

**ORANGE COUNTY HEALTH DEPARTMENT FEE SCHEDULE  
PERSONAL HEALTH SERVICES + NUTRITION**

<b>CPT Code</b>	<b>Description</b>	<b>Current Fee</b>	<b>Request</b>	<b>Last Revision</b>
10060	Drainage of Skin Abscess	\$117.00		2009
10061	Drainage of Skin Abscess	\$200.00		2009
10080	Drainage of Pilonidal Cyst	\$195.00		2009
10120	Remove Foreign Body	\$133.00		2009
10140	Drainage of Hematoma/Fluid	\$147.00		2009
10160	Puncture Drainage of Lesion	\$94.00		2008
11000	Debride Infected Skin	\$56.00		2009
11055	Paring of corn/callus (1 lesion)	\$46.00		2009
11200	Remove Skin Tags	\$89.00		2007
11719	Trim Nail(s)	\$22.00		2008
11720	Debride Nail 1-5	\$33.00		2008
11730	Avulsion of Nail Plate	\$97.00		2011
11740	Drain Blood from Under Nail	\$56.00		2009
11976	Norplant (Remove)	\$223.00		2008
11981	Insertion, non-biodegradable drug	\$250.00		2012
11982	Removal, non-biodegradable drug	\$154.00		2009
11983	Removal, with reinsertion, non-biodegradable drug	\$234.00		2009
12001	Repair Superficial Wound(s) 2.5cm or less	\$171.00		2008
12002	Repair Superficial Wound(s) 2.6-7.5cm	\$184.00		2009
16000	Initial Burn(s) Treatment	\$84.00		2009
16020	Dsg and/or debridement, small	\$97.00		2009
17000	Destroy Benign/Premal Lesion	\$72.00		2009
17003	Destroy Lesions, 2-14	\$18.00		2009
17110	Destruct Lesion(s), 1-14	\$109.00		2009
17250	Chem. Caut of granulation tissue	\$79.00		2009
20550	Inject Single Tendon-Ligament-Cyst	\$72.00		2009
20551	Inject Single Tendon Orgin ? Insertion	\$67.00		2009
20552	Inject Single-Multi Trigger Pts, 1-2 Muscles	\$67.00		2008
20553	Inject Single-Multi Trigger Pts, 3+ Muscles	\$78.00		2009
20600	Drain/Inject, Small Joint or Bursa	\$67.00		2008
20605	Drain/Inject, Intermediate Joint or Bursa	\$72.00		2007
20610	Drain/Inject, Major Joint or Bursa	\$84.00		2009
26010	Drain Finger Abscess, Simple	\$329.00		2009
29130	Apply Finger Splint, Static	\$44.00		2009
30300	Remove foreign body intranasal	\$244.00		2009
30901	Control Nosebleed	\$123.00		2009
36415	Lab: Venipuncture	\$18.00		2009
36416	Capillary Puncture	\$15.00		2012
46083	Incise External Hemorrhoids	\$184.00		2009
46600	Diagnostic Anoscopy	\$100.00		2009
51701	Insertion of non-dwelling bladder cath	\$94.00		2009
54050	Destroy Lesion (Male)	\$315.00		2012
56405	Incision/Drainage of Vulva or Perineum	\$140.00		2009
56420	Incision/Drainage of Gland Abscess	\$173.00		2009
56501	Destroy Lesions (Female)	\$260.00		2012
57170	Diaphragm Fit	\$95.00		2009
57452	Colposcopy of the cervix (without biopsy)	\$160.00		2012
57454	Colposcopy of the cervix, with biopsy and endocervical curet	\$208.00		2012
57455	Colposcopy of the cervix, with biopsy	\$193.00		2012
57456	Colposcopy of the cervix, with endocervical curettage	\$183.00		2012
58300	Insert Intrauterine Device (IUD)	\$160.00		2012
58301	IUD Removal	\$200.00		2012

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59025	Fetal Non Stress	\$90.00		2012
59425	Antepartum package 4-6 visits	\$810.00		2012
59426	Antepartum package 7+ visits	\$1,560.00		2012
59430	Postpartum care only	\$175.00		2012
64435	Paracervical Block	\$176.00		2008
65205	Remove Foreign Body from External Eye	\$67.00		2007
69200	Remove Foreign Body from Outer Ear Canal	\$140.00		2006
69210	Remove Ear Wax	\$67.00		2006
80061	<b>Lipid Panel (Fasting) - UNC Lab</b>	\$18.00		2006
80101	<b>Urine Toxicology Screen (UNC Lab)</b>	\$160.88		2010
80178	<b>Lithium Level (UNC Lab)</b>	\$9.46		2011
81000	U/A (W/Micro)	\$28.00		2006
81002	U/A (Dipstick Only)	\$18.00		2006
81025	Pregnancy Test	\$15.00		2012
82040	<b>Albumin Serum (UNC Lab Test)</b>	\$6.00		2006
82044	<b>Urine Micro-Albumin (UNC Lab)</b>	\$4.18		2010
82150	<b>Amylase (UNC Rate)</b>	\$9.00		2006
82239	Bile Acid Test	\$93.00		2006
82247	<b>Total Bilirubin (UNC Lab Test)</b>	\$7.00		2006
82248	<b>Direct Bilirubin (UNC Lab Test)</b>	\$7.00		2006
82251	<b>Neonatal Bilirubin (UNC Lab Test)</b>	\$9.00		2006
82270	Hemocult	\$11.00		2008
82306	<b>Vitamin D 25 (UNC Lab)</b>	\$71.00		2011
82310	<b>Ca (UNC Lab Test)</b>	\$7.00		2008
<b>82374</b>	<b>CO2 (UNC Lab Test)</b>	<b>\$6.00</b>	<b>\$6.22</b>	<b>2008</b>
82435	<b>CL (UNC Lab Test)</b>	\$6.00		2007
82465	<b>Total Cholesterol (UNC Lab Test)</b>	\$6.00		2006
82565	<b>CREAT (UNC Lab Test)</b>	\$7.00		2007
82607	<b>B12 (UNC Lab Test)</b>	\$21.00		2006
82728	<b>Ferritin (UNC Lab Test)</b>	\$19.00		2006
82746	<b>Folate (UNC Lab Test)</b>	\$20.00		2006
82772	Fecal occult blood, single spec.	\$10.00		2006
82784	<b>Iga (UNC Lab)</b>	\$13.58		2010
82947	<b>GLU (UNC Lab Test)</b>	\$5.00		2006
82952	<b>GGT 3 HR</b>	\$25.00		2012
82977	<b>GGT (UNC Lab Test)</b>	\$11.00		2006
83001	<b>FSH (UNC Lab Test)</b>	\$25.00		2006
83002	<b>Luteinizing Hormone *UNC rate</b>	\$25.00		2006
83516	<b>Ttg (UNC Lab)</b>	\$16.85		2010
83540	<b>Iron Profile (FE): IBC (UNC Lab Test)</b>	\$9.00		2006
83615	<b>LDH (UNC Lab Test)</b>	\$8.00		2006
83690	<b>Lipase (UNC Rate)</b>	\$9.00		2006
83718	<b>Lipid Panel (Non-Fasting) HDL (UNC Lab Test)</b>	\$11.00		2006
83721	<b>LDL (UNC Lab Test)</b>	\$13.00		2006
84075	<b>ALK PHOS (UNC Lab Test)</b>	\$7.00		2006
84132	<b>K (UNC Lab Test)</b>	\$6.00		2006
84146	<b>Prolactin (UNC Lab)</b>	\$27.00		2006
84153	<b>PSA Screen (UNC Lab)</b>	\$25.00		2006
84153	<b>PSA Diagnostic (UNC Lab)</b>	\$25.00		2006
84155	<b>TP-Serum (UNC Lab Test)</b>	\$5.00		2007
84156	<b>TP-Urine (UNC Lab Test)</b>	\$5.00		2006
<b>84295</b>	<b>NA (UNC Lab Test)</b>	<b>\$6.00</b>	<b>\$6.12</b>	<b>2006</b>

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84436	Thyroxine (T4) - (UNC Lab Test)	\$8.00		2006
84439	Free T4 (UNC Lab Test)	\$12.00		2006
84443	TSH (UNC Lab Test)	\$22.00		2006
84450	SGOT, AST (UNC Lab Test)	\$7.00		2006
84460	SGPT, ALT (UNC Lab Test)	\$7.00		2008
84466	Iron Profile/Tranferrin: % Saturation (UNC Lab Test)	\$17.00		2006
84478	TRIG (UNC Lab Test)	\$8.00		2006
84479	T3U (UNC Lab Test)	\$8.00		2006
84481	Free T3 (UNC Lab)	\$42.00		2010
<b>84520</b>	<b>BUN (UNC Lab Test)</b>	<b>\$5.00</b>	<b>\$5.01</b>	<b>2006</b>
84550	Uric Acid (UNC Lab Test)	\$6.00		2006
84702	QUANT HCG/Serum (UNC Lab Test)	\$12.00		2006
85025	CBC with Diff (UNC Lab Test)	\$10.00		2006
85027	CBC w/o Diff (UNC Lab Test)	\$9.00		2006
85611	Prothrombin Time (UNC Lab)	\$5.00		2006
<b>85651</b>	<b>SED Rate (UNC Lab Test)</b>	<b>\$4.00</b>	<b>\$4.51</b>	<b>2007</b>
86038	ANA (anti-nuclear antibody) titer (UNC Rate)	\$16.00		2006
86039	Confirmation, if ANA+ (UNC Rate)	\$15.00		2008
86308	MONO Spot (UNC Lab Test)	\$7.00		2006
86430	RA Factors - Qual (UNC Lab Test)	\$7.00		2006
86431	RA Factors - Quan (UNC Lab Test)	\$7.00		2006
86580	PPD	\$17.00		2012
86677	H. Pyloric (UNC Lab Test)	\$20.00		2011
86706	Hepatitis B Surface Antibody (UNC Lab)	\$15.38		2011
86757	RMSF (Convalescent) (UNC Rate)	\$27.00		2009
86762	Rubella (UNC Lab Test)	\$20.00		2009
86787	Varicella Immune Status Test *UNC rate	\$17.00		2008
86803	Hep C Antibody (UNC Lab)	\$20.00		2007
86804	Hepatitis C RIBA (UNC Lab Test)	\$16.00		2009
86870	Antibody Identification (UNC Lab Test)	\$21.00		2010
86900	ABO Group (UNC Lab Test)	\$4.00		2009
86901	RH Type (UNC Lab Test)	\$7.00		2009
87070	Other Bacterial Culture (UNC Lab Test)	\$12.00		2008
87081	Throat Culture (UNC Lab Test)	\$8.00		2008
87086	Urine Culture (UNC Lab Test)	\$11.00		2006
87101	Culture, Fungal Dermatology Screen (UNC Lab)	\$10.00		2008
87184	ID & Sensitivity (UNC Lab Test)	\$9.00		2008
87205	STAT Male Smear	\$22.00		2008
87206	Fungal Direct Test (FDIR) (UNC Lab Test)	\$7.00		2008
87210	Wet Mount	\$18.00		2009
87269	Parasitology Test #9807-Giardia (UNC Lab Test)	\$16.00		2009
87272	Parasitology Test #9807-Cryptosporidium (UNC Lab)	\$16.00		2009
87340	HBsAG (UNC Lab Test)	\$13.00		2009
87420	RSV (Respiratory Syncytial Virus) Antigen Screen (UNC Lab)	\$16.00		2008
87880	Streptococcus Group A Assay W/Optic (UNC Lab)	\$20.00		2009
88175	Cytopath C/V Auto Fluid Redo	\$35.00		2012
90460	Admin Fee (1 vaccine) to children by RN or higher	\$15.70		2012
90461	Admin Fee (2 vaccines) to children by RN or higher	\$8.84		2012
90470	Administration of H1N1 Vaccine	\$18.00		2010
90471	Admin Fee (1 vaccine)	\$18.00		2012
90472	Admin Fee (2+ vaccines)	\$18.00		2012

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<b>CPT Code</b>	<b>Description</b>	<b>Current Fee</b>	<b>Request</b>	<b>Last Revision</b>
<b>90473</b>	<b>Immunization Adm. - Intranasal/Oral</b>	<b>\$18.00</b>	<b>\$13.71</b>	<b>2012</b>
<b>90474</b>	<b>Immunization Adm. - Intranasal/Oral Additional</b>	<b>\$18.00</b>	<b>\$13.71</b>	<b>2012</b>
90632	Hep A - Adult	\$45.00		2012
90633	Hep A (Ped/Adol)	\$25.00		2010
90647	PedVaxHIS Self Pay	\$40.00		2012
90648	HIB Vaccine	\$26.00		2012
90649	Gardasil	\$136.00		2012
90654	Intradermal flu vaccine	\$20.00		2012
90655	Preservative free influenza vaccine 6-35 mo	\$16		2011
90656	Preservative free influenza vaccine	\$18.00		2012
90657	Influenza Split 6-35 mo.	\$14.00		2009
90658	Influenza Split 3yr and Above	\$15.00		2012
90660	Influenza Virus Vaccine Live for Intranasal	\$23.00		2012
90662	Influenza - high dose (65+)	\$40.00		2012
90669	Pevnar (PCV7 -Pneumococcal Vaccine	\$116.00		2009
90670	Pevnar (PCV13) -Pneumococcal Vaccine	\$130.00		2012
90675	Rabies (IM)	\$237.00		2009
90680	Rotateq (Rotavirus Vaccine)	\$99.00		2009
90696	Kinrix (DTaP/IPV)	\$52.00		2012
90700	Dtap Vaccine (Pediatric) Self Pay	\$32.00		2012
90707	Adult MMR	\$56.00		2009
90713	Inactivated Polio Vaccine (IPV)	\$31.00		2009
<b>90715</b>	<b>Tdap Vaccine</b>	<b>\$35.00</b>	<b>\$39.49</b>	<b>2012</b>
90716	Varicella vaccine	\$89.00		2008
90732	Immunization: Pneumococcal - State	\$65.00		2012
90733	Meningococcal Vaccine, Subcutaneous/Jet	\$100.00		2008
<b>90734</b>	<b>Menactra Meningococcal Vaccine</b>	<b>\$105.00</b>	<b>\$106.87</b>	<b>2011</b>
90736	Zostavax vaccine	\$179.00		2007
90744	Pediatric Hep B Vaccine Self Pay	\$30.00		2012
90746	Immunization: Hep B (20+ yrs)	\$58.00		2007
90760	IV Infusion Up to One Hour	\$140.00		2007
90772	Therapeutic prophylactic/diagnostic injection	\$23.00		2008
90801	Psychiatric Diagnostic Interview Exam	\$151.00		2008
90802	Psychiatric Diag Interview Exam, Interactive	\$161.00		2009
90804	Psychother, Indiv, Insight, 20-30 min.	\$65.00		2009
90806	Psychother, Indiv, Insight, 45-50 min.	\$97.00		2007
90808	Psychother, Indiv, Insight, 75-80 min.	\$146.00		2008
90810	Psychother, Indiv, Interac, 20-30 min.	\$70.00		2007
90812	Psychother, Indiv, Interac, 45-50 min.	\$103.00		2009
90814	Psychother, Indiv, Interac, 75-80 min.	\$152.00		2009
90846	Psychotherapy, Family, w/o Patient	\$95.00		2009
90847	Psychotherapy, Family, (Conjoint) W/Pt Present	\$115.00		2009
90853	Psychotherapy, Group	\$32.00		2009
91781	IV infusion Each Additional Hour up to Eight	\$39.00		2009
92551	Audiometry	\$18.00		2008
92587	OAE (Limited)	\$100.00		2012
93000	Electrocardiogram, Complete	\$33.00		2009
93005	Electrocardiogram, Tracing Only	\$22.00		2009
94640	Airway Inhalation Treatment	\$22.00		2009
94664	Aerosol/Vapor Inhalation Treatment	\$22.00		2009
94760	Pulse Oxygen	\$8.00		2009
96110	Developmental Test	\$23.00		2012

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96152	Health & Behavior Intervention	\$55.00		2012
96372	Ther/Proph/Diag inj/SC/IM	\$60.00		2012
97802	Medical Nutrition Therapy/Initial 15 min. Unit	\$30.00		2009
97803	Medical Nutrition Therapy/Re-Assess 15 min. Unit	\$30.00		2009
97804	Medical Nutrition Therapy-Group (2 or more)	\$15.00		2011
99000	Lab: Handling Fee	\$11.00		2009
99070	Special Supplies	\$18.00		2009
99173	Vision	\$7.00		2009
99175	Induction of Vomiting	\$67.00		2009
99201	New Office/Outpt Tx Brief E&M	\$110.00		2009
99202	New Office/Outpt Tx Expanded Prob Focused E&M	\$165.00		2009
99203	New Office/Outpt Tx Detailed E&M	\$200.00		2009
99204	New Office/Outpt Tx Moderate Complex E&M	\$335.00		2009
99205	New Office/Outpt Tx High Complex E&M	\$405.00		2009
99211	Estab Office/Outpt Tx Brief E&M	\$60.00		2012
99212	Estab Office/Outpt Tx Prob Focused E&M	\$100.00		2012
99213	Estab Office/Outpt Tx Expanded Focused E&M	\$150.00		2012
99214	Estab Office/Outpt Tx Detailed E&M	\$225.00		2012
99215	Estab Office/Outpt Tx Comprehensive E&M	\$305.00		2012
99381	Preventive/New Pt < 1 yr.	\$255.00		2012
99382	Preventive/New Pt 1-4 yrs.	\$270.00		2012
99383	Preventive/New Pt 5-11 yrs.	\$275.00		2012
99384	Preventive/New Pt 12-17 yrs.	\$235.00		2012
99385	Preventive/New Pt 18-39 yrs.	\$235.00		2012
99386	Preventive/New Pt 40-64 yrs.	\$267.00		2009
99387	Preventive/New Pt 65+ yrs.	\$242.00		2008
99391	Preventive/Estab Pt < 1 yr.	\$225.00		2012
99392	Preventive/Estab Pt 1-4 yrs.	\$225.00		2012
99393	Preventive/Estab Pt 5-11 yrs.	\$200.00		2012
99394	Preventive/Estab Pt 12-17 yrs.	\$205.00		2012
99395	Preventive/Estab Pt 18-39 yrs.	\$225.00		2012
99396	Preventive/Estab Pt 40-64 yrs.	\$220.00		2012
99397	Preventive/Estab Pt 65+ yrs.	\$212.00		2004
99406	Tobacco Use Cessation Counseling - Intermediate	\$10.66		2012
99407	Tobacco Use Cessation Counseling - Intensive	\$22.10		2012
99420	Health Check Autism Assessment	\$8.14		2013
Recoding	Education Classes	\$30.00/hr		2010
Recoding	Consultant Services (Health Educators)	\$20.00/hr		2010
Recoding	Patient Education (non Physician)	\$35.00/unit		2012
Recoding	Health Risk Appraisal	\$12.00		2004
82465QW	Cholesterol	\$11.00		2011
82947QW	Glucose (Random)	\$18.00		2006
82950QW	O'Sullivan	\$28.00		2007
82951QW	OGTT (3 HR)	\$50.00		2006
83036QW	Hemoglobin A1C	\$21.00		2006
85018QW	Hemoglobin	\$11.00		2009
88175-90	Pap, Thin Prep (State Lab)	\$18.38		2012
D0145	Oral Evaluation <3 yrs with counseling	\$55.00		2012
D1206	Topical Fluoride Appl	\$47.00		2012
Recode	<b>Employee Varicella Titer (UNC Lab)</b>	\$78.00		2009
Recode	Employee Measles (Rubeola) Titer	\$48.00		2009
Recode	Employee Mumps Titer	\$50.00		2009

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Recode	Employee Rubella Titer	\$75.00		2009
G0008	Adm of Influenza Vaccine	\$18.00		2009
G0008	Admin. Influenza Vaccine - Medicare	\$18.00		2009
G0009	Adm of Pneumococcal Vaccine	\$18.00		2009
G0009	Admin. Pneumococcal Vaccine - Medicare	\$18.00		2009
G0108	DSME/DSMT Individual Assessment	\$22.00		2010
G0109	DSME/DSMT Group Class	\$12.00		2010
G0270	Additional MD requested MNT indiv - Medicare	\$25.00		2010
G0271	Additional MD requested MNT group - Medicare	\$13.00		2010
J1055	Depo Provera Injection	\$40.00		2012
J1200	Diphenhydramine HCL/Benadryl up to 50mg	\$6.00		2009
J2550	Promethazine _ mg	\$8.00		2009
J2790	Rhogam Injection	\$88.00		2012
J3420	B-12 Injection	\$6.00		2009
J3490	17 Alpha-hydroxprogesterone	\$21.00		2012
J7300	Paragard IUD	\$390.00		2012
<b>J7302</b>	<b>Mirena IUD</b>	<b>\$480.00</b>	<b>\$745.23</b>	<b>2012</b>
J7303	Nuvaring	\$57.00		2008
<b>J7307</b>	<b>Implanon</b>	<b>\$580.00</b>	<b>\$698.99</b>	<b>2012</b>
JO696	Ceftriaxone Sodium/Rocephin per 250mg	\$22.00		2008
Recoded	Sports Physical	\$44.00		2008
Recoded	Camp Physical	\$44.00		2009
Recoded	College Physical	\$44.00		2009
<b>Recoded</b>	<b>I-693 Form</b>	<b>\$25.00</b>	<b>Due to the volume of fee waiver requests for this service, we are requesting to convert the existing charge from flat fee to sliding scale</b>	<b>2012</b>
Recoded	Primary Care Minimum Fee	\$20.00		2012
Recoded	MNT Minimum Fee	\$20.00		2012
Recoded	Adult Medicaid Co-pay	\$3.00		2010
S4993	Oral Contraceptive Pills	\$5.00		2012
S9465	Diabetic management program, dietitian visit	\$35.00		2011
S9470	Nutritional counseling, dietitian visit	\$35.00		2011
T1002	RN Services up to 15 min.	\$21.00		2005
S9442	Birthing classes	8.69/ 1 hr block		2013
90714	TD Vaccine	\$35.00		2013
** UNC and State Lab Fees in BOLD are established by reference lab and not by OCHD				
** "No Code and Recode" represent local use codes that can be billed, however are not recognized by ICD-10.				

**ORANGE COUNTY HEALTH DEPARTMENT FEE SCHEDULE  
DENTAL**

<b>ADA Code</b>	<b>Description</b>	<b>Current Fee</b>	<b>Last Revision</b>
D0150	Comprehensive Oral Evaluation	\$80.00	2013
D0120	Periodic Oral Evaluation	\$45.00	2013
D0140	Limited Oral Evaluation	\$69.00	2013
D0170	Re-evaluation-limited, problem	\$65.00	2013
D9310	Consultation	\$122.00	2013
D0330	Panoramic Film	\$100.00	2013
D0270	BWX 1 Film	\$26.00	2013
D0272	BWX 2 Films	\$41.00	2013
D0273	Bitewings- thre films	\$51.00	2013
D0274	BWX 4 Films	\$58.00	2013
D0220	1st Intraoral PA Film	\$26.00	2013
D0230	Additional PA Film	\$23.00	2013
D0240	Intraoral Occulusal Film	\$38.00	2013
D0210	Full Mouth Series w BWX	\$120.00	2013
D1120	Prophy/Child under age 13	\$61.00	2013
D1110	Prophy/Adult age 13 and up	\$82.00	2013
D1203	Fluoride Varnish (age 13&under)	\$33.00	2013
D1204	Fluoride Varnish (age 13-20)	\$33.00	2013
D1206	Topical Fluoride varnish;therapeutic application for moderate to high caries risk patients	\$39.00	2013
D1351	Sealant/NEWLY ERUPTED TEETH	\$49.00	2013
D4342	Scale/Root Planing 1-3 teeth p/q	\$167.00	2013
D4341	Scale Root Planing 4> teeth p/q	\$231.00	2013
D4355	Full mouth Debridement	\$168.00	2013
D4910	Periodontal Maintenance	\$127.00	2013
D2140	Amal One Surface Prim/ Perm	\$130.00	2013
D2150	Amal Two Surface Prim/ Perm	\$164.00	2013
D2160	Amal Three Surface Prim/Perm	\$198.00	2013
D2161	Amal Four Surface Prim/Perm	\$236.00	2013
D2330	Resin One Surface Anterior	\$148.00	2013
D2331	Resin Two Surface Anterior	\$183.00	2013
D2332	Resin Three Surface Anterior	\$227.00	2013
D2335	Resin Four Surface Anterior	\$288.00	2013
D2390	Resin Comp. Crown Ant. Prim	\$414.00	2013
D2391	Resin Comp. 1sur.Post-Prim/Perm	\$162.00	2013
D2392	Resin Comp. 2sur.Post-Prim/Perm	\$212.00	2013
D2393	Resin Comp. 3sur.Posterior Perm	\$261.00	2013
D2394	Resin Comp.4+sur.Posterior Perm	\$314.00	2013
D9910	Application of Desensitizing Medicament	\$57.00	2013
D9911	Application of Desensitizing Resin for cervical and/or root surface per tooth	\$70.00	2013
D3220	Pulpotomy	\$183.00	2013
D2930	SSC Primary Tooth	\$247.00	2013
D2931	SSC Permanent Tooth	\$298.00	2013
D2932	Prebacricated Resin Crown	\$323.00	2013
D2934	Prefab.est.coat SSC prim. Tooth	\$327.00	2013
D2940	Sedative Filling	\$113.00	2013
D9110	Palliative Treatment	\$115.00	2013

**ORANGE COUNTY HEALTH DEPARTMENT FEE SCHEDULE  
DENTAL**

<b>ADA Code</b>	<b>Description</b>	<b>Current Fee</b>	<b>Last Revision</b>
D7140	Ext. Erupted Tooth Prim/Perm	\$162.00	2013
D7210	Extraction Surgical - 100+	\$253.00	2013
D7111	Ext. cornal remnants deciduous	\$122.00	2013
D7310	Alveoplasty extractions p/quad.	\$270.00	2013
D7311	Alveoplasty in conjunction with extraction 1-3 teeth per quadrant	\$273.00	2013
D7320	Alveoplasty not in conjunction with extraction 4 or more tooth spaces per quadrant	\$404.00	2013
D7321	Alveoplasty not in conjunction with extraction 1-3 tooth spaces per quadrant	\$384.00	2013
D2920	Recement Crown NOT cov. by MA	\$100.00	2013
D0470	Study Models	\$104.00	2013
D7510	I & D Minor Surgery	\$217.00	2013
D9951	Occusal Adjustment Limited	\$166.00	2013
D9999	Fractured Tooth Txt.	\$70.00	2013
D3110	Pulp Cap-direct exp. Pulp MED	\$76.00	2013
D3120	Pulp Cap-indirect nearly exposed	\$77.00	2013
D7286	Biopsy Oral Tissue	\$298.00	2013
D2951	Pin Retention/tooth	\$67.00	2013
MED	Band & Loop/Quadrant Impress	\$0.00	2013
D1510	Band & Loop/Quadrant Deliver 209/25	\$287.00	2013
MED	Fixed Bilateral Impress	\$0.00	2013
D1515	Fixed Bilateral Deliver 419/30	\$393.00	2013
D9940	Occlusal guard, by report minimize bruxism \$274/95 lab	\$549.00	2013
D9941	Fabrication of Athletic Mouthguard	\$236.00	2013
D3310	Root Canal Therapy Anterior	\$676.00	2013
D3320	Root Canal Therapy Bicuspid	\$780.00	2013
D3330	Root Canal Therapy Molar	\$943.00	2013
	Flat Fee Fabrication of Athletic Moutguard Projects	\$17.00	2013
	Boil and Bite Mouthguards (students with braces)	\$5.00	2013
	Minimum charge for dental visit	Sliding fee recommendation is to discontinue the \$30 per preventative visit and \$30 per procedure fee. Recommending to slide to 20% with a minimum of \$30 per visit.	2013

**ORANGE COUNTY HEALTH DEPARTMENT FEE SCHEDULE  
ENVIRONMENTAL HEALTH**

Description	Current Fee	Last Revision
<i>Soil Analysis/Improvement Permit</i>		
Single Family Units <600 Gallons per day. Less than 2 acres	\$350.00	2006
Single Family Units >600 Gallons per day	\$350 + \$75 per 600 GPD or fraction of additional WW flow >600 GPD	2006
Non-domestic WW	Fee increases by 50% over the total permit fee of a comparably sized domestic WW system	2006
<i>Authorization to construct WW system</i>		
Single Family Units <600 Gallons per day. Less than 2 acres	\$260.00	2006
Single Family Units >600 Gallons per day	\$260 + \$160 per 600 GPD or fraction of additional WW flow >600 GPD	2006
Non-domestic WW	Double fee for comparably sized domestic WW system	2006
<i>Other Misc. Activities</i>		
Improvement permit (lot w/existing home)	\$350.00	2006
Permit Site Revision	\$125.00	2006
Existing System Inspection	\$125.00	2006
Existing System Authorizations (Office authorization, no field visit required)	\$20.00	2006
<i>Mobile Home Park</i>		
1 to 25 spaces	\$125.00	2006
26 to 50 spaces	\$175.00	2006
51 and over spaces	\$225.00	2006
MH Space Reinspection	\$75.00	2006
Septic Tank Manufacturer Yard Inspection	\$250.00	2010
Septic Tank Contractor Registration Fee - New contractor (one time)	\$200.00	2006
Septic Tank Contractor Fee - Annual Renewal	\$25.00	2006
Septic Tank Contractor Education Class Fee	\$50.00	2006
<i>WTMP</i>		
Initial inspection	\$125.00	2006
Follow-up inspection	\$75.00	2006
<i>Wells and Water Samples</i>		
Well permits	\$430.00	2008
Permit Site Review	\$125.00	2006
Bacteriological	\$25.00	2006
Inorganic Chemical Samples	\$35.00	2006
Pesticide or Petroleum	\$75.00	2006
Full Sample Suite (Bact, Nox, Inorganic + 7)	\$100.00	2008
Iron bacteria or Sulfur bacteria	\$25.00	2010
Radon Air Sample Kit - Radon	\$20.00	2010
<i>Tattoo Parlors</i>		

**ORANGE COUNTY HEALTH DEPARTMENT FEE SCHEDULE  
ENVIRONMENTAL HEALTH**

<b>Description</b>	<b>Current Fee</b>	<b>Last Revision</b>
Tattoo Artist Annual Permit fee	\$250.00	2010
<i>Swimming Pools</i>		
Swimming Pool Inspection	\$250.00	2010
Plan Review - Swimming Pools	\$250.00	2010
<i>Food Service</i>		
Plan review and permit fee - Temporary Food Establishment	\$75.00	2010
Plan Review - Food Service Establishment	\$250.00	2010