BOCC Approved Fee Schedule FY21
Effective July 01, 2020

Code	Description	Approved Fee	Program
99408	Alcohol/Substance Abuse 15-30m	$ 70.00	Adult Health
99409	Alcohol/Substance Abuse >30min	$ 175.00	Adult Health
82274	Occult blood, by fecal hemoglobin	$ 20.22	BCCCP
G0202	Screeningmammographydigital	$ 196.00	BCCCP
G0204	Diagnosticmammographydigital	$ 196.00	BCCCP
G0206	Diagnosticmammographydigital	$ 196.00	BCCCP
G0328	Fecal blood scrn immunoassay	$ 33.00	BCCCP
A4554	Disposable underpads, all sizes	$ 20.82	CAP
T1016	Case management/15 min	$ 17.00	CAP
T2041	Support broker waiver/15 min	$ 17.00	CAP
87340	Infectious agent antigen detection by(HBsAg)	$ 7.28	CD, SH
86356	Mononuclear cell antigen, quantitative	$ 33.02	Early Intervention Clinic
86359	t cells;	$ 47.96	Early Intervention Clinic
86360	t cells; absolute cd4 and cd8 count, including ratio	$ 59.74	Early Intervention Clinic
J7307	Nexplanon	$ 399.00	Family Planning
J7298	Mirena	$ 317.72	Family Planning
J7297	Liletta	$ 50.00	Family Planning
J7300	Paragard	$ 238.13	Family Planning
J1050	Depro-Provera	$ 25.09	Family Planning
J7303	Nuvaring	$ 7.86	Family Planning
S4993	Cryselle/LOW-OGESTREL	$ 1.14	Family Planning
S4993	Orsythia/LEVONORGESTREL-EE	$ 0.43	Family Planning
S4993	Ortho Micronor	$ 0.26	Family Planning
S4993	Ortho Tricyclen	$ 0.26	Family Planning
S4993	Ortho Cyclen	$ 0.26	Family Planning
S4993	Ocella/SYEDA	$ 2.40	Family Planning
S5000	Emergency Contraception	$ -	Family Planning/STD
S5001	Emergency Contraception - ELLA	$ 18.82	Family Planning/STD
J7296	Kyleena	$ 541.39	Family Planning/STD
87517	hepatitis B virus, quantification	$ 41.41	Family Planning/STD
87536	HIV-1, quantification	$ 67.59	Family Planning/STD
87592	Neisseria gonorrhoeae, quantification	$ 41.41	Family Planning/STD
88150	Cytopath, c/v, manual	$ 26.00	Family Planning/STD
J0561	Penicillin g benzathine inj	$ 0.19	Family Planning/STD
Q0111	Wet mounts/ w preparations	$ 7.00	Family Planning/STD
Q0144	Azithromycin dihydrate, oral	$ 2.24	Family Planning/STD
87624	HPV	$ 20.00	Family Planning/STD/Refugee
86706	Hepatitis B surface antibody (HBsAb)	$ 13.66	Family planning/STD/Refugee
86707	Hepatitis Be antibody (HBeAb)	$ 14.71	Family planning/STD/Refugee
86592	Syphilis Test Non-Trep Qual	$ 31.00	FP, BCCCP, HIV,STD, TB, Refugee, Outreach
86593	Syphilis Test Non-Trep Quant	$ 5.61	FP, BCCCP, HIV,STD, TB, Refugee, Outreach
86780	Antibody; Treponema pallidum	$ 17.26	FP, BCCCP, HIV,STD, TB, Refugee, Outreach
36415	Routine venipuncture	$ 14.00	FP, BCCCP, STD, TB, Refugee, Communicable Disease,
81025	Urine pregnancy test	$ 25.00	FP, Refugee, occasionally STD
G0101	Ca screen;pelvic/breast exam	$ 50.00	FP/BCCCP
83036	Hemoglobin, glycated	$ 6.24	FP/BCCCP
82270	Occult blood, other sources	$ 25.00	FP/BCCCP/Refugee
88148	Cytopath, c/v, auto rescreen	$ 13.43	FP/BCCCP/Refugee
G0436	Tobacco-use counsel 3-10 min	$ 14.00	FP/BCCCP/STD
G0437	Tobacco-use counsel>10min	$ 28.00	FP/BCCCP/STD
99070	Special supplies	$ 12.00	FP/STD
99401	Preventive counseling, indiv 15 minutes	$ 80.00	FP/STD
99402	Preventive counseling, indiv 30 minutes	$ 157.00	FP/STD
99403	Preventive counseling, indiv 45 minutes	$ 201.00	FP/STD
99404	Preventive counseling, indiv 60 minutes	$ 206.00	FP/STD
99421	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN ESTABLISHED PATIENT, FOR UP TO 7 DAYS, CUMULATIVE TIME DURING THE 7 DAYS; 5-10 MINUTES	$ 12.76	FP/STD
99422	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN ESTABLISHED PATIENT, FOR UP TO 7 DAYS, CUMULATIVE TIME DURING THE 7 DAYS; 11-20 MINUTES	$ 25.47	FP/STD
99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN ESTABLISHED PATIENT, FOR UP TO 7 DAYS, CUMULATIVE TIME DURING THE 7 DAYS; 21 OR MORE MINUTES	$ 41.16	FP/STD
99441	Physician telephone patient service, 5-10 minutes of medical discussion	$ 12.48	FP/STD
99442	Physician telephone patient service, 11-20 minutes of medical discussion	$ 24.32	FP/STD
99443	Physician telephone patient service, 21-30 minutes of medical discussion	$ 35.65	FP/STD

Code	Description	Approved Fee	Program
99446	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BYCONSULTATIVE PHYSICIAN WITH VERBAL AND WRITTEN REPORT, 5-10 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW	$ 15.20	FP/STD
99447	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY CONSULTATIVE PHYSICIAN WITH VERBAL AND WRITTEN REPORT, 11-20 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW	$ 30.69	FP/STD
99448	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY CONSULTATIVE PHYSICIAN WITH VERBAL AND WRITTEN REPORT, 21-30 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW	$ 45.89	FP/STD
99449	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY CONSULTATIVE PHYSICIAN, 31 MINUTES OR MORE OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW	$ 61.15	FP/STD
99458	REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES, HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING INTERACTIVE COMMUNICATION WITH THE PATIENT/CAREGIVER; EACH ADDITIONAL 20 MINUTE	$ 34.62	FP/STD
99473	SELF-MEASURED BLOOD PRESSURE; PATIENT EDUCATION/TRAINING AND DEVICE CALIBRATION	$ 8.89	FP/STD
99474	SELF-MEASURED BLOOD PRESSURE MEASUREMENTS	$ 12.40	FP/STD
87491	Chylmd trach, dna, amp probe	$ 18.00	FP/STD/HIV
87591	N.gonorrhoeae, dna, amp prob	$ 18.00	FP/STD/HIV
87661	Trichomonas vaginalis by nucleic acid amplification	$ 53.00	FP/STD/HIV
99201	Office/outpatient visit, new 10 minutes	$ 84.00	FP/STD/Refugee/TB
99202	Office/outpatient visit, new 20 minutes	$ 130.00	FP/STD/Refugee/TB
99203	Office/outpatient visit, new 30 minutes	$ 190.00	FP/STD/Refugee/TB
99204	Office/outpatient visit, new 45 minutes	$ 275.00	FP/STD/Refugee/TB
99205	Office/outpatient visit, new 60 minutes	$ 350.00	FP/STD/Refugee/TB
99211	Office/outpatient visit, est 5 minutes performing or supervising these services.	$ 48.00	FP/STD/Refugee/TB
99212	Office/outpatient visit, est 10 minutes	$ 80.00	FP/STD/Refugee/TB
99213	Office/outpatient visit, est 15 minutes	$ 113.00	FP/STD/Refugee/TB
99214	Office/outpatient visit, est 25 minutes	$ 170.00	FP/STD/Refugee/TB
99215	Office/outpatient visit, est 40 minutes	$ 239.00	FP/STD/Refugee/TB
99241	Office consultation	$ 39.98	FP/STD/Refugee/TB
99381	Init Pm E/M, New Pat, Inf	$ 173.00	FP/STD/Refugee/TB
99382	Init Pm E/M, New Pat 1-4 Yrs	$ 184.00	FP/STD/Refugee/TB
99383	Prev Visit, New, Age 5-11	$ 186.00	FP/STD/Refugee/TB

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99384	Prev Visit, New, Age 12-17	$ 205.00	FP/STD/Refugee/TB
99385	Prev Visit, New, Age 18-39	$ 232.00	FP/STD/Refugee/TB
99386	Prev Visit, New, Age 40-64	$ 259.00	FP/STD/Refugee/TB
99387	Init Pm E/M, New Pat 65+ Yrs	$ 265.00	FP/STD/Refugee/TB
99391	Per Pm Reeval, Est Pat, Inf	$ 142.00	FP/STD/Refugee/TB
99392	Prev Visit, Est, Age 1-4	$ 155.00	FP/STD/Refugee/TB
99393	Prev Visit, Est, Age 5-11	$ 160.00	FP/STD/Refugee/TB
99394	Prev Visit, Est, Age 12-17	$ 173.00	FP/STD/Refugee/TB
99395	Prev Visit, Est, Age 18-39	$ 196.00	FP/STD/Refugee/TB
99396	Prev Visit, Est, Age 40-64	$ 212.00	FP/STD/Refugee/TB
99397	Per Pm Reeval Est Pat 65+ Yr	$ 222.00	FP/STD/Refugee/TB
T1002	Rn services up to 15 minutes	$ 45.00	FP/STD/Refugee/TB
80061	Lipid panel	$ 5.00	FP/STD/Refugee/TB/BCCCP
99000	Specimen handling	$ 19.33	FP/STD/Refugee/TB/CD/HIV/Community
G2023	Specimen collection SARS-COV2	$ 25.46	FP/STD/Refugee/TB/CD/HIV/Community
80053	Comprehensive Metabolic Profile	$ 4.95	FP/TB/Refugee/EHI
80076	Hepatic function panel	$ 3.90	FP/TB/Refugee/EHI
G9012	Other specified case mgmt	$ 15.00	HIV Case Mgmt
31615	Tracheobronchoscopy through established tracheostomy incision	$ 138.41	HIV Testing
86361	T cells; absolute CD4 count	$ 34.04	HIV Testing
86803	Hepatitis C antibody;	$ 18.15	HIV Testing
90739	HEPLISAV-B	$ 82.80	Immunization
90744	Hepb vacc ped/adol 3 dose im	$ 13.30	Immunization
90746	Hep b vaccine, adult, im	$ 43.15	Immunization
90621	MENB RLP VACCINE IM	$ 140.27	Immunization
90647	Hib vaccine, prp-omp, im	$ 32.95	Immunization
90651	Humanpapillomavirus-9 antigens	$ 208.46	Immunization
90670	Pneumococcal Vacc, 13 Val Im	$ 169.11	Immunization
90460	Immunization administration through 18 years	$ 23.98	Immunization
90461	Inadm Any Route Addl Vac/Tox	$ 12.29	Immunization
90471	Immunization admin	$ 15.00	Immunization
90472	Immunization admin, each add	$ 13.71	Immunization
90473	Immune admin oral/nasal	$ 15.00	Immunization
90474	Immune admin oral/nasal addl	$ 13.71	Immunization
90620	MENB RP W/OMV VACCINE IM	$ 154.40	Immunization
90630	Quadrivalent intradermal flu, single	$ 19.33	Immunization
90632	Hep a vaccine, adult im	$ 62.16	Immunization
90633	Hep a vacc, ped/adol, 2 dose	$ 30.59	Immunization
90636	Hep a/hep b vacc, adult im	$ 71.04	Immunization
90648	Hib vaccine, prp-t, im	$ 25.00	Immunization
90655	Flu vaccine no preserv 6-35m	$ 20.82	Immunization
90656	Flu vaccine no preserv 3 & >	$ 16.75	Immunization
90657	Flu vaccine, 6-35 mo, im	$ 20.82	Immunization
90658	Flu vaccine age 3 & over, im	$ 16.57	Immunization
90662	HD Fluzone 65 yrs+	$ 31.91	Immunization
90672	Flu Mist (intranasal)	$ 25.00	Immunization
90674	Flucelvax	$ 17.40	Immunization
90675	Rabies vaccine, im	$ 310.17	Immunization
90680	Rotovirus vacc 3 dose, oral	$ 87.00	Immunization
90685	Influenza vac quad 6-35 mos IM	$ 20.82	Immunization
90686	Influenza virus vaccine, 3 yrs	$ 16.82	Immunization
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus	$ 20.82	Immunization
90688	Flu vacc 4 val 3 yrs > IM	$ 16.82	Immunization
90691	Typhoid vaccine, im	$ 92.76	Immunization
90696	Dtap-Ipv Vacc 4-6 Yr Im	$ 43.70	Immunization
90698	Dtap-hib-ip vaccine, im	$ 93.00	Immunization
90700	Dtap vaccine, < 7 yrs, im	$ 23.44	Immunization
90702	Dt vaccine < 7, im	$ 49.65	Immunization
90707	Mmr vaccine, sc	$ 66.97	Immunization
90710	Mmrv vaccine, sc	$ 218.66	Immunization
90713	Poliovirus, ipv, sc/im	$ 31.88	Immunization
90714	Td vaccine no prsrv >/= 7 im	$ 31.92	Immunization
90715	Tdap vaccine >7 im	$ 36.11	Immunization
90716	Chicken pox vaccine, sc	$ 129.17	Immunization
90717	Yellow fever vaccine, sc	$ 140.66	Immunization
90723	Dtap-hep b-ipv vaccine, im	$ 57.45	Immunization
90732	Pneumococcal vaccine	$ 98.18	Immunization
90733	Meningococcal vaccine, sc	$ 130.00	Immunization
90734	Meningococcal vaccine, im	$ 128.00	Immunization
90736	Zoster vacc, sc	$ 219.77	Immunization
90750	HZA VACC RECOMBINANT IM NJX	$ 144.06	Immunization
G0008	Admin influenza virus vac	$ 12.00	Immunization
G0009	Administration of pneumococcal vaccine	$ 12.00	Immunization

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G0010	Admin hepatitis b vaccine	$ 12.00	Immunization
J1055	Medrxyprogester acetate inj	$ 47.00	Immunization
J1460	Gamma globulin 1 cc inj	$ 13.00	Immunization
J1470	Gamma globulin 2 cc inj	$ 13.00	Immunization
J1480	Gamma globulin 3 cc inj	$ 13.00	Immunization
J1490	Gamma globulin 4 cc inj	$ 13.00	Immunization
DIF	Diflucan 150 Mg	$ 5.00	Immunization
Q2036	Flulaval vacc, 3 yrs & >, im	$ 15.03	Immunization
85013	Spun microhematocrit	$ 13.00	Lab
86317	Immunoassay for infectious agent antibody, quantitative	$ 35.00	Lab
86382	Neutralization test, viral	$ 62.00	Lab
87267	Infectious agent antigen detection by(DFA)	$ 14.57	Lab
87430	Infectious agent antigen detection by ; Streptococcus, group A	$ 25.00	Lab
99001	Specimen handling	$ 20.82	Lab
T1029	Lead Investigation	$ 1,200.00	Lab
99501	Home visit, postnatal	$ 135.00	Newborn Post Partum
99502	Home visit, nb care	$ 163.00	Newborn Post Partum
S3620	Newborn metabolic screening	$ 19.00	Newborn Post Partum
T1017	Targeted Case Management	$ 23.61	Newborn Post Partum
92558	Evoked Auditory Test	$ 29.18	Refugee
81003	Urinalysis, auto, w/o scope	$ 15.00	Refugee
86696	Antibody; herpes simplex, type 2	$ 24.62	Refugee
87177	Ova and parasites smears	$ 10.00	Refugee
88313	Special Stains Group 2	$ 152.00	Refugee
REFIM	COMPLETION OF IMMIGRATION REC	$ 25.00	Refugee
99420	Health risk assessment test	$ 40.00	Refugee (96160)
83655	Lead	$ 8.00	Refugee
92551	Pure tone hearing test, air	$ 28.00	Refugee
96110	Developmental test, lim	$ 33.00	Refugee
83021	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	$ 22.96	Refugee, community sickle cell
85660	Sickling of RBC, reduction	$ 7.02	Refugee, community sickle cell
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	$ 15.48	Refugee, community sickle cell
71045	Chest X-ray, Single view	$ 61.00	Refugee/TB
71010	Chest x-ray, chest single view	$ 61.00	Refugee/TB
71015	Chest x-ray, chest stereo, frontal	$ 8.76	Refugee/TB
71020	Chest x-ray, chest,2 views	$ 91.00	Refugee/TB
J0133	Acyclovir	$ 0.26	STD
J3490	Imiquimod	$ 3.68	STD
Q0144	Azithromycin	$ 2.24	STD
J0696	Ceftriaxone	$ 5.08	STD
S0077	Clindamycin	$ 7.44	STD
J3490	Doxycycline	$ 0.03	STD
J3490	Metronidazole gel	$ 10.23	STD
J3490	Miconazole vaginal cream 2%	$ 6.00	STD
J8499	Tinidazole 500mg tablets 60ct bottle	$ 0.47	STD
J8499	Valacyclovir 500 mg tablets 90ct bottle	$ 0.11	STD
J8499	Valacyclovir 1g tablets 90ct bottle	$ 0.01	STD
17111	Destruct lesion, 15 or more	$ 94.04	STD
86787	Antibody; varicella-zoster	$ 16.38	STD
96372	Ther/Proph/Diag Inj, Sc/Im	$ 26.00	STD
J0456	Azithromycin	$ 17.33	STD
J3490	Metronidazole tablets	$ 0.03	STD
J3490	Drugs unclassified injection	$ 18.91	STD
87081	Culture screen only	$ 8.75	STD, FP, CD
J8499	Ethambutol 100mg tablets 100ct bottle	$ 0.13	TB
J8499	Ethambutol 400mg tablets 100ct bottle	$ 0.13	TB
J8499	Isoniazid 100mg tablets 100ct bottle	$ 0.01	TB
J8499	Isoniazid 300mg tablets 30ct bottle	$ 0.04	TB
J8499	Isoniazid 50mg/5ml oral solution 480ml bottle	$ 0.01	TB
J8499	Levaquin 250mg tablets 50ct bottle	$ 1.88	TB
J8499	Levaquin 500mg tablets	$ 1.88	TB
J8499	Levaquin 25mg/1ml oral solution	$ 0.20	TB
J8499	Moxifloxacin 400mg tablets 30ct bottle	$ 0.33	TB
J8499	Pyrazinamide 500mg tablets 90ct bottle	$ 1.46	TB
82247	Bilirubin; total	$ 3.15	TB
82977	Glutamyltransferase, gamma (GGT)	$ 3.00	TB
84460	Transferase; alanine amino (ALT) (SGPT)	$ 3.00	TB
86480	Tb Test Cell Immun Measure	$ 65.00	TB
86481	Tb Ag Response T-Cell Susp (T-Spot)	$ 60.00	TB
86580	Tb intradermal test	$ 22.00	TB
99412	Preventive counseling, group	$ 98.00	TB
LU102	Record of Tuberculosis Screening	$ 20.00	TB

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82248	Bilirubin; direct	$ 6.39	TB
82565	Creatinine; blood	$ 3.00	TB
86710	Antibody; influenza virus	$ 17.24	TB/Refugee
85025	CBC	$ 3.50	TB/Refugee
99173	Visual acuity screen	$ 11.00	TB/Refugee
80074	Acute Hepatitis Panel	$ 59.25	TB/Refugee/Communicable Disease (CD)
86777	Antibody; Toxoplasma	$ 18.27	TB/Refugee/EHI
99071	Educational materials	$ 15.00	Travel Clinic
97802	Medical nutrition, indiv, in	$ 65.00	WIC
97803	Med nutrition, indiv, subseq	$ 53.00	WIC
97804	Medical nutrition, group	$ 30.00	WIC
G0270	Mnt subs tx for change dx	$ 17.00	WIC
G0271	Group mnt 2 or more 30 mins	$ 17.00	WIC
D0120	Periodic oral evaluation	$ 42.00	Dental
D0140	Limited oral evaluation -problem	$ 70.00	Dental
D0145	Oral Eval under 3 w/Counseling	$ 42.00	Dental
D0150	Comprehensive oral evaluation	$ 73.00	Dental
D0210	Intraoral film (comp. series)	$ 128.00	Dental
D0220	Intraoral periapical 1st film	$ 24.00	Dental
D0230	Intraoral – periapical additional film	$ 19.00	Dental
D0240	Intraoral occlusal film	$ 36.00	Dental
D0270	Bitewing single film	$ 27.00	Dental
D0272	Bitewings 2 films	$ 41.00	Dental
D0273	Bitewings 3 films	$ 36.00	Dental
D0274	Bitewings 4 films	$ 57.00	Dental
D0999	Unspeciefied Diagnostic procedure, by Repot	$ 30.00	Dental
D1110	Dental prophy - 14yrs. and over	$ 91.00	Dental
D1120	Dental prophy - 13yrs. and under	$ 63.00	Dental
D1206	Topical fluoride Varnish	$ 36.00	Dental
D1310	Nutritional Counseling	$ 61.00	Dental
D1330	Oral Hygiene Instructions	$ 34.00	Dental
D1351	Sealant per tooth	$ 36.00	Dental
D1354	Interim Caries Arresting Medicament application per tooth	$ 25.00	Dental
D1510	Space maintainer – fixed unilateral (quad)	$ 319.00	Dental
D1515	Space maintainer – fixed bilateral	$ 421.00	Dental
D1550	Re-cement space maintainer	$ 69.00	Dental
D2140	Amalgam 1 surface	$ 108.00	Dental
D2150	Amalgam 2 surfaces	$ 157.00	Dental
D2160	Amalgam 3 surfaces	$ 190.00	Dental
D2161	Amalgam 4+ surfaces	$ 231.00	Dental
D2330	Resin 1 surface – anterior	$ 134.00	Dental
D2331	Resin 2 surfaces – anterior	$ 171.00	Dental
D2332	Resin 3 surfaces – anterior	$ 209.00	Dental
D2335	Resin 4+ surfaces involving incisal	$ 248.00	Dental
D2390	Composite crown – anterior	$ 274.00	Dental
D2391	Resin 1 surface – posterior	$ 157.00	Dental
D2392	Resin 2 surfaces - posterior	$ 205.00	Dental
D2393	Resin 3 surface - posterior	$ 255.00	Dental
D2394	Resin 4 + surfaces - posterior	$ 313.00	Dental
D2920	Re-cement crown	$ 93.00	Dental
D2930	Stainless steel crown , primary tooth	$ 254.00	Dental
D2931	Stainless steel crown , Perm. tooth	$ 287.00	Dental
D2933	Prefab SS w/resin window	$ 351.00	Dental
D2940	Sedative filling	$ 97.00	Dental
D2950	Crown build up	$ 242.00	Dental
D2951	Pin retention per tooth	$ 51.00	Dental
D3110	Pulp cap – direct	$ 66.00	Dental
D3120	Pulp cap – indirect	$ 52.00	Dental
D3220	Pulpotomy – therapeutic	$ 157.00	Dental
D3310	Endodontics – anterior	$ 664.00	Dental
D3351	Apexification/recalcification initial visit	$ 376.00	Dental
D3352	Apexification/recalcification interim	$ 165.00	Dental
D3353	Apexification/recalcification final appt.	$ 555.00	Dental
D4355	Full mouth debridement	$ 166.00	Dental
D7111	Extraction, Coronal Remnants-Deciduous Tooth	$ 100.00	Dental
D7140	Extract single tooth / simple	$ 139.00	Dental
D7210	Extract tooth – erupted (surg.)	$ 246.00	Dental
D7220	Extract soft tissue impacted	$ 309.00	Dental
D7270	Tooth re-implantation	$ 530.00	Dental
D7286	Biopsy soft tissue	$ 421.00	Dental
D7510	Incision & Drainage / abscess intra-oral	$ 274.00	Dental
D7910	Suture of recent small wounds	$ 419.00	Dental
D7911	Complicated suture – up to 5 cm.	$ 1,045.00	Dental

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D8220	Habit appliance	$ 150.00	Dental
D9110	Palliative treatment of dental pain minor	$ 105.00	Dental
D9230	Analgesia N2O	$ 57.00	Dental
D9420	Hospital Call	$ 140.00	Dental
D9910	Apply desensitizing agents	$ 378.00	Dental
D9941	Athletic mouthguard	$ 168.00	Dental
D9995	Teledentistry – Synchronous: Real-Time Encounter	$ 70.00	Dental
D9996	Teledentistry – Asynchronous; Store and Forward	$ 30.00	Dental
D9999	Misc.(duplicate X-rays)	$ 21.00	Dental
	Administrative Attorney/Insurance Request (plus per page amount)	$ 10.00	Medical Records
	Disability Determination Request	$ 15.00	Medical Records
	Electronic Format	$ 6.50	Medical Records
	General Patient Record/Lab Results per page	$ 1.00	Medical Records
	Medical Record Copies : 1-25, Per Page fee	$ 0.75	Medical Records
	Medical Record Copies: 26-100, Per Page fee	$ 0.50	Medical Records
	Medical Record Copies: > 100, Per Page fee	$ 0.25	Medical Records
	Birth Amendment - Preparation	$ 10.00	Vital Records
	Birth Amendment - Preparation of Legitimation	$ 10.00	Vital Records
	Birth Amendment/Legitimation (state fee)	$ 15.00	Vital Records
	Birth Amendment/Legitimation (copy from state)	$ 24.00	Vital Records
	Birth Amendment/Notary - to County	$ 3.00	Vital Records
	Certified Birth Certificate	$ 10.00	Vital Records
	Certified Death Certificate	$ 10.00	Vital Records
	Copies	$ 1.00	Vital Records
	Wallet Certificates - laminated (1 only)	$ 7.50	Vital Records
	Wallet Certificates - laminated (2 or more of same)	$ 5.00	Vital Records
	Day Care Education Program	$ 10.00	Communicable Disease
	Annual Pools - permit to operate (0n-time)	$ 250.00	Food & Facilities Sanitation
	Annual Pools - Permit to Operate (late)	$ 370.00	Food & Facilities Sanitation
	Document Copies - per page	$ 0.05	Food & Facilities Sanitation
	Food Training Tape	$ 10.00	Food & Facilities Sanitation
	Food/Lodging Plan Review	$ 250.00	Food & Facilities Sanitation
	Food/Lodging Plan Review (Re-review)	$ 150.00	Food & Facilities Sanitation
	Pushcart/Mobile Food Unit Plan Review	$ 150.00	Food & Facilities Sanitation
	Plan Review (in office/New Construction)	$ 350.00	Food & Facilities Sanitation
	Plan Review (in office/New Construction) Re-review	$ 150.00	Food & Facilities Sanitation
	Seasonal Pools - Permit to Operate (Received after February)	$ 250.00	Food & Facilities Sanitation
	Seasonal Pools - Permit to Operate (Received Prior to March 1)	$ 130.00	Food & Facilities Sanitation
	Temporary Event Fee	$ 75.00	Food & Facilities Sanitation
	Authorization for Wastewater Construction	$ 200.00	Groundwater & Wastewater Systems
	Change in Plot Plan	$ 100.00	Groundwater & Wastewater Systems
	Class Registration for Contractors	$ 70.00	Groundwater & Wastewater Systems
	Community and NTNC Well	$ 100.00	Groundwater & Wastewater Systems
	Contamination Sites/Monitoring Well - Site Fee (3 wells)	$ 150.00	Groundwater & Wastewater Systems
	Contamination Sites/Monitoring Well - Site Fee (4 wells)	$ 180.00	Groundwater & Wastewater Systems
	Contamination Sites/Monitoring Well - Site Fee (5 wells)	$ 210.00	Groundwater & Wastewater Systems
	Contamination Sites/Monitoring Well - Site Fee (6 wells)	$ 240.00	Groundwater & Wastewater Systems
	Contamination Sites/Monitoring Well - Site Fee (7-10 wells)	$ 290.00	Groundwater & Wastewater Systems
	Contamination Sites/Monitoring Well - Site Fee (11-25 wells)	$ 450.00	Groundwater & Wastewater Systems
	Contamination Sites/Monitoring Well - Site Fee (26-50 wells)	$ 650.00	Groundwater & Wastewater Systems
	Contamination Sites/Monitoring Well - Site Fee (>50 wells)	$ 850.00	Groundwater & Wastewater Systems
	Document Copies - per page	$ 0.05	Groundwater & Wastewater Systems
	Extra Trip Fee	$ 100.00	Groundwater & Wastewater Systems
	Extra Trip Fee	$ 100.00	Groundwater & Wastewater Systems
	Home Addition, Mobile Home Exchange, Replacement of Mobile Home with New Home Construction (Improvement Permit, Installation, Final Approval) Requiring an Alteration to system	$ 300.00	Groundwater & Wastewater Systems
	Home Addition, Mobile Home Exchange, Replacement of Mobile Home with New Home Construction (Improvement Permit, Installation, Final Approval) Not requiring an Alteration to system	$ 100.00	Groundwater & Wastewater Systems
	Improvement Permit application (commercial)	$ 450.00	Groundwater & Wastewater Systems
	Improvement Permit Application (Commercial)	$ 450.00	Groundwater & Wastewater Systems
	Improvement Permit application (residential)	$ 250.00	Groundwater & Wastewater Systems
	Improvement Permit Application (Residential)	$ 250.00	Groundwater & Wastewater Systems
	Application Re-Review	$ 150.00	Groundwater & Wastewater Systems
	Installation and Final Approval	$ 200.00	Groundwater & Wastewater Systems
	Locating a Septic System	$ 100.00	Groundwater & Wastewater Systems
	Optional Site Evaluation	$ 100.00	Groundwater & Wastewater Systems

Code	Description	Approved Fee	Program
	Private Well - Additional (2) site visits for sampling	$ 100.00	Groundwater & Wastewater Systems
	Private Well - Major Repair	$ 100.00	Groundwater & Wastewater Systems
	Private Well - New	$ 550.00	Groundwater & Wastewater Systems
	Private Well - Retained Fee if request is denied	$ 100.00	Groundwater & Wastewater Systems
	Transient Non-Community Well - Annual Registration	$ 150.00	Groundwater & Wastewater Systems
	Transient Non-Community Well - Major Repair	$ 100.00	Groundwater & Wastewater Systems
	Transient Non-Community Well (New)	$ 550.00	Groundwater & Wastewater Systems
	Well Water Analysis - Bacteria Only	$ 75.00	Groundwater & Wastewater Systems
	Well Water Analysis- Bacteria and nitrate/nitrite	$ 100.00	Groundwater & Wastewater Systems
	Well Water Analysis - bacteria, nitrate/nitrite and inorganics	$ 160.00	Groundwater & Wastewater Systems
	Additional options available:		Groundwater & Wastewater Systems
	Volatile Organice Compound analysis	$ 74.00	Groundwater & Wastewater Systems
	Pesticides	$ 74.00	Groundwater & Wastewater Systems
	First Draw lead	$ 40.00	Groundwater & Wastewater Systems
	*Realty samples available through above options		Groundwater & Wastewater Systems
	Additional Site Visit	$ 100.00	Pools & Environmental Health Services
	Annual Permit (New & Renewal)	$ 50.00	Pools & Environmental Health Services
	Field Plan Review for Pools	$ 250.00	Pools & Environmental Health Services
	New Registration & Permit	$ 70.00	Pools & Environmental Health Services
	New Tattoo Artist Permit Annual Fee	$ 225.00	Pools & Environmental Health Services
	Permit to Construct Residential Pool	$ 75.00	Pools & Environmental Health Services
	Recreational Whitewater System	$ 500.00	Pools & Environmental Health Services
	Tattoo Renewal Annual Fee	$ 125.00	Pools & Environmental Health Services
	Temporary Tattoo Artist Permit	$ 100.00	Pools & Environmental Health Services