

RESOLUTION 2001 -163

A RESOLUTION OF THE BOARD OF COUNTY AS TO FEES TO BE CHARGED BY THE NASSAU COUNTY HEALTH DEPARTMENT.

WHEREAS, the Nassau County Health Department is authorized to establish charges and collect reasonable fees in connection with services performed by said Health Department by virtue of Florida Statutes, Chapter 154, as amended, and other applicable statutes and laws of the State of Florida; and

WHEREAS, the Nassau County Health Department did review the fees collected, and determined that in order to assist in defraying the cost of providing the services required, said fees should be in accordance with the Fee Schedule attached hereto, marked Exhibit "A", and made a part hereof by referenced; and

WHEREAS, the Board of County Commissioners of Nassau County, Florida, has reviewed the recommendation of the Nassau County Health Department and approved the Fee Schedule attached hereto as Exhibit "A".

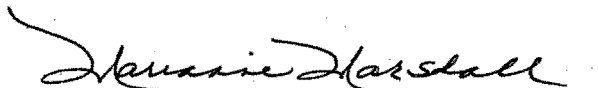
NOW, THEREFORE, BE IT RESOLVED this 19th day of November, 2001, by the Board of County Commissioners of Nassau County, Florida, as follows:

1. That Resolution 91-36, as amended, is hereby further amended to include the revised Fee Schedule attached hereto as Exhibit "A".

2. That the Nassau County Health Department shall be authorized to make adjustment to the Fee Schedule for medical and dental services in the event of a cost change for services, change in Medicare reimbursement rate, change in the Medicaid reimbursement rate, or inclusion of additional Physician (MD/DO) or advanced registered nurse practitioner (ARNP) services without specific approval of the Board of County Commissioners of Nassau County, Florida.

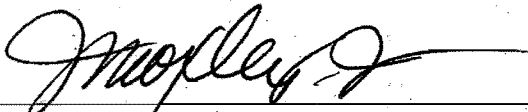
3. This Resolution shall take effect immediately upon its adoption and will remain in effect until altered or rescinded by action of the Board of County Commissioners.

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA



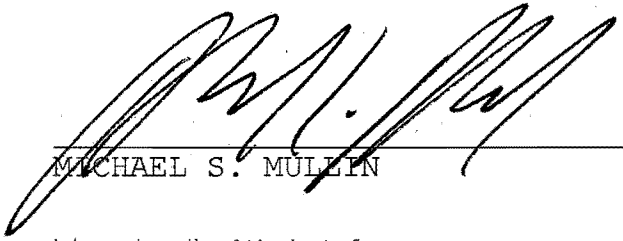
MARIANNE MARSHALL
Its: Chairman

ATTEST:



J. M. "CHIP" OXLEY, JR.
Its: Ex-Officio Clerk

Approved as to form by the
Nassau County Attorney



MICHAEL S. MULLEN

h/anne/res/health-dept-fees

EXHIBIT A
 NASSAU COUNTY HEALTH DEPARTMENT
 FEE SCHEDULE

<u>Administrative Services</u>		
<u>Report/Record Copies</u>		
First 25 pages (per page)	1.00	
Each additional page thereafter (per page)	0.25	
<u>Vital Statistics</u>		
Birth Certificate	10.00	
Birth Certificate, each additional copy	5.00	
Birth Certificate, statewide registry access for non-Nassau County births	2.00	
Death Certificate, each copy	5.00	
<u>Returned Checks (F.S. 832.08)</u>		
Check amount is less than \$50.00	25.00	
Check amount is greater than \$50.00 and less than \$300.00	30.00	
Check amount is greater than \$300.00	40.00	
<u>Environmental Health Services</u>		
<u>Plat Review (with septic and well or septic and public water)</u>		
Less than 25 lots	75.00	
25-49 lots	145.00	
50-99 lots	195.00	
100 or more lots	245.00	
<u>Plat Review (with public sewer and public water)</u>	45.00	
<u>Site Plan Review</u>		
No utilities	25.00	
Public water and sewer available	45.00	
Septic tank system and public water	95.00	
Septic tank system and well	145.00	
<u>Well Permitting</u>		
Irrigation wells	40.00	
Potable wells	60.00	

EXHIBIT A
 NASSAU COUNTY HEALTH DEPARTMENT
 FEE SCHEDULE

<u>Dental Program Services</u>		
(CPT Code in parentheses)		
(Fees are based on Medicaid reimbursement rate + 15%)		
<u>Diagnostics</u>		
Initial/comprehensive oral exam (#D0150)	18.40	
Recall/periodic oral exam (#D0120)	17.25	
Emergency/limited oral exam (#D0140)	9.20	
<u>Radiographs</u>		
Intraoral-complete series/14PA, 2BW (#D0210)	36.80	
Intraoral-periapical, first film (#D0220)	4.60	
Intraoral-periapical, each additional film (#D0230)	3.45	
Bitewing x-ray, single film (#D0270)	6.90	
Bitewing x-ray, two films (#D0272)	10.35	
Bitewing x-ray, four films (#D0274)	12.65	
<u>Preventive</u>		
Prophylaxis, children (#D1120)	16.10	
Topical fluoride application, children (#D1203)	12.65	
Prophylaxis, adult (#D1110)	20.70	
Periodontal scaling & root planing, per quadrant (#D4341)	23.00	
Topical fluoride application, adult (#D1204)	12.65	
Oral hygiene instruction (#D1330)	6.90	
Sealant, per tooth (#D1351)	14.95	
Palliative emergency therapy (#D9110)	14.95	
<u>Restorative</u>		
Amalgam-1 surface, primary (#D2110)	35.65	
Amalgam-2 surfaces, primary (#D2120)	47.15	
Amalgam-3 surfaces, primary (#D2130)	58.65	
Amalgam-4 or more surfaces, primary (#D2131)	70.15	
Amalgam-1 surface, permanent (#D2140)	35.65	
Amalgam-2 surfaces, permanent (#D2150)	47.15	
Amalgam-3 surfaces, permanent (#D2160)	58.65	
Amalgam-4 or more surfaces, permanent (#D2161)	70.15	
Resin-1 surface, anterior (#D2330)	39.10	
Resin-2 surfaces, anterior (#D2331)	44.85	
Resin-3 surfaces, anterior (#D2332)	50.60	
Resin-4 or more surfaces, anterior (#D2335)	82.80	
Stainless steel crown, primary (#D2930)	78.20	
Temporary crown, fractured tooth (#D2970)	48.30	
Pin retention, in addition to restoration, per tooth (#D2951)	2.30	

EXHIBIT A
 NASSAU COUNTY HEALTH DEPARTMENT
 FEE SCHEDULE

<u>Dental Program Services</u>		
(Continued)		
<u>Endodontic</u>		
Sedative filling (#D2940)	20.70	
Direct pulp cap (#D3110)	14.95	
Indirect pulp cap (#D3120)	12.65	
Pulpotomy (#D3220)	57.50	
Root canal, anterior, permanent (#D3310)	170.20	
Root canal, bicuspid, permanent (#D3320)	218.50	
Root canal, molar, permanent (#D3330)	270.25	
<u>Surgery</u>		
Extraction, simple, single tooth (#D7110)	31.05	
Extraction, simple, each additional tooth (#D7120)	25.30	
Extraction, surgical, erupted tooth (#D7210)	46.00	
Extraction, surgical, impacted tooth (#D7220)	71.30	
<u>Adjunctive Services</u>		
Nitrous oxide (#D9230)	32.20	
Behavior management (#D9920)	27.60	
Re-cement crown (#D2920)	19.55	

EXHIBIT A
 NASSAU COUNTY HEALTH DEPARTMENT
 FEE SCHEDULE

Primary Care Clinic Services	
(CPT Code in parentheses)	
(Fees are based on Medicare reimbursement rate, where available, or Medicaid reimbursement rate + 15%)	
<u>Immunizations</u> - No charge for immunizations required to attend Florida schools, grades K through 12	
Administration fee (for all injections except flat fee charges)	11.50
Diphtheria, tetanus and acellular pertussis, DTaP (#90700)	11.50
Diphtheria, tetanus and whole cell pertussis, DTP (#90701)	11.50
Diphtheria and tetanus, DT (#90702)	11.50
Hepatitis B, pediatric (#90744)	27.45
Hepatitis B, adolescent/high risk infant (#90745)	27.45
Hepatitis B, adult (#90746)	52.35
Hepatitis B, administration (#G0010)	0.00
Hepatitis B (#90746)(Flat fee, not on sliding scale)	61.00
Influenza, 6-35 months, split virus (#90657)	4.95
Influenza, 3 years and above, split virus (#90658)	6.70
Influenza, whole virus (#90659)	4.95
Influenza, administration (#G0008)	0.00
Influenza, whole virus (#90659)(Flat fee, not on sliding scale)	12.00
Measles, mumps and rubella, MMR (#90707)(Flat fee, not on sliding scale)	36.00
Pneumococcal Pneumonia, adult (#90732)	17.10
Pneumococcal Pneumonia, administration (#G0009)	0.00
Pneumococcal Pneumonia, adult (#90732)(Flat fee, not on sliding scale)	20.00
Rabies, intramuscular (#90675)(Based on cost of vaccine)	
Rabies, intradermal (#90676)(Based on cost of vaccine)	
Tetanus and diphtheria, adult, Td (#90718)(Flat fee, not on sliding scale)	17.40
Varicella (#90396)(Flat fee, not on sliding scale)	57.00
<u>Diagnostic Tests/In-house Lab (Quick Test)</u>	
ECG/EKG (#93005)(Tracing only)	17.70
Fecal Occult Blood (#82270)(each)	4.50
Fungal, KOH Prep (#87220)	5.90
Glucose screening (#82948)	4.40
Hemoglobin (#85018)	3.30
TB test, intradermal (#86580)	10.05
TB Test, tine test (#86585)	7.75
Tympanometry (#92567)	21.70
UCG, urine pregnancy test (#81025)	8.75
Urinalysis, dip stick (#81002)	3.55
Wet mount (#87211)	7.15
<u>Lab Specimen Collection</u>	
Blood draw-venipuncture, routine (#36415*)	5.00
Urine collection (#99000)	2.00
* In addition to pre-op and post-op services (office visit)	

EXHIBIT A
 NASSAU COUNTY HEALTH DEPARTMENT
 FEE SCHEDULE

State Lab	
AFB-TB smear & culture (#87118)	12.65
Alanine aminotransferase-ALT/SGPT (#84460)	4.60
Aspartate aminotransferase-AST/SGOT (#84450)	5.75
Beta strep culture (#87060)	9.20
CD4 & CD8, immunophenotyping (#86360)(cost+15%)	25.30
Cholesterol, serum total (#82465)	4.60
Creatinine phosphokinase-CK (#82550)	7.50
Culture, bacterial, throat or nose (#87060)	9.20
Culture, GC (#87070)	9.80
Culture, miscellaneous aerobic (#87075)	10.95
Electrolyte panel (#80051)	7.50
FTA-ABS (#86781)	15.55
GC/Chlamydia Probe (#87490)	13.80
GC Culture (#87070)	9.80
Glucose (#82947)	4.05
Glucose tolerane test-GTT (#82951)	14.95
Gonorrhea Screen (#87590)	13.80
Hemoglobin, A1C, glucosykated (#83036)	10.95
Hemoglobin (#85018)	2.30
Hepatitis B core antibody (#86704)	13.25
Hepatitis B surface antibody (#86706)	11.50
Hepatitis C screen (#86803, #83898, #86804)(cost+15%)	63.25
HIV, western blot (#86689)	16.70
Lead (#83655)	12.10
Lyme AB, total/IgM (#86617)	20.70
Neonatal screening, phenylketonuria-PKU (#84035)(cost+15%)	23.00
Pinworm slides (#87208)	6.35
RPR/VDRL-Syphilis test (#86592)	4.60
Sickle cell (#85660)(cost+15%)	8.65
Stool culture, C & S (#87045)	10.95
Stool culture, O & P (#87015)	7.50
Triglycerides (#84478)	6.90
Viral load (#87536)(cost + 15%)	109.25
Viral load & CD4/CD8 (#86369, #87536)(cost +15%)	126.50

EXHIBIT A
 NASSAU COUNTY HEALTH DEPARTMENT
 FEE SCHEDULE

Contract Lab	
All lab tests performed by contract labs are charged to the client at cost + 15%.	
Aerobic bacterial culture (#87070)	7.80
Alpha-Fetoprotein, serum (AFP)(#82105/#84702/#82677)(DOH Contract pricing)	13.80
Amitriptyline (#82138)	175.10
Amylase serum (#82150)	3.20
Anemia profile-A (#PANEA)	8.35
Anemia profile-B (#PANEB)	32.20
Antinuclear antibodies (#86038)	25.50
Aspartate aminotransferase-AST/SGOT (#84450)	1.15
Biopsy, level I (#88300)	23.00
Biopsy, level II (#88302)	23.00
Biopsy, level III (#88304)	23.00
Biopsy, level IV (#88305)	23.00
Biopsy, level V (#88307)	23.00
Breast Discharge Cytology (#88160)	43.45
Calcium, serum (#82310)	1.15
Calcium, 24 hour urine (#82340)	15.90
Carbamazepine (Tegretol) (#80156)	29.40
Carbon Dioxide, Total (#82374)	8.30
Carcinoembryonic antigen (CEA) (#82378)	37.95
CBC w/differential (#85025)(DOH Contract pricing)	2.00
Cholesterol, total (#82465)(DOH Contract pricing)	1.15
Cortisol, Urinary Free (#82530)	39.45
Creatine, kinase (#82550)	20.45
Creatinine, clearance (#82575)	10.35
Creatinine, serum (#82540)	1.15
Culture, B Strep (#87081)	7.80
Culture, miscellaneous, abscess, urine, etc. (#87070)(DOH Contract pricing)	7.80
Cytopathology, nipple discharge (#88160)	35.95
Digoxin, lanoxin, serum (#80162)	13.55
Drugs of abuse (#80101/#80102)(DOH Contract pricing)	9.50
Estradiol (#82677)	60.50
Ferritin (#82728)	4.60
FSH & LH (#80426)	68.45
Folates, folic acid, serum (#82746)	45.60
Glucose, plasma (#82947)	1.15
Glycohemoglobin, GHB, total (#83036)	8.65
HCG beta subunit, quantitative, serum (#84703)	12.65
HCG beta subunit, qualitative, serum (#84702)	19.55
Helicobacter pylori (#86677)	37.15
Hemoglobin, A1C (#83036)	21.05
Hemoglobin fraction (#83020)	42.10
Hepatic Function Panel (#80076)	1.45
Hepatitis B, surface antigen (#87340)	9.20
Hepatitis profile VIII (#PHEP8)	84.95
Hepatitis panel (#80059)(DOH Contract pricing)	9.20
Herpes Culture (HSV) (#87449)	7.80
Imipramine, tofranil (#80174)	57.65
Immunophenotyping, CD3, CD4, CD8, etc.(#86360)(DOH Contract pricing)	6.90
Iron & iron binding (#83550)	16.10
Iron, serum (#83540)	12.00
Lactate Dehydrogenase (LDH) (#83615)	7.95
Lipase, serum (#83690)	26.10
Lipid panel w/LDL (#80061)(DOH Contract pricing)	2.05
Lithium (#80178)	19.55
Lyme AB, total/IgM (#86618)	33.45
Magnesium, serum (#83735)	14.40

EXHIBIT A
NASSAU COUNTY HEALTH DEPARTMENT
FEE SCHEDULE

<u>Contract Lab (continued)</u>	
Metabolic panel, comprehensive (#80054)(DOH Contract pricing)	1.75
Metabolic panel, basic (#80048)(DOH Contract pricing)	1.45
Obstetric panel-Prenatal profile (#80055)(DOH Contract pricing)	9.20
Occult blood (#82270)	28.70
Pap smear, screening only (#88150/#88164)(DOH Contract pricing)	8.05
Pap smear, for confirmation & pathologist review (#88141)(DOH Contract pricing)	4.60
Pathology, surgical (#88305)(DOH Contract pricing)	23.00
Phenytoin (Dilantin), serum (#80185)	13.55
Phosphorus, serum (#84100)	8.20
Potassium (#84132)	1.15
Pregnancy, serum, qualitative, HCG (#84703)(DOH Contract pricing)	19.55
Progesterone (#84144)	37.95
Prolactin (84146)	46.30
Prostate specific antigen, total-PSA (#84153)(DOH Contract pricing)	4.05
Protein/creatinine ratio (#88164)	28.30
Protein, total, 24 hour urine (#84155)	14.40
Prothrombin time (PT) (#85610)	4.90
PT (#85610) & PTT (#85730)	15.85
PTH, intact (#83790)	74.65
Rapid plasma reagin test, qualitative (#86592)	3.45
Reticulocyte count (#85044)	10.20
Rheumatoid arthritis RA Factor (#86431)	15.40
Sedimentation rate, Westergren (#85651)	4.35
Testosterone, serum (#84402)	56.80
Theophylline, serum (#80198)	26.20
Thyroid AntiThyroglobulin Ab (TAT) (#86800)	32.95
Thyroid panel (#PTHYR)	2.60
Thyroid panel w/TSH (#PTTSH)	3.45
Thyroid Peroxidase Ab (TPO) (#86376)	39.35
Thyroid stimulating hormone-TSH (#84443)(DOH Contract pricing)	2.65
Thyroxine, T4 (#84436)	2.30
Triglycerides (#84478)	1.15
Uric, acid, serum (#84550)	8.20
Urine culture screen (#87086/#87087/#87088/#87186)(DOH Contract pricing)	5.75
Urinalysis, routine (#81002)	1.60
Urinalysis w/Microscopy (#81000)(DOH Contract pricing)	1.75
Varicella zoster, antibody (#86787)	44.20
Vitamin B-12 folate (#82607)	49.05

EXHIBIT A
 NASSAU COUNTY HEALTH DEPARTMENT
 FEE SCHEDULE

<u>Primary Care Clinic Services</u>		
(Continued)		
<u>Physician Services</u>		
(ARNP rate = 80% MD rate)		
<u>Office Visits, New Patient</u>	<u>MD</u>	<u>ARNP</u>
Problem focus (#99201)	34.45	27.60
Expanded problem focus (#99202)	60.30	48.25
Detailed exam, low complexity (#99203)	89.10	71.30
Comprehensive exam, moderate complexity (#99204)	129.20	103.40
Comprehensive exam, high complexity (#99205)	163.15	--
Adult health screening, 21-39 years (#99385)	71.70	57.40
Adult health screening, 40-64 years (#99386)	85.30	68.25
Adult health screening, 65+ years (#99387)	92.50	74.00
Child health screening/EPSTDT (#W9881)	79.50	63.60
RN services, minimal, assessment (#W9840)	1.15	--
RN services, brief, counsel/treatment by MD protocol (#W9840)	1.15	--
<u>Office Visits, Established Patient</u>	<u>MD</u>	<u>ARNP</u>
Problem focus (#99211)	19.20	15.40
Expanded problem focus (#99212)	34.85	27.90
Detailed exam, low complexity (#99213)	48.95	39.20
Comprehensive exam, moderate complexity (#99214)	76.35	61.10
Comprehensive exam, high complexity (#99215)	113.70	--
Adult health screening, 21-39 years (#99395)	60.10	48.10
Adult health screening, 40-64 years (#99396)	66.60	53.30
Adult health screening, 65+ years (#99397)	73.75	59.00
Child health screening/EPSTDT (#W9881)	79.50	63.60
RN services, minimal, assessment (#W9840)	1.15	--
RN services, brief, counsel/treatment by MD protocol (#W9840)	1.15	--
<u>Nutrition Services</u>	<u>RD</u>	
Counseling, new patient	19.50	--
Counseling, established patient	7.80	--
<u>Family Planning Services</u>	<u>MD</u>	<u>ARNP</u>
Initial/annual exam (#W9759**)	40.65	32.55
Counseling visit (#W9850**)	23.25	18.60
Supply visit (#W9851**)	11.65	9.35
Norplant insertion (#11975**)	71.20	57.00
Norplant removal (#11976)	129.55	103.65
Norplant insertion kit (#W9854)	449.15	359.35
Diaphragm fitting with instruction (#57170)	79.00	63.20
Insertion of pessary (#57160**)	76.45	61.20
IUD insertion (#58300**)	54.60	43.70
IUD removal (#58301)	99.85	79.90
** Also charge for supplies at cost		

EXHIBIT A
 NASSAU COUNTY HEALTH DEPARTMENT
 FEE SCHEDULE

Primary Care Clinic Services		
(Continued)		
Surgical (Minor) Services	MD	ARNP
Anoscopy, diagnostic (#46600)	44.20	--
Avulsion, nail plate, partial or complete, simple (#11730*)	71.25	--
Biopsy, skin, subcutaneous tissue or mucous membrane (#11100)	78.95	--
Control nasal hemorrhage, anterior, complex (#30903*)	138.75	--
Control nasal hemorrhage, anterior, simple (#30901*)	110.85	88.70
Debridement, skin, partial thickness (#11040)	37.80	30.25
Destruction of flat warts, up to 15 (#17110*)	57.40	45.95
Excision, benign lesion, face, ears, etc. (#11442)	163.65	--
Excision, benign lesion, trunk, arm, leg (#11402)	143.20	--
Incise/drain abscess, simple (#10060*)	87.10	69.70
Incise/drain hematoma, simple (#10140*)	106.55	85.25
Incise/remove foreign body, simple (#10120*)	102.65	82.15
Puncture aspirate abscess, hematoma or cyst (#10160*)	94.05	75.25
Remove foreign body, external auditory canal (#69200)	73.25	--
Remove foreign body, external eye, embedded (#65210*)	180.30	--
Remove foreign body, external eye, superficial (#65205*)	169.30	--
Remove foreign body, intranasal (#30300*)	115.10	92.10
Remove impacted cerumen, one or both ears (#69210)	61.35	49.10
Wound repair, simple (#12001*)	138.35	110.70
* In addition to pre-op and post-op services (office visit)		
Obstetrical Services	MD	ARNP
Antepartum exam series, 4-6 visits (Low Risk)(#59425)	--	--
Antepartum exam series, 7+ visits (Low Risk)(#59426)	--	--
Postpartum exam (#59430)	135.25	108.20
Gynecological Services	MD	ARNP
Biopsy of vaginal mucosa, extensive (#57105)	146.50	--
Biopsy of vaginal mucosa, simple (#57100*)	85.70	--
Biopsy of vulva or perineum, one lesion (#56605*)	100.15	--
Biopsy, single or multiple (#57500*)	101.65	--
Cauterization of cervix, cryosurgery (#57511*)	151.90	121.55
Colposcopy (#57452*)	90.10	72.10
Colposcopy with biopsies (#57454*)	112.15	89.75
Destruction of vaginal lesion, extensive (#57065)	216.40	173.15
Destruction of vaginal lesion, simple (#57061)	120.50	96.40
Endocervical curettage (#57505)	106.10	--
Endometrial sampling (#58100)	90.50	--
Excise Bartholin's cyst (#56740)	282.55	--
Excise vaginal cyst or tumor (#57135)	208.90	--
Incise/drain Bartholin's Gland abscess (#56420*)	127.50	--
Incise/drain of vulva or perineal abscess (#56405*)	130.25	--
* In addition to pre-op and post-op services (office visit)		
Other Services	MD	ARNP
Cardiopulmonary resuscitation (#92950)	130.85	104.70