

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: May 3, 2016 [] Consent [X] 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 Florida Department of Health in Palm Beach County Fee Schedule (Resolution R-2014-1612) to add fees to provide reduced rates to the self-pay uninsured population for Sexually Transmitted Diseases (STD) medical and laboratory services.

Summary: This Resolution amends the fee schedule previously approved on 10/21/14 R-2014-1612, by adding a discounted fee for STD medical and laboratory services for the self-pay uninsured population. The current fee being charged for patients seeking this service is based on the Medicare rate and is approximately \$159. The proposed fee of \$58.20 for new patients and \$48.84 for an established (existing) patient will provide for a medical assessment, laboratory services and dispensing of medications. It is expected that with the addition of reduced fees more patients will be encouraged to seek STD testing and treatment, resulting in more access to care for low income and the uninsured population. The expected increase in patient volume will negate the decrease in revenue being received for the visit at the current rate. All fees collected for this service are used to offset the costs of providing these services countywide. Countywide(HH)

Background and Policy Issues: STD diseases pose a serious health risk to the community, especially for those that are untreated and uninsured. Since the cost of treatment can sometimes present a barrier to seeking care, discounting the price of STD assessment and treatment for self-pay uninsured patients will help eliminate this barrier and result in more people having access to care and obtaining treatment.

- Attachments:
1. Resolution with Amended Fee Schedule (underline/strikeout format)
2. Resolution with Amended Fee Schedule (clean copy)

Recommended by: [Signature] 4/22/16
Department Director Date
Approved By: [Signature] 4/22/16
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2016	2017	2018	2019	2020
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Income	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
Net Fiscal Impact	*	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included In Current Budget? Yes _____ No X

Budget Account Exp NO: Fund _____ Department _____ Unit _____ Object _____
 Rev No: Fund _____ Department _____ Unit _____ Object _____

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

* There is no direct fiscal impact associated with this item. The revenue anticipated from the decrease in fees will be accounted for in the Health Department budget. The decrease in the Health Department's fee revenue for STD services will be offset by an anticipated increase in patient volume (utilization).

C. Departmental Fiscal Review:

III. REVIEW COMMENTS

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

Sherry Brown Ann J. Jacobson
 OFMB Contract Dev. and Control 4/27/16

B. Legal Sufficiency:

Helene Cottrell
 Assistant County Attorney

C. Other Department Review:

 Department Director

RESOLUTION NO: _____

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AMENDING THE PALM BEACH COUNTY HEALTH DEPARTMENT FEE SCHEDULE

WHEREAS, Section 154.06, Florida Statutes, provides that each county may establish, and each county health department may collect, fees for 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: 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 fixed price mandatory fees (Section 1)

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

I. The fees as provided in Section 1 of the Palm Beach County Health Department Fee Schedule are amended as follows by adding the following to provide reduced rates:

A. 10. Sexually Transmitted Diseases (STD) Medical and Laboratory assessment and treatment for self-pay / uninsured

(New Patient)	\$58.20
(Established Patient)	\$48.84

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

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

Comm. Mary Lou Berger, Mayor	_____
Comm. Hal R. Valeche, Vice Mayor	_____
Comm. Paulette Burdick	_____
Comm. Shelley Vana	_____
Comm. Steven L. Abrams	_____
Comm. Melissa McKinlay	_____
Comm. Priscilla A. Taylor	_____

The Mayor thereupon declared the Resolution duly passed and adopted the _____ day of _____ 2016.

APPROVED AS TO FORM & LEGAL SUFFICIENCY:

PALM BEACH COUNTY, FLORIDA
BY ITS BOARD OF COUNTY COMMISSIONERS

Sharon R. Bock Clerk and Comptroller

By: _____
COUNTY ATTORNEY

By: _____
(CLERK)

FLORIDA DEPARTMENT OF HEALTH PALM BEACH COUNTY

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 - \$10.00 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 25 pages (single or double sided), per page \$1.00; Copy Fee—21st page and greater, per page \$0.25
 - 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
 - 8. US Citizenship and Immigration Services Physicals
Physical including laboratory services and completion of Form I-693 by a designated USCIS medical doctor - \$250.00
 - 9. Follow-up Evaluation Fee for positive TB Test
(Includes IGRA Blood Test and Chest X-Ray) - \$100.00
 - 10. Sexually Transmitted Disease (STD) Medical and Laboratory assessment and treatment for self-pay uninsured

<u>(New Patient)</u>	<u>\$58.20</u>
<u>(Established Patient)</u>	<u>\$48.84</u>

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 - \$15 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
 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. Student is 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 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
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 Repair	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

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AMENDING THE PALM BEACH COUNTY HEALTH DEPARTMENT FEE SCHEDULE

WHEREAS, Section 154.06, Florida Statutes, provides that each county may establish, and each county health department may collect, fees for 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: 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 fixed price mandatory fees (Section 1)

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

- I. The fees as provided in Section 1 of the Palm Beach County Health Department Fee Schedule are amended as follows by adding the following to provide reduced rates:
 - A. 10. Sexually Transmitted Diseases (STD) Medical and Laboratory assessment and treatment for self-pay / uninsured

(New Patient)	\$58.20
(Established Patient)	\$48.84
- II. The Palm Beach County Health Department Fee Schedule, as amended, attached hereto and incorporated herein, is hereby approved.

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

Comm. Mary Lou Berger, Mayor	_____
Comm. Hal R. Valeche, Vice Mayor	_____
Comm. Paulette Burdick	_____
Comm. Shelley Vana	_____
Comm. Steven L. Abrams	_____
Comm. Melissa McKinlay	_____
Comm. Priscilla A. Taylor	_____

The Mayor thereupon declared the Resolution duly passed and adopted the _____ day of _____ 2016.

APPROVED AS TO FORM & LEGAL SUFFICIENCY:

PALM BEACH COUNTY, FLORIDA
BY ITS BOARD OF COUNTY COMMISSIONERS

Sharon R. Bock Clerk and Comptroller

By: _____
COUNTY ATTORNEY

By: _____
(CLERK)

FLORIDA DEPARTMENT OF HEALTH PALM BEACH COUNTY

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 - \$10.00 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 25 pages (single or double sided), per page \$1.00; Copy Fee—21st page and greater, per page \$0.25

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

8. US Citizenship and Immigration Services Physicals

Physical including laboratory services and completion of Form I-693 by a designated USCIS medical doctor - \$250.00

9. Follow-up Evaluation Fee for positive TB Test

(Includes IGRA Blood Test and Chest X-Ray) - \$100.00

10. Sexually Transmitted Disease (STD) Medical and Laboratory assessment and treatment for self-pay uninsured

(New Patient) \$58.20
(Established Patient) \$48.84

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 - \$15 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
 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. Student is 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 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
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
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D8670	PERIODIC ORTHODONTIC TREATMENT VI	2.70
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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
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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
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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
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21423	COMPLICATED TREATMENT OF PALATAL	21.00
21440	CLOSED TREATMENT OF MANDIBULAR OR MAX	9.26

21445	OPEN TREATMENT 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 Repair	4.72
41827	EXCISION OF LESION OR TUMOR Complex Repair	7.43

D. Other

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