

RESOLUTION 92-50  
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

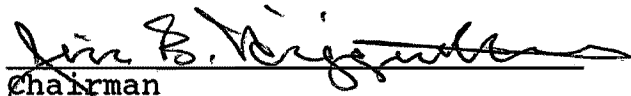
WHEREAS, the HRS/NASSAU COUNTY PUBLIC HEALTH UNIT did review the fees collected, and determined that in order to assist in defraying the cost of providing the services required, said fees should be in accordance with the Schedule of Fees and Services attached hereto, marked as Exhibit "A", and made a 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 in public meeting assembled:

1. That Resolution No. 91-36 is hereby 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. Any changes to the Schedule of Fees and Services will be identified by the symbol (|) next to the changed or added item.

4. This Resolution shall take effect immediately upon its adoption and will remain in effect until altered or rescinded by action of this BOARD.

  
Chairman

ATTEST:

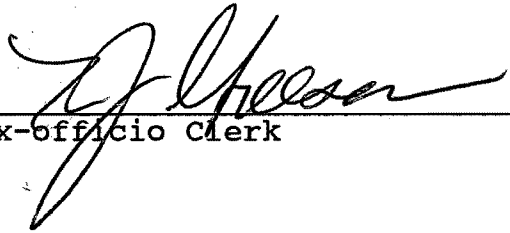
  
Ex-officio Clerk

EXHIBIT A  
FEE SCHEDULE

Administrative Services

Report/Record Copies

- 1. Documents (per page) \$ 0.15
- 2. Medical records (per page) 1.00
- 3. Maximum charge 10.00

Vital Statistics

- 1. Birth Certificate \$ 9.00
- 2. Birth Certificate, per additional copy 4.00
- 3. Death Certificate 4.00
- 4. Death Certificate, per additional copy 4.00

Environmental Health Services

Private water samples

(No charge if health department ordered sample.)

- 1. Client brings in \$ N/C
- 2. Business samples (health department takes sample) N/C
- 3. Private Well Survey and sample 15.00
- 4. County Commission facilities N/C

Plat Review Fees

- 1. Less than 25 lots \$ 40.00
- 2. 25 - 49 lots 75.00
- 3. 50 - 99 lots 100.00
- 4. 100 or more lots 125.00

Plan Review Fees

- 1. Public Water and sewer available \$ 25.00
- 2. Septic tank system and public water 50.00
- 3. Septic tank and well 75.00

Unlicensed food service for profit and bars

- 1. 0 -149 seats \$110.00
- 2. 150 - 249 seats 120.00
- 3. 250 and more seats 130.00

EXHIBIT A  
FEE SCHEDULE

Personal Health Services

Immunizations

(There is no charge for immunizations required to attend Florida schools, grades K - 12)

1.	Influenza	\$ 10.00
2.	Pneumonia	10.00
3.	Tetanus (Td or Dt)	<del>5.00</del>
4.	Rabies Immune Globulin (RIG)-Amt of vaccine to be administered is determined by	
5.	Diploid Cell Vaccine (DCV) body weight. MAXIMUM FEE IS	495.00
6.	Hepatitis B	10.00
7.	MMR	<del>15.00</del>
8.	MR	10.00
9.	Mumps	10.00
10.	PPD (Employment only, non-TB related)	10.00
11.	Injection; subcutaneous or intramuscular (#90782)	10.00
12.	Injection; intravenous (#90784)	10.00

Diagnostic/Screening Tests

1.	EKG	22.50
2.	Tympanogram	11.50
3.	Hearing Test	5.50
4.	Lab Collection (normally included in office visit)	1.75

In-House (quick test) Lab

1.	Urine Dip Stick	\$ 3.50
2.	Hemoglobin (#85018)	3.50
3.	Hemocult (1 vs 3)	3.50
4.	Glucose Screening	5.75
5.	Strep Test	8.00
6.	KOH or Saline Mount	3.50
7.	Hematocrit (#85014)	2.00

State Lab

1.	Gonococcus - GC	5.75
2.	Chlamydia (#86317)	5.75
3.	Sickle Cell (#83020)	5.75
4.	HBsAG (#86287)	5.15
5.	VDRL-Syphilis Serology (as part of pkg; Family Planning, etc.)	2.30
6.	Glucose	2.30
7.	Hemoglobin	1.75
8.	Lead Blood (#84202)	5.75
9.	VDRL,(employment purposes)	10.00
10.	Stool for O & P	3.85
11.	SGOT	5.75

EXHIBIT A  
FEE SCHEDULE

Personal Health Services

Outside Lab (cost + 15%)

1.	A, G, M - Glob. Fract. (#00160)	32.50
2.	Alpha Feto-protein (#02212)	33.50
3.	Amylase, Serum (#00101)	11.80
4.	ANA (#00627)	15.50
5.	Anemia Profile I (#01048)	12.65
6.	Anemia Profile II (#01261)	29.90
7.	Anemia Profile III (67268)	78.20
8.	Antibody ID and Titer (#08168)	20.70
9.	Anti-DNA Antibody (#00629)	29.10
10.	ASO Titer (#00554)	15.00
11.	Atypical Antibody Screen (#00610)	6.35
12.	Bilirubin - T, D, I (#07271)	11.65
13.	Biopsy (#00895)	23.00
14.	Biopsy - multiple screen (#00885)	51.75
15.	Blood GRP & RH (#00557)	7.00
16.	Breast Smear (#07225)	6.50
17.	BUN (#00106)	4.50
18.	CBC, Manual - Platelet Est. (#02500)	6.50
19.	CBC, no differential (#00505)	4.65
20.	CBC, with differential (#00500)	3.15
21.	CEA (#00116)	28.35
22.	Chlamydia Direct Smear (#02165)	13.60
23.	Chlamydia & Gonorrhoea (#05685)	8.00
24.	Cholesterol (#00132)	6.00
25.	Cholesterol, Triglycerides, HDL (#66022)	10.00
26.	Coronary Risk Profile II (#01275)	18.40
27.	CPK (#00150)	11.60
28.	Creatinine Clearance (#00156)	16.20
29.	Creatinine, Urine (#00456)	20.40
30.	Culture, Acid Fast (#00669)	21.25
31.	Culture, Herpes (#01838)	31.35
32.	Culture, Miscellaneous (#00659)	7.00
33.	Culture, Routine (#00656)	6.60
34.	Culture, Throat (#09820)	6.60
35.	Culture, Urine (#04444)	7.00
36.	Culture, Vaginal (#09821)	6.60
37.	Culture, Wound (#09822)	6.60
38.	Digoxin (#00861)	16.50
39.	Dilantin (#00860)	16.50
40.	Electrolyte Profile (#00903)	6.80
41.	FSH & LH (#01708)	41.20
42.	Glucose (1 hour) (#02769)	4.25
43.	Glucose (3 hour GTT) (#07968)	34.05
44.	Glucose, Fast 1,2,3 Hour (#02956)	13.25
45.	Glucose - Plasma (#00174)	2.30
46.	Glucose - S (#00176)	4.25
47.	Gram Stain Smear (#00668)	7.95
48.	HAA Antibody (#00360)	23.10
49.	Health Survey Profile I (#61250)	5.75
50.	Health Survey Profile II (#61252)	7.00
51.	Health Survey Profile IV (#61254)	12.40
52.	Health Survey Profile VI (#61256)	15.20
53.	Hepatitis B, Surface A (#00351)	5.20
54.	Hepatitis confirmation (#07589)	18.30

EXHIBIT A  
FEE SCHEDULE

Personal Health Services

55.	Hepatitis Profile, complete (#06297)	61.90
56.	Herpes Simplex Virus Isolation (#00618)	24.40
57.	HGB Electro - Quantitative (#00181)	28.50
58.	HIV (if requested) (#02812)	61.25
59.	Lipase - Serum (#00270)	15.90
60.	Lithium (#00836)	10.00
61.	Mono Screen (#00598)	5.50
62.	Nipple discharge (#07224)	16.70
63.	Ova & Parasites (#00706)	13.85
64.	PAP Smear, double slide (#09600)	21.30
65.	PAP Smear, single slide (#00896)	8.00
66.	Phenobarbital (#00815)	23.00
67.	Potassium (#00300)	3.70
68.	Pregnancy Test - Serum, Qualitative (#00956)	12.90
69.	Prenatal Profile II (#00954)	18.00
70.	Prolactin Serum (#00338)	30.70
71.	Protein, Total Urine Quantitative (#00522)	8.50
72.	Prothrombin Time (#00533)	5.20
73.	PTT (#00625)	8.30
74.	RA Test Latex AGG (#00601)	9.20
75.	Rheumatoid Profile II (#01262)	18.40
76.	RPR Serology (#00616)	4.60
77.	Rubella Antibody T (#00603)	12.10
78.	Rubeola, IGG & IGM, EIA (#09653)	51.50
79.	SED Rate West. (#00541)	4.50
80.	SED Rate WIN (#00542)	4.50
81.	Sensitivity, Urine (#08057)	3.50
82.	Sensitivity, Urine - 2nd (#08058)	7.00
83.	Sickle Cell Screen (#00545)	6.10
84.	SMAC, 24, HDL - Health Profile (#61250)	9.70
85.	Smear, Miscellaneous, non-GYN (#07557)	18.10
86.	Syphilis Serology (#00616)	4.65
87.	T-3, T-4, T-7 (#00217)	6.60
88.	T-4 RIA (00231)	4.30
89.	T-lymphocyte profile with T-4 & T-8 (#02001-x)	101.10
90.	T-lymphocyte with helper/suppressor ratio (#02437)	55.20
91.	T. Lipids (#00273)	11.00
92.	T3 RIA (#00339)	22.30
93.	T7, ST3, TSH (#06000)	46.35
94.	Tegretol - Quantitative (#00799)	19.75
95.	Testosterone, RIA (#00357)	37.60
96.	Theophyllin (#00872)	16.50
97.	Thyroid Profile, Micro & TAT (#06003)	41.70
98.	Thyroid Profile, T3 RIA (#06001)	30.25
99.	Thyroid Profile, TSH (#06002)	29.00
100.	Total Iron (#00244)	4.25
101.	Triglycerides (#00334)	6.00
102.	Triglycerides, Cholesterol (#00929)	9.70
103.	TSH by RIA (#00235)	22.50
104.	Uric Acid, Urine (#00537)	8.00
105.	Urinalysis (#00400)	2.30
106.	VDRL - Serum (#07382)	6.80
107.	Varicella, Herpes Zoster (#02460)	32.75
108.	Vitamin B-12 (#00108)	27.50
109.	Vitamin B-12 & Folic Acid (#01212)	41.00

EXHIBIT A  
FEE SCHEDULE

Personal Health Services

Physician Services

Office Visits: New Patient

	<u>Physician</u>	<u>ARNP</u>
1. Brief Service (#90000)	\$ 34.50	\$ 27.60
2. Limited Service (#90010)	34.50	27.60
3. Intermediate Service (#90015)	40.25	32.20
4. Extended Service (#90017)	51.20	
5. Comprehensive Service (#90020)	57.50	46.00
6. EPSDT Health Screening (#W9881 - Child)	34.50	27.60
7. Adult Health Screening (#W9606)	40.25	40.25

Office Visits: Established Patient

1. Minimal Service (#90030)	\$ 13.80	11.00
2. Brief Service (#90040)	24.15	19.55
3. Limited Service (#90050)	24.15	19.55
4. Intermediate Service (#90060)	28.75	23.00
5. Extended Service (#90070)	34.50	
6. Comprehensive Service (#90080)	51.75	41.40
7. EPSDT Health Screening (#W9881 - Child)	34.50	27.60
8. Adult Health Screening (#W9606)	40.25	40.25

Nutrition Services

1. Counseling, new patient	\$ 15.00
2. Counseling, established patient	10.00

Other Services

1. Cardiopulmonary Resuscitation (#92950)	\$200.00	160.00
2. Lab Collection (normally included in office visit)	2.50	1.75

EXHIBIT A  
FEE SCHEDULE

Personal Health Services

Surgical (Minor) Services

	<u>Physician</u>	<u>ARNP</u>
1. Incise/drain sebaceous cyst (#10000*)	\$ 36.80	
2. Incise/drain 2nd sebaceous cyst (#10001)	15.50	
3. Incise/drain furuncle (#10020*)	31.00	24.75
4. Incise/drain abscess, simple (#10060)	31.00	24.75
5. Incise/drain onychia, simple (#10100*)	30.00	
6. Incise/drain onychia, complicated (#10101)	57.50	
7. Incise/remove foreign body, simple (#10120*)	50.00	40.25
8. Incise/drain hematoma, simple (#10140*)	40.25	32.20
9. Puncture aspirate abscess, hematoma, cyst (#10160*)	34.50	27.60
10. Debridement, skin, partial thickness (#11040)	24.75	19.50
11. Biopsy; skin, sub. tis. or mucous membrane (#11100)	46.00	
12. Excision, benign lesion, trunk, arm, leg (#11402)	86.25	
13. Excision, benign lesion, face, ears, etc. (#11442)	100.50	
14. Avulsion nail plate, part or compl, simple (#11730*)	26.50	
15. Wound repair; simple (#12001*)	51.75	
16. Destruction of flat warts, up to 15 (#17110*)	34.50	
17. Removal foreign body, intranasal (#30300*)	37.50	
18. Control nasal hemorrhage, ant./unilateral (#30901*)	86.25	
19. Control nasal hemorrhage, ant./bilateral (#30902*)	94.25	
20. Venipuncture, under 3 years; leg (#36400)	33.50	26.50
21. Venipuncture, under 3 years; other vein (#36406)	24.25	11.50
22. Routine venipuncture for specimen (#36415*)	3.50	2.75
23. Anoscopy, diagnostic (#46600)	34.50	
24. Remove foreign body, ext. eye, superficial (#65205*)	12.00	
25. Remove foreign body, ext. eye, embedded (#65210*)	37.50	
26. Remove foreign body, ext. auditory canal (#69200*)	25.25	
27. Remove impacted cerumen, one or both ears (#69210*)	34.50	

Family Planning Services

1. Family Planning visit; initial/annual (#W9759)	40.25	32.25
2. Family Planning counseling visit (#W9850)	23.00	18.50
3. Family Planning supply visit (#W9851)	11.50	9.25
4. Norplant insertion (#W9852*/**)	57.50	46.00
5. Norplant removal (#W9853)	57.50	46.00
6. Norplant insertion kit (#W9854)	430.00	430.00
4. Insertion of pessary (#57160**)	24.25	4.50
5. Diaphragm fitting with instruction (#57170**)	72.00	4.50
6. Insertion of IUD (#58300*/**)	57.50	20.75
7. Removal of IUD (#58301)	25.25	

\* In addition to pre-op and post-op services (office visit)

\*\* Also charge for supplies



EXHIBIT A  
FEE SCHEDULE

Personal Health Services

Obstetrical Services

Maternal/Prenatal

	<u>Physician</u>	<u>ARNP</u>
1. Antepartum package 10 visits (Low Risk) (#59420)	\$400.00	\$320.00
2. Antepartum package 15 visits (High Risk) (#59420)	525.00	420.00
3. Antepartum visit (Low Risk/High Risk) (#59420)	57.50	46.00
4. Postpartum (#59430)	57.50	46.00
5. Fetal non-stress test (#59025)	43.00	

New Patients

1. Limited visit (#90010)	\$ 34.50	27.60
2. Comprehensive visit (#90020)	57.50	46.00
3. Fetal non-stress test (#59025)	43.00	

Established Patients

1. Limited visit (#90050)	\$ 24.75	19.50
2. Comprehensive visit (#90080)	57.50	41.50
3. Fetal non-stress test (#59025)	43.00	

Contract for Delivery Services (with University Medical Center, Jacksonville)

1. Vaginal delivery only (Low Risk) (#59410)	\$575.00	
2. Vaginal delivery only (High Risk) (#59410)	920.00	
3. Cesarean section (#59500 or #59520)	575.00	
4. In-patient care (per day)	796.18	

Gynecological Services

1. Incise/drain perineal abscess (#56000*)	\$ 50.50	
2. Biopsy of perineum (#56100*)	50.50	
3. Incise/drain abscess of vulva (#56400*)	62.75	
4. Incise/drain Bartholin's Gland abscess (#56420*)	74.75	
5. Biopsy of vulva (#56600*)	57.50	
6. Excision of Bartholin's cyst (#56740)	254.75	
7. Destruction of vaginal lesion, simple (#57061)	215.60	
8. Destruction of vaginal lesion, extensive (#57065*)	100.50	
9. Biopsy of vaginal mucosa, simple (#57100*)	46.00	
10. Biopsy of vaginal mucosa, extensive (#57105)	300.75	
11. Excision of vaginal cyst or tumor (#57135)	287.50	
12. Colposcopy (#57452*)	27.50	24.75
13. Colposcopy with biopsies (#57454*)	80.50	64.40
14. Biopsy, single or multiple (#57500*)	62.70	
9. Endocervical curettage (#57505)	50.50	
10. Cauterization of cervix, cryosurgery (#57511*)	86.25	
11. Office endometrical curettage (#58102)	76.50	

\* In addition to pre-op and post-op services (office visit)