

FEE SCHEDULE
ENVIRONMENTAL HEALTH SERVICES

FOOD	Effective 01/01/2020	
Service Description	Charges	
Temporary 1 day event	\$35	
Temporary 2-3 day event	\$45	
Temporary 4 or more days/Multiple	\$72	
Food License - Intermittent	\$65	\$72
Food License - Mobile without Commissary	\$65	\$72
Food License - Mobile with Commissary Multiple	\$65	\$72
Food License - Mobile with Commissary	\$85	\$92
Food Establishments	\$125	\$160
Food Establishments With More Than Two Licenses	\$150	\$200

Note: An additional incremental fee increase will occur on 01/01/2022, the new fee structure will be posed in advance.

Origination Date: 1971

Revision Date: 07/01/2018

Review Date: 03/19/2019

Revision Date: 06/21/2019

FEE SCHEDULE

ENVIRONMENTAL HEALTH SERVICES

FOOD (continued)		Effective 07-01-2019
Service Description	Charges	
Plan Review and Pre-Opening Inspection	\$100	
Late Fee, from January 1st through January 15th	\$35	
Late Fee, after January 16th	\$70	
Request for Variance	\$50 hourly	
Compliance Conference	\$100 hourly	
License Re-Instatement	\$18	
Enforcement and Legal Fees	\$150 hourly	
Food Class Fee	\$35	
Food Plan Review	\$100	
Federal USDA School Inspection	\$267	
Food Safety Manager Training	\$125	
Food Safety Manager Proctor Test	\$50	
Professional Food Manager Training Manual	\$30	
SEPTIC		
Service Description	Charges	
Installer License - Basic	\$103	
Installer License - Complex	\$155	
Accessory Use - Office Review	\$52	
Accessory Use - Field Review	\$150	
Individual System Permit - New	\$824	
Central/LSAS - New	\$1000 + \$100 per 250gpd	
Individual System Permit - Replacement/Repair	\$824	
Central/LSAS - Replacement/Repair	\$1000 + \$50 per 250gpd	
Individual System Permit - Expand	\$824	
Site Evaluation Charge (Single Family Dwelling - Fee to apply toward a septic permit if application is made within one year)	\$412	

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**FEE SCHEDULE
ENVIRONMENTAL HEALTH SERVICES**

SEPTIC (continued)	
Service Description	Charges
Tank Only & Vault Privy	\$412
Permit Renewal Charge	\$50
Technical Guidance Manual	\$25
Installer - Basic & Complex, Video Review	\$30
Pumper License Permit Fee (Includes 1 truck or tank)	\$123
Pumper License Fee for each additional truck or tank	\$20
Permit Transfer Charge	\$50
Administration Fee per Policy 3-003	\$50
RECREATION	
Service Description	Charges
Swimming Pool (per Administrative Procedures Act)	\$50
Plan Review Swimming Pool	\$100
WATER CONSULTATION	
Service Description	Charges
Courier Service	\$10
Drinking Water Sample Collection	\$75
Coliform Bacteria	\$18
Nitrate	\$19
Nitrite	\$19
Lead	\$21
Arsenic	\$21
Fluoride	\$19
Uranium	\$44
Other	Lab Cost

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Revision Date: 06/21/2019

**FEE SCHEDULE
ENVIRONMENTAL HEALTH SERVICES**

LAND DEVELOPMENT	
Service Description	Charges
Subdivision Application - Served by Septic and/or Individual Wells	\$250
Each Lot - Served by Septic and/or Individual Wells	\$300
Plat Redesign w/o review	\$50
Plan Redesign with site review	\$100
Subdivision Application - City Services (Requires DEQ Approval)	\$100
Subdivision Application - Served by LSAS	\$150 per lot
Subdivision Application - Cemetery	\$50
MORTGAGE SURVEY	
Service Description	Charges
Mortgage Survey Inspection	\$240
Repeat Inspection	\$75
Nitrate - Additional	\$19
Nitrite - Additional	\$19
Lead	\$21
Arsenic	\$21
Fluoride	\$19
Uranium	\$44

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Revision Date: 06/21/2019

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ENVIRONMENTAL HEALTH SERVICES

Child Care	
Service Description	Charges
Licensing Fee - Center (more than 25 children)	\$325
Licensing Fee - Center (13-25 children)	\$250
Licensing Fee - Group (7-12 children)	\$100
Licensing Fee - Family (Voluntary)	\$100
Nutrition/Health Promotion Presentations	
Service Description	Charges
Nutrition Consultation per hour(menu review, Head Start consult)	\$60
Nutrition/Health Promotion presentation per hour	\$60
Solid Waste Inspection	
Effective 10-01-2019	
Service Description	Charges
Tier 1, Rural Drop Box	\$487
Tier 2, Transfer Station	\$974
Tier 3, Construction & Demolition Landfill	\$1,461
Tier 4, Municipal Landfill	\$1,948

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FEE SCHEDULE

Environmental Health Services

Residential Replacement Septic System Fee Exemption Determination Chart

MONTHLY GROSS INCOME						
County:	Adams County	Canyon County	Gem County	Owyhee County	Payette County	Washington County
Family Size:	50% area median income	50% area median income	50% area median income	50% area median income	50% area median income	50% area median income
1	1,529	1,838	1,550	1,529	1,613	1,529
2	1,746	2,100	1,771	1,746	1,842	1,746
3	1,963	2,363	1,992	1,963	2,071	1,963
4	2,179	2,621	2,231	2,179	2,300	2,179
5	2,354	2,833	2,392	2,354	2,488	2,354
6	2,529	3,042	2,567	2,529	2,671	2,529
7	2,704	3,250	2,746	2,704	2,854	2,704
8	2,879	3,463	2,921	2,879	3,038	2,879

For family units with more than 8 members, add \$458 for each additional member

ANNUAL GROSS INCOME						
County:	Adams County	Canyon County	Gem County	Owyhee County	Payette County	Washington County
Family Size:	50% area median income	50% area median income	50% area median income	50% area median income	50% area median income	50% area median income
1	18,350	22,050	18,600	18,350	19,350	18,350
2	20,950	25,200	21,250	20,950	22,100	20,950
3	23,550	28,350	23,900	23,550	24,850	23,550
4	26,150	31,450	26,550	26,150	27,600	26,150
5	28,250	34,000	28,700	28,250	29,850	28,250
6	30,350	36,500	30,800	30,350	32,050	30,350
7	32,450	39,000	32,950	32,450	34,250	32,450
8	34,550	41,550	35,050	34,550	36,450	34,550

For family units with more than 8 members, add \$5,500 for each additional member

Values based on USDA Rural Development, single family housing repair loans and grants. Applicant must be the homeowner and occupy the house. Have a family income below 50% of the area median income. Must be 62 years of age or older. Must be used for repairs of failing subsurface sewage disposal systems only to mitigate health and safety hazards.

Origination Date: 1971

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FEE SCHEDULE
NUTRITION CONSULTS

MEDICAL NUTRITION THERAPY (MNT)					
Code	Service Description	A 25%	B 50%	C 75%	D 100%
97802	Initial assessment and intervention, individual, face-to-face, per 15 minutes	\$17	\$34	\$50	\$67
97803	Reassessment and intervention, individual, face-to-face, per 15 minutes	\$15	\$29	\$44	\$58
97804	Group (2 or more individuals) per 30 minutes	\$8	\$15	\$23	\$30
G0270	Reassessment and subsequent intervention following second referral in same year for a change in diagnosis, medical condition or treatment regimen, individual, face-to-face, per 15 minutes	\$15	\$29	\$44	\$58
G0271	Group (2 or more individuals) per 30 minutes	\$8	\$15	\$23	\$30
S9470	Nutritional Counseling, dietitian visit	\$14	\$28	\$41	\$55
99401	Preventive Med. Counseling 15 minutes	\$22	\$44	\$65	\$87
99402	Preventive Med. Counseling 30 minutes	\$37	\$74	\$110	\$147
99403	Preventive Med. Counseling 45 minutes	\$51	\$102	\$152	\$203
99404	Preventive Med. Counseling 60 minutes	\$65	\$131	\$196	\$261
DIABETES SELF-MANAGEMENT TRAINING/EDUCATION (DSMT/E)					
Code	Service Description	A 25%	B 50%	C 75%	D 100%
G0108	Diabetes outpatient self-management training services, individual, face-to-face, per 30 minutes	\$25	\$50	\$75	\$100
G0109	Diabetes outpatient self-management training services, group sessions (2 or more individuals) per 30 minutes	\$7	\$14	\$21	\$28
DIABETES SELF-MANAGEMENT TRAINING/EDUCATION (DSMT/E) LABS					
Code	Service Description	A	B	C	D
83036	A1C Glycated Hemoglobin (Inhouse)	\$5	\$9	\$14	\$19

Origination Date: 1971
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FEE SCHEDULE

NUTRITION CONSULTS

CONSULTATIONS AND/OR PRESENTATIONS					
Service Description					Charges
Nutrition Consultation per hour (menu review, Head Start site consults)					\$60
Nutrition/Health Promotion presentation per hour					\$60
DIABETES PREVENTION PROGRAM					
99412	Group Prevention Counseling per 60 minutes	\$10	\$20	\$30	\$40
MEDICARE DIABETES PREVENTION PROGRAM					
G9873	1st Core Session Attended	\$6	\$13	\$19	\$25
G9874	4 Total Core Session Attended	\$13	\$25	\$38	\$50
G9875	9 Total Core Session Attended	\$23	\$45	\$68	\$90
G9876	2 Sessions in 7-9 mths weight loss not achieved	\$4	\$6	\$11	\$15
G9877	2 Sessions in 10-12 mths weight loss not achieved	\$4	\$6	\$11	\$15
G9878	2 Sessions in 7-9 mths weight loss achieved	\$15	\$30	\$45	\$60
G9879	2 Sessions in 10-12 mths weight loss achieved	\$15	\$30	\$45	\$60
G9880	5 % weight loss from baseline achieved	\$40	\$80	\$120	\$160
G9881	9 % weight loss from baseline achieved	\$6	\$13	\$19	\$25
G9882	2 ongoing sessions attended in 13-15 mths with weight loss maintained	\$13	\$25	\$38	\$50
G9883	2 ongoing sessions attended in 16-18 mths with weight loss maintained	\$13	\$25	\$38	\$50
G9884	2 ongoing sessions attended in 19-21 mths with weight loss maintained	\$13	\$25	\$38	\$50
G9885	2 ongoing sessions attended in 22-24 mths with weight loss maintained	\$13	\$25	\$38	\$50
G9890	Bridge Payment	\$6	\$13	\$19	\$25
G9891	MDPP attendance achievement goal	\$0	\$0	\$0	\$0

Origination Date: 1971

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**FEE SCHEDULE
CLINIC SERVICES**

IMMUNIZATIONS - ADMINISTRATION CHARGES		
CPT Code	Service Description	Charges
Children with Insurance		
90460	Administration NO MAX	\$35
90461	Administration additional antigen w/counseling	\$20
Uninsured or Underinsured Children		
90460	Administration (1 shot)	\$20
90461	Administration (2 shots)	\$40
90461	Administration (3 shots or more) MAX	\$60
Adults with Insurance		
90471	Administration NO MAX	\$35
90473	Oral/Intranasal	\$35
Uninsured Adults		
90471	Administration (1 shot)	\$35
90472	Administration (2 shots)	\$70
90472	Administration (3 shots or more) NO MAX	\$105
90473	Oral/Intranasal	\$35
90474	Oral/Intranasal (2 or more)	\$35
COVID-19		
0001A	Pfizer 1st Dose	\$40
0002A	Pfizer 2st Dose	\$40
0011A	Moderna 1st Dose	\$40
0012A	Moderna 2nd Dose	\$40
0031A	Janssen	\$40

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**FEE SCHEDULE
FAMILY HEALTH SERVICES**

IMMUNIZATIONS - VACCINE			
CPT Code	Service Code	Service Description	Charges
90702	DT 2	DT Pediatric (6 yrs & under)	VFC
90700	DTA 3	DTAP Pediatric (6 yrs & under)	VFC
90633	HAP	Hep A Pediatric (18 yrs & under)	VFC
90632	HAV	Hep A Adult (19 yrs & over)	\$85
90744	HEB	Hep B Pediatric (18 yrs & under)	VFC
90746	HBV	Hep B Adult (19 yrs & over)	\$57
90739	HLSB	Heplisav B (19 yrs & over) 2 series	\$110
90647	HIB	HIB (5 yrs & under)	VFC
90649	HPVC	HPV Child (18 yrs & under)	VFC
90651	HPV9	HPV Child (18 yrs & under)	VFC
90651	HPV9	HPV Adult (19 yrs & over)	\$264
90281	IG	Immune Serum Globulin/ISG (any age)	\$76
90686	FLUC	Influenza Pediatric (6 months - 18 yrs)	VFC
90686	FLU	Influenza (19 yrs & over) + administration	\$1
90672	FLMK	Influenza Flumist Nasal Inhalation (2 yrs - 18 yrs)	VFC
90672	FLUM	Influenza Flumist Nasal Inhalation (19 yrs - 49 yrs)	\$1
90662	FLUH	High Dose Influenza (65 yrs & over)	\$28
90674	FLUX	Influenza Flucelvax (4 yrs - 18 yrs)	VFC
90688	FLUV	Influenza Flu7Laval (3yrs - 18 yrs)	VFC
90696	KINRIX 4	Kinrix Dtap/IPV	VFC
90621	MENB	Trumemba Meningococcal grp B (18 yrs & under)	VFC
90621	MENB	Trumemba Meningococcal grp B (19 yrs & over)	\$163
90734	MCV4	Menveo (2 yrs - 18 yrs)	VFC
90734	MCV4	Menveo (19 yrs - over)	\$145
90734	MCVF	Menactra (2 yrs - 18 yrs)	VFC
90734	MCVF	Menactra (19 - 55 yrs)	\$162

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**FEE SCHEDULE
CLINIC SERVICES**

IMMUNIZATIONS - VACCINE			
CPT Code	Service Code	Service Description	Charges
90707	MMR 3	Measles,Mumps,Rubella (18 yrs & under)	VFC
90707	MMR	Measles,Mumps,Rubella (19 yrs & over)	\$85
90710	MMRV	Measles, Mumps, Rubella, Proquad	VFC
90710	MMRV	Measles, Mumps, Rubella, Proquad	\$241
90620	MNBX	Meningococcal Bexsero (18 yrs & under)	VFC
90620	MNBX	Meningococcal Bexsero (19 yrs & over)	\$190
90723	DIHB 5	Pediarix (2 mos - 7 yrs) (DtaP, Hep B, IPV)	VFC
90698	HDI 5	Pentacel DTaP/IPV/Hib	VFC
90732	PNU	Pneumococcal/Polysac23 (18 yrs & under)	VFC
90732	PNU	Pneumococcal/Polysac23 (19 yrs & over)	\$110
90713	IPV	Polio Pediatric (18 yrs & under)	VFC
90713	IPV	Polio Adult (19 yrs & over)	\$43
90670	PCV	Pneumococcal Conjugate	VFC
90670	PCV	Pneumococcal Conjugate	\$235
90675	RABI	Rabies	\$334
90680	ROT	Rotavirus P.O. (3 doses by 32 wks of age)	VFC
90680	ROTX	Rotarix P.O. (2 doses by 24 wks of age)	VFC
90715	TdAP 3	TdaP (11 yrs - 18 yrs)	VFC
90715	TdAP	TdaP (19 yrs - 64 yrs)	\$52
90714	TD 2	Tetanus/Diphtheria/TD (18 yrs & under)	VFC
90714	TD	Tetanus/Diphtheria/TD (19 yrs & over)	\$36
86580	TST	Tuberculin Skin Test - Includes Administration & Read	\$35
86580	PPD	Tuberculin Skin Test - Includes Administration & Read	\$35
90636	HAB	TwinRix Hep A & B IM (18 yrs & under)	VFC
90636	HAB	TwinRix Hep A & B IM	\$111
90716	VAR	Varicella/Chicken Pox Pediatric (18 yrs & under)	VFC
90716	VAR	Varicella/Chicken Pox Adult (19 yrs & over)	\$166
90750	RZV	Shingrix	\$160

- Notes:
- A. No child will be turned away from receiving childhood immunizations for inability to pay.
 - B. Fee formula: vaccine charge + administration charge = total
 - C. VFC = Vaccine for Children

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**FEE SCHEDULE
CLINIC SERVICES**

COVID-19			
CPT Code	Service Code	Service Description	Charges
91300		SARS Pfizer	\$0
91301		SARS Moderna Vaccine	\$0
91303		SARS Janssen Vaccine	\$0
TITERS			
CPT Code	Service Code	Service Description	Charges
99000		Collection/Handling for Titters	\$17
36415		Venipuncture for Titters	\$17
86706	*HEPBL1	HepB Titer	\$34
86762	*RUBE1	Rubella Titer	\$34
86787	*VARI1	Varicella Titer	\$34
86735	*MUMP1	Mumps Titer	\$34
86765	*MEAS1	Measles/Rubeola Titer	\$34
DENTAL PROCEDURES			
CPT Code	Service Code	Service Description	Charges
D1110		Prophylaxis Adult (12 yrs & over)	\$50
D1120		Prophylaxis Pediatric (under 12 yrs)	\$39
D1206		Topical Fluoride	\$21
D1208		Topical Fluoride all ages	\$23
D1351		Sealant (per tooth) (need tooth #)	\$32
D0191		Oral Health Assessment by District Hygenist	\$28
D1353		Sealant Repair Touch-up	\$0

Note: * Includes Collection/Handling and Venipuncture fees.

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**FEE SCHEDULE
CLINIC SERVICES**

TB CLINIC						
CPT Code	Service Code	Service Description	A 25%	B 50%	C 75%	D 100%
99202	TB	New TB Client Visit 20 min with Provider	\$35	\$68	\$101	\$135
99203	TB	New TB Client Visit 30 min with Provider	\$49	\$97	\$146	\$194
99211	TB	Established Brief TB Client Visit Provider	\$10	\$21	\$31	\$41
99213	TB	Established TB Client Visit with Provider	\$33	\$66	\$98	\$131
TB CLINIC - LABS						
CPT Code	Service Code	Service Description	A 25%	B 50%	C 75%	D 100%
36415	TLIV	Venipuncture (TLIV, TLIP, TABC)	\$4	\$9	\$13	\$17
36415	TABC	Hepatitis A, B, C Panel (incl venipuncture & handling)	\$9	\$17	\$26	\$34
36415	TBQTL	TB Quantiferon Low Risk venipuncture	\$4	\$9	\$13	\$17
99000	TBQTL	TB Quantiferon Low Risk handling	\$4	\$9	\$13	\$17
36415	TBQTH	TB Quantiferon High Risk venipuncture	\$4	\$9	\$13	\$17
99000	TBQTH	TB Quantiferon High Risk handling	\$4	\$9	\$13	\$17
86580	TST	Tuberculin Skin Test	\$9	\$18	\$26	\$35
86701	RHIV\$	Rapid HIV Full Fee Low Risk	\$3	\$7	\$10	\$13
36416	RHIV\$	Rapid HIV Full Fee Fingerstick Low Risk	\$4	\$8	\$11	\$15
86701	HIVHR	Rapid HIV High Risk	\$3	\$7	\$10	\$13
36416	HIVHR	Rapid HIV Fingerstick High Risk	\$4	\$8	\$11	\$15

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**FEE SCHEDULE
CLINIC SERVICES**

OFFICE VISITS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
99202	New Expanded - 20 min	\$34	\$68	\$102	\$135
99203	New Detailed - 30 min	\$49	\$97	\$146	\$194
99204	New Comprehensive - 45 min	\$74	\$148	\$222	\$296
99211	Established Brief (nurse visit)	\$10	\$21	\$31	\$41
99212	Established Problem Visit - 10 min	\$20	\$40	\$60	\$80
99213	Established Expanded - 15 min	\$34	\$67	\$101	\$134
99214	Established Detailed - 25 min	\$49	\$97	\$146	\$194
99215	Established Comprehensive - 40 min	\$65	\$131	\$196	\$261
99242	Consultation - 30 min	\$32	\$63	\$95	\$126
WELLNESS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
99383	New Patient (5 yrs - 11 yrs)	\$62	\$125	\$187	\$249
99384	New Patient (12 yrs - 17 yrs)	\$70	\$139	\$209	\$278
99385	New Patient (18 yrs - 39 yrs)	\$70	\$139	\$209	\$278
99386	New Patient (40 yrs - 64 yrs)	\$70	\$139	\$209	\$278
99393	Established Patient (5 yrs - 11 yrs)	\$53	\$106	\$159	\$212
99394	Established Patient (12 yrs - 17 yrs)	\$60	\$120	\$180	\$240
99395	Established Patient (18 yrs - 39 yrs)	\$60	\$121	\$181	\$241
99396	Established Patient (40 yrs - 64 yrs)	\$60	\$121	\$181	\$241
99401	Preventive Counseling - 15 min	\$22	\$44	\$65	\$87
99402	Preventive Counseling - 30 min	\$37	\$75	\$110	\$147
99429	Preventive Medicine Service	\$25	\$50	\$75	\$100

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FEE SCHEDULE

CLINIC SERVICES

OFFICE PROCEDURES					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
10120	Removal Foreign Body	\$70	\$140	\$209	\$279
46900	Anal Chem/Cryo <14 lesions	\$101	\$202	\$303	\$404
46916	Anal cryosurgery <14 lesions	\$97	\$193	\$290	\$386
46922	Anal surgical excision <14 lesions	\$111	\$223	\$334	\$445
46924	Anal any method <15 lesions	\$218	\$435	\$653	\$870
57061	Vaginal any method <14 lesions	\$48	\$95	\$143	\$190
57065	Vaginal any method >15 lesions	\$81	\$163	\$244	\$325
56501	Wart Rx, Vulva (simple)	\$75	\$149	\$224	\$298
56515	Wart Rx, Vulva (extensive, Chem/Cryo)	\$115	\$231	\$346	\$461
54050	Wart Rx, Male (simple)	\$61	\$122	\$183	\$244
54056	Penile <14 lesions Cryo	\$60	\$120	\$180	\$240
54060	Penile surgical excision	\$76	\$153	\$229	\$305
54065	Wart Rx, Male (extensive, Chem/Cryo)	\$100	\$201	\$301	\$401
56605	(*) Vulvar Biopsy one lesion	\$41	\$83	\$124	\$165
56606	(*) Each Separate lesion	\$18	\$35	\$53	\$70
58300	(*) IUD Insertion	\$31	\$62	\$92	\$123
58301	IUD Removal	\$46	\$93	\$139	\$185
11400	Excision Benign lesion .5cm or <	\$57	\$114	\$171	\$228
11401	Excision Benign lesion .6-1cm	\$68	\$136	\$204	\$272
12001	Repair Simple < -2.5cm trunk, extremities, genitalia	\$41	\$83	\$124	\$165
12002	Repair Simple 2.5 - 7.5cm trunk, extremities, genitalia	\$50	\$101	\$151	\$201
11200	(*) Skin Tag Removal 1-15	\$41	\$81	\$122	\$162
11201	(*) Skin Tag Removal each additional 1-10	\$9	\$18	\$26	\$35
11201	(*) Skin Tag Removal each additional 1-10	\$9	\$18	\$26	\$35
11102	(*) Tangential Bx of skin single lesion	\$49	\$98	\$146	\$195
11103	(*) Tangential Bx of skin each additional lesion	\$24	\$48	\$71	\$95
11104	(*) Punch Bx of skin single lesion	\$50	\$100	\$150	\$230
11105	(*) Punch Bx of skin each additional lesion	\$28	\$55	\$83	\$110
11106	(*) Incision Bx skin single lesion	\$69	\$138	\$206	\$275
11107	(*) Incision Bx skin each additional lesion	\$33	\$65	\$98	\$130

Notes: (*) Does not include surgical tray CPT A4550 = \$40

(*) Does not include surgical tray WHC 99070 = \$30

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**FEE SCHEDULE
CLINIC SERVICES**

OFFICE PROCEDURES (cont'd)					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
57455	(*) Cervical Colposcopy with Biopsy	\$70	\$140	\$210	\$280
57454	(*) Cervical Colposcopy with Biopsy and Endocervical Curettage	\$73	\$145	\$218	\$290
57452	Cervical Colposcopy, no Biopsy	\$54	\$108	\$161	\$215
57500	Biopsy Cervix or Local Excision of Lesion	\$65	\$130	\$195	\$260
58100	(*) Endometrial Biopsy	\$45	\$89	\$134	\$178
58110	(*) Endometrial Biopsy w/Colpo	\$23	\$45	\$68	\$90
17000	Cryo 1st Lesion + Chem/Cryo (skin tag)	\$30	\$60	\$90	\$120
17003	Cryo 2-14 Lesion + Chem/Cryo (skin tag)	\$3	\$6	\$9	\$12
17004	Cryo 15 > Lesion + Chem/Cryo (skin tag)	\$71	\$143	\$214	\$285
56420	Bartholin's Gland Cyst - I&D with drain insertion	\$71	\$142	\$213	\$284
10060	Bartholin's Gland Cyst - I&D without drain insertion	\$54	\$108	\$161	\$215
11765	Toenail Removal - Partial	\$77	\$153	\$230	\$306
11730	Toenail Removal - Complete	\$50	\$100	\$150	\$200
99070	Surgical Tray WHC	\$8	\$15	\$23	\$30
A4550	Surgical Tray	\$10	\$20	\$30	\$40
11976	Implanon Removal	\$66	\$132	\$198	\$264
11981	Insertion of Nexplanon (does not include implant)	\$65	\$129	\$194	\$258
11982	Removal of Nexplanon	\$72	\$144	\$216	\$288
11983	Removal & Insertion of Nexplanon	\$104	\$208	\$312	\$416
57170	Diaphragm/Cervical Cap Fitting	\$32	\$64	\$96	\$125
99406	Smoking Cessation 10 min	\$7	\$14	\$20	\$27
99407	Smoking Cessation > 10 min	\$13	\$26	\$39	\$52
96127	Depression Screening	\$4	\$9	\$13	\$17
G0444	Depression Screening Medicare	\$8	\$16	\$24	\$32
69209	Removal impact using lavage/irrigation	\$6	\$13	\$19	\$25
69210	Cerum Removal (1 or both ears)	\$22	\$44	\$66	\$88
94760	Sao2 Oxygen saturation ear/pulse oximetry	\$2	\$4	\$6	\$8

Notes: (*) Does not include surgical tray CPT A4550 = \$40
 (*) Does not include surgical tray WHC 99070 = \$30

Origination Date: 1971
 Revision Date: 02/13/2019
 Review Date: 03/16/2021

**FEE SCHEDULE
CLINIC SERVICES**

CDD LABS					
CPT Code	Service Description	A no scale	B no scale	C no scale	D no scale
87801	CT/GC ThinPrep (87491/87591,88142)				\$0
99000	Handling/Collection	\$29	\$36	\$44	\$51
87801	CT/GC Vaginal swab (87491/87591)				\$0
99000	Handling/Collection	\$17	\$21	\$26	\$30
87801	CT/GC Combo (87491/87591)				\$0
99000	Handling/Collection	\$17	\$21	\$26	\$30
87801	CT/GC Rectum (87491/87591)				\$0
99000	Handling/Collection	\$19	\$24	\$29	\$33
87801	CT/GC Throat (87491/87591)				\$0
99000	Handling/Collection	\$19	\$24	\$29	\$33
88142	Thin Prep				\$0
99000	Handling/Collection	\$24	\$30	\$36	\$42
87624	HPV by Thin Prep liquid				\$0
99000	Handling/Collection	\$39	\$49	\$59	\$68

Origination Date: 1971
Revision Date: 07/01/2018
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**FEE SCHEDULE
CLINIC SERVICES**

INHOUSE LABS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
82962	(*) Glucose Finger Stick	\$3	\$5	\$8	\$10
83036	(*) A1C Inhouse	\$5	\$10	\$14	\$19
85018	(*) Hgb (Hemoglobin)	\$10	\$13	\$15	\$18
86703	(*) HIV1/HIV2 Rapid Result Antibody	\$8	\$15	\$23	\$30
82274	(+) IFOBT Fecal Occult Blood Test	\$17	\$22	\$26	\$30
81025	Pregnancy Test	\$5	\$6	\$7	\$9
86710	Quick FLU	\$16	\$20	\$21	\$28
81002	Urine Micro/Dipstick	\$5	\$10	\$15	\$20
83986	pH Test Tape	\$4	\$7	\$11	\$14
87210	Wet Mount (KOH)	\$5	\$9	\$14	\$18
87430	Quick Strep	\$9	\$18	\$26	\$35
86780	Syphillis Rapid Test	\$8	\$15	\$23	\$30
36416	Finger Stick	\$4	\$8	\$11	\$15
99000	Handling/Collection	\$4	\$9	\$13	\$17

Notes: (*) Does not include Finger Stick = \$15.00
 (+) Does not include Handling/Collection = \$17.00

Origination Date: 1971
 Revision Date: 07/01/2018
 Review Date: 03/16/2021

**FEE SCHEDULE
CLINIC SERVICES**

TVL LABS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
88305	Simple Tissue BX				
99000	Handling/Collection only	\$4	\$9	\$13	\$17
88307	Complex Tissue BX				
99000	Handling/Collection only	\$4	\$9	\$13	\$17
87070	Culture Aerobic Wound				
99000	Handling/Collection only	\$4	\$9	\$13	\$17
87252	Culture Herpes				
99000	Handling/Collection only	\$4	\$9	\$13	\$17
87338	H Pylori Antigen Stool				
99000	Handling/Collection only	\$4	\$9	\$13	\$17
87661	Trichomonas Amplified Probe (urine,swab,PAP)				
99000	Handling/Collection only	\$4	\$9	\$13	\$17
82043	Microalbumin				
99000	Handling/Collection only	\$4	\$9	\$13	\$17
87086	Culture Urine C&S of Isolates	\$4	\$9	\$13	\$17
99000	Handling/Collection only	\$4	\$9	\$13	\$17
83036	(*) A1C Hgb	\$9	\$17	\$26	\$34
85652	(*) Sed Rate	\$9	\$17	\$26	\$34
80048	(*) Basic Metabolic Panel	\$9	\$17	\$26	\$34
86140	(*) C Reactive Protein	\$9	\$17	\$26	\$34
80053	(*) Comprehensive Metabolic Panel	\$9	\$17	\$26	\$34
87273	(*) Culture Herpes Type II w/rfx typing	\$9	\$17	\$26	\$34
87274	(*) Culture Herpes Type I w/rfx typing	\$9	\$17	\$26	\$34
36415	Venipuncture	\$4	\$9	\$13	\$17
99000	Handling/Collection	\$4	\$9	\$13	\$17

Notes: (*) Includes Handling/Collection & Venipuncture charge

only - no venipuncture charge

Origination Date: 1971

Revision Date: 07/01/2018

Review Date: 03/16/2021

**FEE SCHEDULE
CLINIC SERVICES**

TVL LABS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
82670	(*) Estradiol	\$9	\$17	\$26	\$34
82728	(*) Ferritin	\$9	\$17	\$26	\$34
83001	(*) FSH Gonadotropin	\$9	\$17	\$26	\$34
83002	(*) LH Lutenizing Hormone	\$9	\$17	\$26	\$34
82947	(*) Glucose	\$9	\$17	\$26	\$34
86709	(*) HEP A Antibody Total	\$9	\$17	\$26	\$34
86708	(*) HEP A IGM Antibody	\$9	\$17	\$26	\$34
86704	(*) HEP B Core AB Total	\$9	\$17	\$26	\$34
86706	(*) HEP B Surface Antibody (Qual)	\$9	\$17	\$26	\$34
87340	(*) HEP B Surface antigen	\$9	\$17	\$26	\$34
87522	(*) HCV RNA, Quantitative PCR	\$9	\$17	\$26	\$34
86803	(*) HEP C (AB)	\$9	\$17	\$26	\$34
81025	(*) hCG serum pregnancy test	\$9	\$17	\$26	\$34
80074	(*) Hepatitis Panel Acute (86340,86705,86803)	\$9	\$17	\$26	\$34
83540	(*) Iron & TIBC (83550,85018)	\$9	\$17	\$26	\$34
80061	(*) Lipid Panel (82465,83718,84478,84999)	\$9	\$17	\$26	\$34
80076	(*) Hepatic Function Profile	\$9	\$17	\$26	\$34
86735	(*) Mumps Panel Antibody MMR (86762,86765)	\$9	\$17	\$26	\$34
86308	(*) Heterophile antibody (mono)	\$9	\$17	\$26	\$34
86689	(*) HIV confirmatory multispot (86702)	\$9	\$17	\$26	\$34
87389	(*) HIV Gen 4 blood	\$9	\$17	\$26	\$34
84146	(*) Prolactin	\$9	\$17	\$26	\$34
84153	(*) PSA	\$9	\$17	\$26	\$34
86480	(*) TB Qantiferon TB test	\$9	\$17	\$26	\$34
86431	(*) Rheumatoid Factor	\$9	\$17	\$26	\$34
86592	(*) Syphilis RPR	\$9	\$17	\$26	\$34
36415	Venipuncture	\$4	\$9	\$13	\$17
99000	Handling/Collection	\$4	\$9	\$13	\$17

Notes: (*) Includes Handling/Collection & Venipuncture charge

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**FEE SCHEDULE
CLINIC SERVICES**

TVL LABS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
84480	(*) T3 Total	\$9	\$17	\$26	\$34
84439	(*) T4 Free	\$9	\$17	\$26	\$34
84436	(*) T4	\$9	\$17	\$26	\$34
84443	(*) Thyroid eval TSH Reflex Free T4	\$9	\$17	\$26	\$34
86787	(*) Varicella IgM	\$9	\$17	\$26	\$34
86708	(*) HEP ABC 87340,86704,86803,86709,86705	\$9	\$17	\$26	\$34
84403	(*) Testosterone Total	\$9	\$17	\$26	\$34
82306	(*) Vitamin D	\$9	\$17	\$26	\$34
85025	(*) CBC w/ differential	\$9	\$17	\$26	\$34
86301	(*) CA 125	\$9	\$17	\$26	\$34
86038	(*) ANA Panel (RA)	\$9	\$17	\$26	\$34
86694	(*) HSV Igm	\$9	\$17	\$26	\$34
83525	(*) Insulin	\$9	\$17	\$26	\$34
86695	(*) HSV 1 Ab Igg (86646) Herpes Typing IgG	\$9	\$17	\$26	\$34
86696	(*) HSV 2 Ab Igg	\$9	\$17	\$26	\$34
36415	Venipuncture	\$4	\$9	\$13	\$17
99000	Handling/Collection	\$4	\$9	\$13	\$17

Notes: (*) Includes Handling/Collection & Venipuncture charge

Origination Date: 1971
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**FEE SCHEDULE
CLINIC SERVICES**

TVL LABS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
82150	(*) Amylase	\$9	\$17	\$26	\$34
84144	(*) Progesterone	\$9	\$17	\$26	\$34
86308	(*) Monotest	\$9	\$17	\$26	\$34
86780	(*) Syphilis TPPA	\$9	\$17	\$26	\$34
82607	(*) B12	\$9	\$17	\$26	\$34
85651	(*) Arthritis Profile 86431,84550,83520	\$9	\$17	\$26	\$34
80053	(*) Comp,Lipid,TSH 80053,80061,84443	\$9	\$17	\$26	\$34
84443	(*) Lipid,TSH 80053,84443	\$9	\$17	\$26	\$34
80061	(*) Comp, Lipid 80053,80061	\$9	\$17	\$26	\$34
85027	(*) Hemogram w/plat Not CBC	\$9	\$17	\$26	\$34
86695	(*) HSVGB 86696,86694	\$9	\$17	\$26	\$34
84481	(*) T3 Free	\$9	\$17	\$26	\$34
36415	Venipuncture	\$4	\$9	\$13	\$17
99000	Handling/Collection	\$4	\$9	\$13	\$17
88141	Pathology Review (MD)	\$13	\$25	\$38	\$50

Notes: (*) Includes Handling/Collection & Venipuncture charge

Origination Date: 1971
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**FEE SCHEDULE
CLINIC SERVICES**

LABS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
82962	(*) Glucose Finger Stick	\$3	\$5	\$8	\$10
36416	Finger Stick	\$4	\$8	\$11	\$15
83036	(*) A1C Inhouse	\$5	\$10	\$14	\$19
36416	Finger Stick	\$4	\$8	\$11	\$15
82270	Seracult	\$4	\$8	\$11	\$15
81002	Urine Micro/Dipstick	\$5	\$10	\$15	\$20
83986	pH Test Tape	\$4	\$7	\$11	\$14
87210	Wet Mount (KOH)	\$5	\$9	\$14	\$18
87430	Quick Strep	\$9	\$18	\$26	\$35
86703	HIV1/HIV2 Rapid Result Antibody	\$8	\$15	\$23	\$30
86780	Syphillis Rapid Test	\$8	\$15	\$23	\$30

Notes: (*) Does not include Finger Stick \$15

Origination Date: 1971
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**FEE SCHEDULE
CLINIC SERVICES**

MEDICATIONS & SUPPLIES					
CPT Code	Service Description	A	B	C	D
J7297	Liletta	\$70	\$140	\$300	\$600
J7298	Mirena	\$441	\$564	\$687	\$810
J7300	Paragard	\$185	\$370	\$554	\$739
J7303	Nuva Ring	\$25	\$50	\$75	\$100
J7307	Nexplanon	\$535	\$615	\$695	\$775
J3490	Plan B	\$7	\$8	\$9	\$11
S4993	Oral Contraceptive	\$6	\$7	\$8	\$8
J1050	Depo	\$25	\$37	\$55	\$75
96372	Injection	\$15	\$20	\$24	\$30

Origination Date: 1971

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**FEE SCHEDULE
CLINIC SERVICES**

MEDICATIONS & SUPPLIES				
CPT Code	Service Description			
Q0144	Azithromycin 250 mg 4			\$2
J0561	Bicillin LA (1.2units/tubex) dose 2.4units/2 tubex			\$18
J0696	Ceftiazone 250 mg *			\$12
J3490	Doxycycline 100 mg #14			\$7
J3490	Doxycycline 100 mg #28			\$13
J8499	Fluconazole 150 mg tablet			\$5
J2001	Lidocaine cc			\$2
S0020	Marcaine .25%			\$4
J3490	Metrogel Vaginal Gel 0.75% 70g			\$5
S0030	Metronidazole #4 500 mg			\$6
S0030	Metronidazole #14 500 mg			\$14
S0030	Metronidazole #28 250 mg			\$17
J3490	Premarin Vaginal Cream 30g			\$5
J3490	Suprax 100 mg tablet			state purchased \$.00
J8499	TMP/SMX #6			\$10

Note: * does not include injection charge

Origination Date: 1971
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FEE SCHEDULE
SLIDING FEE SCALE - BASED ON 2021 HHS POVERTY GUIDELINES

MONTHLY GROSS INCOME				
Family	A	B	C	D
Size:	25% of fee	50% of fee	75% of fee	100% of fee
1	\$0 - \$1,610	\$1,611 - \$2,146	\$2,147 - \$2,683	\$2,684 & over
2	\$0 - \$2,178	\$2,179 - \$2,904	\$2,905 - \$3,630	\$3,631 & over
3	\$0 - \$2,745	\$2,746 - \$3,660	\$3,661 - \$4,575	\$4,576 & over
4	\$0 - \$3,312	\$3,313 - \$4,416	\$4,417 - \$5,520	\$5,366 & over
5	\$0 - \$3,881	\$3,882 - \$5,175	\$5,175 - \$6,468	\$6,469 & over
6	\$0 - \$4,448	\$4,449 - \$5,930	\$5,931 - \$7,413	\$7,414 & over
7	\$0 - \$5,015	\$5,016 - \$6,686	\$6,687 - \$8,358	\$8,359 & over
8	\$0 - \$5,583	\$5,584 - \$7,444	\$7,445 - \$9,305	\$9,306 & over
For family units with more than 8 members, add \$369 for each additional member				
ANNUAL GROSS INCOME				
Family	A	B	C	D
Size:	25% of fee	50% of fee	75% of fee	100% of fee
1	\$0 - \$19,320	\$19,321 - \$25,760	\$25,761 - \$32,200	\$32,201 & over
2	\$0 - \$26,130	\$26,131 - \$34,840	\$34,841 - \$43,550	\$43,551 & over
3	\$0 - \$32,940	\$32,941 - \$43,920	\$43,921 - \$54,900	\$54,901 & over
4	\$0 - \$39,750	\$39,751 - \$53,000	\$53,001 - \$66,250	\$66,251 & over
5	\$0 - \$46,560	\$46,561 - \$62,080	\$62,081 - \$77,600	\$77,601 & over
6	\$0 - \$53,370	\$53,371 - \$71,160	\$71,161 - \$88,950	\$88,950 & over
7	\$0 - \$60,180	\$60,181 - \$80,240	\$80,241 - \$100,300	\$100,301 & over
8	\$0 - \$66,990	\$66,991 - \$89,320	\$89,321 - \$111,650	\$111,651 & over
For family units with more than 8 members, add \$4,420 for each additional member				

Origination Date: 1971
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