINGS FOUR FILMS	0.90
D0275	BITEWING ADDITIONAL FILM	0.35
D0280	BITEWING EACH ADDITIONAL FILM MED	0.35
D0290	POSTEROANTERIOR SKULL	1.80
D0310	SIALOGRAPHY	4.20
D0321	TEMPOROMANDIBULAR JOINT FILM	3.10
D0330	PANORAMIC MAXILLA MANDIBLE	1.30
D0340	CEPHALOMETRIC FILM	1.50
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	1.25
D0390	OTHER RADIOGRAPHS	0.00
D0400	TESTS AND LABORATORY EXAMINATIONS	0.00
D0420	EMERGENCY ORAL EXAM HOSPITAL	0.00
D0425	CARIES SUSCEPTIBILITY TESTS	1.15
D0430	BIOPSY AND EXAM OF ORAL TISSUE, HARD	4.85
D0440	BIOPSY AND EXAM OF ORAL TISSUE, SOFT	4.25
D0450	HISTOPATHOLOGIC EXAMINATION	1.10
D0460	PULP VITALITY TESTS	0.90
D0470	DIAGNOSTIC CASTS	1.38
D0471	DIAGNOSTIC PHOTOGRAPHS	1.25
D0490	MISC TESTS AND LAB EXAMS	0.00
D1110	PROPHYLAXIS ADULT	1.50
D1120	PROPHYLAXIS CHILD	1.00
D1201	TOPICAL APPICATION OF FLUORIDE CHILD(WITH PROPHY)	1.38
D1203	TOPICAL FLUORIDE WITHOUT PROPHY	0.75

D1204	TOPICAL FLUORIDE ADULT	0.75
D1205	TOPICAL FLUORIDE-ADULT (PROPHY INCLUDED)	2.00
D1320	TOBACCO CESSATION COUNSELING	1.30
D1330	ORAL HYGIENE INSTRUCTIONS	0.85
D1340	TRAINING IN PREVENTIVE DENTAL CARE	0.85
D1350	ADDITIONAL SEALANT PER TOOTH	0.65
D1351	TOPICAL APPL SEALANT PER TOOTH	0.65
D1500	SPACE MANAGEMENT THERAPY	0.00
D1510	FIXED UNILATERAL SPACE MAINTAINER	3.50
D1515	FIXED BILATERAL SPACE MAINTAINER	5.25
D1520	REMOVABLE UNILATERAL SPACE MANIT	4.75
D1525	REMOVABLE BILATERAL SPACE MAINT	5.75
D1550	RECEMENT SPACE RETAINER	1.10
D2110	AMALGAM 1 SURFACE DECIDUOUS	1.75
D2120	AMALGAM 2 SURFACE DECIDUOUS	2.10
D2130	AMALGAM 3 SURFACE DECIDUOUS	2.85
D2131	AMALGAM 4 SURFACE DECIDUOUS	3.65
D2140	AMALGAM RESTORATION ONE SURFACE PERM	1.75
D2150	AMALGAM RESTORATION 2 SURFACES PERM	2.10
D2160	AMALGAM RESTORATION 3 SURFACES PERM	2.85
D2161	AMALGAM 4 SURFACES OR MORE PERMAN	3.65
D2330	COMPOSITE RESIN ONE SURFACE – ANT	2.00
D2331	COMPOSITE RESIN TWO SURFACES – ANT	2.75
D2332	COMPOSITE RESIN 3 SURFACES – ANT	3.50
D2335	COMPOSITE RESIN INVOLVING INCISAL – ANT	4.50
D2336	COMPOSITE STRIP CROWN – ANT	3.90
D2337	RESIN –BASED COMPOSITE CROWN,ANTERIOR-PERMANEN	3.90
D2340	ACID ETCH FOR RESTORATION	0.00
D2380	RESIN BASED COMPOSITE-ONE SURFACE,POSTERIOR	2.05
D2381	RESIN BASED COMPOSITE-TWO SURFACES	2.80
D2382	RESIN BASED COMPOSITE-THREE OR MORE SURFACES	3.05
D2385	RESIN ONE SURFACE POSTERIOR PERM	2.05
D2386	RESIN BASED COMPOSITE TWO SURFACES	2.80
D2387	RESIN BASED COMPOSITE THREE SURFACES	3.05
D2388	RESIN BASED COMPOSITE FOUR OR MORE SURFACES	3.45
D2390	RESIN BASED COMPOSITE CROWN – ANT	3.90
D2391	RESIN BASED COMPOSITE – 1 SURF – POST	2.05
D2392	RESIN BASED COMPOSITE – 2 SURF – POST	2.80
D2393	RESIN BASED COMPOSITE – 3 SURF – POST	3.05
D2394	RESIN BASED COMPOSITE – 4 SURF – POST	3.45
D2710	PLASTIC OR ACRYLIC CROWN	13.75
D2721	ANTERIOR PREFABRICATED CROWN	13.75
D2905	REINFORCING PINS FIRST PIN MED ON	0.25
D2920	RECEMENT CROWNS	1.50
D2930	STAINLESS STEEL CROWN PRIMARY	3.50
D2931	STAINLESS STEEL CROWN PERMANENT T	4.50
D2932	PREFABRICATED RESIN CROWN	4.40
D2940	FILLINGS SEDATIVE	1.00
D2950	CROWN BUILDUPS WITH PIN	3.50
D2951	REINFORCING PIN PER TOOTH	0.75
D2954	PREFAB POST AND CORE IN ADD TO CROWN	4.00
D2960	LABIAL VENEER LAMINATE	5.50
D2970	TEMPORARY CROWN	4.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE,BY REPORT	8.18

D3110	PULP CAP DIRECT EXCLUDING FINAL REST.	0.88
D3120	PULP CAP INDIRECT EXCLUDING FINAL	0.75
D3220	PULPOTOMY	2.50
D3221	GROSS PULPAL,DEBRIDEMENT	3.50
D3230	PULPAL THERAPY ANTERIOR PRIMARY TOOTH	3.65
D3240	PULPAL THERAPY POSTERIOR PRIMARY TOOTH	4.85
D3305	PULPECTOMY AND ROOT CANAL FILLING	4.85
D3310	ROOT CANAL ONE CANAL	9.60
D3320	ROOT CANAL TWO CANALS	11.00
D3330	ROOT CANAL THREE OR MORE CANALS	16.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL ANTERIOR	11.50
D3347	RETREATMENT OF PREVIOUS ROOT CANAL BICUSPID	14.20
D3351	APEXIFICATION	6.70
D3352	APEX RECALC INTERIM MEDICATION	7.90
D3353	APEX RECALC FINAL VISIT	5.00
D3410	APICOECTOMY SEP SURG PROC PER ROOT	7.55
D3421	APICOECTOMY WITH ROOT CANAL	9.25
D3430	RETROGRADE FILLING	2.50
D3440	APICAL CURETTAGE	2.00
D3900	OTHER ENDODONTIC PROCEDURES	0.00
D3901	ENDODONTIC APPT	0.00
D4110	PERIODONTAL EXAM	2.00
D4200	SURGICAL SERVICES	0.00
D4210	GINGIVECTOMY OR GINGIVOCPLASTY/QUAD	6.25
D4211	GINGIVECTOMY OR GINGIVOPLASTY/PER TOOTH	5.10
D4220	GINGIVAL CURETTAGE PER QUADRANT	3.00
D4240	GINGIVAL FLAP	11.45
D4250	MUCOGINGIVAL SURGERY PER QUADRANT	16.45
D4260	OSSEOUS SURGERY PER QUADRANT	14.00
D4300	ADJUNCTIVE PERIDONTAL SERVICES	0.00
D4320	PROVISIONAL SPLINTING INTRACORONAL	4.15
D4321	PROVISIONAL SPLINTING EXTRACORONAL	3.50
D4330	OCCLUSAL ADJ LIMITED	0.50
D4331	OCCLUSAL ADJ COMPLICATED	5.00
D4340	PERIODONTAL SCALING COMPLIC	7.00
D4341	PERIODONTAL SCALING PER QUADRANT	4.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE EVALUATION	2.75
D4381	LOCALIZED DELIVERY OF CHEMOTHERAPELITIC AGENTS	2.20
D5110	COMPLETE UPPER DENTURE	20.00
D5120	COMPLETE LOWER DENTURE	20.00
D5130	DENTURE IMMEDIATE UPPER	21.25
D5140	DENTURE IMMEDIATE LOWER	21.25
D5211	PARTIAL DENTURE UPPER ACRYLIC	13.00
D5212	PARTIAL DENTURE LOWER ACRYLIC	13.35
D5213	UPPER PARTIAL DENTURE CAST METAL	21.00
D5214	LOWER PARTIAL DENTURE CAST METAL	21.00
D5216	PARTIAL DENTURE UPPER ACRYLIC W/CLASPS	4.00
D5218	PARTIAL DENTURE LOWER ACRYLIC W/CLASPS	4.00
D5230	DENTURE LOWER WITH GOLD OR CHROME CL	4.00
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE	8.95
D5301	ORTHODONTIC RETAINER HEADGEAR REP	0.00
D5310	EACH ADDITIONAL CLASP	3.35
D5320	EACH ADDITIONAL TOOTH	3.35
D5410	COMPLETE DENTURE ADJ	1.60

D5411	COMPLETE DENTURE ADJ LOWER	1.60
D5421	PARTIAL DENTURE ADJUST UPPER	1.60
D5422	PARTIAL DENTURE LOWER ADJ	1.60
D5510	REPAIR BROKEN COMPLETE DENTURE BA	3.00
D5520	REPAIR TEETH COMPLETE DENTURE EA	2.50
D5610	REPAIR RESIN DENTURE BASE – PARTIAL	3.00
D5620	REPAIR CAST FRAMEWORK	3.55
D5630	REPAIR OR REPLACE BROKEN CLASP	3.35
D5640	REPLACE TOOTH ONLY PER TOOTH	3.00
D5650	ADD TOOTH TO PART DENTURE	3.00
D5660	ADD TOOTH WITH CLASP TO DENTURE	4.00
D5680	REPLACE CLASP	3.35
D5690	EACH ADDNL CLASP	3.35
D5710	REBASE COMPLETE MAXILLARY DENTURE	7.25
D5711	REBASE COMPLETE MANDIBULAR DENTURE	7.25
D5720	REBASE MAXILLARY PARTIAL DENTURE	6.25
D5721	REBASE MANDIBULAR PARTIAL DENTURE	6.25
D5730	RELINE DENTURE COMPLETE UPPER/OFFICE	5.25
D5731	RELINE DENTURE COMPLETE LOWER/OFFICE	5.25
D5740	RELINE PARTIAL DENTURE UPPER	4.75
D5741	RELINE PARTIAL DENTURE LOWER	4.75
D5750	RELINE DENTURE COMPLETE UPPER W/LAB	6.25
D5751	RELINE DENTURE COMPLETE LOWER W/LAB	6.25
D5760	RELINE PARTIAL DENTURE LAB	6.25
D5761	RELINE MANDIBULAR PARTIAL DENTURE	6.25
D5801	PROSTHETIC VISIT	0.00
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	9.00
D5811	INTERIM COMPLETE DENTURE MANDIBULAR	9.00
D5820	TEMPORARY PARTIAL DENTURE	7.25
D5821	INTERIM PARTIAL DENTURE MANDIBULAR W/ CLASPS	7.25
D5850	TISSUE CONDITIONING	2.80
D5851	TISSUE CONDITIONING, MANDIBULAR	2.80
D5899	UNSPEC REMOVABLE PROSTHODONTIC PROCED	8.19
D7110	EXTRACTION FIRST PERM TOOTH IN QUADRAN	2.10
D7111	EXTRACTION FIRST DECIDUOUS TOOTH	2.00
D7120	EXTRACTION EACH ADDITIONAL PERMANENT	2.10
D7121	EXTRACTION EACH ADDITIONAL DECIDUOUS	2.00
D7130	ROOT REMOVAL EXPOSED ROOTS	2.10
D7160	SCHEDULED SURG POST OP APPT	0.00
D7210	EXTRACTION SURGICAL OF ERUPTED	4.25
D7220	EXTRACTION SOFT TISSUE IMPACTI	4.55
D7230	EXTRACTION PARTIAL BONE IMPACT	6.00
D7235	SUPERNUMERARY TOOTH EXTRACTION ME	2.10
D7240	EXTRACTION COMPLETE BONE IMPACTION	7.60
D7241	IMPACTION WITH SECTION OF TOOTH	10.00
D7250	ROOT RECOVERY	4.25
D7260	ANTRAL FISTULA CLOSURE	8.25
D7270	TOOTH REIMPLANTATION	8.10
D7280	SURGICAL TOOTH EXPOSURE	7.50
D7281	SURGICAL TOOTH EXPOSURE TO AID ERUPTION	6.50
D7285	BIOPSY OF HARD TISSUE	4.85
D7286	BIOPSY OF SOFT TISSUE	4.25
D7290	SURGICAL REPOSITIONING OF TEETH	5.50
D7300	ALVEOLOPLASTY LOCALIZED AREA	1.00

D7310	ALVEOLECTOMIES PER QUADRANT WITH EXTR	4.35
D7320	ALVEOLOPLASTY NO EXTRACTION	4.90
D7350	STOMATOPLASTY COMPLICATED	16.25
D	SURGICAL EXCISION SCAR TISSUE	0.00
D7410	RADICAL EXCISION UNDER 125 CM	4.75
D7420	RADICAL EXCISION OVER 125 CM	9.00
D7430	EXCISION OF BENIGN TUMOR UP TO 1.25 CM	4.90
D7431	EXCISION OF BENIGN TUMOR- MORE THAN 1.25 CM	4.90
D7450	REMOVE CYST OR TUMOR TO 125 CM	7.90
D7470	REMOVE EXOSTOSIS	4.35
D7480	PARTIAL OSTECTOMY	4.35
D7510	INCISE & DRAIN ABSCESS INTERORAL	2.35
D7520	INCISE & DRAIN ABSCESS EXTRAORAL	4.00
D7530	REMOVAL OF FOREIGN BODY, OR TISSUE	4.35
D7550	SEQUESTRECTOMY FOR OSTEOMYELITIS	7.00
D7600	TREATMENT OF FRACTURES SIMPLE	0.00
D7610	MAXILLA OPEN REDUCTION	0.00
D7620	MAXILLA CLOSED REDUCTION	48.00
D7630	MANDIBLE OPEN REDUCTION	66.00
D7640	MANDIBLE CLOSED REDUCTION	40.00
D7650	MALAR OPEN REDUCTION	63.00
D7660	MALAR CLOSED REDUCTION	38.00
D7670	ALVEOLUS STABILIZATION	20.00
D7800	REDUCTION OF DISLOCATION TMJ MGMT	0.00
D7880	OCCLUSAL ORTHOTIC APPLIANCE BY RO	9.35
D7900	OTHER ORAL SURGERY AND SUTURES	0.00
D7901	POST OP AND SUTURE REMOVAL	0.00
D7902	UNSCHED POST OP RESTORE	0.00
D7911	SUTURE WOUNDS TO 5 CM COMPLICATED	5.70
D7912	SUTURE WOUNDS OVER 5 CM COMPLICAT	8.50
D7960	FRENULECTOMY	5.25
D7970	EXCISION OF HYPERPLASTIC TISSUE	26.25
D7971	EXCISION OF PERICORONAL GINGIVA	7.55
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	22.00
D8070	COMPREHENSIVE ORTHODONTIC TREAT	91.00
D8080	COMPREHENSIVE ORTHODONTIC TREAT	91.00
D8090	COMPREHENSIVE ORTHODONTIC TREAT	95.00
D8210	REMOVABLE APPLIANCE THERAPY	11.90
D8220	FIXED OR CEM APPL THERAPY	14.30
D8670	PERIODIC ORTHODONTIC TREATMENT VI	2.70
D8900	ORTHODONTIC EXAM AND TREATMENT PL	7.80
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE	31.50
D9110	PALLIATIVE EMERGENCY PROCEDURE	2.00
D9210	LOCAL ANESTHESIA NOT W/ OPERATIVE PROCEDURES	0.70
D9220	GENERAL ANESTHESIA	4.25
D9221	GENERAL ANESTHESIA EACH ADDITIONAL	2.00
D9230	ANALGESIA INCLUDING NITROUS OXIDE	1.20
D9240	INTRAVENOUS SEDATION	4.50
D9310	CONSULTATION	1.80
D9420	HOSPITAL CALLS	3.00
D9430	OFFICE VISIT REG HOURS	1.60
D9630	DRUGS	1.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENTS/FLUORIDE	1.45
D9911	APPLICATION OF DESENSITIZING RESIN PER TOOTH	1.55

D9920	BEHAVIOR MANAGEMENT	1.55
D9930	POST OP SURG TREATMENT	1.85
D9940	OCCLUSAL GUARD, BY REPORT	7.00
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	3.70
D9951	OCCLUSAL ADJUSTMENT-LIMITED	2.15
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE	2.51
12011	REPAIR SUPERFICIAL WOUND FACE 2.5	2.70
12051	LAYER CLOSURE OF FACE WOUND 2.5 CM	4.12
12052	LAYER CLOSURE OF FACE WOUND 2.6 CM	4.37
13132	REPAIR COMPLEX FOREHEAD	10.43
20220	BIOPSY BONE TROCAR SUPERFICIAL	2.14
20240	BIOPSY EXCISIONAL SUPERFICIAL	6.23
20245	BIOPSY EXCISIONAL DEEP	15.67
21015	RADICAL EXCISION TUMOR SOFT TISSU	11.00
21029	REM BY CONTOURING OF BENIGN TUMOR	15.67
21030	EXCISION OF BENIGN TUMOR OTHER TH	10.07
21031	EXCISION OF TORUS MANDIBULARIS	7.35
21032	EXCISION OF MAXILLARY TORUS PALATINUS	7.23
21034	EXCISION OF MALIGNANT TUMOR OTHER	30.56
21040	EXCISION OF BENIGN CYST OR TUMOR	9.76
21041	EXCISION OF BENIGN CYST	9.76
21355	PERCUTANEOUS TREATMENT OF FRACTURE	7.59
21360	OPEN TREATMENT OF DEPRESSED MALAR FRAC	13.14
21365	MALAR AREA FRACTURE COMPLICATION	27.48
21421	PALATAL OR ALVEOLAR RIDGE	14.19
21422	OPEN TREATMENT OF PALATAL OR MAXILLA	17.40
21423	COMPLICATED TREATMENT OF PALATAL	21.00
21440	CLOSED TREATMENT OF MANDIBULAR OR MAX	9.26
21445	OPEN TRATMENT OF MANDIBULAR OR MAX	14.54
21451	CLOSED TREATMENT OF MANDIBULAR FX	13.91
21454	OPEN TREATMENT OF MANDIBULAR FX W	13.55
40800	INCISE AND DRAIN ABSCESS EXTRAORAL	3.08
40808	BIOPSY, VESTIBULE OF MOUTH	2.54
40810	RADICAL EXCISION OF LESION VESTIB	3.10
40819	EXCISION OF FRENUM LABIAL OR BUCC	5.80
40840	VESTIBULOPLASTY ANTERIOR	16.79
40842	VESTUBULOPLASTY POSTERIOR UNILATE	16.60
40843	VESTUBULOPLASTY POSTERIOR BILATER	21.30
40844	VESTIBULOPLASTY ENTIRE ARCH	29.57
40845	VESTIBULOPLASTY, COMPLEX	33.80
41010	INCISION OF LINGUAL FRENUM	2.73
41115	EXCISION OF LINGUAL FRENUM	8.56
41800	DRAINAGE ABSCESS, CYST, HEMATOMA	2.57
41822	EXCISION FIBROUS TUBEROSITIES	4.50
41823	EXCISION OSSEOUS TUBEROSITIES	7.79
41825	EXCISION OF LESION OR TUMOR w/o Repair	3.71
41826	EXCISION OF LESION OR TUMOR w/o Simple Repr	4.72
41827	EXCISION OF LESION OR TUMOR Complex Repair	7.43

D. Other

Reproduction of non medical documents (print shop) for other State or non-profit agencies Actual Cost

SECTION 2. SLIDING FEE SCALES FOR PRIMARY CARE

The Department of Health has two sliding fee scales. One applies to clients when they are not receiving family planning services and the other to clients receiving family planning services.

Financially eligible clients are not required to pay full cost to receive services. Rather, these clients pay a reduced cost in relation to their poverty status.

Poverty status is determined based on a client's annual household income and the number of individuals in the person's family. A lower annual household income and/or a larger family size place a person in a lower poverty status.

The Department of Health calculates its sliding fee scales using the poverty income information provided by the federal government every year at the beginning of February. The sliding fee scale is released by the Department of Health at the beginning of March, with implementation in the Health Management System at the end of March.

The Palm Beach County Health Department uses these sliding fee scales by authority of Chapter 154.011,(1),(c),7, Florida Statutes (Attachment I), and 64F-16 of the Florida Administrative Code (Attachment II). Chapter 64F-16 of the Florida Administrative Code details eligibility and fee assessment for services offered by County Health Departments including the authority to waive or reduce charges in situations of inability to pay.

The sliding fee schedule will not be applied to services such as overseas immunizations or school health physicals. These services are provided as a convenience to residents. Fees for these services will be charged at 100%.

RESOLUTION NO: _____

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AMENDING THE PALM BEACH COUNTY HEALTH DEPARTMENT FEE SCHEDULE RELATED TO THE OFFICE OF VITAL STATISTICS FOR THE ISSUANCE OF BIRTH AND DEATH CERTIFICATES

WHEREAS, Section 154.06, Florida Statutes, provides that each county may establish, and each county health department may collect, fees for primary care services, provided that a schedule of such fees is established by resolution of the board of county commissioners or by rule of the department, respectively. Fees for primary care services and communicable disease control services may not be less than Medicaid reimbursement rates unless otherwise required by federal or state law or regulation; and

WHEREAS, due to the rising cost of providing services, fees need to be established to enable the Department of Health/Palm Beach County Health Department to continue to provide these services; and

WHEREAS, the Board of County Commissioners of Palm Beach County desires to amend the Palm Beach County Health Department Fee Schedule related to the office of Vital Statistics for the issuance of Birth and Death Certificates; and

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA:

1. The rates as provided in Sections 1.B.2 a. and b. of the Palm Beach County Health Department Fee Schedule are amended as follows:

(a) 2. a. Birth Certificates - ~~\$14.00~~ \$15.00 for the first and \$10.00 for additional certificates for the same birth at time of purchase;

(b) 2. b. Death Certificates - ~~\$10.00~~ \$15.00 each

2. The Palm Beach County Health Department Fee Schedule, as amended, attached hereto and incorporated herein, are hereby approved.

The foregoing resolution was offered by Commissioner _____ who moved its adoption. The motion was seconded by Commissioner _____, and upon being put to a vote, the vote was as follows:

Karen T. Marcus, Chairperson	_____
Shelley Vana, Vice Chair	_____
Paulette Burdick	_____
Steven L. Abrams	_____
Burt Aaronson	_____
Jess R. Santamaria	_____
Priscilla A. Taylor	_____

The Chairman thereupon declared the Resolution duly passed and adopted

the _____ day of _____, 2011.

APPROVED AS TO FORM
& LEGAL SUFFICIENCY

PALM BEACH COUNTY, FLORIDA
BY ITS BOARD OF COUNTY COMMISSIONERS

SHARON R. BOCK, CLERK & COMPTROLLER

By: _____
Assistant County Attorney

By: _____
Deputy Clerk

Agenda Item #: **5D1**

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

*M/A, 6-0
5965*

AGENDA ITEM SUMMARY

R-2007-1843

Meeting Date: **October 16, 2007** Consent Regular
 Ordinance Public Hearing

Department:

Submitted By: **Administration**

Submitted For: **Palm Beach County Health Department**

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to adopt: a Resolution to establish fees for Palm Beach County Health Department.

Summary: Section 154.06, Florida Statutes, authorizes counties by resolution to establish fees for services performed by local health departments. This Resolution revises and updates the fee schedule previously approved by Resolution 97-1276. If approved, these fee increases will generate additional estimated annual revenue of \$181,322. The total revenue from these fees for the fiscal year ending September 30, 2006, was \$1,866,518. Revenue from fees is used to support primary care, dental care, and communicable disease control services as well as other local community services.

Background and Policy Issues: Section 154.06, Florida Statutes, provides that the State of Florida, Department of Health is authorized to establish fees for public health services performed by local public health departments, and further authorizes counties, by way of resolution, to establish fees for services performed by local health departments. These fees are collected by the local health departments and are utilized in continuing the provision of primary medical, dental and communicable disease control services; as well as providing other local community services. The resolution currently in effect, Resolution 97-1276, was passed and adopted on September 16, 1997. It has been nine years since these fees have been updated. Increase costs of operation require that these fees now be updated (Background continued on page 3).

Attachments:

1. Proposed Resolution approving new fee schedule, repealing 97-1276
2. Proposed County Fee Schedule

Recommended by: *Thomas D. ...* 9/28/07
Department Director Date

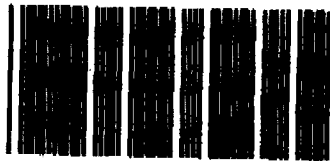
Approved By: *Paul ...* 10/10/07
Assistant County Administrator Date

RECEIVED
MAY 28 AM 8:38
PALM BEACH COUNTY HEALTH DEPT - BUSINESS

BACKGROUND (CONTINUED):

1. It is estimated that the average increase in fees will be 11%.
2. Primary care fees have been determined utilizing the Medicare Physician Fee Schedule that is issued annually. The Dental Services Fee Schedule has been determined by multiplying the Department of Health's relative value for each dental service by the average unit cost as determined annually from the previous year's costs. Overseas immunization and other immunization fees were also obtained from the Medicare Fee Schedule when available. When not included on the Medicare Schedule, the rate will be up to the 75th percentile level of the rate-based relative value scale (RB/RVS) which represents a fee \leq what 75% of providers in the County charge. The fee for vaccine administration has also been determined by utilizing the Medicare Fee Schedule. Other charges are based on reasonable cost, several brought into line with those now charged by the Broward County Health Department.
3. The fees addressed in this Resolution represent a total of 3.26% or \$1,858,672 of the Health Department's costs for FY 05/06.
4. The sliding fee scale charge is determined as required by Chapter 64F-16 of the Florida Administrative Code.
5. Chapter 64F-16 of the Florida Administrative Code provides for fee exemption for clients determined to be below poverty level, depending on the type of service. The sliding fee scale percentages are slightly different for maternity and family planning clients as required by Chapter 64F-16, FAC; fee waiver authority is also vested with the County Health Department Director or the Director's designee in this Chapter.
6. Palm Beach County Health Department is required to provide certain services regardless of failure or inability to pay as stated in Chapter 64F-16, FAC. Balances are maintained in the Health Management System and are carried forward to the next clinic visit billing that is generated. It is estimated that \$984,944 remains outstanding each year or roughly 8.75% of the net fee charges for primary care. A write-off process is completed for annual submission to the Florida Chief Financial Officer for approval.
7. The primary care fee amounts are charged for services regardless of whether insurance coverage is available. Medicaid and Medicare pay on the basis of cost-based reimbursement for clinic services. Lab services are paid on a fee-for-service basis. Self-pay clients pay based on the sliding fee scale determination.
8. If these fee increases are approved, it is expected that they will generate at a minimum a total of \$181,322 in increased revenue annually. These increased fees will allow the Health Department to offset increases in costs incurred since the last resolution approved in 1997.

Document Type



* P B C 0 8 *

R-number

Place Interim Doc
Label Here →

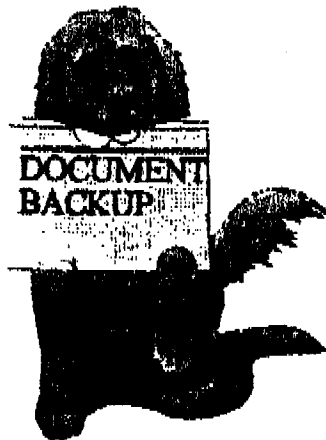


* P B C I N T 0 *

Place Restricted Doc
Label Here →



* P B C R D 0 *



RESOLUTION NO: R-2007-1863

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, ESTABLISHING FEES FOR PRIMARY CARE, MEDICAL CARE, DENTAL CARE, COMMUNICABLE DISEASE CONTROL, AND PUBLIC HEALTH SERVICES PROVIDED TO CLIENTS OF THE PALM BEACH COUNTY HEALTH DEPARTMENT CLINICS AND VITAL STATISTICS OFFICE; REPEALING RESOLUTION NUMBER 97-1276

WHEREAS, Section 154.06, Florida Statutes, provides that each county may establish, and each county health department may collect, fees for primary care services, provided that a schedule of such fees is established by resolution of the board of county commissioners or by rule of the department, respectively. Fees for primary care services and communicable disease control services may not be less than Medicaid reimbursement rates unless otherwise required by federal or state law or regulation; and

WHEREAS, due to the rising cost of providing services, fees need to be established to enable the Department of Health/Palm Beach County Health Department to continue to provide these services; and

WHEREAS, the Board of County Commissioners of Palm Beach County desires to repeal Resolution No. 97-1276, and adopt an updated fee schedule to include Medicare and other standardized rates for services; and

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA THAT:

Resolution No. 97-1276 is hereby repealed and the rates listed in the attached County Fee Schedule for services provided at the Palm Beach County Health Department are hereby approved.

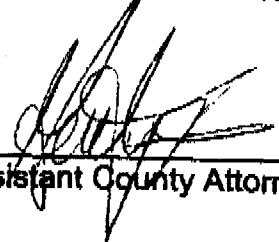
The foregoing resolution was offered by Commissioner Marcus who moved its adoption. The motion was seconded by Commissioner Aaronson, and upon being put to a vote, the vote was as follows:

Addie Greene, Chairperson	<u>Aye</u>
Jeff Koons, Vice Chair	<u>Aye</u>
Karen T. Marcus	<u>Aye</u>
Robert J. Kanjian	<u>Aye</u>
Mary McCarty	<u>Aye</u>
Burt Aaronson	<u>Aye</u>
Jess R. Santamaria	<u>Absent</u>

The Chairman thereupon declared the Resolution duly passed and adopted
the 16th day of October, 2007.

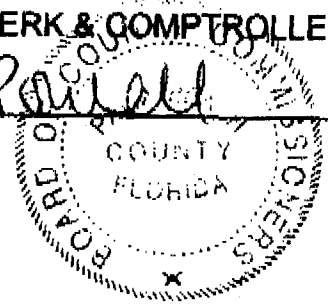
APPROVED AS TO FORM
& LEGAL SUFFICIENCY

PALM BEACH COUNTY, FLORIDA
BY ITS BOARD OF COUNTY COMMISSIONERS

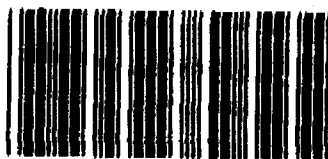
By: 
Assistant County Attorney

SHARON R. BOCK, CLERK & COMPTROLLER

By: 
Deputy Clerk



Document Type



* P B C 0 7 *

Agenda Item Backup

Place Interim Doc
Label Here →

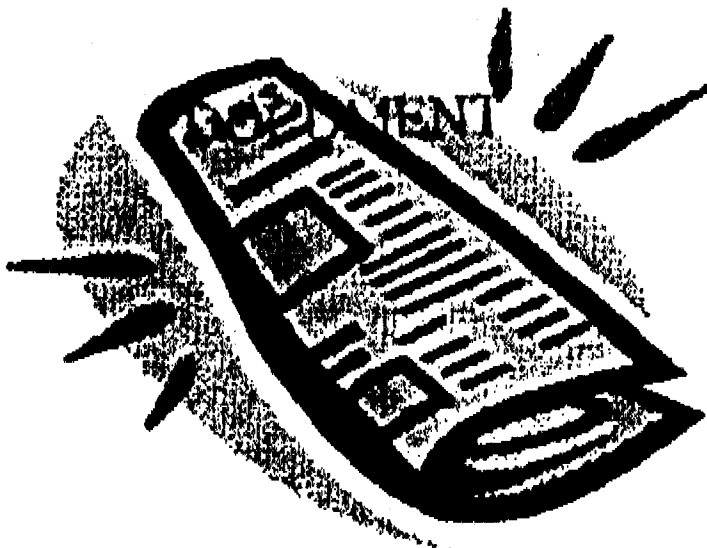


* P B C I N T O *

Place Restricted Doc
Label Here →



* P B C R D O *



PALM BEACH COUNTY HEALTH DEPARTMENT

COUNTY FEE SCHEDULE

SECTION 1. FIXED PRICE MANDATORY FEES

The non Medicare fees listed here may be raised annually, based on the annual average increase in the Consumer Price Index for the previous year.

A. Medical Services – Fees will not exceed Medicare rates when available; fees follow for aspects of programs for which Medicare rates may not be available.

1. Overseas Immunizations

- a. Consultation Fee for specific travel itinerary - \$45.
- b. Administration Fee per injection – Not to exceed Medicare rate
- c. Minimum Charge for vaccine per dose
Vaccine costs will be based on Medicare rates. When Medicare rates are not available (for example, for the Yellow Fever vaccine) the rate will be up to the 75th percentile level of the rate-based relative value scale (RB/RVS) which represents a fee ≤ what 75% of providers in the County charge.
- d. Clients requesting overseas immunizations shall pay the price of the Consultation Fee, Administration Fee(s) and the vaccine charge for each vaccine.

2. Adult Immunizations (Immunizations to individuals 18 years and over)

- a. Administration Fee per injection – Not to exceed Medicare rate
- b. Minimum Charge for vaccine per dose - Vaccine costs will be based on Medicare rates. When Medicare rates are not available (for example, for the Yellow Fever vaccine) the rate will be up to the 75th percentile level of the rate-based relative value scale (RB/RVS) which represents a fee ≤ what 75% of providers in the County charge.
- c. Immunization fees charged under this schedule may be those charged for Overseas Immunization, excluding the Consultation Fee.

3. Childhood Immunizations (Immunizations to persons 17 years of age and under)

- a. No fee will be charged for childhood immunizations required for admittance to or attendance in school as specified in Section 1003.22 FS.
- b. Administration Fee for immunizations not required for school – Not to exceed Medicare rate.

4. Laboratory Services

- a. The Medicaid rate will be used for viral load tests.
- b. The rate for laboratory work by a reference laboratory will be cost plus a \$10 processing/handling fee.
- c. The rate for antibody screening for maternity patients (no Medicare rate for this) will be the usual and customary rate—the rate that the reference laboratories would charge the Palm Beach County Health Department if they conducted this testing.

5. Medical Records

- a. Records Search Fee, each request \$10.00
- b. Copy Fee—first 20 pages (single or double sided), per page \$1.00
Copy Fee—21st page and greater, per page \$0.50

- 6. Completion of Insurance/Disability/Medical Reports or Forms
Physician/Staff completion of one (1) set of forms, per form \$25.00

7. School Health Physicals

- Limited school health physicals (does not include laboratory work) \$35.00

B. Public Health Services

1. **HIV Testing for Professionals**
Testing for health care professionals who are requesting such testing to meet professional standards or guidelines inclusive of pre-and post-test counsel Not to exceed Medicare rate

2. **Vital Statistics**
 - a. Birth Certificates - \$14.00 for the first and \$10.00 for additional certificates for same birth at time of purchase
 - b. Death Certificates - \$10.00 each
 - c. Expedited Birth or Death Certificates - \$10 additional charge for each order.
 - d. Vital Check Fee - \$5.00
 - e. Protective Plastic Sleeve - \$3.00

3. **Community Health and Nutrition Services**
 - a. **Medical Nutrition Therapy Fees**
 - Individual Counseling \$60.00
Initial nutrition assessment and counseling
 - Individual Follow-up \$25.00

 - b. **Continuing Education**
 - Continuing Professional Education (CPEU) \$10.00 per credit hour
Professional seminars leading to credit hours for registered dietitians or licensed dietitians/ nutritionists

 - c. **Wellness, Nutrition and Health Promotion for general public**
 - Group classes- includes materials \$75.00 per hour
(Additional charge for food)
 - Individual Rate \$10.00 per class
 - Wellness Package for businesses and agencies
12-week package \$500- \$1000 range
 - Individual Wellness Consult \$25.00 per hour
 - Smoking Cessation \$75.00 for 7 sessions

4. **Health Promotion and Education**
 - a. HIV 501 Course – Counseling, testing, partner elicitation, and notification training course, per individual from for-profit organization/association that does not have a formal agreement with PBCHD \$50.00

 - b. HIV 102 and 104 Courses, per individual from for-profit organization/association that does not have a formal agreement with PBCHD
 - 1-2 hour course \$15.00
 - 3-4 hour course \$25.00

 - c. TB 101 Course, 1-2 hour course, per individual \$15.00

 - d. **Community Health Education Presentation**
A planned educational session using established curriculum and defined learner objectives for the purpose of facilitating voluntary adaptation of behavior, per group
All materials are included for a., b., c., and d. \$25.00

 - e. **Long Distance Learning, per credit hour**
Teleconferenced college curricula at all student levels.
Currently participating in a Master of Public Health program.
Access requires certain prerequisites and acceptance of the individual based on space availability.
\$15.00

5. **Epidemiological Investigations**

Actual costs will be billed to commercial enterprises where the enterprise is determined to be at fault as determined by the Palm Beach County Health Department.

6. Containers for used sharps (home users only), each \$3.00

C. Dental Services

Fees will be based on the Florida Department of Health Relative Value Units for each service times the average unit cost as calculated on an annual basis.

DENTAL FEE SCHEDULE RVUs		
ADA Code	Description of Dental Service	Relative Value Unit
D0120	PERIODIC ORAL EXAMINATION	1.10
D0140	LIMITED ORAL EVALUATION	0.75
D0150	COMPREHENSIVE ORAL EVALUATION	2.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION	2.40
D0170	RE-EVALUATION-LIMITED,PROBLEM FOCUSED	1.20
D0210	FULL SERIES INCLUDING BITEWINGS	1.75
D0216	PEDODONTIC MODIFIED FULL SERIES M	1.50
D0220	INTRAORAL PERIAPICAL SINGLE FIRST	0.35
D0230	INTRAORAL PERIAPICAL EACH ADDITION	0.23
D0240	INTRAORAL OCCLUSAL FILM	0.40
D0250	EXTRA ORAL SINGLE 1ST FILM	1.00
D0260	EXTRAORAL ADDITIONAL FILM	0.85
D0270	BITEWINGS SINGLE FILM	0.35
D0272	BITEWINGS TWO FILMS	0.50
D0273	BITEWINGS THREE FILMS	0.70
D0274	BITEWINGS FOUR FILMS	0.90
D0275	BITEWING ADDITIONAL FILM	0.35
D0280	BITEWING EACH ADDITIONAL FILM MED	0.35
D0290	POSTEROANTERIOR SKULL	1.80
D0310	SIALOGRAPHY	4.20
D0321	TEMPOROMANDIBULAR JOINT FILM	3.10
D0330	PANORAMIC MAXILLA MANDIBLE	1.30
D0340	CEPHALOMETRIC FILM	1.50
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	1.25
D0390	OTHER RADIOGRAPHS	0.00
D0400	TESTS AND LABORATORY EXAMINATIONS	0.00
D0420	EMERGENCY ORAL EXAM HOSPITAL	0.00
D0425	CARIES SUSCEPTIBILITY TESTS	1.15
D0430	BIOPSY AND EXAM OF ORAL TISSUE, HARD	4.85
D0440	BIOPSY AND EXAM OF ORAL TISSUE, SOFT	4.25
D0450	HISTOPATHOLOGIC EXAMINATION	1.10
D0460	PULP VITALITY TESTS	0.90
D0470	DIAGNOSTIC CASTS	1.38
D0471	DIAGNOSTIC PHOTOGRAPHS	1.25
D0490	MISC TESTS AND LAB EXAMS	0.00
D1110	PROPHYLAXIS ADULT	1.50
D1120	PROPHYLAXIS CHILD	1.00
D1201	TOPICAL APPLICATION OF FLUORIDE CHILD(WITH PROPHY)	1.38
D1203	TOPICAL FLUORIDE WITHOUT PROPHY	0.75

D1204	TOPICAL-FLUORIDE ADULT	0.75
D1205	TOPICAL FLUORIDE-ADULT (PROPHY INCLUDED)	2.00
D1320	TOBACCO CESSATION COUNSELING	1.30
D1330	ORAL HYGIENE INSTRUCTIONS	0.85
D1340	TRAINING IN PREVENTIVE DENTAL CARE	0.85
D1350	ADDITIONAL SEALANT PER TOOTH	0.65
D1351	TOPICAL APPL SEALANT PER TOOTH	0.65
D1500	SPACE MANAGEMENT THERAPY	0.00
D1510	FIXED UNILATERAL SPACE MAINTAINER	3.50
D1515	FIXED BILATERAL SPACE MAINTAINER	5.25
D1520	REMOVABLE UNILATERAL SPACE MANIT	4.75
D1525	REMOVABLE BILATERAL SPACE MAINT	5.75
D1560	RECEMENT SPACE RETAINER	1.10
D2110	AMALGAM 1 SURFACE DECIDUOUS	1.75
D2120	AMALGAM 2 SURFACE DECIDUOUS	2.10
D2130	AMALGAM 3 SURFACE DECIDUOUS	2.85
D2131	AMALGAM 4 SURFACE DECIDUOUS	3.65
D2140	AMALGAM RESTORATION ONE SURFACE PERM	1.75
D2150	AMALGAM RESTORATION 2 SURFACES PERM	2.10
D2160	AMALGAM RESTORATION 3 SURFACES PERM	2.85
D2161	AMALGAM 4 SURFACES OR MORE PERMAN	3.65
D2330	COMPOSITE RESIN ONE SURFACE - ANT	2.00
D2331	COMPOSITE RESIN TWO SURFACES - ANT	2.75
D2332	COMPOSITE RESIN 3 SURFACES - ANT	3.50
D2335	COMPOSITE RESIN INVOLVING INCISAL - ANT	4.50
D2336	COMPOSITE STRIP CROWN - ANT	3.90
D2337	RESIN -BASED COMPOSITE CROWN,ANTERIOR-PERMANEN	3.90
D2340	ACID ETCH FOR RESTORATION	0.00
D2380	RESIN BASED COMPOSITE-ONE SURFACE,POSTERIOR	2.05
D2381	RESIN BASED COMPOSITE-TWO SURFACES	2.80
D2382	RESIN BASED COMPOSITE-THREE OR MORE SURFACES	3.05
D2385	RESIN ONE SURFACE POSTERIOR PERM	2.05
D2386	RESIN BASED COMPOSITE TWO SURFACES	2.80
D2387	RESIN BASED COMPOSITE THREE SURFACES	3.05
D2388	RESIN BASED COMPOSITE FOUR OR MORE SURFACES	3.45
D2390	RESIN BASED COMPOSITE CROWN - ANT	3.90
D2391	RESIN BASED COMPOSITE - 1 SURF - POST	2.05
D2392	RESIN BASED COMPOSITE - 2 SURF - POST	2.80
D2393	RESIN BASED COMPOSITE - 3 SURF - POST	3.05
D2394	RESIN BASED COMPOSITE - 4 SURF - POST	3.45
D2710	PLASTIC OR ACRYLIC CROWN	13.75
D2721	ANTERIOR PREFABRICATED CROWN	13.75
D2905	REINFORCING PINS FIRST PIN MED ON	0.25
D2920	RECEMENT CROWNS	1.50
D2930	STAINLESS STEEL CROWN PRIMARY	3.50
D2931	STAINLESS STEEL CROWN PERMANENT T	4.50
D2932	PREFABRICATED RESIN CROWN	4.40
D2940	FILLINGS SEDATIVE	1.00
D2960	CROWN BUILDUPS WITH PIN	3.50
D2951	REINFORCING PIN PER TOOTH	0.75
D2954	PREFAB POST AND CORE IN ADD TO CROWN	4.00
D2960	LABIAL VENEER LAMINATE	5.50
D2970	TEMPORARY CROWN	4.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE,BY REPORT	8.18

D3110	PULP CAP DIRECT EXCLUDING FINAL REST.	0.88
D3120	PULP CAP INDIRECT EXCLUDING FINAL	0.75
D3220	PULPOTOMY	2.50
D3221	GROSS PULPAL,DEBRIDEMENT	3.50
D3230	PULPAL THERAPY ANTERIOR PRIMARY TOOTH	3.65
D3240	PULPAL THERAPY POSTERIOR PRIMARY TOOTH	4.85
D3305	PULPECTOMY AND ROOT CANAL FILLING	4.85
D3310	ROOT CANAL ONE CANAL	9.60
D3320	ROOT CANAL TWO CANALS	11.00
D3330	ROOT CANAL THREE OR MORE CANALS	16.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL ANTERIOR	11.50
D3347	RETREATMENT OF PREVIOUS ROOT CANAL BICUSPID	14.20
D3351	APEXIFICATION	6.70
D3352	APEX RECALC INTERIM MEDICATION	7.90
D3353	APEX RECALC FINAL VISIT	5.00
D3410	APICOECTOMY SEP SURG PROC PER ROOT	7.55
D3421	APICOECTOMY WITH ROOT CANAL	9.25
D3430	RETROGRADE FILLING	2.50
D3440	APICAL CURETTAGE	2.00
D3900	OTHER ENDODONTIC PROCEDURES	0.00
D3901	ENDODONTIC APPT	0.00
D4110	PERIODONTAL EXAM	2.00
D4200	SURGICAL SERVICES	0.00
D4210	GINGIVECTOMY OR GINGIVOCPLASTY/QUAD	6.25
D4211	GINGIVECTOMY OR GINGIVOPLASTY/PER TOOTH	5.10
D4220	GINGIVAL CURETTAGE PER QUADRANT	3.00
D4240	GINGIVAL FLAP	11.45
D4250	MUCOGINGIVAL SURGERY PER QUADRANT	16.45
D4260	OSSEOUS SURGERY PER QUADRANT	14.00
D4300	ADJUNCTIVE PERIODONTAL SERVICES	0.00
D4320	PROVISIONAL SPLINTING INTRACORONAL	4.15
D4321	PROVISIONAL SPLINTING EXTRACORONAL	3.50
D4330	OCCLUSAL ADJ LIMITED	0.50
D4331	OCCLUSAL ADJ COMPLICATED	5.00
D4340	PERIODONTAL SCALING COMPLIC	7.00
D4341	PERIODONTAL SCALING PER QUADRANT	4.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE EVALUATION	2.75
D4381	LOCALIZED DELIVERY OF CHEMOTHERAPEUTIC AGENTS	2.20
D5110	COMPLETE UPPER DENTURE	20.00
D5120	COMPLETE LOWER DENTURE	20.00
D5130	DENTURE IMMEDIATE UPPER	21.25
D5140	DENTURE IMMEDIATE LOWER	21.25
D5211	PARTIAL DENTURE UPPER ACRYLIC	13.00
D5212	PARTIAL DENTURE LOWER ACRYLIC	13.35
D5213	UPPER PARTIAL DENTURE CAST METAL	21.00
D5214	LOWER PARTIAL DENTURE CAST METAL	21.00
D5216	PARTIAL DENTURE UPPER ACRYLIC W/CLASPS	4.00
D5218	PARTIAL DENTURE LOWER ACRYLIC W/CLASPS	4.00
D5230	DENTURE LOWER WITH GOLD OR CHROME CL	4.00
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE	8.95
D5301	ORTHODONTIC RETAINER HEADGEAR REP	0.00
D5310	EACH ADDITIONAL CLASP	3.35
D5320	EACH ADDITIONAL TOOTH	3.35
D5410	COMPLETE DENTURE ADJ	1.60

D5411	COMPLETE DENTURE ADJ LOWER	1.60
D5421	PARTIAL DENTURE ADJUST UPPER	1.60
D5422	PARTIAL DENTURE LOWER ADJ	1.60
D5510	REPAIR BROKEN COMPLETE DENTURE BA	3.00
D5520	REPAIR TEETH COMPLETE DENTURE EA	2.50
D5610	REPAIR RESIN DENTURE BASE - PARTIAL	3.00
D5620	REPAIR CAST FRAMEWORK	3.55
D5630	REPAIR OR REPLACE BROKEN CLASP	3.35
D5640	REPLACE TOOTH ONLY PER TOOTH	3.00
D5650	ADD TOOTH TO PART DENTURE	3.00
D5680	ADD TOOTH WITH CLASP TO DENTURE	4.00
D5680	REPLACE CLASP	3.35
D5690	EACH ADDNL CLASP	3.35
D5710	REBASE COMPLETE MAXILLARY DENTURE	7.25
D5711	REBASE COMPLETE MANDIBULAR DENTURE	7.25
D5720	REBASE MAXILLARY PARTIAL DENTURE	6.25
D5721	REBASE MANDIBULAR PARTIAL DENTURE	6.25
D5730	RELINE DENTURE COMPLETE UPPER/OFFICE	5.25
D5731	RELINE DENTURE COMPLETE LOWER/OFFICE	5.25
D5740	RELINE PARTIAL DENTURE UPPER	4.75
D5741	RELINE PARTIAL DENTURE LOWER	4.75
D5750	RELINE DENTURE COMPLETE UPPER W/LAB	6.25
D5751	RELINE DENTURE COMPLETE LOWER W/LAB	6.25
D5760	RELINE PARTIAL DENTURE LAB	6.25
D5761	RELINE MANDIBULAR PARTIAL DENTURE	6.25
D5801	PROSTHETIC VISIT	0.00
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	9.00
D5811	INTERIM COMPLETE DENTURE MANDIBULAR	9.00
D5820	TEMPORARY PARTIAL DENTURE	7.25
D5821	INTERIM PARTIAL DENTURE MANDIBULAR W/ CLASPS	7.25
D5850	TISSUE CONDITIONING	2.80
D5851	TISSUE CONDITIONING, MANDIBULAR	2.80
D5899	UNSPEC REMOVABLE PROSTHODONTIC PROCED	8.19
D7110	EXTRACTION FIRST PERM TOOTH IN QUADRAN	2.10
D7111	EXTRACTION FIRST DECIDUOUS TOOTH	2.00
D7120	EXTRACTION EACH ADDITIONAL PERMANENT	2.10
D7121	EXTRACTION EACH ADDITIONAL DECIDUOUS	2.00
D7130	ROOT REMOVAL EXPOSED ROOTS	2.10
D7160	SCHEDULED SURG POST OP APPT	0.00
D7210	EXTRACTION SURGICAL OF ERUPTED	4.25
D7220	EXTRACTION SOFT TISSUE IMPACTI	4.55
D7230	EXTRACTION PARTIAL BONE IMPACT	6.00
D7235	SUPERNUMERARY TOOTH EXTRACTION ME	2.10
D7240	EXTRACTION COMPLETE BONE IMPACTION	7.60
D7241	IMPACTION WITH SECTION OF TOOTH	10.00
D7250	ROOT RECOVERY	4.25
D7260	ANTRAL FISTULA CLOSURE	8.25
D7270	TOOTH REIMPLANTATION	8.10
D7280	SURGICAL TOOTH EXPOSURE	7.50
D7281	SURGICAL TOOTH EXPOSURE TO AID ERUPTION	6.50
D7285	BIOPSY OF HARD TISSUE	4.85
D7286	BIOPSY OF SOFT TISSUE	4.25
D7290	SURGICAL REPOSITIONING OF TEETH	5.50
D7300	ALVEOLOPLASTY LOCALIZED AREA	1.00

D7310	ALVEOLECTOMIES PER QUADRANT WITH EXTR	4.35
D7320	ALVEOLOPLASTY NO EXTRACTION	4.90
D7350	STOMATOPLASTY COMPLICATED	16.25
D	SURGICAL EXCISION SCAR TISSUE	0.00
D7410	RADICAL EXCISION UNDER 125 CM	4.75
D7420	RADICAL EXCISION OVER 125 CM	9.00
D7430	EXCISION OF BENIGN TUMOR UP TO 1.25 CM	4.90
D7431	EXCISION OF BENIGN TUMOR- MORE THAN 1.25 CM	4.90
D7450	REMOVE CYST OR TUMOR TO 125 CM	7.90
D7470	REMOVE EXOSTOSIS	4.35
D7480	PARTIAL OSTECTOMY	4.35
D7510	INCISE & DRAIN ABSCESS INTERORAL	2.35
D7520	INCISE & DRAIN ABSCESS EXTRAORAL	4.00
D7530	REMOVAL OF FOREIGN BODY, OR TISSUE	4.35
D7550	SEQUESTRECTOMY FOR OSTEOMYELITIS	7.00
D7600	TREATMENT OF FRACTURES SIMPLE	0.00
D7610	MAXILLA OPEN REDUCTION	0.00
D7620	MAXILLA CLOSED REDUCTION	48.00
D7630	MANDIBLE OPEN REDUCTION	66.00
D7640	MANDIBLE CLOSED REDUCTION	40.00
D7650	MALAR OPEN REDUCTION	63.00
D7660	MALAR CLOSED REDUCTION	38.00
D7670	ALVEOLUS STABILIZATION	20.00
D7800	REDUCTION OF DISLOCATION TMJ MGMT	0.00
D7880	OCCLUSAL ORTHOTIC APPLIANCE BY RO	9.35
D7900	OTHER ORAL SURGERY AND SUTURES	0.00
D7901	POST OP AND SUTURE REMOVAL	0.00
D7902	UNSCHED POST OP RESTORE	0.00
D7911	SUTURE WOUNDS TO 5 CM COMPLICATED	5.70
D7912	SUTURE WOUNDS OVER 5 CM COMPLICAT	8.50
D7960	FRENULECTOMY	5.25
D7970	EXCISION OF HYPERPLASTIC TISSUE	26.25
D7971	EXCISION OF PERICORONAL GINGIVA	7.55
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	22.00
D8070	COMPREHENSIVE ORTHODONTIC TREAT	91.00
D8080	COMPREHENSIVE ORTHODONTIC TREAT	91.00
D8090	COMPREHENSIVE ORTHODONTIC TREAT	95.00
D8210	REMOVABLE APPLIANCE THERAPY	11.90
D8220	FIXED OR CEM APPL THERAPY	14.30
D8670	PERIODIC ORTHODONTIC TREATMENT VI	2.70
D8900	ORTHODONTIC EXAM AND TREATMENT PL	7.80
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE	31.50
D9110	PALLIATIVE EMERGENCY PROCEDURE	2.00
D9210	LOCAL ANESTHESIA NOT W/ OPERATIVE PROCEDURES	0.70
D9220	GENERAL ANESTHESIA	4.25
D9221	GENERAL ANESTHESIA EACH ADDITIONAL	2.00
D9230	ANALGESIA INCLUDING NITROUS OXIDE	1.20
D9240	INTRAVENOUS SEDATION	4.50
D9310	CONSULTATION	1.80
D9420	HOSPITAL CALLS	3.00
D9430	OFFICE VISIT REG HOURS	1.60
D9630	DRUGS	1.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENTS/FLUORIDE	1.45
D9911	APPLICATION OF DESENSITIZING RESIN PER TOOTH	1.55

D9920	BEHAVIOR MANAGEMENT	1.55
D9930	POST OP SURG TREATMENT	1.85
D9940	OCCLUSAL GUARD, BY REPORT	7.00
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	3.70
D9951	OCCLUSAL ADJUSTMENT-LIMITED	2.15
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE	2.51
12011	REPAIR SUPERFICIAL WOUND FACE 2.5	2.70
12051	LAYER CLOSURE OF FACE WOUND 2.5 CM	4.12
12052	LAYER CLOSURE OF FACE WOUND 2.6 CM	4.37
13132	REPAIR COMPLEX FOREHEAD	10.43
20220	BIOPSY BONE TROCAR SUPERFICIAL	2.14
20240	BIOPSY EXCISIONAL SUPERFICIAL	6.23
20245	BIOPSY EXCISIONAL DEEP	15.67
21015	RADICAL EXCISION TUMOR SOFT TISSU	11.00
21029	REM BY CONTOURING OF BENIGN TUMOR	15.67
21030	EXCISION OF BENIGN TUMOR OTHER TH	10.07
21031	EXCISION OF TORUS MANDIBULARIS	7.35
21032	EXCISION OF MAXILLARY TORUS PALATINUS	7.23
21034	EXCISION OF MALIGNANT TUMOR OTHER	30.56
21040	EXCISION OF BENIGN CYST OR TUMOR	9.76
21041	EXCISION OF BENIGN CYST	9.76
21355	PERCUTANEOUS TREATMENT OF FRACTURE	7.59
21360	OPEN TREATMENT OF DEPRESSED MALAR FRAC	13.14
21365	MALAR AREA FRACTURE COMPLICATION	27.48
21421	PALATAL OR ALVEOLAR RIDGE	14.19
21422	OPEN TREATMENT OF PALATAL OR MAXILLA	17.40
21423	COMPLICATED TREATMENT OF PALATAL	21.00
21440	CLOSED TREATMENT OF MANDIBULAR OR MAX	9.26
21445	OPEN TRATMENT OF MANDIBULAR OR MAX	14.54
21451	CLOSED TREATMENT OF MANDIBULAR FX	13.91
21454	OPEN TREATMENT OF MANDIBULAR FX W	13.55
40800	INCISE AND DRAIN ABSCESS EXTRAORAL	3.08
40808	BIOPSY, VESTIBULE OF MOUTH	2.54
40810	RADICAL EXCISION OF LESION VESTIB	3.10
40819	EXCISION OF FRENUM LABIAL OR BUCC	5.80
40840	VESTIBULOPLASTY ANTERIOR	16.79
40842	VESTUBULOPLASTY POSTERIOR UNILATE	16.60
40843	VESTUBULOPLASTY POSTERIOR BILATER	21.30
40844	VESTIBULOPLASTY ENTIRE ARCH	29.57
40845	VESTIBULOPLASTY, COMPLEX	33.80
41010	INCISION OF LINGUAL FRENUM	2.73
41115	EXCISION OF LINGUAL FRENUM	8.56
41800	DRAINAGE ABSCESS, CYST, HEMATOMA	2.57
41822	EXCISION FIBROUS TUBEROSITIES	4.50
41823	EXCISION OSSEOUS TUBEROSITIES	7.79
41825	EXCISION OF LESION OR TUMOR w/o Repair	3.71
41826	EXCISION OF LESION OR TUMOR w/o Simple Repr	4.72
41827	EXCISION OF LESION OR TUMOR Complex Repair	7.43

D. Other

Reproduction of non medical documents (print shop) for other State or non-profit agencies
Actual Cost

SECTION 2. SLIDING FEE SCALES FOR PRIMARY CARE

The Department of Health has two sliding fee scales. One applies to clients when they are not receiving family planning services and the other to clients receiving family planning services.

Financially eligible clients are not required to pay full cost to receive services. Rather, these clients pay a reduced cost in relation to their poverty status.

Poverty status is determined based on a client's annual household income and the number of individuals in the person's family. A lower annual household income and/or a larger family size place a person in a lower poverty status.

The Department of Health calculates its sliding fee scales using the poverty income information provided by the federal government every year at the beginning of February. The sliding fee scale is released by the Department of Health at the beginning of March, with implementation in the Health Management System at the end of March.

The Palm Beach County Health Department uses these sliding fee scales by authority of Chapter 154.011,(1),(c),7, Florida Statutes, and 64F-16 of the Florida Administrative Code. Chapter 64F-16 of the Florida Administrative Code details eligibility and fee assessment for services offered by County Health Departments including the authority to waive or reduce charges in situations of inability to pay.

The sliding fee schedule will not be applied to services such as overseas immunizations or school health physicals. These services are provided as a convenience to residents. Fees for these services will be charged at 100%.