

# FLORIDA DEPARTMENT OF HEALTH COLLIER COUNTY - FEE SCHEDULE

*This fee schedule is established as authorized by Florida Statutes Section 154.06. All funds collected shall be expended solely for the purpose of providing public health services within Collier County.*

**Financial Eligibility:** *Shall be determined for all clients receiving personal health services for which a sliding fee is to be charged, and shall be re-determined a minimum of once a year or shorter if income or family size changes. Clients that waive the financial eligibility determination shall be assigned to the full fee category and attest to their decision by signing the HMS generated fact sheet.*

**Clients will not be charged in the following circumstances:**

*(1) Clients enrolled in Medicaid, however charges may apply for non-covered services. (2) Childhood immunizations required for school (pre-K - 12th). Third party payers shall be billed an administration (injection) fee. (3) Anonymous HIV testing if there is an inability to pay. (4) No charge to a minor's parent(s) if the minor is without parental consent, has no income and is receiving STD or HIV services. (5) Clients that are part of a contact or at-risk group related to the investigation of a communicable disease. Charges may apply for any subsequent clinical examination and treatment.*

| MEDICAL SERVICES        |   |             |          |
|-------------------------|---|-------------|----------|
| CPT Code                |   | Current Fee | Proposed |
| 99201                   | New Prob Focused (MD or APRN Visit)               | 50.00       | 70.00    |
| 99202                   | New Expanded Prob Focused                         | 80.00       | 90.00    |
| 99203                   | New Detailed Low                                  | 120.00      | 120.00   |
| 99204                   | New Comp Moderate                                 | 180.00      | 180.00   |
| 99205                   | New Comp High                                     | 220.00      | 220.00   |
| 99211                   | Min Visit MD / Nurse Visit (RN Visit)             | 40.00       | 50.00    |
| 99212                   | Est Prob Focused (MD or APRN Visit)               | 50.00       | 60.00    |
| 99213                   | Est Expanded Prob Focused                         | 80.00       | 90.00    |
| 99214                   | Est Detailed Visit                                | 120.00      | 130.00   |
| 99215                   | Est Comp Visit                                    | 160.00      | 170.00   |
| <b>BUNDLED SERVICES</b> |   |             |          |
| IMMPE                   | Immigration PE (Adult) with CXR, T-Spot, RPR, HIV | 180.00      | 250.00   |
| IMMPE                   | Immigration (Child under 14)                      | 120.00      | 230.00   |

| ANCILLARY MEDICAL SERVICES |  |             |          |
|----------------------------|--|-------------|----------|
| CPT Code                   |  | Current Fee | Proposed |
| 36415                      | Venous Blood Draw                                | 10.00       | 12.00    |
| 46924                      | TCA Anal (per treatment)                         | 50.00       | 50.00    |
| 54065                      | TCA Male (per treatment)                         | 50.00       | 50.00    |
| 56501                      | TCA Female (per treatment)                       | 50.00       | 50.00    |
| 710XX                      | Chest X-ray (1 view) includes an RN visit        | 70.00       | 90.00    |
|                            | (2 view) includes an RN visit                    | 80.00       | 100.00   |
| 86580                      | PPD Placement and reading - includes an RN visit | 60.00       | 80.00    |
| 86480                      | Quantiferon, includes an RN visit                | 79.00       | 99.00    |
| 86481                      | T-Spot, includes an RN visit                     | 79.00       | 99.00    |
| 86703                      | HIV Testing                                      | 20.00       | 20.00    |
| 1693                       | MD Completion of I-693 INS Immigration Form      | 50.00       | 100.00   |

**TITERS**

| <u>CPT Code</u> |  |         |
|-----------------|--|---------|
| 86765           | Measles  | \$20.00 |
| 86735           | Mumps  | \$20.00 |
| 86762           | Rubella  | \$20.00 |
| 86787           | Varicella  | \$20.00 |
| 86704           | Hepatitis B                                      | \$25.00 |
| 86704           | Hepatitis Panel - A,B and C - NO RISK IDENTIFIED | \$25.00 |

**VACCINES**

| <u>CPT Code</u> |   | <u>Current Fee</u> | <u>Proposed</u> |
|-----------------|---|--------------------|-----------------|
| 90471           | Immunization Administration                               | 27.00              | 30.00           |
| 90472           | Immunization Administration Each Additional Vaccine       | 13.00              | 15.00           |
| 90632           | IM HEP A - Single Dose                                    | 30.00              | 30.00           |
| 90636           | IM HEP A & HEP B - Twinrix                                | 56.00              | 97.00           |
| 90649           | HPV Vaccine (each dose)                                   | 132.00             | 247.00          |
| 90662           | New - High Dose Influenza Vaccine - Patients over 65 ONLY | 37.00              | 64.00           |
| 90686           | New - Quadrivalent Influenza Vaccine                      | 19.00              | 19.00           |
| 90732           | New - Pneumococcal Vaccine                                | 65.00              | 107.00          |
| 90675           | Rabies Vaccine, Intramuscular Pre/Intramuscular Post      | 215.00             | 382.33          |
| 90707           | IM MMR Vaccine  | 55.00              | 83.00           |
| 90716           | Varicella Vaccine (VZ) a.k.a. Chicken Pox                 | 92.00              | 147.00          |
| 90718           | TDAP Vaccine  | 35.00              | 38.00           |
| 90718           | IM TD or Tetnus Vaccine                                   | 25.00              | 25.00           |
| 90736           | IM Shingle Vaccine (ZOSTER)                               | 161.00             | 168.00          |
| 90746           | IM HEP B - Single Dose                                    | 35.00              | 44.00           |
| 90746           | IM HEP B - 3 Series                                       |                    | 132.00          |

**FAMILY PLANNING SERVICES**

| <u>CPT Code</u> |  | <u>Current Fee</u> | <u>Proposed</u> |
|-----------------|--|--------------------|-----------------|
| 99403           | Minimal (Counseling/PT)                  | 130.00             | 130.00          |
| 99384           | 12-17 Yrs Initial Evaluation             | 175.00             | 175.00          |
| 99385           | 18-39 Yrs Initial Evaluation             | 175.00             | 175.00          |
| 99386           | 40-64 Yrs Initial Evaluation             | 190.00             | 190.00          |
| 99387           | 65 and Over Initial Evaluation           | 210.00             | 210.00          |
| 99394           | 12-17 Yrs Annual (Periodic) Evaluation   | 155.00             | 155.00          |
| 99395           | 18-39 Yrs Annual (Periodic) Evaluation   | 155.00             | 155.00          |
| 99396           | 40-64 Yrs Annual (Periodic) Evaluation   | 155.00             | 155.00          |
| 99397           | 65 and Over Annual (Periodic) Evaluation | 175.00             | 175.00          |

**PROCEDURES**

|       |                                 |        |        |
|-------|---------------------------------|--------|--------|
| 11981 | Nexplanon Insertion             | 125.00 | 125.00 |
| 11982 | Nexplanon Removal               | 135.00 | 140.00 |
| 11983 | Nexplanon Removal and Insertion | 185.00 | 195.00 |
| 58300 | IUD Insertion                   | 125.00 | 125.00 |
| 58301 | IUD Removal                     | 140.00 | 140.00 |
| J1050 | Depo-Provera + Injec Adm        | 135.00 | 135.00 |
| J7297 | Liletta                         |        | 700.00 |
| J7298 | Mirena Device                   |        | 700.00 |
| J7300 | Paragard Device                 | 700.00 | 850.00 |
| J7303 | NuvaRing                        |        | 120.00 |
| J7307 | Nexplanon Device                | 850.00 | 850.00 |
| J7301 | SKYLA 13.5 MG                   | 660.00 | 660.00 |
| S4993 | Contraceptive Pills             |        | 11.50  |

**LABS**

| <b>LABS - (\$10 draw fee total for ALL five labs)</b> |  |       |       |
|---|--|-------|-------|
| 81002   | Urine, Dip Stick                           | 2.00  | 2.00  |
| 81025   | Pregnancy Test (Urine)                     | 2.00  | 2.00  |
| 82948   | Blood Sugar                                | 2.00  | 2.00  |
| 85018   | HgB  | 2.00  | 2.00  |
| 87210   | Wet Mount                                  | 2.00  | 2.00  |
| <b>LABS - \$10 draw fee not included</b>              |  |       |       |
| 80053   | Comp Metab Panel (pre-op)                  | 1.51  | 1.51  |
| 80061   | LIPID Panel                                | 1.75  | 1.75  |
| 80076   | Hepatic Panel                              | 1.16  | 1.16  |
| 81003   | MICRO UA                                   | 1.50  | 1.50  |
| 83001   | FSH+LH                                     | 7.00  | 7.00  |
| 83036   | Hemoglobin A1C                             | 2.00  | 2.00  |
| 83540   | IRON, TOTAL (TIBC)                         | 10.00 | 10.00 |
| 84443   | TSH  | 2.00  | 2.00  |
| 84450   | AST (SGOT), ALT (SGPT)                     | 0.88  | 1.22  |
| 84479   | T3, T4                                     | 1.10  | 1.10  |
| 85025   | CBC with Diff                              | 1.10  | 1.10  |
| 86592   | RPR with Confirmatory                      | 2.00  | 12.00 |
| 86692   | Chronic Hepatitis Screen                   | 25.00 | 27.00 |
| 86695   | HSV TYPE 1&2 IGC                           | 15.00 | 15.00 |
| 86701   | HIV Screening                              | 7.00  | 20.00 |
| 87070   | Nose/Throat/Other (Culture)                | 7.50  | 7.50  |
| 87086   | Urine (Culture)                            | 3.00  | 3.00  |
| 87255   | HERPES (Culture)                           | 53.60 | 53.60 |
| 87389   | HIV 1/2 Antigen/Antibody Combo Immunoassay | 7.00  | 20.00 |
| 87490   | DNA Probe Chlamydia/GC                     | 12.00 | 12.00 |
| 87491   | Amplified GC/CT                            | 12.00 | 12.00 |
| 88142   | Thin Prep (Pap)                            | 12.60 | 12.60 |

**DENTAL SERVICES**

| <b>CDT Code</b>   |  | <b>Current Fee</b> | <b>Proposed</b> |
|-------------------|--|--------------------|-----------------|
| D0120             | Periodic oral evaluation - established patient                         | 43.00              | 43.00           |
| D0140             | Limited oral evaluation - problem focused                              | 64.00              | 64.00           |
| D0150             | Comprehensive oral evaluation - new or established patient             | 73.00              | 73.00           |
| D0210             | Intraoral - complete series (including bitewings)                      | 121.00             | 121.00          |
| D0220             | Intraoral - periapical first film                                      | 26.00              | 26.00           |
| D0230             | Intraoral - periapical each additional film                            | 22.00              | 22.00           |
| D0240             | Intraoral - occlusal film  | 35.00              | 35.00           |
| D0270             | Bitewing - single film   | 22.00              | 22.00           |
| D0272             | Bitewings - two films  | 41.00              | 41.00           |
| D0273             | Bitewings - three films  | 51.00              | 51.00           |
| D0274             | Bitewings - four films   | 58.00              | 58.00           |
| D0277             | Vertical bitewings - 7 to 8 films                                      | 89.00              | 89.00           |
| D0330             | Panoramic film   | 103.00             | 103.00          |
| <b>PREVENTIVE</b> |  |                    |                 |
| D1110             | Prophylaxis - adult  | 83.00              | 83.00           |
| D1120             | Prophylaxis - child  | 62.00              | 62.00           |
| D1206             | Topical fluoride varnish; therapeutic application for moderate to high | 35.00              | 35.00           |
| D1208             | Topical application of fluoride  | 33.00              | 33.00           |
| D1330             | Oral Hygiene Instructions  | 22.00              | 22.00           |
| D1351             | Sealant-per tooth  | 48.00              | 48.00           |
| D1354             | Interim caries arresting medicament application                        |                    | 28.98           |
| D1510             | Space maintainer - fixed - unilateral                                  | 298.00             | 298.00          |

|                                       |   |        |        |
|---------------------------------------|---|--------|--------|
| D1550                                 | Re-cementation of space maintainer  | 83.00  | 83.00  |
| D1555                                 | Removal of fixed space maintainer   | 104.00 | 104.00 |
| <b>RESTORATIVE</b>                    |   |        |        |
| D2140                                 | Amalgam - one surface, primary or permanent   | 127.00 | 127.00 |
| D2150                                 | Amalgam - two surfaces, primary or permanent  | 158.00 | 158.00 |
| D2160                                 | Amalgam - three surfaces, primary or permanent  | 189.00 | 189.00 |
| D2161                                 | Amalgam - four or more surfaces, primary or permanent   | 221.00 | 221.00 |
| D2330                                 | Resin-based composite - one surface, anterior   | 149.00 | 149.00 |
| D2331                                 | Resin-based composite - two surfaces, anterior  | 181.00 | 181.00 |
| D2332                                 | Resin-based composite - three surfaces, anterior  | 220.00 | 220.00 |
| D2335                                 | Resin-based composite - four or more surfaces or involving incisal                                  | 271.00 | 271.00 |
| D2390                                 | Resin-based composite crown, anterior   | 389.00 | 389.00 |
| D2391                                 | Resin-based composite - one surface, posterior  | 162.00 | 162.00 |
| D2392                                 | Resin-based composite - two surfaces, posterior   | 206.00 | 206.00 |
| D2393                                 | Resin-based composite - three surfaces, posterior   | 253.00 | 253.00 |
| D2394                                 | Resin-based composite - four or more surfaces, posterior  | 297.00 | 297.00 |
| D2915                                 | Recement cast or prefabricated post and core  |        | 121.00 |
| D2920                                 | Recement crown  | 94.00  | 94.00  |
| D2930                                 | Prefabricated stainless steel crown - primary tooth   | 270.00 | 270.00 |
| D2931                                 | Prefabricated stainless steel crown - permanent tooth   | 297.00 | 297.00 |
| D2940                                 | Protective restoration  | 104.00 | 104.00 |
| <b>ENDODONTICS</b>                    |   |        |        |
| D3110                                 | Pulp cap - direct (excluding final restoration)   | 71.00  | 71.00  |
| D3120                                 | Pulp cap - indirect (excluding final restoration)   | 69.00  | 69.00  |
| D3220                                 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp application of medicament     | 172.00 | 172.00 |
| D3221                                 | Pulpal debridement, primary and permanent teeth   | 173.00 | 173.00 |
| <b>PERIODONTICS</b>                   |   |        |        |
| D4321                                 | Provisional splinting - extracoronal  | 369.00 | 369.00 |
| D4341                                 | Periodontal scaling and root planing - four or more teeth per quadrant                              | 233.00 | 233.00 |
| D4342                                 | Periodontal scaling and root planing - one to three teeth per quadrant                              | 163.00 | 163.00 |
| D4346                                 | Scaling moderate or severe inflammation full mouth  |        | 155.00 |
| D4355                                 | Full mouth debridement to enable comprehensive evaluation and                                       | 160.00 | 160.00 |
| <b>ORAL AND MAXILLOFACIAL SURGERY</b> |   |        |        |
| D7111                                 | Extraction, coronal remnants - deciduous tooth  | 111.00 | 111.00 |
| D7140                                 | Extraction, erupted tooth or exposed root (elevation and/ or forceps)                               | 157.00 | 157.00 |
| D7210                                 | Surgical removal of erupted tooth requiring removal of bone and/or mucoperiosteal flap if indicated | 251.00 | 251.00 |
| D7250                                 | Surgical removal of residual tooth roots (cutting procedure)  | 260.00 | 260.00 |
| D7270                                 | Tooth reimplantation and/or stabilization of accidentally evulsed or                                | 400.00 | 400.00 |
| D7510                                 | Incision and drainage of abscess - intraoral soft tissue  | 175.00 | 175.00 |
| <b>ADJUNCTIVE GENERAL SERVICES</b>    |   |        |        |
| D9110                                 | Palliative (emergency) treatment of dental pain - minor procedure                                   | 98.00  | 98.00  |
| D9210                                 | Local anesthesia not in conjunction with operative or surgical                                      | 20.00  | 20.00  |
| D9910                                 | Application of desensitizing medicament   | 48.00  | 48.00  |
| D9920                                 | Behavior management, by report  | 89.00  | 89.00  |
| D9999                                 | Unspecified adjunctive procedure, by Report   | 30.00  | 30.00  |

**ENVIRONMENTAL HEALTH SERVICES**

|   | <u>Current Fee</u> | <u>Proposed</u> |
|---|--------------------|-----------------|
| <b>FOOD</b>   |                    |                 |
| Plan Review (per hour)                                      | 50.00              | 50.00           |
| Operating Permit Fee : Annual and semiannual (annual fee)   |                    | 75.00           |
| Operating Permit Fee : Quarterly and triannual (annual fee) |                    | 100.00          |
| <b>BIOMEDICAL WASTE</b>                                     |                    |                 |
| Operating Permit Fee (annual fee)                           |                    | 75.00           |
| <b>GROUP</b>  |                    |                 |
| Plan Review (per hour)                                      | 50.00              | 50.00           |
| Reinspection (one-time fee)                                 | 50.00              | 50.00           |
| Construction Inspection (one-time fee)                      | 50.00              | 50.00           |
| Adult Family Care (annual fee)                              | 150.00             | 150.00          |
| Assisted Living Facilities (annual fee)                     | 250.00             | 250.00          |
| Residential Facilities (annual fee)                         | 250.00             | 250.00          |
| Schools > 200 persons (annual fee)                          | 500.00             | 500.00          |
| Schools < 200 persons (annual fee)                          | 150.00             | 150.00          |
| Other Group Facilities (annual fee)                         | 150.00             | 150.00          |
| <b>MOBILE HOME PARKS</b>                                    |                    |                 |
| Plan Review (per hour)                                      | 50.00              | 50.00           |
| Reinspection (one-time fee)                                 | 50.00              | 50.00           |
| Operating Permit Fee : Up to 149 spaces (annual fee)        |                    | 75.00           |
| <b>MIGRANT HOUSING</b>                                      |                    |                 |
| Reinspection (one-time fee)                                 | 50.00              | 50.00           |
| Operating Permit Fee ; 5-50 occupants (annual fee)          |                    | 100.00          |
| Operating Permit Fee ; 51 occupants or more (annual fee)    |                    | 150.00          |
| <b>TANNING</b>  |                    |                 |
| Plan Review (per hour)                                      | 50.00              | 50.00           |
| Reinspection (one-time fee)                                 | 50.00              | 50.00           |
| <b>SWIMMING POOLS</b>                                       |                    |                 |
| Reinspection routine inspections (one-time fee)             | 75.00              | 75.00           |
| Construction Inspection (one-time fee)                      | 100.00             | 100.00          |
| Bacteriological Fee (annual fee)                            | 250.00             | 250.00          |
| Renovation Inspection (one-time fee)                        | 50.00              | 50.00           |
| Exempt Pool (one-time fee)                                  | 100.00             | 100.00          |
| Operator Certificate (one-time fee)                         | 20.00              | 20.00           |
| Operator Course (one-time fee)                              | 75.00              | 75.00           |
| Resurfacing Inspection (one-time fee)                       |                    | 50.00           |
| Critical Health and Safety Reviews (per submission fee)     |                    | 100.00          |
| Modification Review (one-time fee)                          |                    | 50.00           |
| <b>WATER</b>  |                    |                 |
| Water Letter (one-time fee)                                 | 30.00              | 30.00           |
| Bacteriological Sample Non-Regulated (one-time fee)         | 25.00              | 25.00           |
| Sample Collection Non-Regulated (one-time fee)              | 60.00              | 60.00           |
| Nitrate Sample Non-Regulated (one-time fee)                 | 60.00              | 60.00           |
| Bacteriological Sample Regulated (one-time fee)             | 15.00              | 15.00           |
| Sample Collection Regulated (one-time fee)                  | 40.00              | 40.00           |
| Nitrate Sample Regulated (one-time fee)                     | 60.00              | 60.00           |
| Lead Sample (one-time fee)                                  | 30.00              | 30.00           |

|  |        |        |
|--|--------|--------|
| Sodium Sample (one-time fee)                   | 25.00  | 25.00  |
| Chloride Sample (one-time fee)                 | 20.00  | 20.00  |
| <b>OSTDS</b>                                   |        |        |
| Development Plan Review (one-time fee)         | 20.00  | 20.00  |
| Incidental Plan Review (one-time fee)          | 10.00  | 10.00  |
| Construction Permit Application (one-time fee) | 160.00 | 160.00 |
| Final Cover Inspection (one-time fee)          | 75.00  | 75.00  |
| ATU Permit (annual fee)                        | 150.00 | 150.00 |
| PBT Permit (annual fee)                        | 200.00 | 200.00 |
| Reinspection (one-time fee)                    | 75.00  | 75.00  |
| Repair Permit (one-time fee)                   | 200.00 | 200.00 |
| Septic Letter (one-time fee)                   | 30.00  | 30.00  |

### ADMINISTRATIVE SERVICES

|  | <u>Current Fee</u> | <u>Proposed</u> |
|--|--------------------|-----------------|
| <b>VITAL STATISTICS</b>  |                    |                 |
| Birth Certificate (1st Copy)   | 12.00              | 12.00           |
| Birth Certificate (each additional copy)   | 8.00               | 8.00            |
| Death Certificate  | 10.00              | 10.00           |
| Expedited Services   |                    | 10.00           |
| Protective Sleeve  |                    | 3.00            |
| <b>MISC FEES</b>   |                    |                 |
| Duplication (.15 per page - charges under \$5.00 will be waived)   | 0.15               | 0.15            |
| *A special service charge will apply for requests that involve large volumes or require extensive personnel or IT resources. |                    |                 |
| Returned Check   | 25.00              | 25.00           |