REQUEST FOR BOARD ACTION

ITEM NO. 16.

DATE OF MEETING: August 5, 2013

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

SHORT TITLE: Resolution Authorizing Approval of Health Department Fee Schedule for Fiscal Year 2013-2014

BACKGROUND: The Board of Health was presented the Health Department Fee Schedule for Fiscal Year 2013-2014 on July 18, 2013. The Board of Health approved the fee schedule and recommends that it be approved by the Board of Commissioners.

SPECIFIC ACTION REQUESTED: To consider a resolution approving the Health Department Fee Schedule for Fiscal Year 2013-2014

COUNTY MANAGER'S RECOMMENDATION

Respectfully recommend approval.

Initial

RESOLUTION

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

the Board hereby authorizes a resolution approving the FY 2013-14 Health Department Fee Schedule. 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___ McCoy ___ Tate ___ Ward___Williams ___

_____ 8/5/13
George R. Brown, Chairman Date

_____ 8/5/13
ATTEST Date

Pender County Health Department

FY 2013-2014

FEE SCHEDULE

APPROVED BY
THE PENDER COUNTY BOARD OF HEALTH

_____
date

APPROVED BY
THE PENDER COUNTY BOARD OF COMMISSIONERS

_____
date

TABLE OF CONTENTS

I	CLINICAL FEES	3 -4
II	DENTAL FEES	5 - 11
III	ENVIRONMENTAL HEALTH FEES	12

CLINIC SLIDING FEE SCALE

Transaction Code	Description	Fee
	CLINICAL OFFICE VISIT	
36415	Routine Venipuncture	10.00
57150	Treat Vagina Infection	95.00
57452	Colpo w/o Biopsy	205.00
57454	Colpo w/Biopsy	290.00
57505	Endocervical Curettage	190.00
58100	Endometrial Biopsy	205.00
58300	IUD Insertion	150.00
58301	IUD Removal	180.00
69210	Remove Impacted Ear Wax	90.00
80061	Lipid	10.00
80076	Hepatic Function Test	10.00
81001	UA w/ mico	10.00
81003	UA w/o mico	5.00
81025	Urine Pregnancy Test	20.00
82105	Alpha Tetra	50.00
82270	Occult Blood, Feces	10.00
82465	Cholesterol	10.00
82947	Glucose	10.00
82947	Random Glucose (finger stick)	5.00
82950	Glucose Tolerance Test (GTT) - 1 hour	10.00
82951	Glucose Tolerance Test - 2 hour	25.00
83020	Hemoglobin Electrophoresis	10.00
83036	Hgb A1c	15.00
83655	Lead	5.00
84030	PKU	5.00
84443 / 84479	Thyroid w/ TSH	15.00
84703	Serum Pregnancy	35.00
85018	Hemoglobin (finger stick)	5.00
85025	CBC	10.00
86308	Rapid Mono Spot	5.00
86580	TB Skin Test	15.00
86592	Trust	5.00
86706	Hepatitis B Titer	10.00
86762	Rubella Antibody	35.00
86787	Varicella Titer	20.00
86900 / 86901	Blood Typing	15.00
87071	GC Culture	10.00
87075	Stat Male Smear	5.00
87081	GBBS Culture	25.00
87087	UA Culture	20.00
87087	UA Sensitivity	10.00
87210	Wet Mount / Ferning	5.00
87402	HCG Quantitative	30.00
87491 / 87591	GC/CHL Probe	10.00
87804	Rapid Flu	15.00
87880	Rapid Strep	5.00
88142	Pap Smear	35.00
90375	Rabies IG	based on weight
90384	Rhogam	120.00
90471	Immunization Administration - 1 Vaccine	20.00
90472	Immunization Administration - 2 or more Vaccines	20.00
90473	Immunization Administion oral/nasal	30.00
90632	Hep A Vaccine - Adults	50.00
90633	Hep A Vaccine - Ped/Adol	15.00
90647	HIB Vaccine 2 months-5 years	15.00
90649	HPV Vaccine	120.00
90657	FLU Vaccine 6 mos. - 35 mos.	10.00
90658	FLU Vaccine 3 years & older	10.00
90660	FLU Vaccine Nasal	10.00
90670	Pneumococcal Vaccine, Ped <5	130.00
90675	Rabies Vaccine	200.00

CLINIC SLIDING FEE SCALE

Transaction Code	Description	Fee
90680	Rotavirus Vaccine - 3 dose	80.00
90696	Dtap/Polio Vaccine	55.00
90698	HIB/Dtap/Polio Vaccine	85.00
90700	Dtap Vaccine < 7 years	35.00
90707	MMR Vaccine	60.00
90713	Polio Vaccine	35.00
90715	Tdap Vaccine > 7	45.00
90716	Varicella Vaccine	90.00
90732	Pneumonia Vaccine	65.00
90734	Meningococcal Vaccine	115.00
90736	Shingles Vaccine	165.00
90744	Hep B - Ped/Adol Vaccine	30.00
90746	Hep B - Adult Vaccine	60.00
96372	THER/PROPH/Diag Inj, SC/IM	10.00
95115	Allergy-Single Injection	10.00
95117	Allergy-2 or more Injections	10.00
92551	Hearing Screening	20.00
93786	BP Screening	N/C
94640	Nebulizer Treatment	25.00
94760	Pulse Oximetry	5.00
96110	Developmental Test, Limited	20.00
96111	Developmental Test, Extended	260.00
99173	Vision Screening	5.00
99201	OFFICE/OUTPATIENT VISIT, NEW	80.00
99202	OFFICE/OUTPATIENT VISIT, NEW	130.00
99203	OFFICE/OUTPATIENT VISIT, NEW	190.00
99204	OFFICE/OUTPATIENT VISIT, NEW	300.00
99205	OFFICE/OUTPATIENT VISIT, NEW	360.00
99211	OFFICE/OUTPATIENT VISIT, EST	40.00
99212	OFFICE/OUTPATIENT VISIT, EST	80.00
99213	OFFICE/OUTPATIENT VISIT, EST	125.00
99214	OFFICE/OUTPATIENT VISIT, EST	185.00
99215	OFFICE/OUTPATIENT VISIT, EST	250.00
99381	INIT PM E/M, NEW PAT, INF	225.00
99382	INIT PM E/M, NEW PAT 1-4 yrs	240.00
99383	PREVENTIVE VISIT, NEW, AGE 5-11	250.00
99384	PREVENTIVE VISIT, NEW, AGE 12-17	220.00
99385	PREVENTIVE VISIT, NEW, AGE 18-39	210.00
99386	PREVENTIVE VISIT, NEW, AGE 40-64	245.00
99387	INIT PM E/M, NEW PAT 65+ yrs.	255.00
99391	PER PM REEVAL, EST PAT, INF	160.00
99392	PREVENTIVE VISIT, EST, AGE 1-4	180.00
99393	PREVENTIVE VISIT, EST, AGE 5-11	175.00
99394	PREVENTIVE VISIT, EST, AGE 12-17	190.00
99395	PREVENTIVE VISIT, EST, AGE 18-39	195.00
99396	PREVENTIVE VISIT, EST, AGE 40-64	200.00
99397	PER PM REEVAL, EST PAT 65+ yrs.	230.00
99501	Home Visit, Postnatal	225.00
99502	Home Visit, NB Care	225.00
D0120	Periodic Oral Evaluation	35.00
D1203	Topical Fluoride Varnish	30.00
D1330	Oral Hygiene Instruction	30.00
D0150	Comprehensive Evaluation	60.00
J1055	Depo	20.00
J7300	IUD (Copper)	175.00
S4993	Contraceptive Pills for BC	20.00
S9445	PT Education NOC Individual	35.00
T1002	RN Services up to 15 mins	70.00
	Pathology Biopsy (code assigned by Pathologist)	60.00

DENTAL SLIDING FEE SCALE

Transaction Code	Description	Fee
	DENTAL OFFICE VISIT	
BROKE	Broke appointment	0.00
BRUSH	Sonicare	50.00
CUSTODY	Custody Paperwork	0.00
D0120	Perodic Exam	63.00
D0140	Limited oral evaluation	90.00
D0145	Oral Evaluation, pt <3yrs	89.00
D0150	Comp oral Eval-new/estab patient	109.00
D0160	Detail/extensive oral eval, B/R	167.00
D0170	Limited re-evaluation estab patient	70.00
D0180	Comprehensive Periodontal Eval	68.00
D0210	Intraoral-complete series (bw)	179.00
D0220	Intraoral periapical 1st film	37.00
D0230	Intraoral periapical ea add'l film	30.00
D0240	Intraoral occlusal film	30.00
D0250	Extraoral 1st film	35.00
D0260	Extraoral ea add'l film	29.00
D0270	Dental Bitewing single film	28.00
D0272	Dental Bitewings 2 films	46.00
D0273	Bitewings - 3 films	63.00
D0274	Dental Bitewings 4 films	80.00
D0277	Vertical bitewings-7 to 8 films	56.00
D0290	Skull & facial bone survey film	75.00
D0310	Sialography	134.00
D0320	TMJ arthrogram, incl injection	316.00
D0321	Other TMJ films, by report	150.00
D0322	Tomographic survey	260.00
D0330	Panoramic film	148.00
D0340	Cephalometric film	148.00
D0350	Oral/Facial Photographic Images	40.00
D0418	Analysis of saliva sample	15.00
D0425	Caries susceptibility tests	10.00
D0460	Pulp vitality tests	35.00
D0470	Diagnostic casts	70.00
D0472	Accession of tiss, gr exam/rpt	57.00
D0473	Acc of tissue, gr mic exam/rpt	75.00
D0474	Acc of tiss-gr mic ex surg mar	89.00
D0475	Decalcification Procedure	105.00
D0476	Special stains for microorg	165.00
D0477	Special stains-not for microorg	167.00
D0478	Immunohistochemical stains	79.00
D0479	Tissue in-situ hybrid-incl int	118.00
D0480	Process/Interpret exf cyt smear	96.00
D0481	Electron microscopy-diagnostic	93.00
D0482	Direct immunofluorenscence	50.00
D0483	Indirect immunofluorenscence	56.00
D0484	Consult on slides prp elsewhere	78.00
D0485	consult inc prep/slides biop mt	79.00
D0486	Brush biopsy sample, exam, report	60.00
D0501	Histopathologic examinations	23.00
D0502	Other oral path procedure, B/R	102.00
D0999	Unspecified diag procedure, B/R	28.00
D1110	Prophylaxis-adult	93.00
D1120	Prophylaxis-child	66.00
D1201	Prophylaxis with Fluoride- child	65.00
D1203	Floride w/o prophylaxis-child	30.00
D1204	Floride w/o prophylaxis-adult	30.00
D1205	Prophylaxis with Fluoride- adult	93.00
D1206	Topical Fluoride Varnish	39.00
D1208	Topical Application of Fluoride	40.00
D1234	Referral Consult	40.00
D1310	Nutritional counseling	30.00
D1320	Tobacco counseling	45.00
D1330	Oral hygiene instruction	30.00
D1351	Sealant-per tooth	70.00
D1510	Space maintainer-fixed-unilateral	290.00
D1515	Space maintainer-fixed-bilateral	390.00
D1520	Space maint-remov-unilateral	390.00
D1525	Space maint-remov-bilateral	390.00
D1550	Recementation of space maint	75.00
D1555	Removal Of Fix Space Maintainer	0.00
D2110	Amalgam-1 surfaces, primary	0.00
D2120	Amalgam-2 surfaces, primary	0.00
D2130	Amalgam-3 surfaces, primary	0.00
D2131	Amalgam-4 surfaces, primary	0.00
D2140	Amalgam-one surface, primary or permanent	0.00
D2150	Amalgam-two surfaces, primary or permanent	0.00
D2160	Amalgam-three surfaces, primary or permanent	0.00
D2161	Amalgam-four or more surfaces, primary or permanent	0.00
D2210	Silicate cement-per restorat.	106.00
D2330	Resin-based composite-one surface, anterior	175.00
D2331	Resin-based composite-two surfaces, anterior	210.00

D2332	Resin-based composite-three surfaces, anterior	250.00
D2335	Resin-based composite-four + or invol incisal angle (anterior)	300.00
D2390	Composite Crown	500.00
D2391	Resin-one surface, Posterior	200.00
D2392	Resin-two surfaces, Posterior	250.00
D2393	Resin-three surfaces, Posterior	310.00
D2394	Resinfour + surfaces, Posterior	370.00
D2410	Gold foil-one surface	316.00
D2420	Gold foil-two surfaces	381.00
D2430	Gold foil-three surfaces	455.00
D2510	Inlay-metallic-one surface	900.00
D2520	Inlay-metallic-two surfaces	900.00
D2530	Inlay-metallic-three + surfaces	900.00
D2543	Onlay-metallic-three surfaces	900.00
D2544	Onlay-metallic-four + surfaces	900.00
D2610	Inlay-porcel/ceramic-1 surface	900.00
D2620	Inlay-porcel/ceramic-2 surfaces	900.00
D2630	Inlay-porcel/ceramic-3+ surfaces	900.00
D2642	Onlay-porcel/ceram-2 surface	900.00
D2643	Onlay-porcel/ceram-3 surface	900.00
D2644	Onlay-porcel/ceram-4 + surface	900.00
D2650	Inlay-resin based composite-1s	900.00
D2651	Inlay-resin based composite-2s	900.00
D2652	Inlay-resin based composite-3+s	900.00
D2662	Onlay-resin based composite-2s	900.00
D2663	Onlay-resin based composite-3s	900.00
D2664	Onlay-resin based composite-4+s	900.00
D2710	Crown-resin composite(indirect)	900.00
D2712	Crown-3/4 resin-based comp-ind	900.00
D2720	Crown-resin w/high noble metal	900.00
D2721	Crown-resin w/most base metal	900.00
D2722	Crown-resin with noble metal	900.00
D2740	Crown-porcelain/ceramic substr	900.00
D2740.2	Deliver Crown	0.00
D2750	Crown-porc fuse high noble mtl	900.00
D2751	Crown-porc fused to base metal	900.00
D2752	Crown-porc fused noble metal	900.00
D2780	Crown-3/4 Cast High Noble Met	900.00
D2781	Crown 3/4 Predom.bae Metal	900.00
D2782	Crown 3/4 Noble Metal	900.00
D2783	Crown 3/4 porcelain/ceramic	900.00
D2790	Crown-full cast high noble mtl	900.00
D2791	Crown-full cast base metal	900.00
D2792	Crown-full cast noble metal	900.00
D2794	Crown-titanium	900.00
D2799	Provisional crown	400.00
D2810	Crown-3/4 cast metallic	900.00
D2910	Recement inlay-only-partial	75.00
D2915	Recement cast or prefab pst/cor	75.00
D2920	Recement Crowns	75.00
D2930	Prefabricated stainless steel crown-primary tooth	215.00
D2931	Prefabricated stainless steel crown-permanent tooth	215.00
D2932	Prefavricated resin crown	245.00
D2933	Prefab stl crown w/resin window	245.00
D2934	Prefb esth ctd stnl stl crn-prm	245.00
D2940	Protective Resoration	80.00
D2950	Crown buildup, include any pins	250.00
D2951	Pin retention-/tooth, (+rest)	50.00
D2952	Cast post & core in add to crown	300.00
D2953	Each add'l cast post-same tooth	173.00
D2954	Prefab post & core in add to crn	250.00
D2955	Post removal (not with endo)	190.00
D2957	Each & prefab post-same tooth	82.00
D2960	Labial veneer (laminate)-chairsd	500.00
D2961	Labial veneer (resin lamin)-lab	900.00
D2962	Labial veneer (porcein lam)-lab	900.00
D2970	Temporary crown (fractured th)	200.00
D2971	Add'l prc-new crn undr exs dent	75.00
D2975	Coping	300.00
D2980	Crown repair, by report	169.00
D3110	Pulp cap-direct, (+rest)	65.00
D3120	Pulp cap-indirect, (+rest)	65.00
D3220	Therapeutic pulpotomy (exc rest)	198.00
D3221	Pulpal debridemnt-prim/perm th	110.00
D3222	Partial pulpototomu apexogen	130.00
D3230	Pulpal therapy-anterior, primary	200.00
D3240	Pulpal therapy-posterior, prim	250.00
D3310	Root canal therapy-anterior	600.00
D3320	Root canal therapy-bicuspid	745.00
D3330	Root canal therapy-molar	898.00
D3331	Treatment of root canal obstruct	240.00
D3332	Incomplt endo ther-inopbl/unres	238.00
D3333	Int root repair of perf defects	152.00
D3346	Retreat, prev RCT - anterior	556.00
D3347	Retreat, prev RCT - bicuspid	628.00

D3348	Retreat, prev RCT - molar	832.00
D3351	Apexification/recalcif, initial	213.00
D3352	Apexification/recalcif, interim	152.00
D3353	Apexification/recalcif, final	281.00
D3410	Apicoectomy/Periradic surg-ant	405.00
D3421	Apicoect/Perirad-bicus/1st root	498.00
D3425	Apicoect/Perirad-molar/1st root	538.00
D3426	Apicoect/Perirad (each + root)	216.00
D3430	Retrograde filling-per root	152.00
D3450	Root amputation-per root	318.00
D3460	Endodontic endosseous implant	662.00
D3470	Intentional replant, inc splint	502.00
D3910	Surg isolation of th w/rub dam	135.00
D3920	Hemisection, no root can ther	277.00
D3950	Canal prep/fit of dowel/post	151.00
D3960	Bleaching of discolored tooth	184.00
D4210	Gingivectomy-4+ per quadrant	610.00
D4211	Gingivectomy-1-3 contig th/quad	225.00
	Gingivectomy/plasty for restore	170.00
D4220	Gingiv curettage, surgical /quad	130.00
D4230	Anatomical crwn exp, 4+teeth/qu	500.00
D4231	Antatomical Crwn Exp, 1-3 Teeth	375.00
D4240	Ging flap, root pln, 4+ per quad	583.00
D4241	Ging flap rt pln 1-3 cntg th/qu	517.00
D4245	Apically positioned flap	520.00
D4249	Clinic crown lengthen-hard tiss	552.00
D4260	Osseous surgery-4+ per quad	742.00
D4261	Osseous surgery - 1-3 contg th/quad	533.00
D4263	Bone replace graft-1st site/qu	388.00
D4264	Bone replace graft-each add/qu	287.00
D4265	Bio mat, sft&osseous tiss regen	281.00
D4266	Guided tiss regen-resorb-per	520.00
D4247	Guided tiss regen-nonresorb-per	621.00
D4268	Surg revision proc, per tooth	487.00
D4270	Pedicle soft tissue graf proc	509.00
D4271	Free soft tissue graft proced	541.00
D4273	Subepithelial con tis graft/th	664.00
D4274	Distal/proximal wedge procedure	401.00
D4275	Soft tissue allograft	628.00
D4276	Comb cnct tiss&dbl pedicle grft	715.00
D4320	Provisional splinting-intracor	303.00
D4321	Provisional splinting-extracor	277.00
D4341	Peric scale&root pln-4+per quad	245.00
D4342	Scaling/root Planing 1-3 Teeth	143.00
D4355	Full mouth debridemnt eval/diag	165.00
D4381	Local deliv antimicrb ag-th B/R	70.00
D4910	Periodontal maintenance	95.00
D4920	Unscheduled dressing change	62.00
D5110	Complete upper denture	980.00
D5110.2	Frame-Bite-shade	0.00
D5100.4	Delivery Rem Pros	0.00
D5120	Complete denture -mandibular	980.00
D5130	Immediate denture-maxillary	1,180.00
D5140	Immediate denture-mandibular	1,180.00
D5211	Maxillary partial-resin base	715.00
D5212	Mandibular partial-resin base	715.00
D5213	Maxil partial-metal Base w/sdls	1,180.00
D5214	Mand partial-metal base w/sdls	1,180.00
D5225	Maxil partial-flex base incl cl	875.00
D5226	Mand partial-flex base incl cl	875.00
D5281	Removal unilat part denture	600.00
D5410	Adjust complete denture-maxil	55.00
D5411	Adjust complete denture-mand	55.00
D5421	Adjust partial denture-maxil	55.00
D5422	Adjust partial denture-mand	55.00
D5510	Repair complete denture base	145.00
D5520	Replace teeth-comp dent (ea th)	118.00
D5610	Repair resin denture base	126.00
D5620	Repair cast framework	230.00
D5630	Repair or replace broken clasp	230.00
D5640	Replace broken teeth-per tooth	145.00
D5650	Add toothe to exist part denture	145.00
D5660	Add clasp, exist part denture	230.00
D5670	Replace all th&acrylic-maxil	500.00
D5671	Replace all th&acrylic-mand	500.00
D5710	Rebase complete maxil denture	340.00
D5711	Rebase complete mand denture	340.00
D5720	Rebase maxil partial denture	340.00
D5721	Rebase mand partial denture	340.00
D5730	Reline complete maxil-chairside	190.00
D5731	Reline complete mand-chairside	190.00
D5740	Reline maxil partial-chairside	156.00
D5741	Reline mand partial-chairside	156.00
D5750	Reline complete maxillary (lab)	280.00
D5751	Reline complete mand (lab)	280.00

D5760	Reline maxillary partial (lab)	280.00
D5761	Reline mandibular partial (lab)	280.00
D5810	Interim comp denture (maxil)	500.00
D5811	Interim comp denture (mand)	500.00
D5820	Interim partial denture (maxil)	450.00
D5821	Interim partial denture (mand)	450.00
D5850	Tissue condition, maxillary	94.00
D5851	Tissue condition, mandibular	94.00
D5860	Overdenture-complete, B/R	1,280.00
D5861	Overdenture-partial, by report	1,280.00
D5862	Precision attachment, B/R	302.00
D5911	Facial moulage (sectional)	0.00
D5912	Facial moulage (complete)	0.00
D5913	Nasal prosthesis	0.00
D5914	Auricular prosthesis	0.00
D5915	Orbital prosthesis	0.00
D5916	Ocular prosthesis	0.00
D5919	Facial prosthesis	0.00
D5922	Nasal septal prosthesis	0.00
D5923	Ocular prosthesis, interim	0.00
D5924	Cranial prosthesis	0.00
D5925	Facial augmentat implant prosth	0.00
D5986	Floride gel carrier	112.00
D5988	Sugical splint	112.00
D5991	Topical medicament carrier	112.00
D6010	Surg place implant; endosteal	1,418.00
D6012	Picmnt of intrm impl: endosteal	650.00
D6020	Abut place/subst:endost implant	470.00
D6040	Surgic place: eposteal implant	3,185.00
D6050	Surg place: transosteal implant	3,892.00
D6055	Dent implant sup connecting bar	756.00
D6056	Prefab abutment-incl placement	550.00
D6057	Custom abutment-incl placement	625.00
D6058	Abutment supported porc/cer cm	950.00
D6059	Abtmt supp porc fused to hi-nob	950.00
D6060	Abtmt supp porc fused-based meti	950.00
D6061	Abmt supp porc fused-mlt crown	950.00
D6062	Abutmt sup cast metal crown	950.00
D6063	Abtmt supp cast mtl crown-base	950.00
D6064	Abtmt supp cast mtl crown-noble	950.00
D6065	Implant supp corc/cer crown	950.00
D6066	Implant supp porc fused mtl crn	950.00
D6067	Implant supported metal crown	950.00
D6068	Abtmt supp ret for porc/cer FPD	950.00
D6069	Abut sup ret-porc fsd mtl FPDhn	950.00
D6070	Abut sup ret-porc fsd mtl FPDbm	950.00
D6071	Abut sup ret-porc fsd mtl FPDno	950.00
D6072	Abut sup ret-cast mtl FDP-hinob	950.00
D6073	Abut sup ret-cast mtl FDP-base	950.00
D6074	Abut sup ret-cast mtl FDP-noble	950.00
D6075	Implant supp ret-ceramic FPD	950.00
D6076	Implnt supp ret-prc fuse mtlFPD	950.00
D6077	Implnant suup ret-case metal FPD	950.00
D6078	Implnt/abut supp fxd comp edent	980.00
D6079	Implnt/abut supp fxd part edent	980.00
D6080	Implant maintenance procedures	75.00
D6090	Repair implant sup prosth, B/R	172.00
D6091	Rpl attchmt imp/abt sup prosth	75.00
D6092	Recement impl/abut sup crown	75.00
D6093	Recement impl/abut sup FPD	120.00
D6100	Implant removal, by report	227.00
D6190	Radiograph/sug impl index B/R	112.00
D6194	Abut sup ret-cast mtl FPD-titan	950.00
D6199	Unspecified implant proced, B/R	0.00
D6205	Pontic-indirect res based comp	900.00
D6210	Pontic-cast high noble metal	900.00
D6211	Pontic-cast predominantly base	900.00
D6212	Pontic-cast noble metal	900.00
D6214	Pontic-titanium	900.00
D6240	Pontic-porcelain fused to hnob	900.00
D6241	Pontic-porcelain fused to base	900.00
D6242	Pontic-porcelain fused to nobl	900.00
D6245	Pontic-porcelain/ceramic	900.00
D6250	Pontic-resin w/ high noble met	900.00
D6251	Pontic-resin w/ predomnt base	900.00
D6252	Pontic-resin with noble metal	900.00
D6253	Provisional pontic	400.00
D6520	Inlay-metallic-two surfaces	650.00
D6530	Inlay-metallic-three+ surfaces	650.00
D6543	Onlay-metallic-three surfaces	900.00
D6544	Onlay-metallic-four + surfaces	900.00
D6545	Retainer-cast for resin bonded	300.00
D6548	Ret-porc/cer-resin bnd fxd pros	300.00
D6600	Inlay-porcelain/ceramic, 2 surf	650.00
D6601	Inlay-porcelain/ceramic, 3+surf	650.00

D6602	Inlay-cast high noble met, 2 surf	650.00
D6603	Inlay-cast high nob met, 3+ surf	650.00
D6604	Inlay-cast predomnt base, 2 surf	650.00
D6605	Inlay-cast predomnt base, 3+ surf	650.00
D6606	Inlay-cast noble metal, 2 surf	650.00
D6607	Inlay-cast noble metal, 3+ surf	650.00
D6608	Onlay-porcelain/ceramic, 2 surf	650.00
D6609	Onlay-porcelain/ceramic, 3+ surf	650.00
D6610	Onlay-cast high noble met, 2 surf	650.00
D6611	Onlay-cast high nob met, 3+ surf	900.00
D6612	Onlay-cast predomnt base, 2 surf	650.00
D6613	Onlay-cast predomnt base, 3+ surf	900.00
D6614	Onlay-cast noble metal, 2 surf	650.00
D6615	Onlay-cast noble metal, 3+ surf	900.00
D6624	Inlay-titanium	650.00
D6634	Onlay-titanium	900.00
D6710	Retainer crn-indir res-bas comp	900.00
D6720	Retainer crn-res w/ hi nob met	900.00
D6721	Retainer crn-resin w/ base met	900.00
D6722	Retainer crn-resin w/ nob met	900.00
D6740	Crown-porcelain/ceramic	900.00
D6750	Retainer crn-porc fused-hi nob	900.00
D6751	Retainer crn-porc fuse-base met	900.00
D6752	Retainer crn-porc fused-nob met	900.00
D6780	Retainer crn-3/4 cast h nob met	900.00
D6781	Crown 3/4 cast most base metal	900.00
D6782	Crown 3/4 cast noble metal	900.00
D6783	Crown 3/4 porcelain/ceramic	900.00
D6790	Retainer crn-full cast hi nob	900.00
D6791	Retainer crn-full cast base	900.00
D6792	Retainer crn-full cast nob met	900.00
D6793	Provisional retainer crown	400.00
D6794	Retainer crown-titanium	900.00
D6920	Connector bar	562.00
D6930	Recement fixed partial denture	120.00
D6940	Stress breaker	190.00
D6950	Precision attachment	302.00
D6970	Cast post/core, + brdg retainer	300.00
D6971	Cast post/part of brdg retainer	264.00
D6972	Prefab post/core+ brdg retainer	250.00
D6973	Core buildup for retain, inc pin	200.00
D6975	Coping-metal	300.00
D6976	Each add'l cast post-same tooth	173.00
D6977	Each + prefab post-same tooth	82.00
D6985	Pediatric part'l denture, fixed	600.00
D6999	Unspec fixed prosth proced, B/R	750.00
D7111	Extraction crnl remnts-decid th	90.00
D7120	Tooth Exraction Each Additional	74.00
D7130	Root Removal - exposed roots	93.00
D7140	Extraction, erupted tooth or exposed root	160.00
D7210	Extraction-surgical/erupt tooth	275.00
D7220	Extraction-impacted/soft tis	305.00
D7230	Extraction-impacted/part bony	420.00
D7240	Extraction-impacted/compl bony	475.00
D7241	Remov impact-comp bony w/comp	570.00
D7250	Surgic removl resid tooth root	290.00
D7260	Oral antral fistula closure	562.00
D7261	Prim closure sinus perforation	150.00
D7270	Reimplantation/stabilization	300.00
D7280	Surgical access unreupted tooth	284.00
D7281	Expos impact/unerupt-aid erupt	284.00
D7282	Mobiliz erupt/malpos th-erupt	339.00
D7283	Plcmnt of devc fo facil erup th	70.00
D7285	Biopsy of oral tissue-hard	185.00
D7286	Biopsy of oral tissue-soft	170.00
D7288	Brush biopsy-transepith sample	60.00
D7290	Surgical reposition of teeth	284.00
D7291	T/SC Fiberotomy, B/R	78.00
D7294	Plcmnt:temp anch w/o surg flpa	120.00
D7310	Alveoloplasty w/ extract- /quad	230.00
D7311	Alveoloplasty w/ext 1-3 th/quad	250.00
D7320	Alveoloplasty w/o extract /quad	320.00
D7321	Alveoloplasty w/o ex 1-3 th/quad	330.00
D7340	Vestibuloplasty-ridge ext -2nd	785.00
D7350	Vestiplasty-ridge ext (inc)	2,278.00
D7415	Excision malig lesion, complic	1,500.00
D7450	Rem benign odont-diam<=1.25cm	266.00
D7451	Rem benign odont-diam<1.25cm	366.00
D7471	Removal of exostosis-per site	355.00
D7472	Removal of torus palatinus	375.00
D7473	Removal of torus mandibularis	405.00
D7485	Sug reduc, osseous tuberosity	350.00
D7510	Incis&drain abscess-intra soft	165.00
D7511	Incis&drain abscs-int soft comp	205.00
D7520	Incis&drain abscess-extra soft	275.00

D7530	Remove foreign body from tissue	205.00
D7540	Remove foreign body from bone	275.00
D7880	Occlusal orthotic device	660.00
D7910	Suture of small wounds to 5cm	200.00
D7911	Complicated suture-up to 5 cm	275.00
D7953	Bone repl grft ridge prsc/site	150.00
D7960	Frenulectomy-separate procedur	227.00
D7970	Excision, hyperplast tiss-arch	300.00
D7971	Excision, pericoronal ging /arch	175.00
D8010	Limited ortho trt, primary dent	1,200.00
D8020	Limited ortho trt, transitional	1,200.00
D8030	Limited ortho treat, adolescent	1,200.00
D8040	Limited ortho treat, adult dent	1,200.00
D8050	Intercep orth trt, primary dent	2,400.00
D8060	Intercep orth trt. Transitional	2,400.00
D8070	Comprehensive orth, transitional	4,800.00
D8080	Comprehensive ortho, abolescent	5,000.00
D8090	Comprehensive ortho, adult dent	5,200.00
D8210	Removable appliance therapy	480.00
D8220	Fixed appliance therapy	480.00
D8660	Pre-orthodontic trreatment visit	0.00
D8670	Periodic ortho visit (contract)	0.00
D8680	Orthodontic retention	0.00
D8690	ortho treatment (bill/contract)	0.00
D8691	Repair of orthontic appliance	120.00
D8692	Retainer replacement-lost/broken	295.00
D8693	Rebond/repair of fixed retainer	150.00
D9110	Emerg treatment, palliative	70.00
D9120	Fixed partl denture sectioning	60.00
D9210	Local anesthesia not op/surg	50.00
D9211	Regional block anesthesia	50.00
D9212	Trigeminal division blk anesth	50.00
D9215	Local anesthesia	0.00
D9220	Deep sedat/gen anesth-1st 30m	0.00
D9221	Deep sedat/gen anesth-ea+15m	0.00
D9230	Analesia	60.00
D9248	Non IV conscious sedation	110.00
D9310	Consultation-per session	70.00
D9410	House/extended care facility	140.00
D9420	Professional hospital call	140.00
D9430	Office visit for observation	40.00
D9440	Office visit -after regular hrs	140.00
D9450	Case present, detailed/extens tx	40.00
D9610	Therapeutic drug injection, B/R	20.00
D9612	Therap parenteral drugs, 2+	35.00
D9630	Other drugs/medicaments, B/R	16.00
D9910	Application of desensitize med	25.00
D9911	Apply desensitiz' resin, per th	25.00
D9920	Behavior management, by report	20.00
D9930	Treat complications-postsurgic	60.00
D9940	Occlusal guards, by report	460.00
D9941	Fabricate athletic mouthguards	110.00
D9942	Repair/Reline of occlusal guard	260.00
D9950	Occlusal analysis-mounted case	200.00
D9951	Occlusal adjustment-limited	350.00
D9952	Occlusal adjustment-complete	800.00
D9970	Enamel microabrasion	200.00
D9971	Odontoplasty 1-2 teeth-rmv enam	70.00
D9972	External bleaching-per arch	125.00
D9974	Internal bleaching-per tooth	125.00
FINANCE	Financial elg update	0.00
HIPPA UPDATE	HIPPA update	0.00
INACTIVE	Inactivated Pat	0.00
MEDHIST	Medical history update	0.00
NPELEC	NP electronic chart	0.00
Sonicare	Sonicare Tooth Brush	50.00
15000	Drifting-Mesial	4.00
15001	Drifting-Distal	4.00
15002	Impacted-Distal	4.00
15003	Impacted-Mesial	4.00
15004	Bleeding	4.00
15005	Abrasion	4.00
15006	Periodontal Abscess	4.00
15007	Calculus	4.00
15008	Plaque	4.00
15009	Watch tooth	4.00
15010	Primary-permanent change	4.00
15011	Hypersensitivity	4.00
15012	Recession	4.00
15060	Abfraction	0.00
15100	Missing tooth more than a year	4.00
15101	Missing tooth	4.00
15102	Prem. Loss, pri tooth > a year	4.00
15103	Prem. Loss, primary tooth	4.00
15104	Deep dential/cemental caries	4.00

15105	Caries/decay	4.00
15106	Incipient Caries	4.00
15107	Recurring caries/surface restor	4.00
15108	Restoration,poor marg. Integrity	4.00
15109	Fractured restoration	4.00
15110	Fractured th, needs restoration	4.00
15111	Non-functional tooth	4.00
15112	Open contac, t-Meslal	4.00
15113	Open contac, t-Distal	4.00
15114	Unerupted tooth	4.00
15115	Periapical abscess	4.00
20999	Orthopedic splint (orthotic)	6.00
209999	Mandibular kinesiograph record	6.00
2740.2	Deliver Crown	0.00
51101	Mx Remv Imp	0.00
51102	Mx Base, bite, shade	0.00
51103	Mx Try-In	0.00
51104	Mx Deliver	0.00
51105	Mx Post check	0.00
51201	Md Remv Imp	0.00
51202	Md Bse, Bite, shade	0.00
51203	Md Try-In	0.00
51204	Md Deliver	0.00
51205	Md Post check	0.00
64550	Transcutan, electric, stimulat.	6.00
90620	Coutesty exam and consultation	0.00
95831	Muscle testing	6.00
95868	Electromyography	6.00
97700	Adjust othotic/splint	6.00

ENVIRONMENTAL HEALTH

	SITE EVAL & IMPROVEMENT PERMIT	CONSTRUCTION AUTHORIZATION PERMIT	TOTAL FEES
NEW CONSTRUCTION, EXPANSION, RELOCATION (< 600 GSD)	250.00	250.00	500.00
NEW CONSTRUCTION, EXPANSION, RELOCATION (> 600 GSD)	500.00	500.00	1000.00
REPAIR	NO FEE	NO FEE	NO FEE
NEW PRIVATE WELL PERMIT (FEE IS $250 PLUS COST OF SAMPLING KIT)			320.00
INDIVIDUAL WATER SAMPLES (BACTERIA, CHEMICAL, NITRATES)			50.00
WELL REPAIR PERMIT OR WELL ABANDONMENT			NO FEE
EXISTING SYSTEM INSPECTION (FIELD VISIT REQUIRED)			75.00
IN-OFFICE EXISTING SYSTEM AUTORIZATION			25.00
MOBILE HOME PARK SPACE RECONNECTION (PER SPACE)			100.00
REVISIT FEE			50.00
PUBLIC SWIMMING POOL PERMIT			250.00
PUBLIC SWIMMING POOL PLAN REVIEW			200.00
FOOD SERVICE ESTABLISHMENT PLAN REVIEW			200.00
TEMPORARY FOOD ESTABLISHMENT			75.00
TATTOO ARTISTRY PERMIT			250.00