Memorandum

MIAMI-DADE COUNTY

Date: September 1, 2009

Agenda Item No. 12(A)(1)

To: Honorable Chairman Dennis Moss
and Members, Board of County Commissioners

From: George M. Burgess
County Manager

Subject: Resolution Amending Resolution R-1411-08

RECOMMENDATION

It is recommended that the Board of County Commissioners ("Board") approve the attached Resolution which amends Miami-Dade County R-1411-08. This resolution is to amend only user fees for Health and Safety Inspections and Food Preparation Area Inspections by the Miami-Dade County Health Department (MDCHD).

BACKGROUND

Pursuant to Florida Statute §154.06, the Board is empowered to establish a schedule of fees to be collected by the Miami-Dade County Health Department. The MDCHD hereby proposes to amend the fee schedule only as it relates to Food Preparation Area Inspections (Paragraph F(d)), Health and Safety Inspections (Paragraph F(e)) and the addition of Paragraph F(m). All other Fees are to remain the same as approved under R-1411-08.

The purpose of the proposed amendment is to collect fees from Child Care Centers based on their licensed capacity, rather than simply their classification. This amendment will lead to a reduction of fees for Child Care Centers who are licensed for less than 25 children (now charged $50.00) and those licensed for 26-50 children (now charged $75.00). With the original resolution, all Child Care Centers paid $100.00 for the inspection, irrespective of capacity.

In addition, the amendment seeks to clarify that the fees for the Food Preparation Area Inspections and Health and Safety Inspections will be levied on an annual basis, not per inspection.

The Fees to be amended are as follows:

Fee	Proposed Fee	Current Fee
Annual Inspection of Food Preparation Areas	$140.00	$140.00
Annual Fee for Health and Safety Inspections (Foster Homes, After School Care, Assisted Living Facilities including Adult Family Care Homes and Residential Treatment, Group Homes, Schools)	$100.00	$100.00
Annual Fee for Health and Safety Inspections for Child Care Centers - Centers Licensed for Less than 25 Children	$50.00	$100.00
Annual Fee for Health and Safety Inspections for Child Care Centers - Centers Licensed for26- 50 Children	$75.00	$100.00
Annual Fee for Health and Safety Inspections for Child Care 51 Children or More	$100.00	$100.00

Therefore, Resolution R-1411-08 is proposed to read as follows:

F. Environmental Health Program

d.	Annual Inspection of Food Preparation Areas	$140.00
e.	Annual Fee for Health and Safety Inspections (Foster Homes, After School Care, Assisted Living Facilities including Adult Family Care Homes and Residential Treatment, Group Homes, Schools)	$100.00

m. Annual Fee for Health and Safety Inspections for Child Care Centers as follows:

Centers Licensed for Less than 25 Children	$50.00
Centers Licensed for 26- 50 Children	$75.00
Centers Licensed for 51 Children or More	$100.00

The Fees will be increased automatically by 3%, or the current inflation rate, whichever is higher, annually, beginning the 1st of October of each year. The Fees will be effective 10 days after Board approval.

Assistant County Manager

MEMORANDUM

(Revised)

TO: Honorable Chairman Dennis C. Moss and Members, Board of County Commissioners

DATE: September 1, 2009

FROM: R. A. Cuevas, Jr. County Attorney

SUBJECT: Agenda Item No. 12(A)(1)

Please note any items checked.

_____ **"4-Day Rule" ("3-Day Rule" for committees) applicable if raised**

_____ **6 weeks required between first reading and public hearing**

_____ **4 weeks notification to municipal officials required prior to public hearing**

_____ **Decreases revenues or increases expenditures without balancing budget**

_____ **Budget required**

_____ **Statement of fiscal impact required**

_____ **Bid waiver requiring County Mayor's written recommendation**

_____ **Ordinance creating a new board requires detailed County Manager's report for public hearing**

_____ **Housekeeping item (no policy decision required)**

_____ **No committee review**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 12(A)(1)
9-1-09

RESOLUTION NO. _____

RESOLUTION AMENDING R-1411-08 WHICH ESTABLISHED USER FEES OF THE MIAMI-DADE COUNTY HEALTH DEPARTMENT

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board hereby amends Resolution R-1411-08 which established user fees for the Miami-Dade County Health Department to collect for meeting the public health needs of the residents and visitors of Miami-Dade County, as set forth in the accompanying memorandum.

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

Dennis C. Moss, Chairman
Jose "Pepe" Diaz, Vice-Chairman

Bruno A. Barreiro	Audrey M. Edmonson
Carlos A. Gimenez	Sally A. Heyman
Barbara J. Jordan	Joe A. Martinez
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 1st day of September, 2009. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF COUNTY
COMMISSIONERS

HARVEY RUVIN, CLERK

Approved by County Attorney as
to form and legal sufficiency. ES

By:_____
Deputy Clerk

Eugene Shy

OFFICIAL FILE COPY
CLERK OF THE BOARD
OF COUNTY COMMISSIONERS
MIAMI-DADE COUNTY, FLORIDA

Memorandum

MIAMI-DADE COUNTY

Date: December 2, 2008

To: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

From: George M. Burgess
County Manager

Agenda Item No. 12(A)(1)

Resolution No. R-1411-08

Subject: Resolution Establishing User Fees for the Miami-Dade County Department of Health to Collect Fees

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RECOMMENDATION

It is recommended that the Board of County Commissioners (Board) approve the attached Resolution which establishes user fees for the Miami-Dade County Health Department (MDCHD) to collect fees for the purpose of meeting the public health needs of residents and visitors of Miami-Dade County.

BACKGROUND

Pursuant to Florida Statute §154.06, the Board is empowered to establish a schedule of fees to be collected by the Miami-Dade County Health Department. The MDCHD hereby proposes the fee schedule set forth below. The fees are for all clinical services, including women's health/family planning, sexually transmitted diseases, tuberculosis, and immunizations, environmental health, vital records, dental and community health and planning. The Miami-Dade County Health Department proposes a comprehensive and complete restructuring of the fee schedule for cost recovery efforts which include:

- fees for new services
- increased fees based on state standards
- clinical and dental fees based on community recoupment standards

A. Primary Care and Communicable Disease Fees

The MDCHD proposes to set fees for clinical services using common procedural terminology codes (CPT).This is the national methodology for billing used by most doctors, medical clinics, health departments and hospitals, including Jackson Memorial Hospital. Medicaid, Medicare and all third party insurance companies pay only for clinic procedures billed by CPT codes. To maximize third party payments, this methodology needs to be used for fees and billing. Historically, MDCHD had not submitted CPT codes as the basis for fees to the commission. In order to conform to industry standards and maximize third party payments, the MDCHD has submitted the revised fees.

Fees for primary care and communicable disease services will be set at the current Medicare Rate. When a service is not included in the Medicare schedule, the rate will be up to the 75th percentile level of the rate-based value scale as determined by the current Physician Fee Reference Handbook. In the event, however that up to the 75th percentile level of the rate-based value scale is less than the current Medicaid fee, then the Medicaid fee will be charged.

The recommended fee schedule has been based upon a comparison of fees charged in Palm Beach and Duval Counties, as well as Jackson Health Systems. A sliding fee scale is applicable to fees. Sliding fee scales are produced by the Department of Health to help make services more affordable for clients. Financially eligible clients are not required to pay full charges to receive most Department of

Health services including communicable disease and integrated family health services (see Attachment A and B).

Approximately 81% of MDCHD patients pay nothing for services under the sliding fee scale. Very few are full pay patients.

Services designated as elective will not be subject to the sliding fee scale. Elective services include:

1. Most adult immunizations
2. Medical clearance
3. Adjustment of status services
4. Non-medically necessary treatments at STD clinics.

Some services will be free. These services include:

1. Childhood immunizations (age 18 or under)
2. Tuberculosis case contact medical assessment visit
3. Case referrals for sexually transmitted disease treatment
4. Family planning services for minors.

B. Other Medical Services

All fees listed here may be raised annually, based on the annual average increase in the Consumer Price Index for the previous year. In no event will fees exceed Medicare rates, when available.

1. Overseas Immunizations
    a. Consultation Fee for a specific travel itinerary – $45.00
    b. Administration Fee for injection – Medicare rate
    c. Minimum Charge for vaccine per dose. Vaccine costs will be the cost of vaccine plus 10%.
    d. Clients requesting overseas immunizations shall pay the price of the Consultation Fee, Administration Fee(s), and the vaccine charge.
2. Adult immunizations (Immunization to individuals 19 years and older)
    a. Administration Fee for injection – Medicare rate
    b. Minimum Charge for vaccine per dose. Vaccine costs will be the cost of vaccine plus 10%.
    c. Immunization fees charged under this schedule may be those charged for Overseas Immunization, excluding the Consultation Fee.
3. Childhood Immunizations (Immunizations to persons 18 years of age and under)
    a. No fee will be charged for childhood immunizations required for admittance to attendance in school as specified in Florida Statute §1003.22.
    b. Administration Fee for immunizations not required for school – Not to exceed the Medicare rate.
4. Laboratory Services
    a. The rate for laboratory work by a reference laboratory and by Florida State Bureau of Laboratories will be cost plus a $10 processing/handling fee.
    b. For tests conducted by the Miami-Dade County Health Department, the Medicare rate will be used.
    c. Fees will not be charged for services when funded by a grant or Miami-Dade County funding.
5. Completion of Insurance/Disability/Medical Reports or Forms, per form $25.00
6. School Health Physicals

Limited school health physicals (does not include laboratory work) - $35.00

7. Review and certification of the emergency plans of home health agencies, nurse registries, hospice programs, and home medical equipment providers in accordance with Florida Statutes. $48.00 per year for initial review of plans, and $24.00 for any updates and/or revisions that occur during the year.

C. Public Health Services

a. HIV Testing for Professionals. Testing for health care professionals who are requesting such testing to meet professional standards or guidelines inclusive of pre-and –post test counsel – Not to Exceed Medicare rate.
b. Vital Statistics
   i. Birth Certificates: $20.00 (currently $14.00)
   ii. Birth Additional $16.00 (currently $10.00)
   iii. Death Records: $20.00 (currently $10.00)
   iv. Death Additional $16.00 (currently $10.00)
c. Health Promotion and Education
   i. HIV 501 Course – Counseling, Testing, partner elicitation, and notification training course, per individual from for-profit organization/association that does not have a formal agreement with the Miami-Dade County Health Department - $60.00
   ii. HIV 102 and 104, per individual from for-profit organization,/association that does not have a formal agreement with the Miami-Dade County Health Department - $25.00
   iii. Tuberculosis 101 Course, per individual - $15.00
d. Public Health Investigations. Actual costs will be billed to commercial enterprises where the enterprise is determined to be at fault as determined by the MDCHD and when the MDCHD is asked to intervene in a dispute between two private parties when such dispute involves a public health matter.

D. Community Health

1. Community Health and Nutrition Services
   a. Continuing Education
      i. Continuing Professional Education (CPEU)
         $30.00 per credit hour/per person. Professional seminars leading to credit hours for licensed medical professionals
   b. Wellness, Nutrition and Health Promotion for general public
      i. Group classes (additional charge for materials and food)
         $75.00 per hour
      ii. Individual Rate
         $10.00 per class per person
      iii. Wellness Package for businesses and agencies
         12 week package $500 up to $1000
      iv. Individual Wellness Consult
         $25.00 per hour per person
      v. Smoking Cessation
         $75.00 for 7 sessions per person
2. Health Promotion and Education
   a. Community Health Education Presentation. A planned educational session using established curriculum and defined learner objectives for the purpose of facilitation

b. voluntary adaptation of behavior, per group. All materials are included $25.00 per person.
c. Long Distance Learning, per credit hour. Teleconferenced college curricula at all student levels. Currently participating in a Master of Public Health program. Access requires certain prerequisites and acceptance of the individual based on space availability. $15.00 per credit hour.

E. Dental Services

Fees will be based on the Florida Department of Health Relative Value Units (RVA) for each service times the average unit cost as calculated on an annual basis. The current RVA is attached as Attachment C.

F. Environmental Health Program

a.	Condominium Inspection	$500.00
b.	Condominium Re-Inspection	$250.00
c.	Youth Fair Inspection	$500.00
d.	Inspection of Food Preparation and Kitchen Areas	$140.00
e.	Health & Safety Inspections (Foster Homes, Child Care Center, After School Care, Family Day Care, Assistant Living Facilities, Residential Facilities including Adult Family Care Homes and Residential Treatment, Group Homes, Schools	$100.00
f.	Indoor Air Investigation without Sampling	$200.00
g.	Public Water Service Connection Plan Review	$70.00
h.	Bacteriological clearance water sample for water main extension, service connections, and drinking water wells	$75.00 (first 4 samples) $50.00 (each additional)
i.	Heavy metal water samples for drinking water wells	$100.00
j.	Clearance Letters for Water Main Extension or Water Treatment Plants	$100.00
k.	Compliance Bacteriological Water Samples	$50.00/sample
l.	Facilities Plan Review	$100.00

The Environmental Fees will be increased automatically by 3%, or the current inflation rate, whichever is higher, annually, beginning the 1st of October of each year.

Alina T. Hudak
Assistant County Manager

Attachments

MEMORANDUM

(Revised)

TO: Honorable Chairman Bruno A. Barreiro and Members, Board of County Commissioners

DATE: December 2, 2008

FROM: R. A. Cuevas, Jr. County Attorney

SUBJECT: Agenda Item No. 12(A)(1)

Please note any items checked.

_____ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised

_____ 6 weeks required between first reading and public hearing

_____ 4 weeks notification to municipal officials required prior to public hearing

_____ Decreases revenues or increases expenditures without balancing budget

_____ Budget required

_____ Statement of fiscal impact required

_____ Bid waiver requiring County Manager's written recommendation

_____ Ordinance creating a new board requires detailed County Manager's report for public hearing

_____ Housekeeping item (no policy decision required)

_____ No committee review

Approved _____ Mayor

Veto _____

Override _____

Agenda Item No. 12(A)(1)

12-2-08

RESOLUTION NO. R-1411-08

RESOLUTION ESTABLISHING USER FEES FOR THE MIAMI-DADE COUNTY HEALTH DEPARTMENT TO COLLECT FOR THE PURPOSE OF MEETING THE PUBLIC HEALTH NEEDS OF RESIDENTS AND VISITORS OF MIAMI-DADE COUNTY

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board hereby establishes user fees for the Miami-Dade County Health Department to collect for meeting the public health needs of the residents and visitors of Miami-Dade County, as set forth in the accompanying memorandum.

The foregoing resolution was offered by Commissioner Sally A. Heyman who moved its adoption. The motion was seconded by Commissioner Carlos A. Gimenez and upon being put to a vote, the vote was as follows:

Bruno A. Barreiro, Chairman aye
Barbara J. Jordan, Vice-Chairwoman aye

Jose "Pepe" Diaz	absent	Audrey M. Edmonson	aye
Carlos A. Gimenez	aye	Sally A. Heyman	aye
Joe A. Martinez	aye	Dennis C. Moss	aye
Dorrin D. Rolle	aye	Natacha Seijas	aye
Katy Sorenson	aye	Rebeca Sosa	aye
Sen. Javier D. Souto	absent		

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The Chairperson thereupon declared the resolution duly passed and adopted this 2nd day of December, 2008. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: **Kay Sullivan**
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency. ES

Eugene Shy

Attachment A

Summary of Sliding Fee Scale Policy and Procedures

Sliding fee scales are produced by the Department of Health to help make services more affordable for clients. Financially eligible clients are not required to pay full charges to receive most Department of Health services including communicable disease and integrated family health services. All clients, regardless of poverty level, are required to pay the full cost for other Department of Health services, such as vital statistics or international immunizations.

The Department revises its sliding fee scales each year after the federal government has produced their annual poverty guidelines. Financially eligible clients will not be required to pay full cost to receive Department of Health services. Rather, these clients will pay a reduced cost in relation to their poverty status. There are two sliding fee scales produced by the Department of health. One applies to DOH clients when they are not receiving family planning services, and one for DOH clients that are receiving family planning services.

The DOH clients poverty status is determined based on the client's annual household income and the number of individuals in the person's family. The lower the annual household income and/or a large family size places a person in a lower poverty status.

The DOH sliding fee scales are calculated by using the annual poverty income for a family size of 1 and the income amount to be added for each additional family member provided by the federal government. The annual poverty guidelines are published each year in February. The Department prepares the new scales, and these calculations are internally reviewed within the Department prior to release. The sliding fee scale is finally released in the beginning of March, with implementation in the Health Clinic Management System around the end of March.

The DOH has been given authority for the sliding fee scales by the Florida Legislature in s. 154.011,(1),(c),7, F Florida Statute and 64F-16, Florida Administrative Code.

Attachment B

Miami-Dade County Health Department
Fee Guidelines from Florida Administrative Code

64F-16.006 Sliding Fee Scale.

(1) Persons with net family incomes between 101 and 200 percent of the Federal Office of Management and Budget poverty guidelines shall be charged a fee on a sliding scale based on the following increments. For family planning services only, persons with incomes between 200 and 250 percent of poverty shall be charged on a sliding fee scale as described in paragraph 64F-16.006(3)(h), F.A.C., below:

(a) Persons with incomes at or below 100 percent of the OMB poverty guidelines shall pay no fee.

(b) Persons with incomes at 101 to 119 percent of the OMB poverty guidelines shall pay 17 percent of the full fee.

(c) Persons with incomes at 120 to 139 percent of the OMB poverty guidelines shall pay 33 percent of the full fee.

(d) Persons with incomes at 140 to 159 percent of the OMB poverty guidelines shall pay 50 percent of the full fee.

(e) Persons with incomes at 160 to 179 percent of the OMB poverty guidelines shall pay 67 percent of the full fee.

(f) Persons with incomes at 180 to 199 percent of the OMB poverty guidelines shall pay 83 percent of the full fee.

(g) Persons with incomes at or above 200 percent of the OMB poverty guidelines shall pay the full fee.

(2) Laboratory, pharmacy, and radiology charges may be added separately to the clinic visit charge, but must be charged on the sliding fee scale.

(3) This sliding fee scale applies to recipients of integrated family health and communicable disease control services, with the following exceptions:

(a) Participants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) shall not be charged any fee for WIC certification or WIC benefits.

(b) There shall not be any fee charged for childhood immunizations required for admittance to or attendance in school as specified in Section 232.032, F.S.

(c) There shall not be any fee charged for a Medicaid reimbursable service to any CHD client/patient who is eligible for and enrolled in the Medicaid program.

(d) Clients served by CHDs and their subcontractors shall not be denied services for tuberculosis, sexually transmitted disease, or HIV/AIDS communicable disease control because of failure or inability to pay a prescribed fee, regardless of their income.

(e) Clients interviewed, examined, or tested at CHD initiative because they are a contact to a case of a communicable disease or because they are a member of a group at risk that is being investigated by the CHD may not be charged a fee for the interview, examination, or testing; these clients may be charged on a sliding fee scale for any treatment indicated, but they cannot be denied services based on inability to pay.

(f) Clients served by CHDs and their subcontractors shall not be denied family planning services for failure or inability to pay a prescribed fee, regardless of their income; however the family planning services of inserting Norplant, and male and female sterilization, shall be limited depending on the availability of funds to pay for these services.

(g) Clients shall not be denied pregnancy testing for failure or inability to pay a fee.

(h) For family planning services only, persons with net family incomes between 101 and 200 percent of

the Federal Office of Management and Budget poverty guidelines shall be charged a sliding fee scale as outlined in paragraphs (1)(a)-(g) above, and persons with net family incomes between 200 and 250 percent shall be charged a fee on a sliding scale based on the following increments:

1. Persons with incomes at 200 to 224 percent of the OMB poverty guidelines shall pay 90 percent of the full fee for family planning services.

2. Persons with incomes at 225 to 249 percent of the OMB poverty guidelines shall pay 95 percent of the full fee for family planning services.

3. Persons with incomes at or above 250 percent of the OMB poverty guidelines shall pay the full fee for family planning services.

(4) Persons with net family incomes above 200 percent of the OMB poverty guidelines shall be charged the full fee promulgated by the department or the relevant board of county commissioners, with the exception of those groups listed in subsections (a) through (h) above.

Specific Authority 154.011(5) FS. Law Implemented 154.011 FS. History–New 10-14-93, Amended 8-2-94, 4-29-96, Formerly 10D-121.007, Amended 6-24-02, 6-17-03.

Attachment C

DENTAL FEE SCHEDULE RVUs

ADA Code	Description of Dental Service	Relative Value Unit
D0120	PERIODIC ORAL EXAMINATION	1.10
D0140	LIMITED ORAL EVALUATION	0.75
D0150	COMPREHENSIVE ORAL EVALUATION	2.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION	2.40
D0170	RE-EVALUATION-LIMITED PROBLEM FOCUSED	1.20
D0210	FULL SERIES INCLUDING BITEWINGS	1.75
D0216	PEDODONTIC MODIFIEDFULL SERIES M	1.50
D0220	INTRAORAL PERIAPICAL SINGLE FIRST	0.35
D0230	INTRAORAL PERIAPICAL EACH ADDITION	0.23
D0240	INTRAORAL OCCLUSAL FILM	0.40
D0250	EXTRA ORAL SINGLE 1ST FILM	1.00
D0260	EXTRAORAL ADDITIONAL FILM	0.85
D0270	BITEWINGS SINGLE FILM	0.35
D0272	BITEWINGS TWO FILMS	0.50
D0273	BITEWINGS THREE FILMS	0.70
D0274	BITEWINGS FOUR FILMS	0.90
D0275	BITEWING ADDITIONAL FILM	0.35
D0280	BITEWING EACH ADDITIONAL FILM MED	0.35
D0290	POSTEROANTERIOR SKILL	1.80
D0310	SIALOGRAPHY	4.20
D0321	TEMPOROMANDIBULAR JOINT FILM	3.10
D0330	PANORAMIC MAXILLA MANDIBLE	1.30
D0340	CEPHALOMETRIC FILM	1.50
D0350	ORALIFACIAL PHOTOGRAPHIC IMAGES	1.25
D0390	OTHER RADIOGRAPHS	0.00
D0400	TESTS AND LABORATORY EXAMINATIONS	0.00
D0420	EMERGENCY ORAL EXAM HOSPITAL	0.00
D0425	CARIES SUSCEPTIBILITY TESTS	1.15
D0430	BIOPSY AND EXAM OF ORAL TISSUE, SOFT	4.85
D0440	BIOPSY AND EXAM OF ORAL TISSUE, HARD	4.25
D0450	HISTOPATHOLOGIC EXAMINATION	1.10
D0460	PULP VITALITY TESTS	0.90
D0470	DIAGNOSTIC CASTS	1.38
D0471	DIAGNOSTIC PHOTOGRAPHS	1.25
D0490	MISC TESTS AND LAB EXAMS	0.00
D1110	PROPHYLAXIS ADULT	1.50
D1120	PROPHYLAXIS CHILD	1.00
D1201	TOPICAL APPICATION OF FLUORIDE CHILD (WITH PROPHY)	1.38
D1203	TOPICAL FLUORIDE WITHOUT PROPHY	0.75
D1204	TOPICAL FLUORIDE ADULT	0.75
D1205	TROPICAL FLUORIDE-ADULT (PROPHY INCLUDED)	2.00
D1320	TOBACCO CESSATION COUNSELING	1.30
D1330	ORAL HYGIENE INSTRUCTIONS	0.85
D1340	TRAINING IN PREVENTIVE DENTAL CARE	0.85
D1350	ADDITIONAL SEALANT PER TOOTH	0.65
D1351	TOPICAL APPL SEALANT PER TOOTH	0.65
D1500	SPACE MANAGEMENT THERAPY	0.00
D1510	FIXED UNILATERAL SPACE MAINTENER	3.50
D1515	FIXED BILATERAL SPACE MAINTENER	3.25
D1520	REMOVABLE UNILATERAL SPACE MAINTAINER	4.75

D1525	REMOVABLE BILATERAL SPACE MAINTAINER	5.75
D1550	RECEMENT SPACE RETAINER	1.10
D2110	AMALGAM 1 SURFACE DECIDUOUS	1.75
D2120	AMALGAM 2 SURFACE DECIDUOUS	2.10
D2130	AMALGAM 3 SURFACE DECIDUOUS	2.85
D2131	AMALGAM 4 SURFACE DECIDUOUS	3.65
D3140	AMALGAM RESTORATION ONE SURFACE PERM	1.75
D2150	AMALGAM RESTORATION 2 SURFACES PERM	2.10
D2160	AMALGAM RESTORATION 3 SURFACE PERM	2.85
D2161	AMALGAM 4 SURFACES OR MORE PERMAN	3.65
D2330	COMPOSITE RESIN ONE SURFACE – ANT	2.00
D2331	COMPOSITE RESIN TWO SURFACES – ANT	2.75
D2332	COMPOSITE RESIN 3 SURFACES – ANT	3.50
D2335	COMPOSITE RESIN INVOLVING INCISAL – ANT	4.50
D2336	COMPOSITE STRIP CROWN – ANT	3.90
D2337	RESIN-BASED COMPOSITE CROWN ANTERIOR PERM	3.90
D2340	ACID ETCH FOR RESTORATION	0.00
D2380	RESIN BASED COMPOSITE-ONE SURFACE POSTERIOR	2.05
D2381	RESIN BASED COMPOSITE-TWO SURFACES	2.80
D2382	RESIN BASED COMPOSITE-THREE OR MORE SURFACES	3.05
D2385	RESIN ONE SURFACE POSTERIOR PERM	2.05
D2386	RESIN BASED COMPOSITE TWO SURFACES	2.80
D2387	RESIN BASED COMPOSITE THREE SURFACES	3.05
D2388	RESIN BASED COMPOSITE FOUR OR MORE SURFACES	3.45
D2390	RESIN BASED COMPOSITE CROWN – ANT	3.90
D2391	RESIN BASED COMPOSITE – 1 SURF – POST	2.05
D2392	RESIN BASED COMPOSITE – 2 SURF – POST	2.80
D2393	RESIN BASED COMPOSITE – 3 SURF – POST	3.05
D2394	RESIN BASED COMPOSITE – 4 SURF – POST	3.45
D2710	PLASTIC OR ACRYLIC CROWN	13.75
D2721	ANTERIOR PREFABRICATED CROWN	13.75
D2905	REINFORCING PINS FIRST PIN MED ON	0.25
D2920	RECEMENT CROWNS	1.50
D2930	STAINLESS STEEL CROWN PRIMARY	3.50
D2931	STAINLESS STEEL CROWN PERMANENT T	4.50
D2932	PREFABRICATED RESIN CROWN	4.40
D2940	FILINGS SEDATIVE	1.00
D2950	CROWN BUILDUPS WITH PIN	3.50
D2951	REINFORCING PIN PER TOOTH	0.75
D2954	PREFAB POST AND CORE IN ADD TO CROWN	4.00
D2960	LABIAL VENEER LAMINATE	5.50
D2970	TEMPORARY CROWN	4.00
D2990	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	8.18
D3110	PULP CAP DIRECT EXCLUDING FINAL REST.	0.88
D3120	PULP CAP DIRECT EXCLUDING FINAL	0.75
D3220	PULPOTOMY	2.50
D3221	GROSS PULPAL, DEBRIDEMENT	3.50
D3230	PULPAL THERAPY ANTERIOR PRIMARY TOOTH	3.65
D3240	PULPAL THERAPY POSTERIOR PRIMARY TOOTH	4.85
D3305	PULPECTOMY AND ROOT CANAL FILING	4.85
D3310	ROOT CANAL ONE CANAL	9.60
D3320	ROOT CANAL TWO CANALS	11.00
D3330	ROOT CANAL THREE OR MORE CANALS	16.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL ANTERIOR	11.50
D3347	RETREATMENT OF PREVIOUS ROOT CANAL BICUSPID	14.20
D3351	APEXIFICATION	6.70

D3352	APEX RECALC INTERIM MEDICATION	7.90
D3353	APEX RECALC FINAL VISIT	5.00
D3410	APICOECTOMY SEP SURG PROC PER ROOT	7.55
D3421	APICOECTOMY WITH ROOT CANAL	9.25
D3430	RETROGRADE FILLING	2.50
D3440	APICAL CURETTAGE	2.00
D3900	OTHER ENDODONTIC PROCEDURES	0.00
D3901	ENDODONTIC APPT.	0.00
D4110	PERIODICAL EXAM	2.00
D4200	SURGICAL SERVICES	0.00
D4210	GINGIVECTOMY OR GINGIVOCPLASTIY/QUAD	6.25
D4211	GINGIVECTOMY OR GINGIVOCPLASTIY/PER TOOTH	5.10
D4220	GINGIVAL CURETTAGE PER QUADRANT	3.00
D4240	GINGIVAL FLAP	11.45
D4250	MUCOGINGIVAL SURGERY PER CADRANT	16.45
D4260	OSSEOUS SURGERY PER QUADRANT	14.00
D4300	ADJUNCTIVE PERIDONTAL SERVICES	0.00
D4320	PROVISIONAL SPLINTING INTRACORONAL	4.15
D4320	PROVISIONAL SPLINTING EXTRACORONAL	3.50
D4260	OSSEOUS SURGERY PER QUADRANT	14.00
D4300	ADJUNCTIVE PERIDONTAL SERVICES	0.00
D4320	PROVISIONAL SPLINTING INTRACORONAL	4.15
D4321	PROVISIONAL SPLINTING EXTRACORONAL	3.50
D4330	OCCUSAL ADJ LIMITED	0.50
D4331	OCCUSAL ADJ COMPLICATED	5.00
D4340	PERIODONTAL SCALING COMPLIC	7.00
D4341	PERIODONTAL SCALING PER QUADRANT	4.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE EVALUATION	2.75
D4381	LOCOLIZED DELIVERY OF CHEMOTHERAPEUTIC AGENTS	2.20
D5110	COMPLETE UPPER DENTURE	20.00
D5120	COMPLETE LOWER DENTURE	20.00
D5130	DENTURE IMMEDIATE UPPER	21.25
D5140	DENTURE IMMEDIATE LOWER	21.25
D5211	PARTIAL DENTURE UPPER ACRYLIC	13.00
D5212	PARTIAL DENTURE LOWER ACRYLIC	13.35
D5213	UPPER PARTIAL DENTURE CAST METAL	21.00
D5214	LOWER PARTIAL DENTURE CAST METAL	21.00
D5216	PARTIAL DENTURE UPPER ACRYLIC W/CLASPS	4.00
D5218	PARTIAL DENTURE LOWER ACRYLIC W/CLASPS	4.00
D5230	DENTURE LOWER WITH GOLD OR CHROME CL	4.00
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE	8.95
D5301	ORTHODONTIC RETAINERHEADGEAR REP	0.00
D5310	EACH ADDITIONAL CLASP	3.35
D5320	EACH ADDITIONAL TOOTH	3.35
D5410	COMPLETE DENTURE ADJ	1.60
D5411	COMPLETE DENTURE ADJ LOWER	1.60
D5421	PARTIAL DENTURE LOWER ADJ	1.60
D5422	PARTIAL DENTURE LOWER ADJ	1.60
D5510	REPAIR BROKEN COMPLETE DENTURE BA	3.00
D5520	REPAIR TEETH COMPLETE DENTURE EA	2.50
D5610	REPAIR RESIN DENTURE BASE – PARTIAL	3.00
D5620	REPAIR CAST FRAMEWORK	3.55
D5630	REPAIR OR REPLACE BROKEN CLASP	3.35
D5640	REPLACE TOOTH ONLY PER TOOTH	3.00
D5650	ADD TOOTH TO PART DENTURE	3.00
D5660	ADD TOOTH WITH CLASP TO DENTURE	4.00

D5680	REPLACE CLASP	3.35
D5690	EACH ADDNL CLASP	3.35
D5710	REBASE COMPLETE MAXILIARY DENTURE	7.25
D5711	REBASE COMPLETE MANDIBULAR DENTURE	7.25
D5720	REBASE MAXILIARY PARTIAL DENTURE	6.25
D5721	REBASE MANDIBULAR PARTIAL DENTURE	6.25
D5730	RELINE DENTURE COMPLETE UPPER/OFFICE	5.25
D5731	RELINE DENTURE COMPLETE LOWER/OFFICE	5.25
D5740	RELINE PARTIAL DENTURE UPPER	4.75
D5741	RELINE PARTIAL DENTURE LOWER	4.75
D5750	RELINE DENTURE COMPLETE UPPER W/LAB	6.25
D5751	RELINE DENTURE COMPLETE LOWER W/LAB	6.25
D5760	RELINE PARTIAL DENTURE LAB	6.25
D5761	RELINE MANDIBULAR PARTIAL DENTURE	6.25
D5801	PROSTHETIC VISIT	0.00
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	9.00
D5811	INTERIM COMPLETE DENTURE MANDIBULAR	9.00
D5820	TEMPORARY PARTIAL DENTURE	7.25
D5821	INTERIM PARTIAL DENTURE MANDIBULAR W/CLASPS	7.25
D5850	TISSUE CONDITIONING	2.80
D5851	TISSUE CONDITIONING, MANDIBULAR	2.80
D5899	UNSPEC REMOVABLE PROSTHODONTIC PROCED	8.19
D7110	EXTRACTION FIRST PERM TOOTH IN QUADRAN	2.10
D7111	EXTRACTION FIRST DECIDUOUS TOOTH	2.00
D7120	EXTRACTION EACH ADDITIONAL PERMANENT	2.10
D7121	EXTRATION EACH ADDITIONAL DECIDUOUS	2.00
D7130	ROOT REMOVAL EXPOSED ROOTS	0.00
D7160	SCHEDULE SURG POST CP APPT	4.25
D7210	EXTRACTION SURGICAL OF ERUPTED	4.25
D7220	EXTRACTION SOFT TISSUE IMPACTI	6.00
D7230	EXTRACTION PARTIAL BONE IMPACT	2.10
D7235	SUPERNUMERARY TOOTH EXTRACTION ME	7.60
D7240	EXTRACTION COMPLETE BONE IMPACTION	10.00
D7241	IMPACTION WITH SECTION OF TOOTH	4.25
D7250	ROOT RECOVERY	8.25
D7260	ANTRAL FISTULA CLOSURE	8.10
D7270	TOOTH REIMPLANTATION	7.50
D7281	SURGICAL TOOTH EXPOSURE TO AID ERUPTION	6.50
D7285	BIOPSY OF HARD TISSUE	4.85
D7286	BIOPSY OF SOFT TISSUE	4.25
D7290	SURGICAL REPOSITIONING OF TEETH	5.50
D7300	ALVEOLOPLASTY LOCALIZED AREA	1.00
D7310	ALVEOLECTOMIES PER QUADRANT WITH EXTR	4.35
D7320	ALVEOLOPLASTY NO EXTRACTION	4.90
D7350	STOMATOPLASTY COMPLICATED	16.25
D	SURGICAL EXCISION SCAR TISSUE	0.00
D7410	RADICAL EXCISION UNDER 125 CM	4.75
D7420	RADICAL EXCISION OVER 125 CM	9.00
D7430	EXCISION OF BENIGN TUMOR UP TO 125 CM	4.90
D7431	EXCISION OF BENIGN TUMOR MORE – THAN 125 CM	4.90
D7450	REMOVE CYST OR TUMOR TO 125 CM	7.90
D7470	REMOVE EXOSTOSIS	4.35
D7480	PARTIAL OSTECTOMY	4.35
D7510	INCISE & DRAIN ABSCESS INTERORAL	2.35
D7520	INCISE & DRAIN ABSCESS EXTRAORAL	4.00
D7530	REMOVAL OF FOREIGN BODY, OR TISSUE	4.35

D7550	SEQUESTRECTOMY FOR OSTEOMYELITIS	7.00
D7600	TREATMENT OF FRACTURES SIMPLE	0.00
D7610	MAXILLA OPEN REDUCTION	0.00
D7620	MAXILLA CLOSED REDUCTION	48.00
D7630	MANDIBLE OPEN REDUCTION	66.00
D7640	MANDIBLE CLOSED REDUCTION	40.00
D7650	MALAR OPEN REDUCTION	63.00
D7660	MALAR CLOSED REDUCTION	38.00
D7670	ALVEOLUS STABILIZATION	20.00
D7800	REDUCTIONN OF DISLOCATION TMJ MGMT	0.00
D7880	OCCLUSAL ORTHOTIC APPLIANCE BY RO	9.35
D7900	OTHER ORAL SURGERY AND SUTURES	0.00
D7901	POST OP AND SUTURE REMOVAL	0.00
D7902	UNSCHED POST OP RESTORE	0.00
D7911	SUTURE WOUNDS TO 5 CM COMPLICATED	5.70
D7912	SUTURE WOUNDS OVER 5 CM COMPLICATED	8.50
D7960	FRENULECTOMY	5.25
D7970	EXCISION OF HYPERPLASTIC TISSUE	26.25
D7971	EXCISION OF PERICORONAL GINGIVA	7.55
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	22.00
D8070	COMPREHENSIVE ORTHODONTIC TREAT	91.00
D8080	COMPREHENSIVE ORTHODONTIC TREAT	91.00
D8090	COMPREHENSIVE ORTHODONTIC TREAT	95.00
D8210	REMOVAL APPLIANCE THERAPY	11.90
D8220	FIXED OR CEM APPL THERAPY	14.30
D8670	PERIODIC ORTHODONTIC TREATMENT VI	2.70
D8900	ORTHODONTIC EXAM AND TREATMENT PL	7.80
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE	31.50
D9110	PALLIATIVE EMERGENCY PROCEDURE	2.00
D9210	LOCAL ANESTHESIA NOT W/OPERATIVE PROCEDURES	0.70
D9220	GENERAL ANESTHESIA	4.25
D9221	GENERAL ANESTHESIA EACH ADDITIONAL	2.00
D9230	ANALGESIA INCLUDING NITROUS OXIDE	1.20
D9240	INTRAVENOUS SEDATION	4.50
D9310	CONSULTATION	1.80
D9420	HOSPITAL CALLS	3.00
D9430	OFFICE VISIT REG HOURS	1.60
D9630	DRUGS	1.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENTS/FLUORIDE	1.45
D9910	APPLICATION OF DESENSITIZING RESIN PER TOOTH	1.55
D9920	BEHAVIOR MANAGEMENT	1.55
D9930	POST OP SURG TREATMENT	1.85
D9940	OCCLUSAL GUARD, BY REPORT	7.00
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	3.70
D9951	OCCLUSAL ADJUSTMENT- LIMITED	2.15
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE	2.51
12011	REPAIR SUPERFICIAL WOUND FACE 2.5	2.70
12051	LAYER CLOSURE OF FACE WOUND 2.5 CM	4.12
12052	LAYER CLOSURE OF FACE WOUND 2.6 CM	4.37
13132	REPAIR COMPLEX FOREHEAD	10.43
20220	BIOPSY BONE TROCAR SUPERFICIAL	2.14
20240	BIOPSY EXCISIONAL SUPERFICIAL	6.23
20245	BIOPSY EXCISIONAL DEEP	15.67
21015	RADICAL EXCISION TUMOR SOFT TISSU	11.00
21029	REM BY CONTOURING OF BENIGN TUMOR	15.67
21030	EXCISION OF BENIGN TUMOR OTHER TH	10.07

21031	EXCISION OF TORUS MANIBULARIS	7.35
21032	EXCISION OF MAXILIARYTORUS PLATINUS	7.23
21034	EXCISION OF MALIGNANT TUMOROTHER	30.58
21040	EXCISION OF BENIGN CYST OR TUMOR	9.76
21041	EXCISION OF BENIGN CYST	9.76
21355	PERCUTANEOUS TREATMENT OF FRACTURE	7.59
21360	OPEN TREATMENT OF DEPRESSED MALAR FRAC	13.14
21365	MALAR AREA FRACTURE COMPLICATION	27.48
21421	PALATAL OR ALVEOLLAR RIDGE	14.19
21422	OPEN TREATMENT OF PALATAL OR MAXILLA	17.40
21423	COMPLICATED TREATMENT OF PALATAL	21.00
21440	CLOSED TREATMENT OF MALIBULAR OR MAX	9.26
21445	OPEN TREATMENT OF MALIBULAR OR MAX	14.54
21451	CLOSED TREATMENT OF MANIBULAR FX	13.91
21454	OPEN TREATMENT OF MANIBULAR FX	13.55
40800	INCISE AND DRAIN ABSCESS EXTRAORAL	3.08
40808	BIOPSY, VESTIBULE OF MOUTH	2.54
40810	RADICAL EXCISION OF LESION VESTIB	3.10
40819	EXCISION OF FRENUM LABIAL OR BUCC	5.80
40840	VESTIBULOPLASTY ANTERIOR	16.79
40842	VESTIBULOPLASTY POSTERIOR UNILATE	16.60
40843	VESTIBULOPLASTY POSTERIOR BLATER	21.30
40844	VESTIBULOPLASTY ENTIRE ARCH	29.57
40845	VESTIBULOPLASTY, COMPLEX	33.80
41010	INCISION OF LINGUAL FRENUM	2.73
41115	EXCISION OF LINGUAL FRENUM	8.56
41800	DRAINAGE ABSCESS, CYST, HEMATOMA	2.57
41822	EXCISION FIBROUS TUBEROSITIES	4.50
41823	EXCISION OSSEOUS TUBEROSITIES	7.79
41825	EXCISSION OF LESION OR TUMOR w/o Repair	3.71
41825	EXCISSION OF LESION OR TUMOR w/o Simple Repair	4.72
41825	EXCISSION OF LESION OR TUMOR w/o Complex Repair	7.43