

RESOLUTION NO. 96-100

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA

RE: FEES TO BE CHARGED BY HRS/NASSAU COUNTY PUBLIC HEALTH UNIT

WHEREAS, the HRS/NASSAU COUNTY PUBLIC HEALTH UNIT is authorized to establish charges and collect reasonable fees in connection with services performed by said Health Unit by virtue of Chapter 154, Florida Statutes, as amended, and other applicable statutes and laws of the State of Florida; and

WHEREAS, the HRS/NASSAU COUNTY PUBLIC HEALTH UNIT 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 Schedule of Fees and Services attached hereto, marked as Exhibit "A", and made a part hereof by reference; and

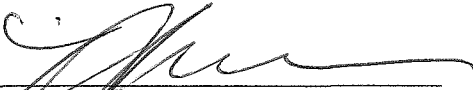
WHEREAS, the BOARD OF COUNTY COMMISSIONERS, NASSAU COUNTY, FLORIDA has reviewed the recommendation of the HRS/NASSAU COUNTY PUBLIC HEALTH UNIT and approved the Schedule of Fees and Services attached hereto and marked Exhibit "A".

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS, NASSAU COUNTY, FLORIDA, this 13th day of May, 1996, in public meeting assembled:


1. That Resolution No. 91-36, as amended, is hereby further amended to include the revised Schedule of Fees and Services attached hereto.
2. That the HRS/NASSAU COUNTY PUBLIC HEALTH UNIT shall be authorized to make adjustments to the Schedule of Fees and Services in the event of a cost change for services, change in the Medicaid reimbursement rate, or inclusion of additional physician or ARNP services without specific approval of the BOARD OF COUNTY COMMISSIONERS, NASSAU COUNTY, FLORIDA.
3. That the HRS/NASSAU COUNTY PUBLIC HEALTH UNIT shall submit to the BOARD OF COUNTY COMMISSIONERS, NASSAU COUNTY, FLORIDA a revised Schedule of Fees and Services, annually. The fees shall be as attached as Exhibit "A".
4. This Resolution shall take effect immediately upon its adoption and will remain in effect until altered or rescinded by action of the BOARD.

ATTEST:

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA

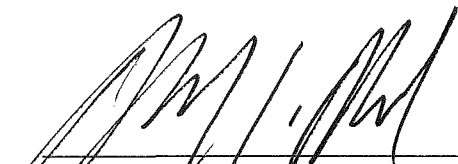


T. J. GREESON
Its: Ex-Officio Clerk



JIM B. HIGGINBOTHAM
Its: Chairman

Approved as to form by the
Nassau County Attorney:



MICHAEL S. MULLIN

EXHIBIT "A"



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

HRS NASSAU COUNTY PUBLIC HEALTH UNIT

Proposed Flat Fees
Effective 05/01/96

Vital Statistics

Birth	\$ 10.00	for first certified copy
	\$ 5.00	for any additional certified copies requested at the same time.
Death	\$ 5.00	per certified copy

Car Seat Grant Program

\$ 5.00 flat fee charge for eligible clients
participating in the Car Seat Program

Copying Charges (according to Florida Statutes)

\$ 1.00 per page for the first 25 pages and
0.25 per page for every page thereafter

Environmental Health

County Fees - (See attached memo)
State Mandated Fees - For your information
(also attached memo)



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Date: March 29, 1996
To: E. Ngo-Seidel, M.D.
From: Dolvin Foreman
Environmental Health Director
Subject: County Fees

Dr. Seidel:

Our county fee schedule for Environmental Health is as follows.

Now:

Plat Review	
< 25 lots	\$40.00
25 - 49 lots	\$75.00
50 - 99 lots	\$100.00
> 100 lots	\$125.00

Site Plan Review	
No utilities	\$25.00
Public water/sewer	\$25.00
Septic/public water	\$50.00
Septic/well	\$75.00

After Staff Training:

Irrigation & monitoring well permit	\$40.00
Private & public supply wells	\$60.00

**HRS NASSAU COUNTY PUBLIC HEALTH UNIT
CLINIC FEES**

CPT CODE	IMMUNIZATIONS - Administration fee (Injection Fee)	PAY CATEGORY					
		B (17%)	C (33%)	D (50%)	E (67%)	F (83%)	G (100%)
90724	Influenza	1.70	3.30	5.00	6.70	8.30	10.00
90732	Pneumonia	1.70	3.30	5.00	6.70	8.30	10.00
90702	Tetanus (Dt - Peds)	1.70	3.30	5.00	6.70	8.30	10.00
90718	Tetanus (Td - Adult)	1.70	3.30	5.00	6.70	8.30	10.00
90726	Rabies	1.70	3.30	5.00	6.70	8.30	10.00
90707	MMR	1.70	3.30	5.00	6.70	8.30	10.00

* NOTE: also charge cost of vaccine

PHARMACY SUPPLIES (Immunizations)

Diploid Cell (w/rabies) [per vial]	17.85	34.65	52.50	70.35	87.15	105.00
Human Rabies Immune Globulin [per cc]	5.44	10.56	16.00	21.44	26.56	32.00
Influenza	0.43	0.83	1.25	1.68	2.08	2.50
Insulin	1.38	2.67	4.05	0.00	0.00	8.10
Insulin Syringe (package of 10)	0.24	0.46	0.70	0.94	1.16	1.40
MMR	2.47	4.79	7.25	9.72	12.04	14.50
Pneumovax 23*	1.44	2.80	4.25	5.69	7.05	8.49
PPD	0.02	0.05	0.07	0.09	0.12	0.14
Rabies (2 ml)	11.52	22.37	33.89	45.41	56.26	67.78
Rabies (10 ml)	45.33	88.00	133.34	178.67	221.34	266.67
Tetanus	0.03	0.06	0.09	0.12	0.15	0.18

*Except during Special Immunization Projects

NOTE: Vaccine for Children Program for children 18 & under, no charge for any immunizations.

DIAGNOSTIC TESTS

93005	ECG/EKG	\$3.83	\$7.43	\$7.43	\$11.25	\$18.68	22.50
92567	Tympanogram	\$0.20	\$3.80	\$5.75	\$7.71	\$9.55	11.50
92551	Hearing Test	\$0.94	\$1.82	\$2.75	\$3.69	\$4.57	5.50
86580	TB Skin Test, intradermal Fetal Occult Blood	\$1.70	\$3.30	\$5.00	\$6.70	\$8.30	10.00

IN-HOUSE LAB (Quick Test)

81002	Urine Dip Stick	0.60	1.16	1.75	\$2.35	2.91	3.50
85018	Hemoglobin	0.60	1.16	1.75	2.35	2.91	3.50
82948	Glucose Screening	0.98	1.90	2.88	3.85	4.77	5.75
86403	Strep Test	1.36	2.64	4.00	5.36	6.64	8.00
87220	KOH Slide	1.02	1.98	3.00	4.02	4.98	6.00
81025	UCG Urine Pregnancy Test	2.04	3.96	6.00	8.04	9.96	12.00
87221	Wet/Saline Mount	1.02	1.98	3.00	4.02	4.98	6.00

STATE LAB

87082	Gonococcus - GC **	0.98	1.90	2.88	3.85	4.77	5.75
87178	DNA Probe	1.15	2.23	3.38	4.52	5.60	6.75
87710	Chlamydia **	0.98	1.90	2.88	3.85	4.77	5.75
85660	Sickle Cell	1.28	2.48	3.75	5.03	6.23	7.50
86287	HBsAG	1.19	2.31	3.50	4.69	5.81	7.00
86592	VDRL (Family Planning) **	0.39	0.76	1.15	1.54	1.91	2.30
82947	Glucose	0.39	0.76	1.15	1.54	1.91	2.30
83051	Hemoglobin	0.30	0.58	0.88	1.17	1.45	1.75
83645	Lead Blood	1.70	3.30	5.00	6.70	8.30	10.00
86592	VDRL (Employment)	1.70	3.30	5.00	6.70	8.30	10.00
82710	Stool for O & P	0.65	1.27	1.93	2.58	3.20	3.85
84450	SGOT	0.98	1.90	2.88	3.85	4.77	5.75
82465	Cholesterol	0.98	1.90	2.88	3.85	4.77	5.75
84478	Triglycerides	0.98	1.90	2.88	3.85	4.77	5.75
86312	HIV (if requested)	3.40	6.60	10.00	13.40	16.60	20.00
83036	Hgb A/C	1.62	3.14	4.75	6.37	7.89	9.50

** When used in STD services - No Charge

CPT CODE	OUTSIDE LAB	PAY CATEGORY					
		B (17%)	C (33%)	D (50%)	E (67%)	F (83%)	G (100%)
	A, G, M - Glob. Fract.	5.53	10.73	16.25	21.78	26.98	32.50
86244	Alpha Feto-protein	5.70	11.06	16.75	22.45	27.81	33.50
82150	Amylase, Serum	2.01	3.89	5.90	7.91	9.79	11.80
86038	ANA	2.64	5.12	7.75	10.39	12.87	15.50
***	Anemia Profile I	2.15	4.17	6.33	8.48	10.50	12.65
***	Anemia Profile II	5.08	9.87	14.95	20.03	24.82	29.90
***	Anemia Profile III	13.29	25.81	39.10	52.39	64.91	78.20
	Antibody ID and Titer	3.52	6.83	10.35	13.87	17.18	20.70
86225	Anti-DNA Antibody	4.95	9.60	14.55	19.50	24.15	29.10
86060	ASO Titer	2.55	4.95	7.50	10.05	12.45	15.00
86032	Atypical Antibody Screen	1.08	2.10	3.18	4.25	5.27	6.35
82251	Bilirubin - T,D,I	1.98	3.84	5.83	7.81	9.67	11.65
	Biopsy	3.91	7.59	11.50	15.41	19.09	23.00
	Biopsy - Multiple Screen	8.80	17.08	25.88	34.67	42.95	51.75
86082	Blood GRP & RH	1.19	2.31	3.50	4.69	5.81	7.00
87205	Breast Smear	1.11	2.15	3.25	4.36	5.40	6.50
84520	BUN	0.77	1.49	2.25	3.02	3.74	4.50
85007	CBC, Manual-Platelet Est.	1.11	2.15	3.25	4.36	5.40	6.50
85023	CBC, no differential	0.79	1.53	2.33	3.12	3.86	4.65
85025	CBC, with differential	0.54	1.04	1.58	2.11	2.61	3.15
86151	CEA	4.82	9.36	14.18	18.99	23.53	28.35
86631	Chlamydia Direct Smear	2.31	4.49	6.80	9.11	11.29	13.60
87178	Chlamydia & Gonorrhoea	1.36	2.64	4.00	5.36	6.64	8.00
82465	Cholesterol	1.02	1.98	3.00	4.02	4.98	6.00
***	Cholesterol, Triglycerides, HDL	1.70	3.30	5.00	6.70	8.30	10.00
***	Coronary Risk Profile II	3.13	6.07	9.20	12.33	15.27	18.40
82550	CPK	1.97	3.83	5.80	7.77	9.63	11.60
82575	Creatinine Clearance	2.75	5.35	8.10	10.85	13.45	16.20
82570	Creatinine, Urine	3.47	6.73	10.20	13.67	16.93	20.40
87177	Culture, Acid Fast	3.61	7.01	10.63	14.24	17.64	21.25
87250	Culture, Herpes	5.33	10.35	15.68	21.00	26.02	31.35
87072	Culture, Miscellaneous	1.19	2.31	3.50	4.69	5.81	7.00
87070	Culture, Routine	1.12	2.18	3.30	4.42	5.48	6.60
87060	Culture, Throat	1.12	2.18	3.30	4.42	5.48	6.60
87086	Culture, Urine	1.19	2.31	3.50	4.69	5.81	7.00
87082	Culture, Vaginal	1.12	2.18	3.30	4.42	5.48	6.60
87075	Culture, Wound	1.12	2.18	3.30	4.42	5.48	6.60
80162	Digoxin	2.81	5.45	8.25	11.06	13.70	16.50
80185	Dilantin	2.81	5.45	8.25	11.06	13.70	16.50
***	Electrolyte Profile	1.16	2.24	3.40	4.56	5.64	6.80
83001	FSH & LH	7.00	13.60	20.60	27.60	34.20	41.20
82950	Glucose (1 hour)	0.72	1.40	2.13	2.85	3.53	4.25
82951	Glucose (3 hour-GTT)	5.79	11.24	17.03	22.81	28.26	34.05
	Glucose, Fast 1,2,3 Hour	2.25	4.37	6.63	8.88	11.00	13.25
82947	Glucose - Plasma	0.39	0.76	1.15	1.54	1.91	2.30
82947	Glucose - S	0.72	1.40	2.13	2.85	3.53	4.25
87205	Gram Stain Smear	1.35	2.62	3.98	5.33	6.60	7.95

*** - Composite of several CPT Codes

CPT CODE	OUTSIDE LAB (Continued)	PAY CATEGORY					
		B (17%)	C (33%)	D (50%)	E (67%)	F (83%)	G (100%)
86296	HAA Antibody	3.93	7.62	11.55	15.48	19.17	23.10
***	Health Survey Profile I	0.98	1.90	2.88	3.85	4.77	5.75
***	Health Survey Profile II	1.19	2.31	3.50	4.69	5.81	7.00
***	Health Survey Profile IV	2.11	4.09	6.20	8.31	10.29	12.40
***	Health Survey Profile VI	2.58	5.02	7.60	10.18	12.62	15.20
86287	Hepatitis B, Surface Antigen	0.88	1.72	2.60	3.48	4.32	5.20
86291	Hepatitis B, Surface Antibody	0.88	1.72	2.60	3.48	4.32	5.20
	Hepatitis Confirmation	3.11	6.04	9.15	12.26	15.19	18.30
	Hepatitis Profile, Complete	10.52	20.43	30.95	41.47	51.38	61.90
86695	Herpes Simplex Virus Isolation	4.15	8.05	12.20	16.35	20.25	24.40
--	Lab Collection	0.30	0.58	0.88	1.17	1.45	1.75
83690	Lipase - Serum	2.70	5.25	7.95	10.65	13.20	15.90
80178	Lithium	1.70	3.30	5.00	6.70	8.30	10.00
86308	Mono Screen	0.94	1.82	2.75	3.69	4.57	5.50
87205	Nipple discharge	2.84	5.51	8.35	11.19	13.86	16.70
87177	Ova & Parasites	2.35	4.57	6.93	9.28	11.50	13.85
88150	PAP Smear, double slide	3.62	7.03	10.65	14.27	17.68	21.30
88150	PAP Smear, single slide	1.36	2.64	4.00	5.36	6.64	8.00
80184	Phenobarbital	3.91	7.59	11.50	15.41	19.09	23.00
84132	Potassium	0.63	1.22	1.85	2.48	3.07	3.70
84703	Pregnancy Test-Serum, Qual	2.19	4.26	6.45	8.64	10.71	12.90
***	Prenatal Profile II	3.06	5.94	9.00	12.06	14.94	18.00
84146	Prolactin Serum	5.22	10.13	15.35	20.57	25.48	30.70
84155	Protein, Total Urine, Quant.	1.45	2.81	4.25	5.70	7.06	8.50
85610	Prothrombin Time	0.88	1.72	2.60	3.48	4.32	5.20
85730	PTT	1.41	2.74	4.15	5.56	6.89	8.30
86430	RA Test Latex AGG	1.56	3.04	4.60	6.16	7.64	9.20
***	Rheumatoid Profile II	3.13	6.07	9.20	12.33	15.27	18.40
86592	RPR Serology	0.78	1.52	2.30	3.08	3.82	4.60
86762	Rubella Antibody T	2.06	3.99	6.05	8.11	10.04	12.10
86765	Rubeola, IGG & IGM, EIA	8.76	17.00	25.75	34.51	42.75	51.50
85651	SED Rate West.	0.77	1.49	2.25	3.02	3.74	4.50
	SED Rate WIN	0.77	1.49	2.25	3.02	3.74	4.50
87181	Sensitivity, Urine	0.60	1.16	1.75	2.35	2.91	3.50
87181	Sensitivity, Urine - 2nd	1.19	2.31	3.50	4.69	5.81	7.00
85660	Sickle Cell Screen	1.04	2.01	3.05	4.09	5.06	6.10
80019	SMAC, 24, HDL - Health Profile	1.65	3.20	4.85	6.50	8.05	9.70
87205	Smear, Miscellaneous, non-GYN	3.08	5.97	9.05	12.13	15.02	18.10
86592	Syphilis Serology	0.79	1.53	2.33	3.12	3.86	4.65

*** - Composite of several CPT Codes

CPT CODE	OUTSIDE LAB (Continued)	PAY CATEGORY					
		B (17%)	C (33%)	D (50%)	E (67%)	F (83%)	G (100%)
80156	Tegretol - Quantitative	3.36	6.52	9.88	13.23	16.39	19.75
84403	Testosterone, RIA	6.39	12.41	18.80	25.19	31.21	37.60
80198	Theophyllin	2.81	5.45	8.25	11.06	13.70	16.50
***	Thyroid Profile, Micro & TAT	7.09	13.76	20.85	27.94	34.61	41.70
***	Thyroid Profile, T3 RIA	5.14	9.98	15.13	20.27	25.11	30.25
***	Thyroid Profile, TSH	4.93	9.57	14.50	19.43	24.07	29.00
83540	Total Iron	0.72	1.40	2.13	2.85	3.53	4.25
84478	Triglycerides	1.02	1.98	3.00	4.02	4.98	6.00
80002	Triglycerides, Cholesterol	1.65	3.20	4.85	6.50	8.05	9.70
84443	TSH by RIA	3.83	7.43	11.25	15.08	18.68	22.50
84480	T-3 RIA	3.79	7.36	11.15	14.94	18.51	22.30
84436	T-4, RIA	0.73	1.42	2.15	2.88	3.57	4.30
84439	T-7, ST3, TSH	7.88	15.30	23.18	31.05	38.47	46.35
86800	T-lymphocyte profile #2001-X	17.19	33.36	50.55	67.74	83.91	101.10
86805	T-lymphocyte, help/supr ratio #2437	9.38	18.22	27.60	36.98	45.82	55.20
84560	Uric Acid, Urine	1.36	2.64	4.00	5.36	6.64	8.00
81002	Urinalysis	0.39	0.76	1.15	1.54	1.91	2.30
86592	VDRL - Serum	1.16	2.24	3.40	4.56	5.64	6.80
86787	Varicella, Herpes Zoster	5.57	10.81	16.38	21.94	27.18	32.75
82607	Vitamin B-12	4.68	9.08	13.75	18.43	22.83	27.50
82746	Vitamin B-12 & Folic Acid	6.97	13.53	20.50	27.47	34.03	41.00

*** Composite of several CPT Codes

CPT CODE	PHYSICIAN SERVICES OFFICE VISIT, NEW PATIENT	PAY CATEGORY					
		B (17%)	C (33%)	D (50%)	E (67%)	F (83%)	G (100%)
99201	Problem Focus	5.87	11.39	17.25	23.12	28.64	34.50
99202	Expanded Problem Focus	5.87	11.39	17.25	23.12	28.64	34.50
99203	Detailed Exam, Low Complexity	6.84	13.28	20.13	26.97	33.41	40.25
99204	Comprehen Exam, Mod Complexity	9.38	18.22	27.60	36.98	45.82	55.20
99205	Comprehen Exam, High Complexity	9.78	18.98	28.75	38.53	47.73	57.50
W9881	EPSDT (Child) Health Screening	5.87	11.39	17.25	23.12	28.64	34.50
W9606	Adult Health Screening	6.84	13.28	20.13	26.97	33.41	40.25
OFFICE VISIT, EST. PATIENT							
99211	Eval/Mgt Service	2.35	4.55	6.90	9.25	11.45	13.80
99212	Problem Focus	4.11	7.97	12.08	16.18	20.04	24.15
99213	Expanded Problem Focus, Low Complex	4.89	9.49	14.38	19.26	23.86	28.75
99214	Detailed Exam, Mod Complexity	5.87	11.39	17.25	23.12	28.64	34.50
99215	Comprehen Exam, High Complexity	8.80	17.08	25.88	34.67	42.95	51.75
W9881	EPSDT (Child) Health Screening	5.87	11.39	17.25	23.12	28.64	34.50
W9606	Adult Health Screening	6.84	13.28	20.13	26.97	33.41	40.25
SURGICAL SERVICES							
46600	Anoscopy, diagnostic	4.11	7.97	12.08	16.18	20.04	24.15
11730*	Avulsion, nail plate, simple *	3.15	6.11	9.25	12.40	15.36	18.50
11100	Biopsy skin, tissue, membrane	5.47	10.63	16.10	21.57	26.73	32.20
11040	Debridement, skin, partial thickness	2.93	5.69	8.63	11.56	14.32	17.25
10060*	Incise/drain abscess *	3.61	7.01	10.63	14.24	17.64	21.25
10120*	Incise/remove foreign body, simple *	5.87	11.39	17.25	23.12	28.64	34.50
10160*	Puncture aspirate, abscess, hematoma *	4.12	8.00	12.13	16.25	20.13	24.25
17110*	Remove flat warts, 1-15 *	4.11	7.97	12.08	16.18	20.04	24.15
69210*	Remove impacted cerumen, 1 or 2 ears *	4.11	7.99	12.10	16.21	20.09	24.20
12001*	Wound repair, simple *	6.16	11.96	18.13	24.29	30.09	36.25

* Also charge for office visit

CPT CODE	PHYSICIAN SERVICES MATERNAL/PRENATAL SERVICES	PAY CATEGORY					
		B (17%)	C (33%)	D (50%)	E (67%)	F (83%)	G (100%)
W1990	Antepartum Visit	9.78	18.98	28.75	38.53	47.73	57.50
99420	Prenatal Risk Assessment	9.78	18.98	28.75	38.53	47.73	57.50
W9607	Enhanced Prenatal Risk Assessment	9.78	18.98	28.75	38.53	47.73	57.50
59430	Postpartum	9.78	18.98	28.75	38.53	47.73	57.50
59025	Fetal Non-Stress Test	5.08	9.87	14.95	20.03	24.82	29.90
	Vaginal Delivery (Contract UMC)	156.40	303.60	460.00	616.40	763.60	920.00
	Cesarean Section (Contract UMC)	156.40	303.60	460.00	616.40	763.60	920.00
	Hospital In-Patient Care (Per Day)	135.35	262.74	398.09	533.44	660.83	796.18

GYNECOLOGICAL SERVICES							

56605*	Biopsy of vulva or perineum *	5.95	11.55	17.50	23.45	29.05	35.00
57100*	Biopsy of vaginal mucosa, simple *	5.47	10.63	16.10	21.57	26.73	32.20
57511*	Cauterization of Cervix, Cryosurgery *	10.27	19.93	30.20	40.47	50.13	60.40
57452*	Colposcopy *	3.23	6.27	9.50	12.73	15.77	19.00
57454*	Colposcopy with biopsies *	9.59	18.61	28.20	37.79	46.81	56.40
57505	Endocervical Curettage	5.95	11.55	17.50	23.45	29.05	35.00
58100*	Endometrial biopsy *	8.21	15.94	24.15	32.36	40.09	48.30
56405*	Incise/drain vulva/perineal abscess *	7.43	14.42	21.85	29.28	36.27	43.70
56420*	Incise/drain Bartholin Gland abscess *	8.89	17.26	26.15	35.04	43.41	52.30

FAMILY PLANNING SERVICES							

W9759	Initial/Annual Visit **	6.84	13.28	20.13	26.97	33.41	40.25
W9850	Counseling Visit **	3.91	7.59	11.50	15.41	19.09	23.00
W9851	Supply Visit **	1.96	3.80	5.75	7.71	9.55	11.50
11975*	Norplant Insertion */**	9.78	18.98	28.75	38.53	47.73	57.50
11976*	Norplant Removal	9.78	18.98	28.75	38.53	47.73	57.50
W9854	Norplant Insertion Kit	73.10	141.90	215.00	288.10	356.90	430.00
57170	Diaphragm Fitting w/ Instruction **	8.50	16.50	25.00	33.50	41.50	50.00
58300*	Insertion of IUD */**	6.84	13.28	20.13	26.97	33.41	40.25
58301	Removal of IUD	2.93	5.69	8.63	11.56	14.32	17.25
W9855	Depo-Provera Injection	7.21	14.00	21.21	28.42	35.20	42.41

* Also charge for office visit

** Also charge for supplies

CPT CODE	ARNP SERVICES OFFICE VISITS, NEW PATIENT	PAY CATEGORY					
		B (17%)	C (33%)	D (50%)	E (67%)	F (83%)	G (100%)
99201	Problem Focus	4.69	9.11	13.80	18.49	22.91	27.60
99202	Expanded Problem Focus	4.69	9.11	13.80	18.49	22.91	27.60
99203	Detailed Exam, Low Complexity	5.47	10.63	16.10	21.57	26.73	32.20
W9881	EPSDT (Child) Health Screening	4.69	9.11	13.80	18.49	22.91	27.60
W9606	Adult Health Screening	6.84	13.28	20.13	26.97	33.41	40.25
OFFICE VISITS, EST. PATIENT							
99211	Eval/Mgt Service	1.87	3.63	5.50	7.37	9.13	11.00
99212	Problem Focus	3.32	6.45	9.78	13.10	16.23	19.55
99213	Expanded Problem Focus	3.91	7.59	11.50	15.41	19.09	23.00
W9881	EPSDT (Child) Health Screening	4.69	9.11	13.80	18.49	22.91	27.60
W9606	Adult Health Screening	6.84	13.28	20.13	26.97	33.41	40.25
SURGICAL SERVICES							
10060*	Incise/drain abscess, simple *	2.89	5.61	8.50	11.39	14.11	17.00
10120*	Incise/remove foreign body, simple *	4.69	9.11	13.80	18.49	22.91	27.60
10160*	Puncture aspirate abscess, hematoma *	3.28	6.37	9.65	12.93	16.02	19.30
11040	Debridement, skin, partial	2.35	4.55	6.90	9.25	11.45	13.80
69210*	Remove impacted cerumen *	3.28	6.37	9.65	12.93	16.02	19.30
OB/GYN SERVICES							
W1990	Antepartum Visit	7.82	15.18	23.00	30.82	38.18	46.00
99420	Prenatal Risk Assessment	7.82	15.18	23.00	30.82	38.18	46.00
W9607	Enhanced Prenatal R/A	7.82	15.18	23.00	30.82	38.18	46.00
59430	Postpartum	7.82	15.18	23.00	30.82	38.18	46.00
59025	Fetal Non-Stress Test	4.06	7.89	11.95	16.01	19.84	23.90
57452*	Colposcopy *	2.58	5.02	7.60	10.18	12.62	15.20
57454*	Colposcopy with biopsies *	7.65	14.85	22.50	30.15	37.35	45.00
FAMILY PLANNING							
W9759	Initial/Annual Visit **	5.48	10.64	16.13	21.61	26.77	32.25
W9850	Counseling Visit **	3.15	6.11	9.25	12.40	15.36	18.50
W9855	Supply Visit **	1.57	3.05	4.63	6.20	7.68	9.25
11975*	Norplant Insertion */**	7.82	15.18	23.00	30.82	38.18	46.00
11976*	Norplant Removal *	7.82	15.18	23.00	30.82	38.18	46.00
W9854	Norplant Insertion Kit	73.10	141.90	215.00	288.10	356.90	430.00
57170	Diaphragm Fitting w/ Instruction **	6.80	13.20	20.00	26.80	33.20	40.00
58300*	Insertion of IUD */**	5.47	10.63	16.10	21.57	26.73	32.20
58301	Removal of IUD	2.35	4.55	6.90	9.25	11.45	13.80
W9855	Depo-Provera Injection	5.02	9.74	14.75	19.77	24.49	29.50

* Also charge for office visit

** Also charge for supplies

RN SERVICES (not requiring services of MD or ARNP)	PAY CATEGORY					
	B (17%)	C (33%)	D (50%)	E (67%)	F (83%)	G (100%)
Minimal Service (Nursing Assessment)	1.87	3.63	5.50	7.37	9.13	11.00
Brief Service (Assessment, Counsel)	3.66	7.10	10.75	14.41	17.85	21.50
NUTRITION SERVICES						
Counseling Visit (New Pt)	2.55	4.95	7.50	10.05	12.45	15.00
Counseling Visit (Est Pt)	1.70	3.30	5.00	6.70	8.30	10.00

FAMILY PLANNING SUPPLIES	PAY CATEGORY					
	B (17%)	C (33%)	D (50%)	E (67%)	F (83%)	G (100%)

Birth Control Pills (per pack)						
Lo-Ovral	1.30	2.52	3.83	5.13	6.35	7.65
Micronor	1.69	3.28	4.98	6.67	8.26	9.95
Ortho-Novum 7/7/7	1.27	2.46	3.73	4.99	6.18	7.45
Ortho-Novum 1+35	1.40	2.72	4.13	5.53	6.85	8.25
Ortho-Novum 1+50	1.57	3.05	4.63	6.20	7.68	9.25
Tri-Levlen 28 (Triphasil)	1.26	2.44	3.70	4.96	6.14	7.40
Ortho-cept	1.40	2.72	4.13	5.53	6.85	8.25
VCF Film	1.06	2.06	3.12	4.18	5.18	6.24
Cream, Foam, Jelly, Solution (per bottle, tube, box)						
Betadine Solution	2.34	4.53	6.87	9.21	11.40	13.74
Contraceptive Foam	2.00	3.88	5.88	7.87	9.75	11.75
Miconazole Nitrate Cream	1.90	3.68	5.58	7.48	9.26	11.16
Nystatin Cream	1.18	2.30	3.48	4.66	5.78	6.96
Nystatin Oral Suspension	1.80	3.50	5.30	7.10	8.80	10.60
Triple Sulfa Cream	1.32	2.57	3.89	5.21	6.46	7.78
IUD, Injection, Other						
Depo-Provera	3.73	7.25	10.99	14.72	18.24	21.97
Diaphragm	2.51	4.87	7.38	9.88	12.24	14.75
Norplant	62.05	120.45	182.50	244.55	302.95	365.00
Paraguard Copper T	14.25	27.65	41.90	56.15	69.55	83.80

*Except during Special Immunization Projects

ATTACHMENT IV
STATE FEE SCHEDULES, BY SERVICE

III. ENVIRONMENTAL HEALTH:

A. ONSITE SEWAGE DISPOSAL (OSDS) PROGRAM

Fee

Revenue
Object
Code

The following fees are required to accompany application for site evaluations, construction or repair permits, and other services provided by the department.

	Fee	Revenue Object Code
Application for permitting of an onsite sewage treatment and disposal system which includes application and plan review, except repairs.....	\$ 25	001092
Site evaluation for a new system.....	\$ 60	001138
Site evaluation for a system repair.....	\$ 40	001138
Site re-evaluation, new or repair.....	\$ 40	001138
Permit for new systems, including standard subsurface, filled or mounded system.....	\$ 45 (1)	001134
New system installation inspection.....	\$ 50	001092
Research fee to be collected in addition, and concurrent with the permit for a new system installation fee until 6/30/96.....	\$ 5 (2)	001201
Repair permit issuance which includes inspection.....	\$ 40	001133
Inspection of system previously in use. 2015	\$ 40	001092
Reinspection fee per visit for site inspections after system construction approval.....	\$ 25	001092
Installation reinspection of non-compliant system per each site visit.....	\$ 25	001092
System abandonment permit, includes permit issuance and inspection.....	\$ 40	001092
Annual operating permit fee for systems in industrial, manufacturing, and equivalent areas, and for systems receiving commercial sewage waste.....	\$150	001136
Amendments or changes to the operating permit during the permit period per change or amendment.....	\$ 25	001092
Aerobic treatment unit operating permit per annum.....	\$150	001137
Tank manufacturer's inspection per annum.....	\$ 50	001092
Septage disposal service permit per annum.....	\$ 50	001092
Additional charge per pumpout vehicle.....	\$ 25	001092
Portable or temporary toilet service permit per annum.....	\$ 50	001092
Additional charge per pumpout vehicle.....	\$ 25	001092
Septage stabilization facility inspection fee per annum per facility.....	\$150	001092
Septage disposal site evaluation fee per annum....	\$100	001092
Aerobic treatment unit maintenance entity permit per annum.....	\$ 25	001092

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Variance application for a single family residence per each lot or building site.....\$150 (3) 001135
 Variance application for a multi-family or commercial building per each building site.....\$200 (3) 001135

- (1) Includes a \$5 surcharge collected by the CPHUs pursuant to construction permit issuance to be transferred to headquarters to provide technical monitoring, training and administrative assistance for this program using revenue object code 001203.
- (2) \$5 research fee to be transferred to headquarters using revenue object code 001201.
- (3) 50% of the variance application fee is placed in the applicable CPHU trust fund; 50% of fee placed in specific HSES variance account using revenue object code 001204.

The following fees are required to accompany applications for registration of individuals or for a certificate of authorization for partnerships and corporations. These fees are deposited by the Onsite Sewage Program Office (HSES).

	Fee
Application for registration including initial examination.....	\$ 75
Initial registration.....	\$ 75
Renewal of registration.....	\$ 75
Renewal of inactive registration.....	\$100
Certificate of authorization each two-year period.....	\$120
Renewal of inactive certificate of authorization.....	\$150

B. PUBLIC SWIMMING POOLS AND BATHING PLACES

Annual Permits:

Up to (and including) 25,000 gallons.....\$ 25 (1) 001145
 More than 25,000 gallons.....\$ 75 (1) 001145

Other Fees:

Plan Review (New Construction).....\$275 (2) 001145
 Plan review for modification of original construction.....\$100 (2) 001145
 Plan/Application review fee for bathing place development.....\$150 (2) 001145
 Initial operating permit.....\$125 (2) 001145

- (1) Maximum fee is charged by HRS CPHUs and 10% of that fee is transferred to headquarters and should be coded to:

Planning and Evaluation Trust Fund

GF = 20, SF = 2, FID = 531003, BE = 60500200, IBT = 00, OCA = K3000, Object Code = 001205, State Program = 0402000004, SI = RV

- (2) Fee amount collected by HSEH, the 12 delegated counties and District I.

C. MOBILE HOME & RECREATIONAL VEHICLE PARKS

Fee

Revenue
Object
Code

Annual Permits:

5 Spaces and Above.....\$3.50 per space (1) (2) 001113

(1) The minimum statutory fee shall be charged until rules are written by the department. The total fee assessed per facility cannot be more than \$600 or less than \$50.

(2) 10% of each permit shall be transferred to headquarters using revenue object code 001113. Prorating for change of ownership, reinstatement after revocation of permit and new establishments opening during a permit year shall be as follows:

- First Quarter = Full 10% of Fee
- Second Quarter = Three-fourths of 10% fee
- Third Quarter = One-half of 10% fee
- Fourth Quarter = One-fourth of 10% fee

This surcharge should be coded to:

GF = 10, SF = 2, FID = 021042, BE = 60500200, IBI = 00, OCA = UQ000, Object Code = 001113, State Program = 0402000004, SI = RV

D. MIGRANT LABOR CAMPS

Annual Permits:

Facilities with 5-50 occupants.....	\$125	001139
Facilities with 51-100 occupants.....	\$225	001139
Facilities with over 100 residents.....	\$500	001139

E. BIOMEDICAL WASTE GENERATORS

Annual Permits:

(Except Physician Office Generating less than 25 lbs./30 days).....\$ 55 001140

Other Fees:

Reinspection (after the first reinspection)...	\$ 25	001092
Late renewal.....	\$ 25	001092
Mobile treatment machine registration.....	\$ 25	001092

<u>F. DRINKING WATER</u>	Fee	Revenue Object Code
Annual Permits:		
Public Water Annual Operation Permit- Limited Use (Annual Operation Permit First Year).....	\$ 75 (1)	001166
Public Water Annual Operation Permit-Limited Use (Annual Operation Permit Second Year and Beyond).....	\$ 70 (1)	001166
Other Fees:		
Public Water Construction Permit-Limited Use..	\$ 75 (1)	001164
Non-SDWA Lab Sample (Sample Collection/Review of Analytical Results/Health Risk Interpretation):		
Delineated Area.....	\$ 50	001142
Bacterial Sample Collection.....	\$ 40	001142
Chemical Sample Collection.....	\$ 60	001142
Private Water Construction Permit (serving 3 or 4 non-rental residences).....	\$ 40 (2)	001165
Reinspection of Private Water System.....	\$ 25	001092
Reinspection of Public Water System.....	\$ 40	001092
Delineated Area Clearance Fee.....	\$ 50	001092
Lab Fee Chemical Analysis.....	\$100 (3)	001170
Lab Fee Bacterial Analysis.....	\$ 10 (3)	001170

- (1) Includes a \$5 surcharge that is transferred to headquarters to provide training, monitoring, epidemiological support, program evaluations and technical assistance using same revenue object code.
- (2) Includes a \$3 surcharge that is transferred to headquarters to provide training, monitoring, epidemiological support, program evaluations and technical assistance using same revenue object code.
- (3) For collection of fees by the CPHUs on behalf of the state lab. Fees for the chemical and bacterial analysis of water sample shall be deposited to the statewide health program budget using revenue object code 001170.

<u>G. FOOD ESTABLISHMENTS</u>	Fee	Revenue Object Code
Annual Permits:		
Fraternal/Civic (Serving the Public).....	\$160 (1) (2)	001132
School Cafeteria		
a. Operating for 9 months or less.....	\$130 (1) (2)	001132
b. Operating for more than 9 months.....	\$160 (1) (2)	001132
Institutional Food Service.....	\$210 (1) (2)	001132
Movie Theaters.....	\$160 (1) (2)	001132
Jails/Prisons.....	\$210 (1) (2)	001132
Bars/Lounges (Drink Service Only).....	\$160 (1) (2)	001132
Residential Facilities.....	\$110 (1) (2)	001132
Child Care Centers.....	\$ 85 (1) (2)	001132
Limited Food Service.....	\$ 85 (1) (2)	001132
Other Food Service.....	\$160 (1) (2)	001132
Other Fees:		
Plan Review.....	\$ 35/hr	001092
Food Worker Training.....	\$ 10	001092
Request For Inspection.....	\$ 40	001092
Reinspection (after the first reinspection)...	\$ 30	001092
Late renewal.....	\$ 25	001092
Alcoholic Beverage Inspection Approval.....	\$ 30	001092

- (1) Includes a \$10 surcharge that is transferred to headquarters to provide training, monitoring, epidemiological support, program evaluations and technical assistance using revenue object code 001132.

The \$10 surcharge should be coded to:

GF = 10, SF = 2, FID = 021042, BE = 60500200, IBI = 00, OCA = 10000, Object Code = 001132, State Program = 0402000004, SI = RV

- (2) Includes a \$5 surcharge that is transferred to headquarters to offset the cost of purchasing and providing maintenance on equipment to be used for this program using revenue object code 001119.

The \$5 surcharge should be coded to:

GF = 10, SF = 2, FID = 021042, BE = 60500200, IBI = 00, OCA = UU000, Object Code = 001119, State Program = 0402000004, SI = RV

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Revenue
Object

H. TANNING FACILITIES

Annual License Fee.....	\$150.00 (1)	001144
Each Additional Device.....	\$ 55.00	001144

Total not to exceed \$315.00

Late Fee.....	\$ 25.00	001092
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(1) Includes a \$10 surcharge that is transferred to headquarters to provide training, monitoring, epidemiological support, program evaluations and technical assistance using revenue object code 001144.

The \$10 surcharge on each annual permit transferred to headquarters should be coded to:

GF = 10, SF = 2, FID = 021042, BE = 60500200, IBI = 00, OCA = R9000,
Object Code = 001144, State Program = 0402000004, SI = RV