# Memorandum

MIAMI-DADE COUNTY

**Date:** December 2, 2008

Agenda Item No. 12(A)(1)

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

**From:** George M. Burgess
County Manager

**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 75$^{th}$ 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 75$^{th}$ 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

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|---|---|---|
| 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)<br>$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. _____

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

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

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

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:_____
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 |

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|---|---|---|
| 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 |

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| 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 |

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| 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 |

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| 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 |