REQUEST FOR BOARD ACTION

ITEM NO. _16_

DATE OF MEETING: June 22, 2015

REQUESTED BY: Carolyn Moser, Health and Human Services Director

SHORT TITLE: Annual Approval to Adopt the FY 15-16 Health Department Fee Schedule.

BACKGROUND: This is to request for the annual review and approval of the attached FY 15-16 Health Department Fee Schedule. The Health Department Fee Schedule must be discussed and approved by the Board of Commissioners acting as the Board of Health on an annual basis.

SPECIFIC ACTION REQUESTED: To consider a resolution to Approve the Health Department FY 15-16 Fee Schedule.

Pender County Health Department

FY 2015-2016

FEE SCHEDULE

APPROVED BY
THE PENDER COUNTY ADVISORY BOARD OF HEALTH

_____
date

APPROVED BY
THE PENDER COUNTY BOARD OF COMMISSIONERS

_____
date

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CLINIC SLIDING FEE SCALE

Transaction Code	Description	Fee
	CLINICAL OFFICE VISIT	
10060	Drainage of skin abscess	75.00
15852	Dressing change not for burn	40.00
29131	Application of finger splint	30.00
36415	Routine Venipuncture	10.00
57061	Destroy Vaginal Lesions	210.00
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	250.00
58300	IUD Insertion	150.00
58301	IUD Removal	180.00
59425	Antepartum Care Only	750.00
59426	Antepartum Care Only	975.00
59430	Care after delivery	100.00
69200	Clear out ear canal	45.00
69210	Remove Impacted Ear Wax	50.00
80047	Basic metabolic panel	5.00
80048	Basic metabolic panel Calcium total	5.00
80051	Electrolyte panel	10.00
80053	Comprehensive metabolic panel	10.00
80061	Lipid	25.00
80074	Accute hepatitis panel	40.00
80076	Hepatic Function Test	15.00
80185	Assay of phenytoin, total	20.00
81001	UA w/ mico	15.00
81003	Urine Dipstick	10.00
81025	Urine Pregnancy Test	20.00
82017	Acylcarnitines, quant	0.00
82105	AFP Serum	50.00
82157	Assay of androstenedione	140.00
82247	Bilirubin, total	10.00
82270	Occult Blood, Feces	10.00
82465	Cholesterol	15.00
82533	Total Cortisol	80.00
82550	Assay of ck (cpk)	75.00
82553	Creatinine, MB fraction	140.00
82565	Assay of creatinine	10.00
82570	Assay of urine creatinine	20.00
82607	Vitamin B-12	10.00
82627	Dehydroepiandrosterone	140.00
82677	Assay of Estriol	35.00
82728	Assay of ferritin	55.00
82746	Blood folic acid serum	20.00
82947	Glucose Random	15.00
82950	Glucose Tolerance Test (GTT) - 1 hour	20.00
82951	Glucose Tolerance Test - 2 hour	35.00
82952	Glucose Tolerance (each additional hour)	25.00
82962	Glucose blood test	10.00
83001	FSH	25.00
83020	Hemoglobin Electrophoresis (Sickle Cell)	20.00
83036	Hgb A1c	15.00
83498	Assay of progesterone	125.00
83519	Immuno for analyte	100.00
83655	Lead	15.00
83735	Assay of magnesium	5.00
84030	PKU	10.00
84144	Progesterone	40.00
84146	Prolactin	65.00
84153	Assay of PSA	10.00
84154	Assay of PSA, free	5.00
84402	Assay of testosterone	15.00
84403	Assay of total testosterone	140.00
84436	Assay of total thyroxine	15.00
84439	Assay of Free Thyroxine	15.00
84443	TSH	20.00
84479	Assay of Thyroid (T3 or T4)	15.00
84550	Assay of blood/uric acid	5.00
84702	HCG Quantitative	30.00
84703	Serum Pregnancy	20.00
85018	Hemoglobin (finger stick)	10.00
85025	CBC with diff	15.00
85027	Complete CBC, automated	10.00
85610	Prothrombin time	10.00
86038	Antinuclear antibodies	25.00
86308	Rapid Mono Spot	15.00
86431	Rheumatoid factor, quant	10.00
86580	TB Skin Test	15.00
86592	Trust	10.00
86615	Bordetella antibody	20.00
86618	Lyme disease antibody	230.00
86677	Helicobacter pylori	35.00

86695	Herpes simplex test	90.00
86696	Herpes simplex type 2	95.00
86706	Hepatitis B Titer	15.00
86762	Rubella Antibody	35.00
86787	Varicella Titer	20.00
86803	Hepatitis C	25.00
86870	RBC antibody identification	40.00
86900	Blood Grouping	15.00
86901	Blood Typing	15.00
87071	GC Culture	15.00
87075	Stat Male Smear	15.00
87081	GBBS Culture	45.00
87086	UA Culture	20.00
87088	Urine culture	20.00
87101	Skin fungi culture	20.00
87205	Smear, gram	15.00
87210	Wet Mount / Ferning	10.00
87340	Hepatitis B Surface	35.00
87491	Chlamydia Probe	35.00
87591	GC Probe	35.00
87798	Detect agent nos, dna, amp	105.00
87804	Rapid Flu	20.00
87880	Rapid Strep	20.00
88175	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
90474	Inmmune admin oral/nasal	20.00
90632	Hep A Vaccine - Adults	60.00
90633	Hep A Vaccine - Ped/Adol	25.00
90636	Hep A/Hep B Vaccine Adult	100.00
90647	HIB Vaccine 2 months-5 years	25.00
90648	Hib Vaccine prp-t IM	25.00
90649	HPV Vaccine	140.00
90655	Influenza Virus Vaccine Trivalent	10.00
90656	Influenza Virus Vaccine Trivalent	10.00
90657	FLU Vaccine 6 mos. - 35 mos.	10.00
90658	FLU Vaccine 3 years & older	10.00
90660	FLU Vaccine Nasal	10.00
90662	Influenza Virus Vaccine Split	30.00
90670	Pneumococcal Vaccine, Ped <5	110.00
90672	Flu virus vacccine, quad	10.00
90675	Rabies Vaccine	270.00
90680	Rotavirus Vaccine - 3 dose	75.00
90681	Rotavirus Vaccine - human,attenuated	90.00
90691	Typhoid vaccine	70.00
90696	Dtap/Polio Vaccine	40.00
90698	HIB/Dtap/Polio Vaccine	75.00
90700	Dtap Vaccine < 7 years	25.00
90707	MMR Vaccine	50.00
90710	MMRV Vaccine,sc	180.00
90713	Polio Vaccine	30.00
90714	Td Vaccine no prsrv	25.00
90715	Tdap Vaccine > 7	45.00
90716	Varicella Vaccine	90.00
90717	Yellow Fever	120.00
90723	Dtap hep b-ipv IM	75.00
90732	Pneumonia Vaccine	45.00
90734	Meningococcal Vaccine	115.00
90736	Shingles Vaccine	160.00
90744	Hep B - Ped/Adol Vaccine	20.00
90746	Hep B - Adult Vaccine	60.00
92551	Hearing Screening	20.00
94640	Nebulizer Treatment	25.00
94760	Pulse Oximetry	5.00
95115	Allergy-Single Injection	10.00
95117	Allergy-2 or more Injections	10.00
96110	Developmental Test, Limited	20.00
96111	Developmental Test, Extended	150.00
96372	THER/PROPH/Diag Inj, SC/IM	20.00
99173	Vision Screening	20.00
99201	OFFICE/OUTPATIENT VISIT, NEW	70.00
99202	OFFICE/OUTPATIENT VISIT, NEW	120.00
99203	OFFICE/OUTPATIENT VISIT, NEW	180.00
99204	OFFICE/OUTPATIENT VISIT, NEW	250.00
99205	OFFICE/OUTPATIENT VISIT, NEW	310.00
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	160.00
99215	OFFICE/OUTPATIENT VISIT, EST	220.00
99381	INIT PM E/M, NEW PAT, INF	200.00
99382	INIT PM E/M, NEW PAT 1-4 yrs	215.00
99383	PREVENTIVE VISIT, NEW, AGE 5-11	225.00
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	220.00
99387	INIT PM E/M, NEW PAT 65+ yrs.	255.00
99391	PER PM REEVAL, EST PAT, INF	150.00
99392	PREVENTIVE VISIT, EST, AGE 1-4	170.00
99393	PREVENTIVE VISIT, EST, AGE 5-11	175.00
99394	PREVENTIVE VISIT, EST, AGE 12-17	185.00
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.	210.00
99406	Smoking and tobacco cessation	15.00
99407	Smoking and tobacco cessation	25.00
99420	Health Risk Assessment	10.00
99501	Home Visit, Postnatal	225.00
99502	Home Visit, NB Care	225.00
D0145	Oral Hygiene Evaluation	40.00
D1206	Topical Application of flouride varnish	30.00
D1330	Oral Hygiene Instruction	30.00
G0008	Administration of Influenza Vaccine Medicare	20.00
G0009	Administration of Pneumococcal Vaccine Medicare	20.00
G0108	Diabetes Management	40.00
G0109	Diabetes Management	25.00
J1050	Depo Provera	30.00
J7300	IUD (Copper)	450.00
J7302	IUD (Mirena)	550.00
LU002	Lice Treatment	5.00
LU100	HIV Pre Counsel	0.00
LU101	HIV Results Post Counsel	0.00
LU102	Annual TB Screen	0.00
LU114	PPD State	0.00
LU119	PPD Positive	0.00
LU120	PPD Negative	0.00
LU232	Test Lab Results	0.00
LU240	DOT TB	0.00
LU241	CH Non-Billable Follow-up	0.00
LU242	STD Treatment Only	0.00
LU247	Non-billable maternity health contact	0.00
LU257	AH Non-Billable Follow-up	0.00
Q2038	Influenza Vaccine Medicare	10.00
S4993	Contraceptive Pills for BC	20.00
T1002	RN Services up to 15 mins	70.00
97802	Medical Nutrition Initial	35.00
97803	Medical Nutrition Re-Assessment	30.00

DENTAL SLIDING FEE SCALE

Code	Description	Fee
BRUSH	Sonicare	50.00
D0120	Perodic Exam	55.00
D0140	Limited oral evaluation	75.00
D0145	Oral Evaluation, pt <3yrs	70.00
D0150	Comp oral Eval-new/estab patient	100.00
D0160	Detail/extensive oral eval, B/R	125.00
D0170	Limited re-evaluation estab patient	60.00
D0180	Comprehensive Periodontal Eval	65.00
D0190	Screening of Patient	35.00
D0191	Assessment of Patient	35.00
D0210	Intraoral-complete series (bw)	140.00
D0220	Intraoral periapical 1st film	30.00
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	30.00
D0270	Dental Bitewing single film	30.00
D0272	Dental Bitewings 2 films	45.00
D0273	Bitewings - 3 films	50.00
D0274	Dental Bitewings 4 films	65.00
D0277	Vertical bitewings-7 to 8 films	90.00
D0290	Skull & facial bone survey film	75.00
D0310	Saliography	135.00
D0320	TMJ arthrogram, incl injection	315.00
D0321	Other TMJ films, by report	150.00
D0322	Tomographic survey	260.00
D0330	Panoramic film	120.00
D0340	Cephalometric film	100.00
D0350	Oral/Facial Photographic Images	40.00
D0391	Interpretation of Diag Image	45.00
D0417	Collection of saliva sample	15.00
D0418	Analysis of saliva sample	15.00
D0425	Caries susceptibility tests	10.00
D0460	Pulp vitality tests	40.00
D0470	Diagnostic casts	70.00
D0472	Accession of tiss, gr exam/rpt	55.00
D0473	Acc of tissue, gr mic exam/rpt	75.00
D0474	Acc of tiss-gr mic ex surg mar	90.00
D0475	Decalcification Procedure	105.00
D0476	Special stains for microorg	165.00
D0477	Special stains-not for microorg	165.00
D0478	Immunohistochemical stains	80.00
D0479	Tissue in-situ hybrid-incl int	120.00
D0480	Process/interpret exf cyt smear	95.00
D0481	Electron microscopy-diagnostic	90.00
D0482	Direct immunofluorenscence	50.00
D0483	Indirect immunofluorenscence	55.00
D0484	Consult on slides prp elsewhere	80.00
D0485	consult inc prep/slides biop mt	80.00
D0486	Brush biopsy sample, exam, report	100.00
D0501	Histopathologic examinations	25.00
D0502	Other oral path procedure, B/R	100.00
D0601	Caries risk assess risk low	35.00
D0602	Caries risk assess risk mod	40.00
D0603	Caries risk assess risk high	45.00
D0999	Unspecified diag procedure, B/R	30.00
D1110	Prophylaxis-adult	90.00
D1120	Prophylaxis-child	65.00
D1201	Prophylaxis with Fluoride- child	45.00
D1205	Prophylaxis with Fluoride- adult	45.00
D1206	Topical Fluoride Varnish	45.00
D1208	Topical Application of Fluoride	45.00
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	55.00
D1352	Preventive Resin Restoration	70.00
D1510	Space maintainer-fixed-unilateral	300.00
D1515	Space maintainer-fixed-bilateral	400.00
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	45.00
D2110	Amalgam-1 surfaces, primary	80.00
D2120	Amalgam-2 surfaces, primary	100.00
D2130	Amalgam-3 surfaces, primary	115.00
D2131	Amalgam-4 surfaces, primary	80.00
D2140	Amalgam-one surface, primary or permanent	120.00
D2150	Amalgam-two surfaces, primary or permanent	150.00
D2160	Amalgam-three surfaces, primary or permanent	170.00
D2161	Amalgam-four or more surfaces, primary or permanent	195.00
D2210	Silicate cement-per restorat.	105.00
D2330	Resin-based composite-one surface, anterior	135.00
D2331	Resin-based composite-two surfaces, anterior	175.00
D2332	Resin-based composite-three surfaces, anterior	220.00
D2335	Resin-based composite-four + or invol incisal angle (anterior)	255.00
D2390	Composite Crown	375.00

D2391	Resin-one surface, Posterior	170.00
D2392	Resin-two surfaces, Posterior	225.00
D2393	Resin-three surfaces, Posterior	275.00
D2394	Resinfour + surfaces, Posterior	300.00
D2410	Gold foil-one surface	315.00
D2420	Gold foil-two surfaces	380.00
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
D2542	Onlay-metallic-two 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	1,100.00
D2791	Crown-full cast base metal	1,100.00
D2792	Crown-full cast noble metal	1,100.00
D2794	Crown-titanium	1,100.00
D2799	Provisional crown	450.00
D2810	Crown-3/4 cast metallic	900.00
D2910	Recement inlay-only-partial	85.00
D2915	Recement cast or prefab pst/cor	85.00
D2920	Recement Crowns	85.00
D2921	Reattach tooth fragment	175.00
D2929	Prefab porc/cerm crn Primary	400.00
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	90.00
D2941	Interim Rest Primary	60.00
D2949	Rest Foundation for indirect	175.00
D2950	Crown buildup, include any pins	300.00
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	175.00
D2954	Prefab post & core in add to crn	275.00
D2955	Post removal (not with endo)	190.00
D2957	Each & prefab post-same tooth	80.00
D2960	Labial veneer (laminate)-chairsd	670.00
D2961	Labial veneer (resin lamin)-lab	1,180.00
D2962	Labial veneer (porceln lam)-lab	1,180.00
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	170.00
D2981	Inlay Rpr Material Failure	150.00
D2982	Onlay Rpr Material Failure	150.00
D2983	Veneer Rpr Material Failure	150.00
D2990	Rsn incipient smooth surface	65.00
D3110	Pulp cap-direct, (+rest)	65.00
D3120	Pulp cap-indirect, (+rest)	65.00
D3220	Therapeutic pulpotomy (exc rest)	200.00
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	675.00
D3320	Root canal therapy-bicuspid	800.00
D3330	Root canal therapy-molar	950.00
D3331	Treatment of root canal obstruct	240.00
D3332	Incomplt endo ther-inopbl/unres	250.00
D3333	Int root repair of perf defects	150.00
D3346	Retreat, prev RCT - anterior	555.00
D3347	Retreat, prev RCT - bicuspid	630.00
D3348	Retreat, prev RCT - molar	830.00
D3351	Apexification/recalcif, initial	210.00

D3352	Apexification/recalcif, interim	150.00
D3353	Apexification/recalcif, final	280.00
D3410	Apicoectomy/Periradic surg-ant	405.00
D3421	Apicoect/Perirad-bicus/1st root	500.00
D3425	Apicoect/Perirad-molar/1st root	535.00
D3426	Apicoect/Perirad (each + root)	215.00
D3430	Retrograde filling-per root	150.00
D3450	Root amputation-per root	315.00
D3460	Endodontic endosseous implant	660.00
D3470	Intentional replant, inc splint	500.00
D3910	Surg isolation of th w/rub dam	135.00
D3920	Hemisection, no root can ther	275.00
D3950	Canal prep/fit of dowel/post	150.00
D3960	Bleaching of discolored tooth	185.00
D4210	Gingivectomy-4+ per quadrant	610.00
D4211	Gingivectomy-1-3 contig th/quad	225.00
D4212	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	400.00
D4240	Ging flap, root pln, 4+ per quad	580.00
D4241	Ging flap rt pln 1-3 cntg th/qu	520.00
D4245	Apically positioned flap	520.00
D4247	Guided tiss regen-nonresorb-per	620.00
D4249	Clinic crown lengthen-hard tiss	550.00
D4260	Osseous surgery-4+ per quad	740.00
D4261	Osseous surgery - 1-3 contg th/quad	535.00
D4263	Bone replace graft-1st site/qu	390.00
D4264	Bone replace graft-each add/qu	285.00
D4265	Bio mat, sft&osseous tiss regen	280.00
D4266	Guided tiss regen-resorb-per	520.00
D4267	Guided tiss regen-nonresorb-per	620.00
D4268	Surg revision proc, per tooth	485.00
D4270	Pedicle soft tissue graf proc	510.00
D4271	Free soft tissue graft proced	540.00
D4273	Subepithelial con tis graft/th	665.00
D4274	Distal/proximal wedge procedure	400.00
D4275	Soft tissue allograft	630.00
D4276	Comb cnct tiss&dbl pedicle grft	715.00
D4277	Free Soft Tissue Gfraft 1st Site	275.00
D4278	Soft Tissue Graft each add	95.00
D4320	Provisional splinting-intracor	300.00
D4321	Provisional splinting-extracor	300.00
D4341	Perio scale&root pin-4+per quad	225.00
D4342	Scaling/root Planing 1-3 Teeth	145.00
D4355	Full mouth debridemnt eval/diag	150.00
D4381	Local deliv antimicrb ag-th B/R	70.00
D4910	Periodontal maintenance	120.00
D4920	Unscheduled dressing change	60.00
D4921	Gingival Irrigation	40.00
D5100.1	Master Cast IMP	0.00
D5100.3	Try In	0.00
D5100.4	Delivery Rem Pros	0.00
D5100.5	Post Del Check	0.00
D5110	Complete upper denture	1,200.00
D5110.2	Frame-Bite-shade	0.00
D5120	Complete denture -mandibular	1,200.00
D5130	Immediate denture-maxillary	1,400.00
D5140	Immediate denture-mandibular	1,400.00
D5211	Maxillary partial-resin base	900.00
D5212	Mandibular partial-resin base	900.00
D5213	Maxil partial-metal Base w/sdls	1,300.00
D5214	Mand partial-metal base w/sdls	1,300.00
D5225	Maxil partial-flex base incl cl	1,050.00
D5226	Mand partial-flex base incl cl	1,050.00
D5281	Removal unilat part denture	720.00
D5410	Adjust complete denture-maxil	85.00
D5411	Adjust complete denture-mand	85.00
D5421	Adjust partial denture-maxil	85.00
D5422	Adjust partial denture-mand	85.00
D5510	Repair complete denture base	200.00
D5520	Replace teeth-comp dent (ea th)	170.00
D5610	Repair resin denture base	200.00
D5620	Repair cast framework	275.00
D5630	Repair or replace broken clasp	255.00
D5640	Replace broken teeth-per tooth	180.00
D5650	Add toothe to exist part denture	180.00
D5660	Add clasp, exist part denture	260.00
D5670	Replace all th&acrylic-maxil	700.00
D5671	Replace all th&acrylic-mand	700.00
D5710	Rebase complete maxil denture	555.00
D5711	Rebase complete mand denture	555.00
D5720	Rebase maxil partial denture	555.00
D5721	Rebase mand partial denture	555.00
D5730	Reline complete maxil-chairside	300.00
D5731	Reline complete mand-chairside	300.00
D5740	Reline maxil partial-chairside	340.00
D5741	Reline mand partial-chairside	340.00
D5750	Reline complete maxillary (lab)	470.00
D5751	Reline complete mand (lab)	470.00
D5760	Reline maxillary partial (lab)	450.00
D5761	Reline mandibular partial (lab)	450.00
D5810	Interim comp denture (maxil)	850.00

D5811	Interim comp denture (mand)	850.00
D5820	Interim partial denture (maxil)	550.00
D5821	Interim partial denture (mand)	550.00
D5850	Tissue condition, maxillary	105.00
D5851	Tissue condition, mandibular	105.00
D5862	Precision attachment, B/R	400.00
D5863	Overdenture-Max Complete	1,680.00
D5864	Overdenture-Max Partial	1,680.00
D5865	Overdenture-Mand Complete	1,680.00
D5867	Replacement of replacement part of semi precision attachment	65.00
D5875	Modification of removable prosthesis following imp surgery	215.00
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	110.00
D5988	Sugical splint	110.00
D5991	Topical medicament carrier	110.00
D6010	Surg place implant; endosteal	1,420.00
D6012	Picmnt of intrm impl: endosteal	650.00
D6013	Sx placement mini implant	500.00
D6020	Abut place/subst:endost implant	470.00
D6040	Surgic place: eposteal implant	3,185.00
D6050	Surg place: transosteal implant	3,892.00
D6051	Interim Abutment	550.00
D6055	Dent implant sup connecting bar	2,600.00
D6056	Prefab abutment-incl placement	600.00
D6057	Custom abutment-incl placement	800.00
D6058	Abutment supported porc/cer cm	1,200.00
D6059	Abtmt supp porc fused to hi-nob	1,200.00
D6060	Abtmt supp porc fused-based meti	1,200.00
D6061	Abmt supp porc fused-mlt crown	1,200.00
D6062	Abutmt sup cast metal crown	1,200.00
D6063	Abtmt supp cast mtl crown-base	1,200.00
D6064	Abtmt supp cast mtl crown-noble	1,200.00
D6065	Implant supp corc/cer crown	1,700.00
D6066	Implant supp porc fused mtl crn	1,700.00
D6067	Implant supported metal crown	1,700.00
D6068	Abtmt supp ret for porc/cer FPD	1,200.00
D6069	Abut sup ret-porc fsd mtl FPDhn	1,200.00
D6070	Abut sup ret-porc fsd mtl FPDbm	1,200.00
D6071	Abut sup ret-porc fsd mtl FPDno	1,200.00
D6072	Abut sup ret-cast mtl FDP-hinob	1,200.00
D6073	Abut sup ret-cast mtl FDP-base	1,200.00
D6074	Abut sup ret-cast mtl FDP-noble	1,700.00
D6075	Implant supp ret-ceramic FPD	1,700.00
D6076	Implnt supp ret-prc fuse mtlFPD	1,700.00
D6077	Implnant suup ret-case metal FPD	1,700.00
D6078	Implnt/abut supp fxd comp edent	980.00
D6079	Implnt/abut supp fxd part edent	980.00
D6080	Implant maintenance procedures	220.00
D6090	Repair implant sup prosth, B/R	300.00
D6091	Rpl attchmt imp/abt sup prosth	175.00
D6092	Recement impl/abut sup crown	135.00
D6093	Recement impl/abut sup FPD	175.00
D6100	Implant removal, by report	750.00
D6190	Radiograph/sug impl index B/R	110.00
D6194	Abut sup ret-cast mtl FPD-titan	950.00
D6205	Pontic-indirect res based comp	1,180.00
D6210	Pontic-cast high noble metal	1,180.00
D6211	Pontic-cast predominantly base	1,180.00
D6212	Pontic-cast noble metal	1,180.00
D6214	Pontic-titanium	1,180.00
D6240	Pontic-porcelain fused to hnob	1,180.00
D6241	Pontic-porcelain fused to base	1,180.00
D6242	Pontic-porcelain fused to nobl	1,180.00
D6245	Pontic-porcelain/ceramic	1,180.00
D6250	Pontic-resin w/ high noble met	1,180.00
D6251	Pontic-resin w/ predomnt base	1,180.00
D6252	Pontic-resin with noble metal	1,180.00
D6253	Provisional pontic	450.00
D6254	Interim Pontic	0.00
D6520	Inlay-metallic-two surfaces	650.00
D6530	Inlay-metallic-three+ surfaces	650.00
D6543	Onlay-metallic-three surfaces	900.00
D6544	Onlay-metallilc-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	1,180.00
D6602	Inlay-cast high noble met, 2 surf	1,180.00
D6603	Inlay-cast high nob met, 3+ surf	1,180.00
D6604	Inlay-cast predomnt base, 2 surf	1,180.00
D6605	Inlay-cast predomnt base, 3+ surf	1,180.00
D6606	Inlay-cast noble metal, 2 surf	1,180.00
D6607	Inlay-cast noble metal, 3+ surf	1,180.00

D6608	Onlay-porcelain/ceramic, 2 surf	1,180.00
D6609	Onlay-porcelain/ceramic, 3+ surf	1,180.00
D6610	Onlay-cast high noble met, 2 surf	1,180.00
D6611	Onlay-cast high nob met, 3+ surf	1,180.00
D6612	Onlay-cast predomnt base, 2 surf	1,180.00
D6613	Onlay-cast predomnt base, 3+ surf	1,180.00
D6614	Onlay-cast noble metal, 2 surf	1,180.00
D6615	Onlay-cast noble metal, 3+ surf	1,180.00
D6624	Inlay-titanium	1,180.00
D6634	Onlay-titanium	1,180.00
D6710	Retainer crn-indir res-bas comp	1,180.00
D6720	Retainer crn-res w/ hi nob met	1,180.00

D6721	Retainer crn-resin w/ base met	1,180.00
D6722	Retainer crn-resin w/ nob met	1,180.00
D6740	Crown-porcelain/ceramic	1,180.00
D6750	Retainer crn-porc fused-hi nob	1,180.00
D6751	Retainer crn-porc fuse-base met	1,180.00
D6752	Retainer crn-porc fused-nob met	1,180.00
D6780	Retainer crn-3/4 cast h nob met	1,180.00
D6781	Crown 3/4 cast most base metal	1,180.00
D6782	Crown 3/4 cast noble metal	1,180.00
D6783	Crown 3/4 porcelain/ceramic	1,180.00
D6790	Retainer crn-full cast hi nob	1,180.00
D6791	Retainer crn-full cast base	1,180.00
D6792	Retainer crn-full cast nob met	1,180.00
D6793	Provisional retainer crown	550.00
D6794	Retainer crown-titanium	1,180.00
D6795	Interim Retainer Crown	0.00
D6920	Connector bar	560.00
D6930	Recement fixed partial denture	120.00
D6940	Stress breaker	190.00
D6950	Precision attachment	300.00
D6970	Cast post/core, + brdg retainer	430.00
D6971	Cast post/part of brdg retainer	265.00
D6972	Prefab post/core+ brdg retainer	340.00
D6973	Core buildup for retain, inc pin	290.00
D6975	Coping-metal	500.00
D6976	Each add'l cast post-same tooth	175.00
D6977	Each + prefab post-same tooth	80.00
D6985	Pediatric part'l denture, fixed	600.00
D6999	Unspec fixed prosth proced, B/R	750.00
D6999.1	Section FB	150.00
D7111	Extraction crnl remnts-decid th	90.00
D7120	Tooth Exraction Each Additional	75.00
D7130	Root Removal - exposed roots	95.00
D7140	Extraction, erupted tooth or exposed root	150.00
D7210	Extraction-surgical/erupt tooth	240.00
D7220	Extraction-impacted/soft tis	305.00
D7230	Extraction-impacted/part bony	385.00
D7240	Extraction-impacted/compl bony	435.00
D7241	Remov impact-comp bony w/comp	535.00
D7250	Surgic removl resid tooth root	250.00
D7260	Oral antral fistula closure	560.00
D7261	Prim closure sinus perforation	150.00
D7270	Reimplantation/stabilization	300.00
D7280	Surgical access unreupted tooth	285.00
D7281	Expos impact/unerupt-aid erupt	285.00
D7282	Mobiliz erupt/malpos th-erupt	340.00
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	285.00
D7291	T/SC Fiberotomy, B/R	80.00
D7294	Plcmnt:temp anch w/o surg flpa	120.00
D7310	Alveoloplasty w/ extract- /quad	240.00
D7311	Alveoloplasty w/ext 1-3 th/quad	210.00
D7320	Alveoloplasty w/o extract /quad	350.00
D7321	Alveoloplasty w/o ex 1-3 th/quad	290.00
D7340	Vestibuloplasty-ridge ext -2nd	785.00
D7350	Vestiplasty-ridge ext (inc)	2,278.00
D7410	Excision benign lesion<-1.25cm	250.00
D7411	Excision benign lesion>-1.25cm	325.00
D7412	Excision benign lesion complicated	400.00
D7415	Excision malig lesion, complic	1,500.00
D7450	Rem benign odont-diam<=1.25cm	265.00
D7451	Rem benign odont-diam<1.25cm	365.00
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	200.00
D7511	Incis&drain abscs-int soft comp	275.00
D7520	Incis&drain abscess-extra soft	300.00
D7521	Incis&drain abscess-extra soft comp	0.00
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	225.00
D7970	Excision, hyperplast tiss-arch	300.00
D7971	Excision, pericoronal ging /arch	215.00
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	250.00
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
D8694	Repair of Fixed Retainer	175.00
D9110	Emerg treatment, palliative	110.00
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	Analgesia	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	15.00
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	375.00
D9952	Occlusal adjustment-complete	900.00
D9970	Enamel microabrasion	200.00
D9971	Odontoplasty 1-2 teeth-rmv enam	80.00
D9972	External bleaching-per arch	350.00
D9974	Internal bleaching-per tooth	125.00
D9975	External Bleaching @ Home/arch	140.00

ENVIRONMENTAL HEALTH

	IMPROVEMENT PERMIT	CONSTRUCTION PERMIT	TOTAL FEE
NEW CONSTRUCTION, EXPANSION, RELOCATION (< 600 GSD)	250	250	500
NEW CONSTRUCTION, EXPANSION, RELOCATION (> 600 GSD)	500	500	1000
REPAIR	NO FEE	NO FEE	NO FEE
REPLACEMENT WELL FEE			100
NEW PRIVATE WELL PERMIT (FEE IS $250 PLUS COST OF SAMPLING KIT)			320
INDIVIDUAL WATER SAMPLES (BACTERIA, CHEMICAL, NITRATES)			50
WELL ABANDONMENT			NO FEE
EXISTING SYSTEM INSPECTION (FIELD VISIT REQUIRED)			75
IN-OFFICE EXISTING SYSTEM AUTORIZATION			25
MOBILE HOME PARK SPACE RECONNECTION (PER SPACE)			100
REVISIT FEE			50
PUBLIC SWIMMING POOL PERMIT			250
PUBLIC SWIMMING POOL PLAN REVIEW			200
FOOD SERVICE ESTABLISHMENT PLAN REVIEW			200
TEMPORARY FOOD ESTABLISHMENT			75
TATTOO ESTABLISHMENT AND ONE (1) ARTIST PERMIT			250
EACH ADDITIONAL ARTIST			100

PENDER COUNTY ANIMAL SHELTER FEES

ADOPTION**

DOGS	$75.00
CATS	$55.00
LIVESTOCK	$50.00
AVIAN	$10.00

**INCLUDES
DOGS: AGE APPROPRIATE RABIES VACCINE, DISTEMPER/PARVO AND BORDETELLA VACCINES, DEWORMING, EXTERNAL PARASITE TREATMENT, DVM EXAM, MICROCHIP, AND SPAY/NEUTER IF AGE/WEIGHT APPROPRIATE

CATS: AGE APPROPRIATE RABIES, DISTEMPER AND VACCINES,DEWORMING,EXTERNAL PARASITE TREATMENT DVM EXAM, MICROCHIP, AND SPAY/NEUTER IF AGE/WEIGHT APPROPRIATE

**ANYTHING UNDER 2LBS ADOPTED WILL RECEIVE $30.00 VOUCHER FOR SPAY/NEUTER

MISCELLANEOUS FEE

1 YEAR RABIES	$5.00
OWNER SURRENDER PER ANIMAL	$10.00
OWNER SURRENDER PER LITTER	$20.00
EUTHANASIA WITH DISPOSAL	$20.00
COLLARS	$5.00
LEASHES	$7.00
COLLAR & LEASH	$10.00
QUARANTINE	$10.00/DAY
MICROCHIP	$15.00

REDEMPTION FEES*

1ST OFFENSE MICROCHIPPED	$25.00	
1ST OFFENSE NOT MICROCHIPPED	$40.00	(INCLUDES REQUIRED MICROCHIP,PENDING ORDINANCE APPROVAL)
2ND OFFENSE	$50.00	
3RD OFFENSE	$100.00	
EACH ADDITIONAL OFFENSE	$50.00 ADDITIONAL TO PRIOR OFFENSE FEE	

*EXEMPTION-HUNTING DOGS PICKED UP DURING HUNTING SEASON,WITH COLLAR OR MICROCHIP,RABIES TAG,OWNER NAME AND PHONE NUMBER ARE EXEMPT FROM THE REDEMPTION FEES.

EQUINE FEES

BOARDING	$15.00/DAY
SURRENDER	$50.00

RUNNING AT LARGE:

1ST OFFENSE	$50.00 + $15.00/DAY
2ND OFFENSE	$100.00 + $15.00/DAY
3RD OFFENSE	$200.00 + $15.00/DAY

INCREASES BY $100.00 EACH ADDITIONAL OFFENSE

ADOPTION:

SENIOR/PASTURE HORSE	$150.00
UNBROKEN HORSE	$200.00
GREEN-BROKE HORSE	$250.00
PLEASURE BROKE HORSE	$300 MINIMUM
FINISHED HORSE	$400.00 MINIMUM DEPENDING ON TRAINING

ASSESSMENT OF HORSE WILL BE MADE BY SHELTER MANAGER AND THEN PLACED IN ADOPTION TIER

ADOPTION REFUND POLICY

REFUNDS FOR RETURNED ADOPTED ANIMALS MAY BE GRANTED IF THE FOLLOWING OCCURS:

* THE ADOPTED ANIMAL IS EXAMINED BY A VETERINARIAN WITHIN FIVE WORKING DAYS FROM THE ADOPTION DATE AND A HEALTH PROBLEM IS IDENTIFIED. THIS REQUIRES A HAND WRITTEN OR COMPUTER GENERATED NOTE FROM THE VETERINARIAN.

****ADOPTION FEES APPLY TO ALL - INCLUDING RESCUE AGENCIES****