

**Alachua County FY20/21
Supplemental
Schedule of Fees and Charges for Services**



Prepared by Office of Management & Budget

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|--|----|
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Community Support Services: Public Health Unit (PHU)

*Some services Require an Office Visit
Administration Fee \$25

Dental

| Activities | Fee |
|--|-------------------------|
| 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 |
|---|---|
| All non-childhood immunizations will be subject to an administrative fee per shot | \$20 |
| 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 |
|--------------------------------|---|
| Tetanus/Diphtheria | (Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee |
| Injectable Polio Vaccine (PIV) | (Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee |
| Oral Polio Vaccine (POV) | (Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee |
| Measles, Mumps & Rubella | (Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee |
| Measles only | (Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee |
| Mumps only | (Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee |
| Cholera | (Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee |
| Hepatitis B Immune Globulin | (Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee |
| Hepatitis B Immunizations | (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 | \$20.00 |

Other Services

| Immunizations | 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 |
| Cryo/Chemical Treatment of Genital Warts | \$25.00 |
| Diabetic Teaching | Lab Cost + Admin Fee |
| HBs Ag (Hepatitis 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 Quantitative | Lab Cost + Admin Fee |
| RPR (Syphilis Test) | Lab Cost + Admin Fee |
| Signing out of state marriage license applications | \$25.00 |
| TB Skin Test | \$20.00 |
| TB Symptom Screening | \$20.00 |
| 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 | Fees |
|--|---------------------------------|
| Office Visit (includes any services not listed below) | Range = \$65.00-\$150.00 |
| School Entrance Exam | \$35.00 |
| Sickle Cell Screen for Sports Physical | \$8.00 |
| Blood Pregnancy Test (Requires an appointment with a Provider) | \$3.00 |
| Depo Provera | Injectable Cost + Nursing Visit |
| Diaphragm with Fitting | \$83.00 |
| EKG | \$26.00 |
| Cyros/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 | \$110.00 |
| 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 (2 shots immunized/5 shots unimmunized) | Cost of Vaccine + Admin Fee |
| First session/Administration Fee | \$45.00 |
| Remaining doses/Administration Fee | \$20.00 |

Tuberculosis

| Activities | Fee |
|--|------------|
| PPD | \$20.00 |
| 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 | \$115.00 |
| Total | \$270.00 |

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) | \$45.00 |
| 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 Application & Existing System | \$55.00 |
| OSTDS Construction Application & Existing System | \$50.00 |
| Total | \$300.00 |

OSTDS Abandonment:

| Activities | Fee |
|------------------------------|-----------------|
| Existing Application | \$50.00 |
| Application County Surcharge | \$55.00 |
| Total | \$105.00 |

Existing Residential Non-Bedroom Addition:

| Activities | Fee |
|------------------------------|----------------|
| Existing Application | \$35.00 |
| Application County Surcharge | \$55.00 |
| Total | \$90.00 |

Water Program Fees:

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

Development Review Committee Plan Review for Each

| Activities | Fee |
|----------------------|------------|
| Development or Phase | \$50.00 |

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 |
| Preparations of Newspaper Ad | \$40.00 |
| Conducting Sheriff's Sale | \$40.00 |
| Bill of Sale of Sheriff's Deed | \$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 | \$75.00/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 | \$220.00 each |
| Fifth, Sixth, & Seventh Alarm | \$441.00 each |
| Eighth, Ninth, and Tenth Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted | \$882.00 each |
| 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 Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted | \$589.75 each |
| Alarm with Non-Permitted System | \$295.50 each |
| Unpermitted fine reduced (pending eligibility) | \$147.25 each |

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 Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted | \$840.00 each |
| 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 Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted | \$562.75 each |
| 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
10-1-2020 THROUGH 9-30-2021**

*Some services Require an Office Visit

| Procedure Name | Procedure Code | Charge | | | | | | |
|--|----------------|--|-------|--------|--------|--------|--------|--------|
| | | Fee Group (Based on Federal Poverty Guidelines) | | | | | | |
| | | 0.00% | 17% | 33% | 50% | 67% | 83% | 100% |
| Administration Fee | | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 |
| Office Visit Established Patient | 99212 | 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 | 15.30 | 29.70 | 45.00 | 60.30 | 74.70 | 90.00 |
| | 99215 | 0.00 | 17.85 | 34.65 | 52.50 | 70.35 | 87.15 | 105.00 |
| Office Visit New Patient | 99202 | 0.00 | 11.90 | 23.10 | 35.00 | 46.90 | 58.10 | 70.00 |
| | 99203 | 0.00 | 15.30 | 29.70 | 45.00 | 60.30 | 74.70 | 90.00 |
| | 99204 | 0.00 | 20.40 | 3.60 | 60.00 | 80.40 | 99.60 | 120.00 |
| | 99205 | 0.00 | 25.50 | 49.50 | 75.00 | 100.50 | 124.50 | 150.00 |
| Nursing Protocol Visit | 99211 (99201) | 0.00 | 10.20 | 19.80 | 30.00 | 40.20 | 49.80 | 60.00 |
| Physical Exam Established Patient (Adult or Child) | 99391-99397 | 0.00 | 18.70 | 36.30 | 55.00 | 73.70 | 91.30 | 110.00 |
| Physical Exam New Patient (Adult or Child) | 99381-99387 | 0.00 | 19.55 | 37.95 | 57.50 | 114.33 | 95.45 | 115.00 |
| School Entrance Exam | 99212 | 35.00 | 35.00 | 35.00 | 35.00 | 35.00 | 35.00 | 35.00 |
| STD Lab Screening | 99402 | 0.00 | 8.50 | 16.50 | 25.00 | 33.50 | 41.50 | 50.00 |
| DEPO Provera | J1055 | 0.00 | 9.01 | 17.49 | 26.50 | 35.51 | 43.99 | 53.00 |
| Diaphragm With Fitting | 57170 | 0.00 | 14.00 | 27.39 | 41.50 | 55.61 | 68.89 | 83.00 |
| 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 |
| Norplant Removal | 11976 | 0.00 | 11.22 | 21.78 | 33.00 | 44.22 | 54.78 | 66.00 |
| EKG | 9300 | 0.00 | 4.42 | 8.58 | 13.00 | 17.42 | 21.58 | 26.00 |
| Venipuncture | 36415 | 0.00 | 3.40 | 6.60 | 10.00 | 13.40 | 16.60 | 20.00 |
| Sickle Cell Screen | 83020 | 0.00 | 0.51 | 0.99 | 1.50 | 2.01 | 2.49 | 3.00 |
| Blood Pregnancy Test | 84703 | 0.00 | 1.51 | 0.99 | 1.50 | 2.01 | 2.49 | 3.00 |
| 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 |
| Some Services Require an Office Visit | | | | | | | | |

ALACHUA COUNTY HEALTH DEPARTMENT DENTAL FEES

10-01-2020 THROUGH 09-30-2021

| Procedure Name | Procedure Code | Charge | | | | | | |
|------------------------------------|----------------|--|--------|--------|--------|--------|--------|--------|
| | | Fee Group (Based on Federal Poverty Guidelines) | | | | | | |
| | | 0.00% | 17% | 33% | 50% | 67% | 83% | 100% |
| Diagnostic Exam | | | | | | | | |
| Per Encounter (United Health Care) | D0999 | | | | | | | 120.00 |
| Periodic Oral Exam (Medicaid Comp) | 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**

VACCINE FEE SCHEDULE

ADMINISTRATION FEE INCLUDED IF APPLICABLE

EFFECTIVE 10/01/2020

*Some services Require an Office Visit

| | | | |
|--|---------------|-----------------|--------------|
| Cholera | 990725 | \$103.06 | Z23 |
| DTAP (Daptacel) Transplant Only | 90700 | \$61.30 | ↓↓↓ |
| *Flu (Influenza) | 90658 | \$25.00 | |
| Flu Zone High Dose (Influenza) | 90662 | \$43.95 | |
| Foreign Travel Consult Fee \$40 per person/ \$80 family (Parents with Children) | 99211 | \$40.00 | |
| FT Yellow Book Replacement Fee | IMFTYB | \$20.00 | |
| Gardasil – 9 (HPV9) | 90651 | \$281.55 | |
| *HEP A (Havrix) | 90632 | \$73.01 | |
| *HEP B (Engerix) | 90746 | \$82.06 | |
| HEP B 2 Dose (Heplisav – B) | 90739 | \$128.38 | |
| HEP A/B (TWINRIX) | 90636 | \$125.75 | |
| *HIB (adult) | 90648 | \$38.80 | |
| *Meningitis (menactra – MCV4) | 90734 | \$173.26 | |
| Meningococcal B Grp (Bexsero) | 90620 | \$213.94 | |
| *MMR (measles, mumps, rubella) | 90707 | \$117.30 | |
| Pneumococcal (pneumovax – PPSV23) | 90732 | \$145.83 | |
| *Polio (IPV – IPOL) | 90713 | \$66.80 | |
| *Prevnar 13 | 90670 | \$261.81 | |
| Rabies (IMOVAX Pre-Exposure) | 90675 | \$432.10 | |
| Rabies (IMOVAX Post) | | \$432.10 | |
| Rabies (RABAVERT Pre-Exposure) | 90675 | \$380.00 | Z23 |
| Rabies (RABAVERT POST) | 90675 | \$380.00 | Z20.3 |
| **Post – Exposure Immune Globulin (Per ML) | 90375 | \$398.30 | |
| *TD (tetanus/diphtheria) Adult | 90714 | \$68.50 | |
| *TDAP (tetanus/diphtheria/pertussis) | 90715 | \$69.69 | |
| Typhoid (injection – Typhim) | 90691 | \$156.68 | Z23 |
| Typhoid (Oral – Vivotif) | 90690 | 85.80 | ↓↓↓ |
| *Varicella (chickenpox) | 90716 | \$183.98 | |
| XIARO (Japanese encephalitis-jenceph) | 90738 | \$343.45 | |
| Yellow Fever | 90717 | \$200.83 | |
| Shingrix (Shingles) | 90750 | \$205.06 | |

*Free Until 19th Birthday

Add (Administration of Immune Globulin) **96372 \$45.00

DH 681 Replacement Fee per Copy **Local Code \$5.00**

680 Replacement Fee **Local Code \$5.00**

College Completion Form (Except Santa Fe) **Local Code \$25.00**

*Appointment Required

EFFECTIVE 10/01/2020

TITERS and HSV screening (administrative fee plus cost of test)

*****ALL TITERS WILL TAKE 10-14 WORKING DAYS FOR RESULTS TO COME
BACK*****

*Some services Require an Office Visit

| Administrative Fee | Local Code | \$25.00 | Z01.84 |
|---|-------------------|-----------------|---------------|
| B-12/Allergy Shot (ADM Fee Only) | J3420 | \$25.00 | |
| HEP A TITER | 86708 | \$5.46 | ↓↓↓ |
| HEP B Surface Antibody (State Lab) | 86706 | \$5.68 | |
| HEP B Surface Antigen (State Lab) | 87340 | \$5.16 | |
| HEP C TITER (State Lab) | 83898 | \$6.99 | |
| Hepatitis Profile | 86803 | \$23.51 | |
| *Lead Screen (Lab Corp.) | 83655 | \$10.00 | |
| *Lyme Disease TITER (State Lab) | 86618 | \$0.00 | |
| Measles (Rubeola)(State Lab) | 86765 | \$5.00 | |
| MUMPS (State Lab) | 86735 | \$5.00 | |
| PPD (purified protein derivative test) | 04-86580 | \$20.00 | Z11.1 |
| Rabies TITER (Lab Corp) | 86382 | \$72.50 | |
| *RPR (State Lab) | 86592 | \$0.00 | |
| Rubella (German Measles) (State Lab) | 86762 | \$5.00 | |
| Varicella TITER (State Lab) | 87290 | \$5.00 | |
| *HSV Screening | 86695 | \$10.20 | A60.9 |
| | | | |
| *Requires Appointment with Provider | | | |
| HBIG-1CC | 02-90371 | \$143.20 | |
| HBIG-5CC | 05-90371 | \$666.85 | |
| TB Symptoms Screening | 99211-TB | \$20.00 | Z11.1 |
| IGRA QuantiFERON | 86480 | \$60.00 | Z11.1 |

Client Fees for Diabetes Self-Management Education (DSME) and Medical Nutrition Therapy (MNT) Services for Department of Health - Alachua County

*Some services Require an Office Visit

| HCPCS Code | Short Description | Non-Facility Rate | 1.5 Times Allowable |
|-------------------|--------------------------------------|--------------------------|----------------------------|
| G0108 | Diab Manage trn per indiv | \$61.74 | \$92.61 |
| G0109 | Diab Manage trn per ind/group | \$17.12 | \$25.68 |
| G0270 | Mnt Subs tx for change dx | \$35.63 | \$53.45 |
| G0271 | Group mnt 2 or more mins | \$18.61 | \$27.92 |
| G0447 | Behavior counsel obesity 15m | \$29.09 | \$43.64 |
| G0473 | Group Behav couns 2-10 | \$14.09 | \$21.14 |
| 97802 | Medical Nutrition indivin in | \$41.02 | \$61.53 |
| 97803 | Med nutrition indiv subseq | \$35.63 | \$53.45 |
| 97804 | Medical nutrition group | \$18.61 | \$27.92 |
| 99490 | Chron care mgmt srvc 20 min | \$45.83 | \$68.75 |

The above services involve client education regarding the management of diabetes and other conditions, including but not limited to, chronic kidney disease, HIV, obesity, dyslipidemia, hypertension, congestive heart failure, food allergies/intolerance, gastrointestinal disorders, and weight management. The fees have been selected commensurate with other Department of Health facilities who offer the same services.