

FY19/20
Supplemental
Schedule of Fees and
Charges for Services



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Contents

Community Support Services: Public Health Unit (PHU)	3
Dental:	3
Immunizations:	3
Primary Care Client Fees by Procedure and Fee Group:	5
Environmental Health:	6
Sheriff	9
Public Works.....	12
Health Department Clinic Fees	13
Health Department Dental Fees	14

Community Support Services: Public Health Unit (PHU)

Dental:

Activities	Fee
<ul style="list-style-type: none"> Charged in accordance with current Medicaid rate 	See Dental Fee Schedule

Immunizations:

Childhood Immunizations:

- No charge for required immunizations of children through 12th grade. All children receiving foreign travel inoculations must be charged according to the fee schedule. Medicaid does not pay for ADULT immunizations, or any immunizations for children that are not required.

Non-Childhood Immunizations:

Immunizations	Fee
<ul style="list-style-type: none"> All non-childhood immunizations will be subject to an administrative fee per shot 	\$20
<ul style="list-style-type: none"> All non-childhood immunizations will be subject to a processing fee per shot. 	25% of cost of vaccine + 25% of administrative fee

Adult Immunizations:

Immunizations	Fee
<ul style="list-style-type: none"> Tetanus/Diphtheria 	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
<ul style="list-style-type: none"> Injectable Polio Vaccine (IPV) 	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
<ul style="list-style-type: none"> Oral Polio Vaccine (OPV) 	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
<ul style="list-style-type: none"> Measles, Mumps & Rubella 	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
<ul style="list-style-type: none"> Measles only 	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
<ul style="list-style-type: none"> Mumps only 	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
<ul style="list-style-type: none"> Cholera 	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
<ul style="list-style-type: none"> Hepatitis B Immune Globulin 	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
<ul style="list-style-type: none"> Hepatitis B Immunization 	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee

Immunizations for All Ages:

Immunizations	Fee
• Children <11 years old	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
• Children 11-19 years old	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
• Immune Globulin	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
• Japanese Encephalitis	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
• Influenza	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
• Meningococcal Vaccine	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
• Typhoid	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
• Oral Typhoid Vaccine (on request)	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
• Yellow Fever	(Cost of Vaccine + Administrative fee) + 25% of cost of vaccine and 25% of administrative fee
• Foreign Travel Consultation	\$40.00 per person
• Immunization Booklet Replacement Fee	\$20

Other Services:

Activities	Fee
• Antibody Titer (Measles, Rubella)	Lab Cost + Admin Fee
• Antibody Titer (Rabies)	Lab Cost + Admin Fee
• Anti-HBS (Hepatitis B Antibody)	Lab Cost + Admin Fee
• Body piercing: Annual renewal training (4hrs + lab)	\$100/participant
• Childbirth/Parenting Class	\$25.00
• Colposcopy	\$250.00
• Cryo/Chemical Treatment of Genital Warts	\$25.00
• Diabetic Teaching	Lab Cost + Admin Fee
• HBs Ag (Hepatitis B Antigen)	Lab Cost + Admin Fee
• Lead Testing	Lab Cost + Admin Fee
• Lyme Disease/Ehrlichiosis/RMSF/Q Fever	Lab Cost + Admin Fee
• Pregnancy Test HCG & Pelvis	\$5.00 Supply Fee
• Pregnancy Test Serum HCG Quantative	Lab Cost + Admin Fee
• RPR (Syphilis Test)	Lab Cost + Admin Fee
• Signing of out of state marriage license applications	\$25.00
• TB Skin Test	\$20.00
• TB Symptom Screening	\$20.00

Supplemental Schedule of Fees and Charges for Services

Activities	Fee
• Varicella Zoster Titer	Lab Cost + Admin Fee

Primary Care Client Fees by Procedure and Fee Group:

Note: For laboratory and radiological services, clients will pay based on their income according to Federal Guidelines using current provider fee schedule.

Client Net Income Levels:

Income Level	Fee
• 100% of federal poverty level	Zero Charge
• 101%-119% of federal poverty level	17% of Current Charge
• 120%-139% of federal poverty level	33% of Current Charge
• 140%-159% of federal poverty level	50% of Current Charge
• 160%-179% of federal poverty level	67% of Current Charge
• 180%-199% of federal poverty level	83% of Current Charge
• Above 200 % of federal poverty level	100% of Current Charge

Client Fees:

Activities	Fee
• Office Visit (includes any services not listed below)	Range = \$60.00-\$100.00
• Annual Exam (initial) Family Planning	\$106.00
• Annual Exam (return) Family Planning	\$80.00
• School Physical	\$45.00
• Sickie Cell Screen for Sports Physical	\$8.00
• Blood Pregnancy Test	\$61.00
• Urine Pregnancy Test Supply Fee	\$5.00
• Colposcopy with Biopsy	\$250.00
• Colposcopy without Biopsy	\$200.00
• Cryosurgery	\$150.00
• Depo Provera	Injectable Cost + Nursing Visit
• Diaphragm with Fitting	\$83.00
• EKG	\$26.00
• Endometrial Biopsy	\$100.00
• Cyro/Chemical Treatment of Genital Warts	\$25.00
• I.U.D. Insert	\$250.00
• I.U.D. Removal	\$75.00
○ Counseling	\$60.00
○ Insertion Only	\$68.37
○ Removal Only	\$60.63
○ Insertion & Removal at the same time	\$93.10
○ Nexplanon Device	\$325.00
• Norplant Removal	\$66.00
• Physical Exam (adult or child) Primary Medical Services	\$106.00

Supplemental Schedule of Fees and Charges for Services

Activities	Fee
• STD Lab Screening (Asymptomatic without known contact)	\$50.00
• Venipuncture	\$20.00

Note: Fees (as shown above) are at 100% of current charge.

Sexually Transmitted Disease:

Note: Fees are based on sliding fee scale (as shown above) except standalone lab screening which are fee for service.

Rabies Vaccine:

Activities	Fee
• Pre-Exposure Rabies	Cost of Vaccine + Admin Fee
• Post-Exposure Rabies	Cost of Vaccine + Admin Fee
• (2 shots immunized/5 shots unimmunized)	
○ First session/Administration Fee	\$45.00
○ Remaining doses/Administration Fee	\$20.00

Tuberculosis:

Activities	Fee
• PPD	\$20.00
• X-Ray	\$75.00
• Interferon Gamma Release Assay (TB Test)	\$60.00

Vital Statistics:

Activities	Fee
• Birth Certificates	\$15.00
• Birth Certificates: Additional copies	\$7.00
• Death Certificates	\$10.00
• Notary Services	\$5.00
• Medical Records Copying	\$1.00 per page
• Nursing CE Provider Packet	\$35.00 Processing Fee

Environmental Health:

On Site Sewage Treatment and Disposal System (OSTDS):

OSTDS Program Fees:

- Site Evaluation Only (no permit)

Activities	Fee
○ Application/Plan Review	\$100.00
○ Application (Local PHU Surcharge)	\$55.00
○ Site Evaluation	<u>\$115.00</u>
Total	\$270.00

Supplemental Schedule of Fees and Charges for Services

New System Permit:

Activities	Fee
• OSTDS Construction Application and Plan Review, New	\$100.00
• OSTDS Construction Site Evaluation	\$115.00
• OSTDS Construction Permit (New or Mod, Amendment)	\$55.00
• OSTDS Construction System Inspection	\$75.00
• OSTDS Construction System Inspection Research Fee	\$5.00
• Application (Local PHU Surcharge)	\$55.00
• Timed Inspection (Local PHU Surcharge)	<u>\$45.00</u>
Total	\$450.00

Repair Permit:

Activities	Fee
• OSTDS Construction Repair or Mod Site Evaluation	\$115.00
• OSTDS Construction System Inspection	\$75.00
• OSTDS Construction System Inspection Research Fee	\$5.00
• OSTDS Construction Permit (Repair)	\$55.00
• OSTDS Construction Application & Existing System	<u>\$50.00</u>
Total	\$300.00

OSTDS Abandonment:

Activities	Fee
• OSTDS Construction Abandonment Permit & Inspection	\$50.00
• Application (Local PHU Surcharge)	<u>\$55.00</u>
Total	\$105.00

Existing Residential Non-Bedroom Addition:

Activities	Fee
• Existing Application	\$35.00
• Application County Surcharge	<u>\$55.00</u>
Total	\$90.00

Water Program Fees:

Activities	Fee
• Sample Collection Fee	\$50.00
• Bacteriological Analysis per Sample	\$25.00
• Well Surveys for Site Assessment	\$200.00 for ¼ mile \$800.00 for ½ mile \$1,600.00 for 1 mile

Development Review Committee Plan Reviews for Each:

Activities	Fee
• Development or Phase	\$50.00

Supplemental Schedule of Fees and Charges for Services

Group Care Facilities:

Activities	Fee
• Private school inspection Annual Operating Permit (AOP) and Public Schools without Food Service	\$100.00

Other Fees:

Activities	Fee
• Late Renewal Fee for All Environmental Health Programs	\$25.00
• Re-Inspection for Noncompliance: Tanning Salons and Mobile Home Parks, and Swimming Pools	\$40.00

Sheriff

Fleet:

Activities	Fee
• Vehicle Safety Violation Ticket Inspection	\$4.00 each

Records:

Activities	Fee
• Copies – one-sided	\$0.15/page
• Copies – double-sided	\$0.20/page
• Concealed Weapon Permit Fingerprinting	\$5.00 each

Civil:

Activities	Fee
• Non-Enforceable Process	\$40.00
• Out of State Non-Enforceable Process	\$40.00
• Sheriff's Levy	\$50.00
• Processing Fee	\$40.00
• Preparation of Newspaper Ad	\$40.00
• Conducting Sheriff's Sale	\$40.00
• Bill of Sale of Sheriff's Dead	\$40.00
• Satisfaction of Judgement	\$40.00
• Writs of Replevin/Attachment	\$90.00 each

Extra Duty: (3 Hour Minimum) 30.2905 F.S.

Activities	Fee
• Deputy	\$53.50/hour
• Sergeant	\$66.25/hour
• Lieutenant	\$70.00/hour
• Field Service Technician	\$36.00/hour

Impoundment of Livestock Running At Large: 588.18 F.S.

Activities	Fee
• Impound Fee	\$50.00 each
• Mileage Fee	IRS Standard Mileage
• Feed/Care Fee	\$5.00/day/animal
• Disposition Fee	\$5.00 each
• Dart Fee	\$15.00 each

Alarm Permit Annual Fees**Fire Alarm Permits:**

Activities	Fee
• City Annual Fee	\$20.00 each
• City Reinstatement after Revocation	\$70.50 each
• County Annual Fee	\$15.00 each
• County Reinstatement after Revocation	\$50.00 each

Burglar Alarm Permits

Activities	Fee
• City Annual Fee	\$23.75 each
• City Reinstatement after Revocation	\$74.00 each
• County Annual Fee	\$15.00 each
• County Reinstatement after Revocation	\$70.50 each

False Alarms Fines**City Fire (Gainesville Fire Rescue)**

Activities	Fee
• First Alarm	\$0.00 each
• Second Alarm	\$165.50 each
• Third & Fourth Alarm	\$220.50 each
• Fifth, Sixth, & Seventh Alarm	\$441.00 each
• Eighth, Ninth, and Tenth	\$882.00 each
• Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted	
• Alarm with Non-Permitted System	\$281.50 each
• Unpermitted fine reduced (pending eligibility)	\$232.75 each

City Burglar (Gainesville Police Department):

Activities	Fee
• First Alarm	\$0.00 each
• Second, Third, and Fourth Alarm	\$76.75 each
• Fifth and Sixth Alarm	\$147.75 each
• Seventh and Eighth Alarm	\$295.50 each
• Ninth and Tenth	\$589.75 each
• Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted	
• Alarm with Non-Permitted System	\$295.50 each
• Unpermitted fine reduced (pending eligibility)	\$147.25 each

Supplemental Schedule of Fees and Charges for Services

County Fire (Alachua County Fire Rescue):

Activities	Fee
• First Alarm	\$0.00 each
• Second Alarm	\$157.50 each
• Third and Fourth Alarm	\$210.00 each
• Fifth, Sixth, and Seventh Alarm	\$420.00 each
• Eighth, Ninth, and Tenth Alarm	\$840.00 each
• Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted	
• Alarm with Non-Permitted System	\$268.00 each
• Unpermitted fine reduced (pending eligibility)	\$75.00 each

County Burglar (Alachua County Sheriff's Office):

Activities	Fee
• First Alarm	\$0.00 each
• Second, Third and Fourth Alarm	\$73.00 each
• Fifth and Sixth Alarm	\$140.75 each
• Seventh and Eighth Alarm	\$281.50 each
• Ninth and Tenth	\$562.75 each
• Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted	
• Alarm with Non-Permitted System	\$200.00 each
• Unpermitted fine reduced (pending eligibility)	\$75.00 each

Jail

Activities	Fee
• U.S. Marshal Inmate Housing	\$57.23/day
• Private Transport Company Inmate Housing	\$57.23/day

Note: Sheriff's Office fees as submitted in the Sheriff's Certified Budget.

Public Works

Wireless Collection Fees:

Activities	Fee
• Collocation of a small wireless facility on an Authorized Utility Pole	\$150 per pole per year

ALACHUA COUNTY HEALTH DEPARTMENT CLINIC FEES
10-1-2019 THROUGH 9-30-2020

PROCEDURE NAME	Procedure Code	CPT Code	CHARGE						
			FEE GROUP (Based on Federal Poverty Guidelines)						
			0%	17%	33%	50%	67%	83%	100%
OFFICE VISIT ESTABLISHED PATIENT	99212	Z00.00	0.00	11.05	21.45	32.50	43.55	53.95	65.00
	99213		0.00	12.75	24.75	37.50	50.25	62.25	75.00
	99214		0.00	14.45	28.05	42.50	56.95	70.55	85.00
	99215		0.00	16.15	31.35	47.50	63.65	78.85	95.00
OFFICE VISIT NEW PATIENT	99202	Z00.00	0.00	11.90	23.10	35.00	46.90	58.10	70.00
	99203		0.00	13.60	26.40	40.00	53.60	66.40	80.00
	99204		0.00	15.30	29.70	45.00	60.30	74.70	90.00
	99205		0.00	17.00	33.00	50.00	67.00	83.00	100.00
NURSING PROTOCOL VISIT	99211(99201)	Z30.41	0.00	10.20	19.80	30.00	40.20	49.80	60.00
PHYSICAL EXAM(ADULT OR CHILD)	99391-99397	Z00.00/Z00.129	0.00	18.02	34.98	53.00	71.02	87.98	106.00
FP ANNUAL EXAM (INITIAL)	99384-99386	Z01.419	0.00	18.02	34.98	53.00	71.02	87.98	106.00
FP ANNUAL EXAM (RETURN)	99394-99396	Z01.419	0.00	13.60	26.40	40.00	53.60	66.40	80.00
SCHOOL PHYSICAL	99212	Z00.129	25.00	25.00	25.00	25.00	25.00	25.00	25.00
STD LAB SCREENING	99402	Z11.3	0.00	8.50	16.50	25.00	33.50	41.50	50.00
DEPO PROVERA	J1055	Z30.42	0.00	9.01	17.49	26.50	35.51	43.99	53.00
URINE PREGNANCY TEST	81025		0.00	0.85	1.65	2.50	3.35	4.15	5.00
I.U.D. INSERT	58300		0.00	42.50	82.50	125.00	167.50	207.50	250.00
I.U.D. REMOVAL	58301		0.00	12.75	24.75	37.50	50.25	62.25	75.00
DIAPHRAGM WITH FITTING	57170		0.00	14.11	27.39	41.50	55.61	68.89	83.00
NORPLANT REMOVAL	11976		0.00	11.22	21.78	33.00	44.22	54.78	66.00
COLPOSCOPY WITH BIOPSY	57454		0.00	42.50	82.50	125.00	167.50	207.50	250.00
COLPOSCOPY WITHOUT BIOPSY	57542		0.00	34.00	66.00	100.00	134.00	166.00	200.00
CRYOSURGERY	57511		0.00	25.50	49.50	75.00	100.50	124.50	150.00
EKG	93000		0.00	4.42	8.58	13.00	17.42	21.58	26.00
XRAY	71010		0.00	12.75	24.75	37.50	50.25	62.25	75.00
VENIPUNCTURE	36415	Z01.84	0.00	3.40	6.60	10.00	13.40	16.60	20.00
ENDOMETRIAL BIOPSY	58100		0.00	17.00	33.00	50.00	67.00	83.00	100.00
SICKLE CELL SCREEN	83020		0.00	1.36	2.64	4.00	5.36	6.64	8.00
BLOOD PREGNANCY TEST	84703		0.00	10.37	20.13	30.50	40.87	50.63	61.00
CRYO/CHEMICAL TREATMENT OF WARTS	17110		0.00	4.25	8.25	12.50	16.75	20.75	25.00
Nexplanon:									
INSERTION ONLY WITH GRANT FUNDED DEVICE	11981		0.00	11.62	22.56	34.19	45.81	56.75	68.37
REMOVAL ONLY	11982		0.00	10.31	20.01	30.32	40.62	50.32	60.63
INSERTION AND REMOVAL AT THE SAME TIME	11983		0.00	15.83	30.72	46.55	62.38	77.27	93.10
NEXPLANON DEVICE WITH INSERTION	J7307		0.00	66.87	129.81	196.69	263.56	326.50	393.37

ALACHUA COUNTY HEALTH DEPARTMENT DENTAL FEES
10-01-2019 THROUGH 09-30-2020

PROCEDURE NAME	Procedure Code	CHARGE						
		FEE GROUP (Based on Federal Poverty Guidelines)						
		0%	17%	33%	50%	67%	83%	100%
Diagnostic Exam								
Per Encounter (United Health Care)	D0999							120.00
Periodic Oral Exam (Medicaid Repeat)	D0120	0.00	5.31	10.30	15.61	20.91	25.90	31.21
Limited Oral Exam	D0140	0.00	2.83	5.49	8.33	11.16	13.82	16.65
Comprehensive Exam (Medicaid Comp)	D0150	0.00	5.66	10.99	16.65	22.30	27.63	33.29
Radiographs								
PA Single - Film	D0220	0.00	1.42	2.75	4.17	5.58	6.91	8.33
PA - Each Additional	D0230	0.00	1.06	2.06	3.12	4.18	5.18	6.24
Intraoral - Occlusal	D0240	0.00	2.83	5.49	8.33	11.16	13.82	16.65
Bitewing - Single	D0270	0.00	2.12	4.12	6.25	8.37	10.37	12.49
Bitewing - Two	D0272	0.00	3.18	6.18	9.37	12.55	15.55	18.73
Bitewing - Three	D0273	0.00	3.89	7.55	11.45	15.34	19.00	22.89
Bitewing - Four	D0274	25.00	3.89	7.55	11.45	15.34	19.00	22.89
Panoramic	D0330	0.00	10.61	20.60	31.22	41.83	51.82	62.43
Diagnostic Cast	D0470	0.00	7.78	15.11	22.89	30.67	38.00	45.78
Preventative Services								
Prophylaxis - Child	D1120	0.00	4.95	9.61	14.57	19.52	24.18	29.13
Prophylaxis - Adult	D1110	0.00	6.37	12.36	18.73	25.09	31.08	37.45
Fluoride Varnish	D1206	0.00	3.89	7.55	11.45	15.34	19.00	22.89
Oral Hygiene Instruction	D1330	0.00	2.12	4.12	6.25	8.37	10.37	12.49
Sealant - Per Tooth	D1351	0.00	4.60	8.93	13.53	18.12	22.45	27.05
Endodontics								
Pulp Cap - Direct	D3110	0.00	4.60	8.93	13.53	18.12	22.45	27.05
Pulp Cap - Indirect	D3120	0.00	3.89	7.55	11.45	15.34	19.00	22.89
Therapeutic Pulpotomy	D3220	0.00	17.69	34.34	52.03	69.71	86.36	104.05
Anterior Root Canal	D3310	0.00	52.35	101.63	153.98	206.33	255.61	307.96
Apicoectomy	D3410	0.00	26.53	51.50	78.03	104.56	129.53	156.06
Scale - Cav - Per Quad	D4341	0.00	7.08	13.73	20.81	27.89	34.54	41.62
Prosthetics								
Full Denture - Max	D5110	0.00	109.66	212.87	322.53	432.18	535.39	645.05
Full Denture - Mand	D5120	0.00	109.66	212.87	322.53	432.18	535.39	645.05
Upper Partial - Resin Base	D5211	0.00	58.37	113.30	171.67	230.04	284.97	343.34
Lower Partial - Resin Base	D5212	0.00	58.37	113.30	171.67	230.04	284.97	343.34
Upper Partial - Cast Metal	D5213	0.00	111.43	216.30	327.73	439.15	544.02	655.45
Lower Partial - Cast Metal	D5214	0.00	111.43	216.30	327.73	439.15	544.02	655.45
Adjust Full Denture - Max	D5410	0.00	4.95	9.61	14.57	19.52	24.18	29.13
Adjust Full Denture - Mand	D5411	0.00	4.95	9.61	14.57	19.52	24.18	29.13
Adjust Partial Denture - Max	D5421	0.00	4.95	9.61	14.57	19.52	24.18	29.13
Adjust Partial Denture - Mand	D5422	0.00	4.95	9.61	14.57	19.52	24.18	29.13
Repair Full Denture - Base	D5510	0.00	15.57	30.21	45.78	61.35	75.99	91.56
Replace Teeth - Full Denture	D5520	0.00	13.80	26.78	40.58	54.38	67.36	81.16
Replace Teeth - Partial Denture	D5640	0.00	13.80	26.78	40.58	54.38	67.36	81.16
Add Tooth to Existing Partial	D5650	0.00	14.86	28.84	43.70	58.55	72.53	87.39
Reline Full Max - Chairside	D5730	0.00	22.29	43.26	65.55	87.84	108.81	131.10
Reline Full Mand - Chairside	D5731	0.00	22.29	43.26	65.55	87.84	108.81	131.10
Reline Full Max - Lab	D5750	0.00	39.97	77.59	117.57	157.54	195.16	235.13
Reline Full Mand - Lab	D5751	0.00	39.97	77.59	117.57	157.54	195.16	235.13

* any procedure not listed will be billed at 140% of Medicaid FFS rate