

INDIAN RIVER COUNTY HEALTH DEPARTMENT  
**FEE SCHEDULE --**

Fees shall be no less than the Medicaid Fee-for -Service reimbursement and no greater than the Medicare reimbursement rate plus fifty percent, in effect at the time of service, comparable reimbursement rates if no such rates are available.										
Out of County Patient Fees* Patients will be assessed at 100% of Sliding Fee Scale										
VISIT DESCRIPTION	E/M CODES	0% - A	17% - B	33% - C	50% - D	67% - E	83% - F	100% - G	CY 18-19 Fee	
<b>Medical Visit - New Patient</b>										
99201	Level One	\$0.00	\$8.37	\$16.26	\$24.63	\$33.00	\$40.89	\$49.26	NO CHANGE	
99202	Level Two	\$0.00	\$14.19	\$27.54	\$41.73	\$55.91	\$69.26	\$83.45	NO CHANGE	
99203	Level Three	\$0.00	\$20.73	\$40.24	\$60.97	\$81.70	\$101.21	\$121.94	NO CHANGE	
99204	Level Four	\$0.00	\$31.65	\$61.44	\$93.10	\$124.75	\$154.54	\$186.19	NO CHANGE	
99201	TD Nurse Protocol	\$0.00	\$3.86	\$7.49	\$11.36	\$15.22	\$18.85	\$22.71	NO CHANGE	
<b>Medical Visit - Established Patient</b>										
99211	Level One	\$0.00	\$3.86	\$7.49	\$11.36	\$15.22	\$18.85	\$22.71	NO CHANGE	
99212	Level Two	\$0.00	\$8.37	\$16.26	\$24.63	\$33.00	\$40.89	\$49.26	NO CHANGE	
99213	Level Three	\$0.00	\$13.79	\$26.76	\$40.55	\$54.34	\$67.31	\$81.10	NO CHANGE	
99214	Level Four	\$0.00	\$20.22	\$39.24	\$59.46	\$79.68	\$98.70	\$118.92	NO CHANGE	
99211	TD Nurse Protocol	\$0.00	\$3.86	\$7.49	\$11.36	\$15.22	\$18.85	\$22.71	NO CHANGE	
All Lab fees will be charged in addition to office visits on a sliding fee scale.										
School / Sports / Work Physical		NO SLIDING FEE							\$25.00	NO CHANGE
<b>Physicals - New Patient</b>										
99381	- Well Child Visit 0-1	\$0.00	\$20.86	\$40.49	\$61.36	\$82.22	\$101.85	\$122.71	NO CHANGE	
99382	- Well Child Visit 1-4	\$0.00	\$21.61	\$41.94	\$63.55	\$85.16	\$105.49	\$127.10	NO CHANGE	
99383	- Well Child Visits 5-11	\$0.00	\$22.53	\$43.73	\$66.27	\$88.80	\$110.00	\$132.53	NO CHANGE	
99384	- Well Child Visit 12-17	\$0.00	\$25.50	\$49.49	\$74.99	\$100.49	\$124.48	\$149.98	NO CHANGE	
99385	EP - Well Child Visit 18-20	\$0.00	\$24.82	\$48.17	\$72.99	\$97.81	\$121.16	\$145.98	NO CHANGE	
99385	- Adult Scr 21-39 yrs	\$0.00	\$24.82	\$48.17	\$72.99	\$97.81	\$121.16	\$145.98	NO CHANGE	
99386	- Adult Scr 40-64 yrs	\$0.00	\$28.59	\$55.50	\$84.09	\$112.67	\$139.58	\$168.17	NO CHANGE	
99387	- Adult Scr 65> yrs	\$0.00	\$31.16	\$60.48	\$91.64	\$122.80	\$152.12	\$183.28	NO CHANGE	
<b>Physicals - Established Patient</b>										
99391	- Well Child Visit 0-1	\$0.00	\$18.72	\$36.34	\$55.07	\$73.79	\$91.41	\$110.13	NO CHANGE	
99392	- Well Child Visit 1-4	\$0.00	\$19.96	\$38.74	\$58.70	\$78.66	\$97.44	\$117.40	NO CHANGE	
99393	- Well Child Visits 5-11	\$0.00	\$19.89	\$38.62	\$58.51	\$78.40	\$97.13	\$117.02	NO CHANGE	
99394	- Well Child Visit 12-17	\$0.00	\$21.69	\$42.11	\$63.81	\$85.50	\$105.92	\$127.61	NO CHANGE	
99395	EP - Well Child Visit 18-20	\$0.00	\$22.13	\$42.95	\$65.08	\$87.21	\$108.03	\$130.16	NO CHANGE	
99395	- Adult Scr 21-39 yrs	\$0.00	\$22.13	\$42.95	\$65.08	\$87.21	\$108.03	\$130.16	NO CHANGE	
99396	- Adult Scr 40-64 yrs	\$0.00	\$23.67	\$45.95	\$69.62	\$93.29	\$115.57	\$139.24	NO CHANGE	
99397	- Adult Scr 65> yrs	\$0.00	\$25.56	\$49.62	\$75.18	\$100.74	\$124.80	\$150.36	NO CHANGE	
*Medicaid "Child Health Check-Up" and routine physical includes applicable in-house laboratory services.										
Must be established primary care patient to receive physical on sliding fee scale.										

INDIAN RIVER COUNTY HEALTH DEPARTMENT  
**FEE SCHEDULE --**

FAMILY PLANNING VISIT DESCRIPTION E/M CODES										
	0% - A	17% - B	33% - C	50% - D	67% - E	83% - F	90% - G	95% - H	100% - I	CY 18-19 Fee
<b>Medical Visit - New Patient</b>										
99201 Level One	\$0.00	\$8.37	\$16.26	\$24.63	\$33.00	\$40.89	\$44.33	\$46.80	\$49.26	NO CHANGE
99202 Level Two	\$0.00	\$14.19	\$27.54	\$41.73	\$55.91	\$69.26	\$75.11	\$79.28	\$83.45	NO CHANGE
99203 Level Three	\$0.00	\$20.73	\$40.24	\$60.97	\$81.70	\$101.21	\$109.75	\$115.84	\$121.94	NO CHANGE
99204 Level Four	\$0.00	\$31.65	\$61.44	\$93.10	\$124.75	\$154.54	\$167.57	\$176.88	\$186.19	NO CHANGE
99201 TD Nurse Protocol	\$0.00	\$8.37	\$16.26	\$24.63	\$33.00	\$40.89	\$44.33	\$46.80	\$49.26	NO CHANGE
<b>Medical Visit - Established Patient</b>										
99211 Level One	\$0.00	\$3.86	\$7.49	\$11.36	\$15.22	\$18.85	\$20.44	\$21.57	\$22.71	NO CHANGE
99212 Level Two	\$0.00	\$8.37	\$16.26	\$24.63	\$33.00	\$40.89	\$44.33	\$46.80	\$49.26	NO CHANGE
99213 Level Three	\$0.00	\$13.79	\$26.76	\$40.55	\$54.34	\$67.31	\$72.99	\$77.05	\$81.10	NO CHANGE
99214 Level Four	\$0.00	\$20.22	\$39.24	\$59.46	\$79.68	\$98.70	\$107.03	\$112.97	\$118.92	NO CHANGE
99211 TD Nurse Protocol	\$0.00	\$3.86	\$7.49	\$11.36	\$15.22	\$18.85	\$20.44	\$21.57	\$22.71	NO CHANGE
<b>Family Planning</b>										
Initial/Annual Family Planning Visit*	\$0.00	\$15.30	\$29.70	\$45.00	\$60.30	\$74.70	\$81.00	\$85.50	\$90.00	NO CHANGE
Subsequent Family Planning Visit(s)	\$0.00	\$3.86	\$7.49	\$11.36	\$15.22	\$18.85	\$20.44	\$21.57	\$22.71	NO CHANGE
*Includes all applicable in-house laboratory services. All contracted Labs will be charged as per sliding fee scale (\$35.00).										
All Lab fees will be charged in addition to office visits on a sliding fee scale. Insurance will not be billed for Lab services.										
<b>Procedures not included in office visit</b>										
58301 IUD Removal	\$0.00	\$10.20	\$19.80	\$30.00	\$40.20	\$49.80	\$54.00	\$57.00	\$60.00	NO CHANGE
<b>Other Services</b>										
Smoking Cessation Intermediate 3 - 10 minutes	\$0.00	\$2.19	\$4.25	\$6.45	\$8.64	\$10.70	\$12.89			NO CHANGE
Smoking Cessation Intensive > 10 minutes	\$0.00	\$4.32	\$8.38	\$12.70	\$17.01	\$21.07	\$25.39			NO CHANGE
99499 - Flouride Varnish - 521.01	\$0.00	\$4.25	\$8.25	\$12.50	\$16.75	\$20.75	\$25.00			NO CHANGE
HIV Pre-Test Counseling	\$0.00	\$3.86	\$7.49	\$11.36	\$15.22	\$18.85	\$22.71			NO CHANGE
HIV Post-Test Counseling+	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			NO CHANGE
+ included in pre-test counseling										
<b>Procedures not included in office visit</b>										
58301 IUD Removal	\$0.00	\$10.20	\$19.80	\$30.00	\$40.20	\$49.80	\$60.00			NO CHANGE
11765 Ingrown Toenail Treatment	\$0.00	\$8.50	\$16.50	\$25.00	\$33.50	\$41.50	\$50.00			NO CHANGE
17000 Wart Treatment - First	\$0.00	\$5.95	\$11.55	\$17.50	\$23.45	\$29.05	\$35.00			NO CHANGE
17003 Wart Treatment - Each additional wart	\$0.00	\$1.02	\$1.98	\$3.00	\$4.02	\$4.98	\$6.00			NO CHANGE
10060 Incision and Drainage	\$0.00	\$9.35	\$18.15	\$27.50	\$36.85	\$45.65	\$55.00			NO CHANGE
94640 Respiratory Treatment *	\$0.00	\$1.70	\$3.30	\$5.00	\$6.70	\$8.30	\$10.00			NO CHANGE
93000 EKG	\$0.00	\$5.10	\$9.90	\$15.00	\$20.10	\$24.90	\$30.00			NO CHANGE
* There is an additional charge for medication										

INDIAN RIVER COUNTY HEALTH DEPARTMENT  
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Procedures with set charges	0% - A	17% - B	33% - C	50% - D	67% - E	83% - F	100% - G	CY 18-19 Fee	
71020 Chest X-Ray	\$0.00	\$9.35	\$18.15	\$27.50	\$36.85	\$45.65	\$55.00	NO CHANGE	
Tubal Ligation	Current contracted rate							NO CHANGE	
Vasectomy	Current contracted rate							NO CHANGE	
Nutritional Counseling - per hour	\$0.00	\$5.95	\$11.55	\$17.50	\$23.45	\$29.05	\$35.00	NO CHANGE	
TB Quantiferon - GOLD Test	NO SLIDING FEE							\$40.00	NO CHANGE
TST Evaluation * (Prepayment)	NO SLIDING FEE							\$5.00	NO CHANGE
TST placement *	NO SLIDING FEE							\$15.00	NO CHANGE
* Unless included in Physical or Office Visit. If it is part of an EPI investigation, there will be no charge and should be indicated as such on the Client encounter form.									
Insurance will be billed if insurance information is available.									
IMMUNIZATIONS									
	0% - A	17% - B	33% - C	50% - D	67% - E	83% - F	100% - G	CY 18-19 Fee	
Influenza	\$0.00	\$4.25	\$8.25	\$12.50	\$16.75	\$20.75	\$25.00	NO CHANGE	
Pneumococcal Pneumonia	\$0.00	\$15.76	\$30.60	\$46.37	\$62.13	\$76.97	\$92.73	NO CHANGE	
Tinivac (Tetanus-Td)	\$0.00	\$8.58	\$16.65	\$25.23	\$33.80	\$41.87	\$50.45	NO CHANGE	
Adacel (Tdap)	\$0.00	\$8.92	\$17.31	\$26.23	\$35.14	\$43.53	\$52.45	NO CHANGE	
Injected Polio Vaccine	\$0.00	\$7.72	\$14.99	\$22.71	\$30.43	\$37.70	\$45.42	NO CHANGE	
Meningococcal	\$0.00	\$21.02	\$40.80	\$61.82	\$82.83	\$102.61	\$123.63	NO CHANGE	
Rabies Vaccine (per injection)	\$0.00	\$51.47	\$99.91	\$151.38	\$202.84	\$251.28	\$302.75	NO CHANGE	
RIG Rabies Imm Globulin - Per 2cc Vial	\$0.00	\$106.78	\$207.29	\$314.07	\$420.85	\$521.36	\$628.14	NO CHANGE	
Hepatitis A Vaccine (per injection)	\$0.00	\$8.65	\$16.80	\$25.46	\$34.11	\$42.26	\$50.91	NO CHANGE	
Hepatitis B Vaccine (per injection)	\$0.00	\$9.53	\$18.50	\$28.04	\$37.57	\$46.54	\$56.07	NO CHANGE	
Twinrix -Hep A & B (per injection)	\$0.00	\$13.47	\$26.14	\$39.61	\$53.08	\$65.75	\$79.22	NO CHANGE	
Shingles Vaccine-Zostavax	NO SLIDING FEE							\$205.22	NO CHANGE
Gardasil (Cervical Cancer Vaccine)	\$0.00	\$30.69	\$59.58	\$90.27	\$120.96	\$149.85	\$180.54	NO CHANGE	
Per CDC guidelines, vaccine for childhood immunizations are covered under the Vaccine for Children Program and are provided at no cost to children age 0-18. Charges for communicable disease control issues will be waived with authorization.									
	CY 18-19 Fee								
Travel Immunizations (Sliding Fee Scale does not apply -- Per Injection)									
Travel Immunization Consult Visit	\$40.00		UPDATE	old (\$35.00)					
Administration Fee - 90471 1st shot	\$20.00	NO CHANGE							
Administration Fee, additional shot - 90472	\$5.00	NO CHANGE							
Hepatitis B Vaccine	\$56.07	NO CHANGE							
Hepatitis B Vaccine - Children	\$35.72	NO CHANGE						*All vaccines will be chargeable at cost plus \$20.00 (as shown on left). Cost will be determined by last invoice and adjusted if greater than 5%	
Hep B Immune Globulin* per ml	\$163.20	NO CHANGE							
Hepatitis A Vaccine	\$50.91	NO CHANGE							
Hepatitis A Vaccine - Children	\$40.45	NO CHANGE							
Hep A Immune Globulin* per 2 ml dose	\$88.88	NO CHANGE							
Twinrix (Hep A & B)	\$79.22	NO CHANGE							
Meningococcal	123.63	NO CHANGE							
Tinivac (Tetanus-Td)	\$50.45	NO CHANGE							
Measles/Mumps/Rubella	\$78.21	NO CHANGE							
Varivax (Chicken Pox)	121.22	NO CHANGE							
Adacel (Tdap)*	52.45	NO CHANGE							
Typhoid (injection)	\$77.34	NO CHANGE	(oral is also available - check for pricing)						
Yellow Fever	\$138.39	NO CHANGE							
ACTHIB (Tetanus Toxoid Conjugate)	\$41.10	NO CHANGE							
PREVNAR (Pneumococcal 13 VAL Conj-DIP)	\$174.82	NO CHANGE							
Recombivax HB (Hep B - Hi Dose)	\$176.06	NO CHANGE							
*As available									

INDIAN RIVER COUNTY HEALTH DEPARTMENT  
**FEE SCHEDULE --**

IN-HOUSE LAB									
LAB	\$0.00	\$4.25	\$8.25	\$12.50	\$16.75	\$20.75	\$25.00	NO CHANGE	
<b>Contracted Laboratory Services</b>									
LAB	\$0.00	\$5.95	\$11.55	\$17.50	\$23.45	\$29.05	\$35.00	NO CHANGE	
NOTE: Tests which exceed a charge of \$100.00 will be billed individually on a sliding fee scale percentage based on IRCHD cost of lab service									
IN-HOUSE and CONTRACTED LAB Fee is for all labs performed at the time of service.									
All Lab fees will be charged in addition to office visits on a sliding fee scale as above.									
<b>Miscellaneous Fees</b>									
General Health Consultation - private facilities and agencies							\$55.00	NO CHANGE	
Smoking Cessation - group setting							\$25.00 per client	NO CHANGE	
Notary Public Fee							\$15.00	NO CHANGE	
Return Check Service Charge	\$15.00 or 5% of the face amount of the check, draft or order, whichever is greater not to exceed \$150.00. (S. 215.34(2), F.S.) (DOHP 56-66-08 - AR Policy)								
Special reports (Physician's narrative, insurance forms, or review of medical records by physician)							\$25.00	NO CHANGE	
<b>Records Fees</b>									
Copy of Medical Record/per page \$0.15 per page and an additional \$.05 for double sided copies plus cost of postage if mailed.									
Large scale copying requests requiring extensive clerical assistance will be subject to an \$10.00 administration fee in addition to the above stated fee per FL Statute 119.07.									
NOTE: Florida Statutes regarding release of medical records must be met prior to release of medical records to any source. No fees are charged to physician offices/other medical agents with the understanding that IRCHD will also be exempt from such payment.									
680 School Form / Copy of immunization on Record if not processed at the same time of immunization							\$5.00	NEW	
<b>Pharmaceutical Services</b>									
The charges to clients for all items purchased by and under the purview of the Health Department shall be predicated upon the basis of actual costs plus \$10.00 fee for each item purchased on a sliding fee basis. Insulin and Epilepsy medications can be provided at no charge if residents meet financial screening eligibility criteria.									
<b>Vital Statistics Fees</b>									
	CY 18-19 Fee								
Birth Certificates (computer)	\$12.00	NO CHANGE							
Additional Copies (computer)	\$10.00	NO CHANGE							
Death Certificates	\$12.00	NO CHANGE							
Plastic Sleeve	\$5.00	NO CHANGE							
Research Fee (per year)	\$3.00	NO CHANGE							
Expedite Fee	\$5.00	NO CHANGE							
Overnight Shipment	\$15.00	NO CHANGE							
Birth Certificates are provided free of charge to the following only: Children & Families Case Workers who are involved in a custody case.									
Case Worker must present proper ID, completed application request and copy of the signed court petition. Only one certified copy will be provided per six (6) month period.									

INDIAN RIVER COUNTY HEALTH DEPARTMENT  
**FEE SCHEDULE --**

	CY 18-19 Fee	SEE ATTACHED FOR NEW FEES	CY 18-19 Fee
<b>Environmental Health County Fees</b>			
Well Permit (Potable)	\$75.00	Grease Trap Construction Permit (Sewer)	\$75.00
Well Permit (Irrigation)	\$50.00	Grease Trap Annual Operating Permit	\$50.00
Well Permit (2 Sites or more)	\$100.00	Quarterly Sample Collection Fee and Analysis	\$250.00
Well Abandonment	\$25.00	Haz Waste Assessment/Inspection (Small Quantity Generators)	\$50.00
Well Permit Construction Variance	\$100.00	OSTDS Permits After Construction Begins	Double Fees
Public Supply Well Permit	\$250.00	Child Care Inspection Fee	\$100.00
Demolition Permits:		Annual Residential Facility Inspection Fee	\$50.00
Single Family Residence	\$75.00	Sanitation Certification Inspection upon Request	\$50.00
Commercial Structures including multi-family	\$100.00	Administrative Site Plan—OSTDS	\$50.00
Commercial Structures > 3,000 square feet	\$150.00	Administrative Site Plan—Sewer	\$25.00
Demolition Reinspection	\$50.00	Site Plan Review—OSTDS	\$75.00
Environmental Assessment	\$150.00	Site Plan Review—Sewer	\$25.00
Indoor Air Quality Assessment	\$50.00/hr	Revised Site Plan—OSTDS	\$50.00
Plan Review Regulated Facilities	\$75.00	Revised Site Plan—Sewer	\$25.00
Laboratory Fees—Range \$5.00—\$25.00		Subdiv Plan Review OSTDS 0-100 = \$100 \$1 for ea over 100:	\$100 and UP
Bacteriological Drinking Water Test	\$25.00	Subdivision Plan Review Sewer	\$25.00
Sample Collection Fee	\$50.00	Research / Report Fee Per Request	\$10.00
Sharps Containers:		Delinquent Permit Fee For Programs Without Fee in Place	\$25.00
1-Gal Size	\$3.00	Non-Compliance Inspections	\$50.00
2-Gal Size	\$4.00	Scheduled OSTDS Inspection Per Contractor Request	\$150.00
<b>Double Fees for operating without a permit for all programs</b>			
NOTE: Clients shall not be denied Sharps Containers for failure or inability to pay.		NO CHANGE	
<b>Residents shall not be charged a fee as part of the Solid Waste Sharps Disposal Program</b>			
<b>Environmental Health State Fees</b>			

INDIAN RIVER COUNTY HEALTH DEPARTMENT  
**FEE SCHEDULE --**

	CY 18-19 Fee	NO CHANGE	CY 18-19 Fee
<b>Dental Services (Sliding Fee Scale does not apply)</b>			
D0120 Periodic Oral Exam (Medicaid Return)	22.50	D5110 Complete Denture - Max	461.00
D0140 Limited Oral Exam (EMER)	12.00	D5120 Complete Denture - Mand	461.00
D0150 Comprehensive Exam (Medicaid)	24.00	D5211 Upper Partial - Resin Base	400.00
D0210 Intra Oral Complete Sen (inc BW)	48.00	D5212 Lower Partial - Resin Base	\$400.00
D0220 PA Single-First	6.00	D5213 Maxillary Partial Denture (Cast Metal)	\$550.00
D0230 PA-Each Additional	4.50	D5214 Mandibular Partial Denture (Cast Metal)	\$550.00
D0270 Bitewings-Single L or R	9.00	D5410 Adjust Complete Denture - Max	\$21.00
D0272 Bitewings-Two	13.50	D5411 Adjust Complete Denture - Mand	\$21.00
D0274 Bitewings-Four	16.50	D5421 Adjust Partial Denture - Max	\$21.00
D0330 Panoramic Film	45.00	D5422 Adjust Partial Denture - Mand	\$21.00
D0470 Diagnostic Cast	33.00	D5510 Repair Complete Denture - Base + LAB	\$65.50 + lab
D1110 Prophylaxis - Adult 14+	27.00	D5520 Replace Teeth Complete Denture + LAB	\$58 + lab
D1120 Prophylaxis - Child <14	21.00	D5640 Replace Teeth - Partial Denture + LAB	\$58 + lab
D1203 Topical Fluoride - Child <14	11.00	D5650 Add Tooth to Existing Denture + LAB	\$62.50 + lab
D1204 Topical Fluoride - Adult 14+	11.00	D5660 Add Clasp to Partial Denture + LAB	\$77.50 + lab
D1206 Fluoride Varnish	17.00	D5730 Reline Complete Max - Chairside	\$94.00
D1208 Topical application of fluoride	17.00		
D1330 Oral Hygiene Instruction	9.00	D5731 Reline Complete Mand - Chairside	\$94.00
D1351 Sealant - Per Tooth 3, 14, 19, 30	19.50	D5750 Reline Complete Max + LAB	\$168 + lab
D1510 Space Main-Fixed-Unilat (includes lab fee)	150.00	D5751 Reline Complete Mand + LAB	\$168 + lab
D1515 Space Main-Fixed-Bilat (includes lab fee)	175.00	D5820 Interim Partial Denture (Upper Flipper)	\$163.50 + lab
D1550 Recement Space Maint	25.00	D5821 Interim Partial Denture (Lower Flipper)	\$163.50 + lab
D2140 AM 1 Surf -	46.50	D7111 N Coron Remnants-Deciduous	\$40.50
D2150 AM 2 Surf -	61.00	D7140 Ext. Erupted Tooth or	\$40.50
D2160 AM 3 Surf -	76.00	D7160 Sched Surg Post Op	\$40.00
D2161 AM 4 Surf -	91.00	D7210 Surgical Erupted	\$70.00
D2330 Comp Resin-One Surface-Ant	51.00	D7220 Surg Ext-Soft Tissue Impact	\$92.50
D2331 Comp Two Surface Ant	58.00	D7230 Surg Ext-Part. Bony Impact	\$114.50
D2332 Comp Three Surface Ant	65.50	D7240 Surg Ext-Part. Bony Impact	\$114.50
D2390 Resin based composite,crown anterior	107.50		
D2335 Corn Incisal Angle + 4 Surf	107.50	D7250 Root Recovery-Surgery	\$90.00
D2391 Comp Resin 1 Surf Post	55.00	D7280 Surg Exposure to Aid Eruption	\$202.50
D2392 Comp Resin 2 Surf Post	65.00	D7285 Biopsy - Hard Tissue + LAB	\$100 + lab
D2393 Comp Resin 3 Surf Post	76.00	D7286 Biopsy - Soft Tissue + LAB	\$85 + lab
D2394 Comp Resin 4 > Surf Post	85.00	D7288 Brush Biopsy + LAB	\$40 + lab
D2920 Recement Crown	25.50	D7310 Alveoloplasty w/Extraction	\$70.00
D2930 Stainless Steel - Primary	101.50	D7320 Alveoloplasty No Extraction	\$83.50
D2931 Stainless Steel Crown - Perm	101.50	D7510 I & D - Intraoral (Drainage Abscess)	\$70.00
D2940 Sedative Filling	27.00	D9110 Palliative Services	\$20.00
D2951 Pin Retention - Per Tooth	7.00	D9230 Analgesia (Nitrous)	\$41.50
D2970 Temporary Crown	70.00	D9310 Consultation	\$20.00
D3110 Pulp Cap - Direct	20.00	D9630 Drugs	\$25.00
D3120 Pulp Cap - Indirect	20.00	D9930 Treatment Complication (Post Surgery)	\$40.00
D3220 Vital Pulpotomy	75.00	D9940 Occlusal Guard	\$100 + lab
D3310 Endodontic therapy anterior w/o final restoration	220.00	D9951 Occlusal Adjustment - Limited	\$50.00
D3320 Endodontic therapy bicuspid w/o final restoration	282.50	D9972 External Bleaching (Upper & Lower Arch)	\$100.00
D3330 Endodontic therapy molar w/o final restoration	349.50		
D4341 Periodontal Scaling/Root Planning Quad #	50.00		
D4342 Periodontal 1-3 Teeth	50.00		
D4355 Full Mouth Debridement	77.50		
<b>Any other service provided not listed will be at Medicaid rate plus \$15.00</b>			

<p><b>Florida Administrative Code, Chapter 10D-121</b></p> <p>For the purpose of family planning, sexually transmitted disease, or HIV/AIDS services only, minors seeking those services shall be considered a separate family for income eligibility determination purposes and shall be assessed fees for those services based upon their own personal gross income.</p> <p>Any client who elects to waive the eligibility determination process shall be assigned to the full fee category. If there is no fee for a service, income eligibility does not need to be determined, except for WIC.</p> <p>The self-declaration statement shall include a signed acknowledgment that the statement is true at the time it is made, and that the person making the statement understands that the provider shall attempt to verify the statement. Verification can be secured by telephone, in written form, or by face-to-face contact, verification does not require a written document to confirm an applicant's or client's statement.</p> <p>If the provider is unable to verify wages paid or an employer will not verify wages paid, the self-declaratory statement provided by the applicant must be accepted as accurate.</p> <p>Clients served by CHD's 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.</p> <p>Clients interviewed, examined, or tested at IRCHD's initiative because they are a contact to a case of communicable disease or because they are a member of a group at risk that is being investigated by the IRCHD shall 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.</p> <p>Clients served by IRCHD 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.</p> <p>Clients shall not be denied pregnancy testing for failure or inability to pay.</p> <p>Clients may request a review of their fee charge on the basis that they have severe, unusual, and unavoidable expenses or obligations that substantially reduce their ability to pay and which warrant special consideration.</p> <p><b>IRCHD POLICIES</b></p> <p><b>School Year Policy Regarding Physicals:</b> If a patient is already established at IRCHD as a primary care patient, physicals will be given based on sliding fee scale; however, if they are new to the clinic for medical care, they must pay the advance fee of \$25.00 unless they register as a primary care patient and transfer all current medical records to the health department.</p> <p><b>County of Residence: (Primary Care)</b> If a patient has Medicaid, other confirmed medical coverage, or prepays out of county charge, we will see them in the clinic and bill for service. However, all sliding fee or zero pay patients must be seen at the health department in the county of their residence. Failure to show confirmation of county residence will result in payment of 100% until such confirmation is obtained. (Exception to this rule will be for treatment of communicable diseases and family planning services.)</p> <p>Employee medical care will be provided based on approved policy and procedure.</p> <p>Hepatitis A &amp; B vaccines are provided free of charge to ages 0-18 per CDC Vaccine for Children guidelines. If a patient has Medicaid coverage, Medicaid will cover Hep A &amp; B to age 21. Vaccines will not be provided on a sliding fee scale for non-established patients over the age of 18. EXCEPTION: Vaccine will be provided free of charge or on reduced fee if vaccine is treatment for communicable disease.</p> <p>Access to dental services will be limited to those patients who make less than 300% of the current Federal Poverty Level.          Access to eye clinic services will be limited to those patients who make less than 200% of the current Federal Poverty Level.</p>
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