

## ATTACHMENT III

**WAKULLA COUNTY HEALTH DEPARTMENT  
DENTAL SERVICES PROPOSED FEE SCHEDULE  
EFFECTIVE July 2009**

CODE	DESCRIPTION	Current	Proposed
D0120	PERIODIC ORAL EVALUATION	\$ 25.00	\$ 27.50
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$ 25.00	\$ 27.50
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$ 30.00	\$ 33.00
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	\$ 40.00	\$ 44.00
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	\$ 7.00	\$ 7.70
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	\$ 3.75	\$ 4.13
D0240	INTRAORAL-OCCLUSAL FILM	\$ 10.00	\$ 11.00
D0250	EXTRAORAL-FIRST FILM	\$ 30.00	\$ 33.00
D0260	EXTRAORAL-EACH ADDITIONAL FILM	\$ 16.25	\$ 17.88
D0270	BITEWING-SINGLE FILM	\$ 7.50	\$ 8.25
D0272	BITEWINGS-TWO FILMS	\$ 11.25	\$ 12.38
D0274	BITEWINGS-FOUR FILMS	\$ 13.75	\$ 15.13
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY FILM	\$ 40.00	\$ 44.00
D0330	PANORAMIC FILM	\$ 37.50	\$ 41.25
D0340	CEPHALOMETRIC FILM	\$ 40.00	\$ 44.00
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	\$ 8.75	\$ 9.63
D0470	DIAGNOSTIC CASTS	\$ 27.50	\$ 30.25
D1110	PROPHYLAXIS-ADULT	\$ 22.50	\$ 24.75
D1120	PROPHYLAXIS-CHILD	\$ 17.50	\$ 19.25
D1203	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED)-CHILD	\$ 13.75	\$ 15.13
D1330	ORAL HYGIENE INSTRUCTION	\$ 7.50	\$ 8.25
D1351	SEALANT-PER TOOTH	\$ 16.25	\$ 17.88
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$ 90.00	\$ 99.00
D1515	SPACE MAINTAINER-FIXED BILATERAL	\$ 146.25	\$ 160.88
D1550	RECEMENTATION OF SPACE MAINTAINER	\$ 21.25	\$ 23.38
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$ 40.00	\$ 44.00
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$ 55.00	\$ 60.50
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$ 65.00	\$ 71.50
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$ 76.25	\$ 83.88
D2330	RESIN-ONE SURFACE, ANTERIOR	\$ 45.00	\$ 49.50
D2331	RESIN-TWO SURFACES, ANTERIOR	\$ 55.00	\$ 60.50
D2332	RESIN-THREE SURFACES, ANTERIOR	\$ 65.00	\$ 71.50
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$ 90.00	\$ 99.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$ 90.00	\$ 99.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$ 38.75	\$ 42.63
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$ 51.25	\$ 56.38
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$ 63.75	\$ 70.13
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$ 96.25	\$ 105.88
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$ 106.25	\$ 116.88
D2920	RECEMENT CROWN	\$ 21.25	\$ 23.38
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$ 85.00	\$ 93.50
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$ 85.00	\$ 93.50
D2932	PREFABRICATED RESIN CROWN	\$ 85.00	\$ 93.50
D2940	SEDATIVE FILLING	\$ 25.00	\$ 27.50
D2950	CORE BUILD-UP, INCLUDING ANY PINS	\$ 81.25	\$ 89.38
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	\$ 2.50	\$ 2.75
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$ 66.25	\$ 72.88
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$ 16.25	\$ 17.88
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$ 13.75	\$ 15.13
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL	\$ 62.50	\$ 68.75
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$ 37.50	\$ 41.25
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$ 93.75	\$ 103.13
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESOTRATION)	\$ 106.25	\$ 116.88
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	\$ 185.00	\$ 203.50
D3320	BICUSPID (EXCLUDING FINAL RESTORATION) <b>ROOT CANAL</b>	\$ 237.50	\$ 261.25
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	\$ 293.75	\$ 323.13
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION;NON-SURGICAL ACCESS	\$ 62.50	\$ 68.75
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$ 38.75	\$ 42.63
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR)	\$ 105.00	\$ 115.50
D3352	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR))	\$ 70.00	\$ 77.00

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CODE	DESCRIPTION	Current	Proposed
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL)	\$ 140.00	\$ 154.00
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	\$ 93.75	\$ 103.13
D3430	RETROGRADE FILLING-PER ROOT	\$ 31.25	\$ 34.38
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH	\$ 131.25	\$ 144.38
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH	\$ 56.25	\$ 61.88
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH	\$ -	\$ -
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH	\$ -	\$ -
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH	\$ 142.50	\$ 156.75
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH	\$ 60.00	\$ 66.00
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$ 25.00	\$ 27.50
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	\$ 12.50	\$ 13.75
D5110	COMPLETE DENTURE - MAXILLARY	\$ 387.50	\$ 426.25
D5120	COMPLETE DENTURE - MANDIBULAR	\$ 387.50	\$ 426.25
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH	\$ 206.25	\$ 226.88
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH	\$ 206.25	\$ 226.88
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$ 393.75	\$ 433.13
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$ 393.75	\$ 433.13
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$ 17.50	\$ 19.25
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$ 17.50	\$ 19.25
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$ 17.50	\$ 19.25
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$ 17.50	\$ 19.25
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$ 55.00	\$ 60.50
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	\$ 48.75	\$ 53.63
D5610	REPAIR RESIN DENTURE BASE	\$ 55.00	\$ 60.50
D5620	REPAIR CAST FRAMEWORK	\$ 58.75	\$ 64.63
D5630	REPAIR OR REPLACE BROKEN CLASP	\$ 70.00	\$ 77.00
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$ 48.75	\$ 53.63
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$ 52.50	\$ 57.75
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$ 65.00	\$ 71.50
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$ 78.75	\$ 86.63
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$ 78.75	\$ 86.63
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$ 78.75	\$ 86.63
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$ 78.75	\$ 86.63
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$ 141.25	\$ 155.38
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$ 141.25	\$ 155.38
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$ 141.25	\$ 155.38
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$ 141.25	\$ 155.38
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$ 137.50	\$ 151.25
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	\$ -	\$ -
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	\$ 206.25	\$ 226.88
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	\$ 65.00	\$ 71.50
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL	\$ 65.00	\$ 71.50
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP	\$ 75.00	\$ 82.50
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$ 100.00	\$ 110.00
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$ 96.25	\$ 105.88
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY	\$ 98.75	\$ 108.63
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$ 102.50	\$ 112.75
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$ 67.50	\$ 74.25
D7260	ORAL ANTRAL FISTULA CLOSURE	\$ 210.00	\$ 231.00
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$ 150.00	\$ 165.00
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED	\$ 33.75	\$ 37.13
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$ 170.00	\$ 187.00
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	\$ 56.25	\$ 61.88
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	\$ 70.00	\$ 77.00
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$ 58.75	\$ 64.63

ATTACHMENT III

CODE	DESCRIPTION	Current	Proposed
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$ 83.75	
D7880	OCCLUSAL ORTHOTIC APPLIANCE	\$ -	\$ -
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$ 105.00	\$ 115.50
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	\$ -	\$ -
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$ 475.00	\$ 522.50
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$ 475.00	\$ 522.50
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$ 475.00	\$ 522.50
D8210	REMOVABLE APPLIANCE THERAPY	\$ 135.00	\$ 148.50
D8220	FIXED APPLIANCE THERAPY	\$ 418.75	\$ 460.63
D8660	PRE-ORTHODONTIC VISIT	\$ 81.25	\$ 89.38
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	\$ 65.00	\$ 71.50
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	\$ 78.75	\$ 86.63
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	\$ -	\$ -
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	\$ 16.25	\$ 17.88
D9220	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 30 MINUTES	\$ 71.25	\$ 78.38
D9221	DEEP SEDATION/GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES	\$ 28.75	\$ 31.63
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$ 35.00	\$ 38.50
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES	\$ 62.50	\$ 68.75
D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES	\$ 25.00	\$ 27.50
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$ 50.00	\$ 55.00
D9310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN SELF)	\$ 22.50	\$ 24.75
D9420	HOSPITAL CALL	\$ 70.00	\$ 77.00
D9920	BEHAVIOR MANAGEMENT, BY REPORT	\$ 31.25	\$ 34.38
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	\$ -	\$ -
D2704	CROWN (FULL PORC)*	\$ 375.00	\$ 412.50
D2752	CROWN (HIGH NOBLE METAL)*	\$ 312.50	\$ 343.75
D2792	CROWN (FULL GOLD)*	\$ 281.25	\$ 309.38
D5821	INTERIM PARTIAL DENTURE (MAND)*	\$ 137.50	\$ 151.25
D5130	IMMEDIATE MAX. DENTURE*	\$ 262.50	\$ 288.75
D5140	IMMEDIATE MAX. DENTURE*	\$ 262.50	\$ 288.75
	*LABS NOT INCLUDED		
	Although all fees are listed, not all services may be provided at the Wakulla County Dental Health Unit		
	Suture Removal	\$ 10.00	\$ 11.00

## ATTACHMENT III

**WAKULLA COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH PROPOSED FEE SCHEDULE  
EFFECTIVE July 2009**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>Current</b>	<b>Proposed</b>
	FOOD HYGIENE	\$ 50.00	\$100.00
	PUBLIC SWIMMING POOLS	\$ 50.00	\$100.00
	TANNING FACILITIES	\$ 50.00	\$100.00
	WATER SYSTEMS	\$ 50.00	\$100.00
	SEPTIC PUMPERS	\$ 50.00	\$100.00
	PORTABLE TOILET SERVICE	\$ 50.00	\$100.00
	MAINTENANCE ENTITY	\$ 50.00	\$100.00
	TANK MANUFACTURER	\$ 50.00	\$100.00
	ATU OPERATING PERMIT	\$ 50.00	\$100.00
	PBTS OPERATING PERMIT	\$ 50.00	\$100.00
	ONE TIME APPLICATION	\$ 50.00	\$100.00
	NEW SYSTEMS, REPAIRS, MODIFICATIONS, ABANDONMENTS	\$ 50.00	\$100.00

**WAKULLA COUNTY HEALTH DEPARTMENT  
CLINICAL SERVICES PROPOSED FEE SCHEDULE  
EFFECTIVE July 2009**

CODE	DESCRIPTION	Current	Proposed
	<b>PHYSICALS/VISITS</b>		
H1000	OB VISIT	\$ 50.00	\$55.00
37-7000	ADULT PHYSICAL	\$ 75.00	\$82.50
29-SCH00	SCHOOL PHYSICAL	\$ 50.00	\$55.00
SCH00	LUNCHROOM/BUS/DAYCARE WORKER PHYSICAL	\$ 75.00	\$82.50
37-PPB00	PPB, PAP, PELVIC, BREAST EXAM	\$ 80.00	\$88.00
	LAB TEST WITH LAP SLIP PLUS ADM FEE	LAB BILLS CLIENT	LAB BILLS CLIENT
ADM	ADMINISTRATION FEE	\$ 10.00	\$11.00
	OUT OF COUNTY FEE - FOR CLINIC CLIENTS ONLY	\$ 50.00	\$55.00
	<b>OFFICE VISIT - ESTABLISHED PATIENT</b>		
99211	5 MINUTES PROVIDER TIME	\$ 15.56	\$17.12
99212	10 MINUTES FACE TO FACE PROVIDER TIME	\$ 27.25	\$29.98
99213	15 MINUTES FACE TO FACE PROVIDER TIME	\$ 33.20	\$36.52
99214	25 MINUTES FACE TO FACE PROVIDER TIME	\$ 51.77	\$56.95
99215	40 MINUTES FACE TO FACE PROVIDER TIME	\$ 75.31	\$82.84
	<b>OFFICE VISIT - NEW PATIENT</b>		
99201	10 MINUTES FACE TO FACE PROVIDER TIME	\$ 38.93	\$42.82
99202	20 MINUTES FACE TO FACE PROVIDER TIME	\$ 40.48	\$44.53
99203	30 MINUTES FACE TO FACE PROVIDER TIME	\$ 60.72	\$66.79
99204	45 MINUTES FACE TO FACE PROVIDER TIME	\$ 85.91	\$94.50
99205	60 MINUTES FACE TO FACE PROVIDER TIME	\$ 108.50	\$119.35
	<b>FAMILY PLANNING</b>		
99403	FAMILY PLANNING SUPPLY VISIT	\$ 24.22	\$26.64
J1055	DEPO-PROVERA SHOT	\$ 24.22	\$26.64
PATCH	BIRTH CONTROL PATCH	\$ 7.00	\$7.70
PILLS	BIRTH CONTROL PILL PACK	\$ 5.00	\$5.50
99403	DIAPHRAGM	\$ 25.00	\$27.50
58300	IUD & INSERTION	\$ 160.00	\$176.00
11976	NORPLANT REMOVAL	\$ 66.00	\$72.60
J7302	MIRENA IUD	\$ 435.00	\$478.50
	<b>IMMUNIZATIONS - ADULT ONLY</b>		
90707	MMR	\$10.00+ COST	\$11.00+ COST
37-90718	TETANUS	\$10.00+ COST	\$11.00+ COST
37-90659	FLU	\$10.00+ COST	\$11.00+ COST
37-90732	PNEUMONIA	\$10.00+ COST	\$11.00+ COST
37-90730	HEPATITIS A	\$10.00+ COST	\$11.00+ COST
37-90746	HEPATITIS B	\$10.00+ COST	\$11.00+ COST
800059	HEPATITIS A, B, & C TWINRIX	\$10.00+ COST	\$11.00+ COST
37-90716	VARICELLA	\$10.00+ COST	\$11.00+ COST
37-90742	RABIES VACCINE - P EXPOSURE	\$10.00+ COST	\$11.00+ COST
37-8658	PPD TB SKIN TEST OR SCREENING MENIGOCOCCAL	\$10.00+ COST	\$11.00+ COST
90736	ZOSTERVAC	\$10.00+ COST	\$11.00+ COST
NDOT	COUNTY DRUG SCREENING	\$ 19.00	\$20.90
	<b>OTHER</b>		
D0048	INSULIN - PER VIAL	\$ 15.00	\$16.50
CAR SEAT	IF CLIENT IS MEDICAID OR RECEIVING ASSISTANCE	\$ 10.00	\$11.00
CAR SEAT	CLIENTS NOT RECEIVING ASSISTANCE	\$ 20.00	\$22.00
DIA MACHINE	DIABETIC MACHINE	\$ 3.00	\$3.30
37-STRIPS	DIABETIC STRIPS	\$ 17.00	\$18.70
NOTARY	NOTARY FEE	\$ 5.00	\$5.50