REQUEST FOR BOARD ACTION

ITEM NO. 8.

DATE OF MEETING: January 17, 2012

REQUESTED BY: Carolyn Moser, Health Director, Pender County Health Department

SHORT TITLE: Resolution Approving Amending Health Department Fee Schedule for Fiscal Year 2011-2012

BACKGROUND: The Board of Health approved an amended fee schedule on January 12th, 2011 and respectfully requests that the BOCC approve the fee schedule as well. The original fee schedule was adopted as a part of the FY 11-12 budget ordinance.

All citizens of Pender County in some form utilize public health services, ranging from immunization protection to food sanitation. Although public health programs are mandated by North Carolina General Statute, program revenues (fees) are generated in two ways: 1) based on Medicaid rates, and 2) by the Board of Health based on cost of service. The fee schedule is approved by the Board of Health and the County Commissioners on an annual basis.

A copy of the recommended fee schedule is attached, along with a copy of the current adopted schedule.

SPECIFIC ACTION REQUESTED: To consider a resolution approving an amended Health Department Fee Schedule for Fiscal Year 2011-2012.

COUNTY MANAGER'S RECOMMENDATION

Respectfully recommend approval.

PB

Initial

RESOLUTION

NOW, THEREFORE BE IT RESOLVED by the Pender County Board of Commissioners that

the amended FY 2011-2012 Health Department Fee Schedule proposed and recommended by the Board of Health is hereby approved. The Chairman/County Manager is authorized to execute any/all documents necessary to implement this resolution.

AMENDMENTS:

MOVED_____ SECONDED_____

APPROVED_____ DENIED_____UNANIMOUS

YEA VOTES: Brown ___ Tate ___ Rivenbark___ Ward ___ Williams ___

_____ _____

George R. Brown, Chairman Date

_____ _____

ATTEST Date

Pender County Health Department

FY 2011-2012

FEE SCHEDULE

APPROVED BY
THE PENDER COUNTY BOARD OF HEALTH

_____
date

APPROVED BY
THE PENDER COUNTY BOARD OF COMMISSIONERS

_____
date

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CLINIC SLIDING FEE SCALE

Transaction Code	Description	Current Fee	Proposed Fee
	CLINICAL OFFICE VISIT		
36415	Routine Venipuncture	8.00	8.00
57061	Destruction Vagina Lesions, SIMPLE	200.00	200.00
57150	Treat Vagina Infection	155.00	155.00
57452	Exam Cervix w/scope	205.00	205.00
57454	BX/Curette of Cervix w/scope	310.00	310.00
57505	Endocervical Curettage	138.00	138.00
58300	Insert Intrauterine Device	290.00	290.00
58301	Remove Intrauterine Device	312.00	312.00
80061	Lipid	5.00	10.00
80076	Hepatic Function Test	4.35	10.00
81000	Urinalysis, Nonauto w/o scope	9.00	9.00
81001	UA w/ mico	0.68	10.00
81002	Urinalysis, Nonauto w/o scope	8.00	8.00
81003	UA w/o mico	0.46	5.00
81025	Urine Pregnancy Test	20.00	20.00
82105	Alpha Serum	130.00	25.00
82105	Alpha Tetra	130.00	50.00
82270	Occult Blood, Feces	10.00	10.00
82465	Assay Bld/Serum Cholesterol	16.00	10.00
82947	Glucose	12.00	10.00
82947	Random Glucose (finger stick)	12.00	5.00
82950	Glucose Tolerance Test (GTT) - 1 hour	13.00	10.00
82951 / 82952	Glucose Tolerance Test - 3 hour	35.00	25.00
82962	Glucose Blood Test	6.00	6.00
83020	Hemoglobin Electrophoresis	1.10	10.00
83036	Hgb A1c	7.00	15.00
83655	Assay Lead	0.24	5.00
84030	PKU, Blood	0.24	5.00
84443 / 84479	Thyroid w/ TSH	11.00	15.00
84703	Serum Pregnancy	33.00	20.00
85018	Hemoglobin (finger stick)	7.00	5.00
85025	CBC	3.45	10.00
86308	Rapid Mono Spot	2.18	5.00
86580	TB Intradermal Test	20.00	20.00
86592	Trust	1.22	5.00
86701	HIV-1	0.00	0.00
86706	Hepatitis B Titer	9.22	10.00
86762	Rubella Antibody	31.22	35.00
86787	Varicella Titer	12.00	20.00
86900 / 86901	Blood Typing; Abo	1.10	10.00
87070	Culture, Bacteria, Other	26.00	26.00
87071	GC Culture	9.53	10.00
87075	Stat Male Smear	0.28	5.00
87081	GBBS Culture	24.00	25.00
87087	UA Culture	14.20	20.00
87087	UA C&S	8.30	10.00
87210	Wet Mount / Ferning	15.00	5.00
87402	HCG Quantitative	26.10	30.00
87491 / 87591	GC/CHL Probe	1.79	10.00
87804	Rapid Flu	10.91	15.00
87880	Rapid Strep	30.00	5.00
88142	Pap Smear	35.00	35.00
90375	Rabies IG, IM/SC	200.00	200.00
90384	RH IG, Full-Dose, IM	119.00	119.00
90465	Immune Admin 1 Inj, <8 yrs	0.00	0.00
90471	Immunization Administration	20.00	20.00
90472	Immunization Administration, each addition	17.00	17.00
90473	Immunization Administion oral/nasal	24.00	24.00
90474	Immunization Administion oral/nasal added	17.00	17.00
90632	Hepatitis A Vaccine, Adult IM	70.00	70.00
90633	Hepatitis A Vaccine, PED/ADOL, 2 dose	35.00	35.00
90647	HIB Vaccine, PRP-OMP, IM	22.70	35.00
90648	HIB Vaccine, PRP-T, IM	0.00	0.00
90649	HPV Vaccine, 4 Valent, IM	135.00	140.00
90657	FLU Vaccine, 3 yrs, IM	30.00	30.00
90658	FLU Vaccine, 3 yrs & >, IM	18.00	30.00
90660	FLU Vaccine, Nasal	30.00	30.00
90669	Pneumococcal Vaccine, PED <5	0.00	0.00
90670	Pneumococcal Vaccine, PED <5	120.95	130.00
90675	Rabies Vaccine, IM	161.00	200.00

CLINIC SLIDING FEE SCALE

Transaction Code	Description	Current	Proposed
90680	ROTAVIRUS Vacc, 3 Dose, Oral	80.00	80.00
90696	DTAP/Polio	48.00	55.00
90698	HIB/DTAP/Polio	77.48	85.00
90700	TDAP > 7 years	24.40	35.00
90702	Diphtheria & Tetanus Toxoids (DT)	0.00	0.00
90707	MMR	50.16	60.00
90713	Polio	25.43	35.00
90715	TDAP Vaccine > 7 IM	38.83	45.00
90716	Varicella	90.00	90.00
90718	TD Vaccine > 7, IM	0.00	0.00
90732	Pneumococcal Vaccine	56.31	65.00
90734	MENINGOCOCCAL Vaccine, IM	110.00	115.00
90736	SHINGLES Vaccine	168.00	165.00
90744	HEPB Vacc PED/ADOL 3 Dose IM	28.00	30.00
90746	HEPATITIS B Vaccine, Adult, IM	35.00	60.00
90772	THER/PROPH/Diag Inj, SC/IM	10.00	10.00
92551	Pure Tone Hearing Test, AIR	18.00	18.00
93786	Ambulatory BP Recording	0.00	0.00
94640	Airway Inhalation Treatment	20.00	20.00
94760	Measure Blood Oxygen Level	5.00	5.00
96110	Developmental Test, LIM	21.00	21.00
99173	Visual Acuity Screen	18.00	18.00
99201	OFFICE/OUTPATIENT VISIT, NEW	80.00	80.00
99202	OFFICE/OUTPATIENT VISIT, NEW	136.00	136.00
99203	OFFICE/OUTPATIENT VISIT, NEW	165.00	165.00
99204	OFFICE/OUTPATIENT VISIT, NEW	231.00	231.00
99205	OFFICE/OUTPATIENT VISIT, NEW	300.00	300.00
99211	OFFICE/OUTPATIENT VISIT, EST	52.00	52.00
99212	OFFICE/OUTPATIENT VISIT, EST	78.00	78.00
99213	OFFICE/OUTPATIENT VISIT, EST	98.00	98.00
99214	OFFICE/OUTPATIENT VISIT, EST	139.00	139.00
99215	OFFICE/OUTPATIENT VISIT, EST	205.00	205.00
99381	INIT PM E/M, NEW PAT, INF	216.00	216.00
99382	INIT PM E/M, NEW PAT 1-4 yrs	229.00	229.00
99383	PREVENTIVE VISIT, NEW, AGE 5-11	233.00	233.00
99384	PREVENTIVE VISIT, NEW, AGE 12-17	362.00	362.00
99385	PREVENTIVE VISIT, NEW, AGE 18-39	354.00	354.00
99386	PREVENTIVE VISIT, NEW, AGE 40-64	305.00	305.00
99387	INIT PM E/M, NEW PAT 65+ yrs.	242.00	242.00
99391	PER PM REEVAL, EST PAT, INF	161.00	161.00
99392	PREVENTIVE VISIT, EST, AGE 1-4	178.00	178.00
99393	PREVENTIVE VISIT, EST, AGE 5-11	176.00	176.00
99394	PREVENTIVE VISIT, EST, AGE 12-17	290.00	290.00
99395	PREVENTIVE VISIT, EST, AGE 18-39	292.00	292.00
99396	PREVENTIVE VISIT, EST, AGE 40-64	246.00	246.00
99397	PER PM REEVAL, EST PAT 65+ yrs.	221.00	221.00
99501	Home Visit, Postnatal	194.00	194.00
99502	Home Visit, NB Care	180.00	180.00
D0145	Oral Evaluation, Pt < 3 yrs.	25.00	25.00
D1206	Topical Fluoride Varnish	25.00	25.00
J1055	Medroxyprogesterone Acetate Injection	25.00	25.00
J7300	Intrauterine Copper Contraceptive	325.00	175.00
S4993	Contraceptive Pills for BC	3.00	3.00
S9445	PT Education NOC Individual	35.00	35.00
T1002	RN Services up to 15 mins	73.00	73.00
T1016	Case Management	38.00	38.00
T1017	Targeted Case Management	48.00	48.00
	Pathology Biopsy (code assigned by Pathologist)	49.00	60.00

DENTAL SLIDING FEE SCALE

Transaction Code	Description	Current Fee	Proposed Fee
	DENTAL OFFICE VISIT		
D0120	Perodic oral evaluation	35.00	35.00
D0140	Limited oral evaluation	55.00	55.00
D0145	Oral Evaluation, pt <3yrs	65.00	65.00
D0150	Comprehensive oral evaluation	55.00	55.00
D0160	Extensive oral eval prob focus	311.00	85.00
D0170	Re-eval, Est PT., Problem Focus	35.00	40.00
D0180	Comprehensive Periodontal Eval	50.00	50.00
D0210	Intraoral-complete series	81.00	125.00
D0220	Intraoral periapical 1st film	18.00	30.00
D0230	Intraoral periapical ea add'l film	15.00	20.00
D0240	Intraoral occlusal film	23.00	30.00
D0250	Extraoral 1st film	62.00	35.00
D0260	Extraoral ea add'l film	58.00	29.00
D0270	Dental Bitewing single film	18.00	20.00
D0272	Dental Bitewings 2 films	30.00	30.00
D0273	Bitewings - 3 films	45.00	45.00
D0274	Dental Bitewings 4 films	45.00	45.00
D0277	Vertical bitewings-7 to 8 films	10.00	56.00
D0290	Skull & facial bone survey film	35.00	75.00
D0310	Saliography	35.00	134.00
D0320	TMJ arthrogram, incl injection	70.00	316.00
D0321	Other TMJ films, by report	150.00	150.00
D0322	Tomographic survey	100.00	260.00
D0330	Panoramic film	83.00	80.00
D0340	Cephalometric film	110.00	79.00
D0350	Oral/Facial Photographic Images	10.00	40.00
D0460	Pulp vitality tests	34.00	35.00
D0470	Diagnostic casts	82.00	70.00
D0501	Histopathologic examinations	23.00	23.00
D0999	Unspecified diag procedure, B/R	28.00	28.00
D1110	Prophylaxis-adult	66.00	75.00
D1120	Prophylaxis-child	45.00	60.00
D1201	Prophylaxis App of Fluoride, child	65.00	65.00
D1203	Topical apply of fluoride (prophy not included)-child	26.00	30.00
D1204	Topical apply of fluoride (prophy not included)-adult	28.00	30.00
D1205	Fluoride application inc. prophy adult	71.00	71.00
D1206	Topical Fl- Varnish Theraputic	42.00	42.00
D1310	Nutritional counseling	20.00	42.00
D1320	Tobacco counseling	24.00	45.00
D1330	Oral hygiene instruction	95.00	30.00
D1351	Sealant-per tooth	40.00	40.00
D1510	Space maintainer-fixed-unilateral	290.00	290.00
D1515	Space maintainer-fixed-bilateral	340.00	340.00
D1520	Space maint-remov-unilateral	284.00	284.00
D1525	Space maint-remov-bilateral	470.00	470.00
D1550	Recementation of space maint	48.00	41.00
D2110	Amalgam-1 surfaces, primary	82.00	82.00
D2120	Amalgam-2 surfaces, primary	102.00	102.00
D2130	Amalgam-3 surfaces, primary	114.00	114.00
D2131	Amalgam-4 surfaces, primary	82.00	82.00
D2140	Amalgam-one surface, primary or permanent	75.00	78.00
D2150	Amalgam-two surfaces, primary or permanent	97.00	100.00
D2160	Amalgam-three surfaces, primary or permanent	112.00	121.00
D2161	Amalgam-four or more surfaces, primary or permanent	139.00	145.00
D2210	Silicate cement-per restorat.	106.00	106.00
D2330	Resin-based composite-one surface, anterior	100.00	100.00
D2331	Resin-based composite-two surfaces, anterior	110.00	130.00
D2332	Resin-based composite-three surfaces, anterior	140.00	140.00
D2335	Resin-based composite-four + or invol incisal angle (anterior	200.00	200.00
D2390	Composite Crown	214.00	255.00
D2391	Resin-one surface, Posterior	120.00	150.00
D2392	Resin-two surfaces, Posterior	160.00	160.00
D2393	Resin-three surfaces, Posterior	170.00	170.00
D2394	Resinfour + surfaces, Posterior	225.00	225.00
D2410	Gold foil-one surface	238.00	316.00
D2420	Gold foil-two surfaces	358.00	381.00
D2430	Gold foil-three surfaces	395.00	455.00
D2510	Inlay-metallic-one surface	454.00	454.00
D2520	Inlay-metallic-two surfaces	506.00	506.00
D2530	Inlay-metallic-three + surfaces	556.00	580.00
D2543	Onlay-metallic-three surfaces	659.00	659.00
D2544	Onlay-metallic-four + surfaces	675.00	675.00

DENTAL SLIDING FEE SCALE

Transaction Code	Description	Current Fee	Proposed Fee
	DENTAL OFFICE VISIT		
D2610	Inlay-porcel/ceramic-1 surface	539.00	539.00
D2620	Inlay-porcel/ceramic-2 surfaces	609.00	609.00
D2630	Inlay-porcel/ceramic-3+ surfaces	651.00	651.00
D2642	Onlay-porcel/ceram-2 surface	650.00	650.00
D2643	Onlay-porcel/ceram-3 surface	720.00	720.00
D2644	Onlay-porcel/ceram-4 + surface	748.00	748.00
D2650	Inlay-resin based composite-1s	460.00	501.00
D2651	Inlay-resin based composite-2s	503.00	541.00
D2652	Inlay-resin based composite-3+s	539.00	563.00
D2662	Onlay-resin based composite-2s	515.00	576.00
D2663	Onlay-resin based composite-3s	616.00	616.00
D2664	Onlay-resin based composite-4+s	623.00	623.00
D2710	Crown-resin composite(indirect)	293.00	498.00
D2720	Crown-resin w/high noble metal	653.00	606.00
D2721	Crown-resin w/most base metal	585.00	585.00
D2722	Crown-resin with noble metal	632.00	632.00
D2740	Crown-porcelain/ceramic substr	754.00	754.00
D2750	Crown-porc fuse high noble mtl	765.00	765.00
D2751	Crown-porc fused to base metal	796.00	796.00
D2752	Crown-porc fused noble metal	700.00	750.00
D2781	Crown 3/4 Predom.bae Metal	711.00	711.00
D2782	Crown 3/4 Noble Metal	693.00	693.00
D2790	Crown-full cast high noble mtl	676.00	700.00
D2791	Crown-full cast base metal	628.00	700.00
D2792	Crown-full cast noble metal	664.00	700.00
D2910	Recement inlay-only-partial	58.00	65.00
D2920	Recement Crowns	58.00	65.00
D2930	Prefabricated stainless steel crown-primary tooth	145.00	165.00
D2931	Prefabricated stainless steel crown-permanent tooth	150.00	197.00
D2932	Prefavricated resin crown	170.00	208.00
D2933	Prefab stl crown w/resin window	180.00	223.00
D2934	Prefb esth ctd stnl stl crn-prm	175.00	235.00
D2940	Sedative filling	80.00	80.00
D2950	Core buildup, including any pins	123.00	165.00
D2951	Pin retention-/tooth, (+rest)	20.00	41.00
D2952	Cast post & core in add to crown	130.00	260.00
D2954	Prefab post & core in add to crn	189.00	189.00
D2955	Post removal (not with endo)	142.00	169.00
D2960	Labial veneer (laminate)-chairsd	317.00	360.00
D2961	Labial veneer (resin lamin)-lab	538.00	549.00
D2962	Labial veneer (porceln lam)-lab	635.00	647.00
D2970	Temporary crown (fractured th)	146.00	146.00
D2980	Crown repair, by report	138.00	169.00
D3110	Pulp cap-direct excluding final	45.00	50.00
D3220	Therapeutic pulpotomy (excl final restoration)	130.00	130.00
D3221	Pulpal debridemnt-prim/perm th	69.00	124.00
D3230	Pulpal therapy-anterior, primary	135.00	165.00
D3240	Pulpal therapy-posterior, prim	250.00	250.00
D3310	Root canal therapy-ant (excl final restoration)	650.00	600.00
D3320	Root canal therapy-bicuspid	745.00	745.00
D3330	Root canal therapy-molar (excl final restoration)	1000.00	898.00
D3346	Retreat, prev RCT - anterior	556.00	556.00
D3425	Apicoect/Perirad-molar/1st root	538.00	538.00
D3426	Apicoect/Perirad (each + root)	216.00	216.00
D3430	Retrograde filling-per root	137.00	152.00
D3450	Root amputation-per root	318.00	318.00
D3470	Intentional replant, inc splint	470.00	502.00
D3910	Surg isolation of th w/rub dam	135.00	135.00
D3920	Hemisection, no root can ther	260.00	277.00
D3950	Canal prep/fit of dowel/post	113.00	151.00
D3960	Bleaching of discolored tooth	184.00	184.00
D4210	Gingivectomy-4+ per quadrant	540.00	540.00
D4211	Gingivectomy-1-3 contig th/quad	195.00	195.00
D4220	Gingiv curettage, surgical /quad	130.00	130.00
D4240	Ging flap, root pln, 4+ per quad	583.00	583.00
D4241	Ging flap rt pln 1-3 cntg th/qu	517.00	517.00
D4249	Clinic crown lengthen-hard tiss	552.00	552.00
D4260	Osseous surgery-4+ per quad	742.00	742.00
D4263	Bone replace graft-1st site/qu	191.00	388.00
D5710	Rebase complete maxil denture	340.00	340.00
D5711	Rebase complete mand denture	340.00	340.00
D5720	Rebase maxil partial denture	304.00	304.00
D6040	Surgic place: eposteal implant	3,185.00	3,185.00
D6050	Surg place: transosteal implant	3,892.00	3,892.00

D6055	Dent implant sup connecting bar	656.00	656.00
D6062	Abutmt sup cast metal crown	842.00	842.00
D6080	Implant maintenance procedures	60.00	60.00
D6090	Repair implant sup prosth, B/R	172.00	172.00
D6095	Repair implant abutment, B/R	172.00	172.00
D6100	Implant removal, by report	227.00	227.00
D6210	Pontic-cast high noble metal	676.00	676.00
D6211	Pontic-cast predominantly base	609.00	609.00
D6212	Pontic-cast noble metal	629.00	629.00
D6240	Pontic-porcelain fused to hnob	712.00	712.00
D6241	Pontic-porcelain fused to base	664.00	664.00
D6242	Pontic-porcelain fused to nobl	694.00	694.00
D6250	Pontic-resin w/ high noble met	644.00	644.00
D6251	Pontic-resin w/ predomnt base	574.00	574.00
D6252	Pontic-resin with noble metal	590.00	590.00
D6520	Inlay-metallic-two surfaces	506.00	506.00
D6530	Inlay-metallic-three+ surfaces	556.00	556.00
D6543	Onlay-metallic-three surfaces	656.00	656.00
D6544	Onlay-metallilc-four + surfaces	674.00	674.00
D6545	Retainer-cast for resin bonded	284.00	284.00
D6720	Retainer crn-res w/ hi nob met	653.00	653.00
D6721	Retainer crn-resin w/ base met	585.00	585.00
S6722	Retainer crn-resin w/ nob met	632.00	632.00
D6750	Retainer crn-porc fused-hi nob	719.00	719.00
D6751	Retainer crn-porc fuse-base met	672.00	672.00
D6752	Retainer crn-porc fused-nob met	700.00	700.00
D6780	Retainer crn-3/4 cast h nob met	710.00	710.00
D6790	Retainer crn-full cast hi nob	674.00	674.00
D6791	Retainer crn-full cast base	605.00	605.00
D6792	Retainer crn-full cast nob met	634.00	634.00
D6920	Connector bar	562.00	562.00
D6930	Recement fixed partial denture	83.00	83.00
D6940	Stress breaker	190.00	190.00
D6950	Precision attachment	302.00	302.00
D6970	Cast post/core, + brdg retainer	264.00	264.00
D6971	Cast post/part of brdg retainer	264.00	264.00
D6972	Prefab post/core+ brdg retainer	190.00	190.00
D6973	Core buildup for retain, inc pin	134.00	134.00
D6975	Coping-metal	292.00	292.00
D6980	Fixed partial dent. Repair, B/R	116.00	116.00
D6999	Unspec fixed prosth proced, B/R	750.00	750.00
D7110	Extraction Single Tooth	86.00	100.00
D7120	Tooth Exraction Each Additional	74.00	74.00
D7130	Root Removal - exposed roots	93.00	93.00
D7140	Extraction, erupted tooth or exposed root	95.00	125.00
D7210	Extraction-surgical/erupt tooth	152.00	169.00
D7220	Extraction-impacted/soft tis	188.00	235.00
D7230	Extraction-impacted/part bony	239.00	239.00
D7240	Extraction-impacted/compl bony	293.00	293.00
D7241	Remov impact-comp bony w/comp	335.00	335.00
D7250	Surgic removl resid tooth root	159.00	210.00
D7260	Oral antral fistula closure	562.00	562.00
D7270	Reimplantation/stabilization	264.00	264.00
D7272	Tooth transplantation	292.00	292.00
D7280	Surgical access unreupted tooth	339.00	339.00
D7281	Expos impact/unerupt-aid erupt	284.00	284.00
D7290	Surgical reposition of teeth	284.00	284.00
D7291	T/SC Fiberotomy, B/R	78.00	78.00
D7310	Alveoloplasty w/ extract- /quad	136.00	136.00
D7320	Alveoloplasty w/o extract /quad	209.00	209.00
D7340	Vestibuloplasty-ridge ext -2nd	785.00	785.00
D7350	Vestiplasty-ridge ext (inc)	2,278.00	2,278.00
D7415	Excision malig lesion, complic	1,500.00	1,500.00
D7450	Rem benign odont-diam<=1.25cm	266.00	266.00
D7451	Rem benign odont-diam<1.25cm	656.00	656.00
D7510	Incis&drain abscess-intra soft	116.00	116.00
D7520	Incis&drain abscess-extra soft	173.00	173.00
D7880	Occlusal orthotic device	498.00	498.00
D7960	Frenulectomy-separate procedur	227.00	227.00
D7970	Excision, hyperplast tiss-arch	244.00	244.00
D7971	Excision, pericoronal ging /arch	118.00	118.00
D9110	Palliative (emerg) tx of dental pain-minor precedure	62.00	62.00
D9612	Therap parenteral drugs, 2+	35.00	35.00
D9630	Other drugs/medicaments, B/R	10.00	16.00
D9910	Application of desensitize med	25.00	25.00
D9911	Apply desensitiz' resin, per th	25.00	25.00
D9930	Treat complications-postsurgic	60.00	60.00

DENTAL SLIDING FEE SCALE

Transaction Code	Description	Current Fee	Proposed Fee
	DENTAL OFFICE VISIT		
D9940	Occlusal guards, by report	376.00	376.00
D9941	Fabricate athletic mouthguards	110.00	110.00
D9972	External bleaching-per arch	150.00	150.00

ENVIRONMENTAL HEALTH

	CURRENT FEE			PROPOSED FEE		
	Lot Evaluation	Permit	Total	Lot Evaluation	Permit	Total
RESIDENTIAL						
TYPES I, II, IIIa, IIIg						
0 - 600 gpd	400.00	100.00	500.00	400.00	100.00	500.00
(Single family dwelling - not to exceed 5 bedrooms)						
RESIDENTIAL/COMMERCIAL SYSTEMS						
TYPES IIIb, IIIc, IV 0 - 600gpd	400.00	200.00	600.00	400.00	200.00	600.00
TYPE V	400.00	600.00	1,000.00	400.00	600.00	1,000.00
TYPE VI	400.00	1,000.00	1,400.00	400.00	1,000.00	1,400.00
COMMERCIAL/MULTIPLE FAMILY (APTS. & CONDOS)						
601 - 1500 gpd	600.00	280.00	880.00	600.00	300.00	900.00
1501 - 2999 gpd	800.00	450.00	1,250.00	800.00	450.00	1,250.00
3000 gpd & over	1,000.00	500.00	1,500.00	1,000.00	500.00	1,500.00
PERMIT REVISION (Requires additional site visit)						
TYPES I,II,IIIa, IIIg			250.00			250.00
TYPES IIIB, IIC, IV			300.00			300.00
TYPE V			500.00			500.00
TYPE VI			700.00			700.00
ADMINISTRATIVE PERMIT CHANGE FEE (Doesn't require trip to lot)			25.00			25.00
OFF-SITE SYSTEMS FEE IN ADDITION TO IP & CA FEES			100.00			100.00
PERMIT TO CONNECT TO LARGE SYSTEMS			500.00			500.00
BUILDING ADDITION			65.00			75.00
EXISTING SYSTEM INSPECTION			125.00			125.00
EXPANSION OF EXISTING SYSTEM (i.e., adding bedrooms)			250.00			250.00
REVISIT FEE			25.00			50.00
HWY 17 BY PASS CORRIDOR CONSTRUCTION PERMIT						
SEPTIC SYSTEM PERMIT (NON-REFUNDABLE)			0.00			250.00
SEPTIC SYSTEM PERMIT PRIOR TO INSTALLATION			0.00			250.00
PUBLIC SWIMMING POOL PERMIT			250.00			250.00
PUBLIC SWIMMING POOL PLAN REVIEW			200.00			200.00
TATTOO ARTISTRY PERMIT			250.00			250.00
WATER SAMPLES (fees plus cost of kit) PER SAMPLE			50.00			50.00
WELL PERMIT (plus 3 water samples)	(1 SAMPLE)		200.00	(PLUS COST OF WATER SAMPLE KIT)		250.00
RE-SAMPLES			NO CHARGE			NO CHARGE
FOOD SERVICE ESTABLISHMENT PLAN REVIEW			200.00			200.00
TEMPORARY FOOD ESTABLISHMENT			50.00			75.00