

SCHEDULE 1

**COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC HEALTH FEES
Ordinance 734-13 Schedule 1**

Description of Activity/Service	Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
---------------------------------	--------------------------	---------------------------

Business Services:

Returned Checks	\$ 20.00	\$ 20.00
-----------------	----------	----------

Emergency Medical Services:

Advanced Life Support (ALS):		
Ambulance Service Permit (per yr)(1)	\$ 6,000.00	\$ 6,000.00
Basic Life Support (BLS):		
Ambulance Service Permit (per yr)(2)	\$ 3,000.00	\$ 3,000.00
Each ambulance (per yr)	\$ 250.00	\$ 250.00
Educational Programs (per instructor hr)	\$ 50.00	\$ 50.00
EMS Dispatcher Certification (every two yrs)	\$ 15.00	\$ 15.00
EMT-I Certification and recertification (every two yrs)	\$ 25.00	\$ 25.00
EMT-I Certification and recertification - Late fee	\$ 10.00	\$ 10.00
EMT-P Initial Accreditation	\$ 75.00	\$ 75.00
EMT-P Re-verification (every two yrs)	\$ 50.00	\$ 50.00
EMPT-P (paramedic) and MICN (Mobile Intensive Care Nurse) Late fee	\$ 25.00	\$ 25.00
Fees for medical services and most laboratory - See clinical services.		
First Responder Certification (every two yrs)	\$ 15.00	\$ 15.00
Initial Certification (MICN Challenge) Recertification: (every two yrs)	\$ 75.00	\$ 75.00
Lost Card Replacement	\$ 10.00	\$ 10.00
Policies & Procedure manual on CD	\$ 10.00	\$ 10.00
Mobile Intensive Care Nurse (MICN) Recertification (every two yrs)	\$ 50.00	\$ 50.00
Photocopying (per page)	\$ 0.05	\$ 0.05
Protocol Manual Update Subscriptions:		
Complete Manual (every two yrs)	\$ 5.00	\$ 5.00
Protocol Manuals:		
Complete Manual	\$ 50.00	\$ 50.00
Each Section	\$ 5.00	\$ 5.00

Epidemiology

Special Data Request Fee	\$ 70.00	\$ 70.00
--------------------------	----------	----------

Injury Prevention Services:

Bicycle Helmets - sliding fee scale (price range - \$3.00 - \$10.00)	\$ 10.00	\$ 10.00
Regular Car Seats	\$ 30.00	\$ 45.00
Special Needs Car Seat - Sliding fee scale based on Income (Price range \$0 - \$50.00)	\$ 50.00	\$ 50.00

Non Clinical Laboratory:

Fees for Registration of Non-Diagnostic General Health Assessment Program:		
Annual Operator/Organization Registration	\$ 100.00	\$ 100.00
Additional Dates	\$ 12.00	\$ 12.00
Additional Program	\$ 43.00	\$ 43.00
Additional Site	\$ 20.00	\$ 20.00
Personnel Addition	\$ 12.00	\$ 12.00
Record Changes	\$ 12.00	\$ 12.00
Review Procedural Changes	\$ 20.00	\$ 20.00
Non Diagnostic General Health Assessment Consultation	\$ 75.00	\$ 75.00

PH Laboratory Miscellaneous Fees:

Norovirus PCR	\$ 25.00	\$ 25.00
Rabies FRA	\$ 50.00	\$ 50.00
Routine Water Examination (MPN)	\$ 18.00	\$ 18.00
Special Water Examination	\$ 36.00	\$ 36.00
Syphilis EIA	\$ 15.00	\$ 8.00
WNV EIA	\$ 16.00	\$ 16.00

Disease Control:

Fee for provision of TB Skin Testing Group:		
Class Fee	\$ 354.90	\$ 354.90
Per Capita Student Fee	\$ 9.40	\$ 9.40

Nursing:

COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC HEALTH FEES
Ordinance 734-13 Schedule 1

Description of Activity/Service	Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
Denver Develop (DDST)	\$ 65.60	\$ 65.60
Detention Facility Inspection (per hr)	\$ 115.82	\$ 115.82

HIV/AIDS

Court-Ordered HIV Testing	\$ -	\$ 77.00
Education Classes for sex and drug offenders (set by Judge)	\$70.00-\$300.00	\$70.00-\$300.00
Therapeutic Med ID program (MMIC)	\$ 153.00	\$ 153.00
Therapeutic Med ID program (MMIC) discount	\$ 76.50	\$ 76.50

California Children's Services (CCS):

CCS Assessment Fee: (Depends on family size & adjusted gross income)	\$0 or \$20	\$0 or \$20
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1 or 2)	\$0 to \$1440	\$0 to \$1440
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (3)	\$0 to \$1380	\$0 to \$1380
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (4)	\$0 to \$1320	\$0 to \$1320
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (5)	\$0 to \$1260	\$0 to \$1260
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (6 or more)	\$0 to \$1200	\$0 to \$1200

Nutrition

Baby Sling	\$ 30.00	\$ 30.00
Community Education Presentation (per hr)	\$ 80.00	\$ 80.00
Detention Facility Inspection Registered Dietitian (per hr)	\$ 95.00	\$ 116.00
Lactation Counseling (per hr)	\$ 83.00	\$ 90.00
Professional Education Presentation by HEA	\$ 83.00	\$ 86.00
Raising Emotionally Healthy Children Group Session (Prenatal/New Mothers/New Fathers)	\$ 21.00	\$ 25.00
RD (RD/CDE/CLE/IBCLC) (hrly rate)	\$ 90.00	\$ 116.00
Staff Training (for non-County providers) (per hr)	\$ 80.00	\$ 80.00
Birth and Beyond Training (16 hour course taught by an IBCLC) (cost per student entire course)		\$ 244.00
Lactation Counselor Training (20 hour course for health professionals taught by an IBCLC)		\$ 300.00
Lactation Consultant Course (9 mos college course for IBCLC Exam) per student		\$ 1,600.00

Vital Records:

AVSS Technical Support per hr	\$ 95.00	\$ 95.00
Birth - for government agencies	\$ 10.00	\$ 14.00
Birth - for the general public	\$ 17.00	\$ 20.00
Birth Certified copies, searches & certification of no record	\$ 17.00	\$ 20.00
Death Certificate - government agency & general public	\$ 12.00	\$ 16.00
Death Certified copies, searches & certification of no record	\$ 12.00	\$ 16.00
Death listings - sent to mortuaries	\$ 5.00	\$ 5.00
Fax Filing Fee- Per authorization number	\$ 1.00	\$ 1.00
Fetal Death Certificate -government agency & general public	\$ 9.00	\$ 13.00
Regular Permit - disposition of human remains (after hrs.)	\$ 11.00	\$ 11.00
Regular Permit- disposition of human remains	\$ 11.00	\$ 11.00
Stillbirth Certified Copies	\$ 20.00	\$ 20.00

Amendment Fees (Issued by State Registrar Only)

Acknowledgment of Paternity	\$ 20.00	\$ 20.00
Adjudication of Facts of Parentage	\$ 20.00	\$ 20.00
Affidavit to Amend a Marriage Record	\$ 20.00	\$ 20.00
Affidavit to Amend a Record*	\$ 20.00	\$ 20.00
Amendment of Birth Record to Reflect Court Order Change of Name	\$ 20.00	\$ 20.00
Amendment of Medical and Health Section Data - Death*	\$ 20.00	\$ 20.00
Court Order of Adoption	\$ 20.00	\$ 20.00
Court Ordered Delayed - Birth	\$ 20.00	\$ 20.00

COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC HEALTH FEES
Ordinance 734-13 Schedule 1

Description of Activity/Service	Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
Court Ordered Delayed - Death	\$ 20.00	\$ 20.00
Court Ordered Delayed - Marriage	\$ 20.00	\$ 20.00
Delayed Registration of Birth	\$ 20.00	\$ 20.00
Physician/Coroner's Amendment*	\$ 20.00	\$ 20.00
Supplemental Name Report*	\$ 20.00	\$ 20.00

SCHEDULE 2

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
Ambulatory Care			
Copying Fee (1-50 pages-per page)		\$ 0	\$ 0
(51+ pages-per page)		\$ 0	\$ 0
MISP Co-pay (per visit)		\$ 5	\$ 5
Immunization Record		\$ 3	\$ 3
Medical Records Research		\$ 7	\$ 7
Minimum ATP Charge		\$ 30	\$ 35
ATP (New Patient)		\$ -	\$ 50
Records by Supoena		\$ 15	\$ 15
Clinical Services:		Approved FY09/10 Fee	Proposed FY 12/13 Fee
00001 NO CHG PROVIDER VISIT	-		\$ -
00002 NO CHG VISIT NEW LVL 2	-		\$ -
00003 NO CHG PROVIDER VISIT	-		\$ -
00004 NO CHG PROVIDER VISIT	-		\$ -
00005 NO CHG PROVIDER VISIT	-		\$ -
1 HR RD INDIVIDUAL	INTERVENE HLTH/BEHAVE INDIV	\$ 56	\$ 56
24 HOUR URINE PROTEIN	ASSAY OF PROTEIN URINE	\$ 6	\$ 6
25 HYDROXY VIT D	VIT D 1 25-DIHYDROXY	\$ 42	\$ 54
30 MIN RD INDIVIDUAL	ASSESS HLTH/BEHAVE SUBSEQ	\$ 30	\$ 30
4 HOUR GROUP CLASS	ASSESS HLTH/BEHAVE INIT	\$ 90	\$ 90
ABDOMEN-1 VIEW	XRAY EXAM OF ABDOMEN	\$ 36	\$ 40
ABDOMEN-2 VIEWS	X-RAY EXAM OF ABDOMEN	\$ 53	\$ 62
ABDUCT RESTRAINER CANVAS&WEB	ABDUCT RESTRAINER CANVAS&WEB		\$ 99
ABSCESS I & D SIMPLE	INCISION/DRAINAGE OF ABSCESS	\$ 60	\$ 177
ABSCESS I&D COMPL OR MULT	INCISION/DRAINAGE OF ABSCESS	\$ 185	\$ 306
ACETAMINOPHEN 15ML BOTTLE	-	\$ 4	\$ 4
ACETAMINOPHEN 5ML ELIXIR	-	\$ 3	\$ 3
ACETAMINOPHEN 80MG/0.8ML	-	\$ 3	\$ 3
ACNE INTRALESION INJECT (CORTICOSTEROIDAL)	-	\$ 32	\$ 32
ACROMIOCLAVICULAR JOINTS	XRAY EXAM OF SHOULDERS	\$ 62	\$ 65
ACUTE ABDOMEN SERIES-3VWS	X-RAY EXAM OF ABDOMEN	\$ 71	\$ 71
ACYCLOVIR CAPS 200MG #30	-	\$ 11	\$ 11
ADMIN FEE IM/SUBQSERUM	-	\$ 17	\$ 9
ADMIN FEE INJECTION COMPAZINESERUM ONLY FEE COMPAZINE	-	\$ 15	\$ 15
AEROCHAMBER SPACER-ADULT	-	\$ 27	\$ 27
AEROCHAMBER SPACER-CHILD	-	\$ 27	\$ 27
AEROCHAMBER SPACER-INFANT	-	\$ 27	\$ 14
AFO ANKLE GAUNTLET	AFO ANKLE GAUNTLET		\$ 59
ALBUMIN - SERUM	ASSAY OF SERUM ALBUMIN	\$ 7	\$ 8
ALDARA/IMIQUIMAD CREAM	-	\$ 135	\$ 135
ALLERGEN SPECIFIC IGE	ALLERGEN SPEC IGE: QUANTIT/S	\$ 8	\$ 9
ALPHA 1 ANTITRYPSIN	ALPHA-1-ANTITRYPSIN TOTAL		\$ 22
ALPHA FETAPROTEIN SERUM	ALPHA-FETOPROTEIN SERUM		\$ 18
AMALGAM RESTORATIVE	-	\$ 63	\$ 63
AMALGAM RESTORATIVE (LINE 2)	-	\$ 78	\$ 78
AMALGAM RESTORATIVE (LINE 3)	-	\$ 91	\$ 91
AMALGAM RESTORATIVE (LINE 4)	-	\$ 119	\$ 119
AMIKACIN SULF/IM/IV 500 MG	-	\$ 58	\$ 58
AMMONIA PLASMA	ASSAY OF BLOOD AMMONIA	\$ 22	\$ 23
AMOXICILLIN 125MG/5ML SUS	-	\$ 5	\$ 5
AMOXICILLIN 250MG CAPSULE	-	\$ 3	\$ 3
AMOXICILLIN 500MG #30 CAP	-	\$ 4	\$ 4
AMOXICILLIN 500MG #42	-	\$ 6	\$ 6
AMPICILLIN CAP 500 MG #28	-	\$ 4	\$ 4
AMPICILLIN CAP 500 MG #40	-	\$ 6	\$ 6
AMPL NUCLEIC ACID	MOLECULE NUCLEIC AMPLI EACH	\$ 22	\$ 28
AMYLASE	ASSAY OF SERUM AMYLASE	\$ 9	\$ 11
ANCEF 1GM REDI VIAL	-		\$ 14
ANKLE-2 VIEWS	XRAY EXAM OF ANKLE	\$ 40	\$ 47
ANKLE-3 VIEWS	XRAY EXAM OF ANKLE	\$ 52	\$ 54

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
ANOSCOPY DIAG W/WO SPECMN	DIAGNOSTIC ANOSCOPY	\$ 27	\$ 138
ANOSCOPY W/BIOPSY(S)	ANOSCOPY AND BIOPSY	\$ 35	\$ 356
ANOSCOPY W/CONTROL BLEED	ANOSCOPY CONTROL BLEEDING	\$ 144	\$ 201
ANOSCOPY W/REMY FOREGNBDY	ANOSCOPY REMOVE FOR BODY	\$ 130	\$ 368
ANTIBIOTIC SENSITIV-DISK	MICROBE SUSCEPTIBLE DISK	\$ 10	\$ 23
ANTIBODY	ANTIBODY		\$ 26
ANTIBODY (DNA)	DNA ANTIBODY		\$ 23
ANTI-CENTROMERE ANTIBODY	IMMUNOASSAY QUANT NOS NONAB		\$ 21
ANTINUCLEAR ANTIBODIES TITER	ANTINUCLEAR ANTIBODIES TITER		\$ 19
ANTINUCLEAR ANTIBODIES, RIA	ANTINUCLEAR ANTIBODIES, RIA		\$ 20
ANTISTREPTOLYSIN O TITER	ANTISTREPTOLYSIN O TITER	\$ 12	\$ 12
ANTITHROBIN ACTIVITY	ANTITHROMBIN III TEST		\$ 20
ANTITHROBIN ANTIGEN (IMMUNOLOGIC)	ANTITHROMBIN III TEST		\$ 18
ARTHRITIS PANEL	-		\$ 26
ASPIR/INJ FINGER/TOE	DRAIN/INJECT JOINT/BURSA	\$ 50	\$ 84
ASPIR/INJ GANGLION CYST	ASPIRATE/INJ GANGLION CYST		\$ 91
ASPIR/INJ SHLDR/HIP/KNEE	DRAIN/INJECT JOINT/BURSA	\$ 60	\$ 108
ASPIR/INJ WRST/ELBW/ANKL	DRAIN/INJECT JOINT/BURSA	\$ 55	\$ 89
ASPIRATION BULLA/CYST	PUNCTURE DRAINAGE OF LESIO	\$ 75	\$ 200
ASPIRIN SUPPOSIT 120MG EA	-	\$ 1	\$ 1
ASPIRIN SUPPOSIT 300MG EA	-	\$ 1	\$ 1
ASSAY OF ACTH	ASSAY OF ACTH		\$ 64
ASSAY OF ALDOSTERONE	ASSAY OF ALDOSTERONE		\$ 68
ASSAY OF BLOOD ALDOLASE	ASSAY OF BLOOD ALDOLASE		\$ 16
ASSAY OF BLOOD LIPOPROTEIN	ASSAY OF BLOOD LIPOPROTEIN		\$ 27
ASSAY OF CALCIUM	ASSAY OF CALCIUM		\$ 23
ASSAY OF CALCIUM IN URINE-24 HR	ASSAY OF CALCIUM IN URINE		\$ 10
ASSAY OF ESTRIOL	ASSAY OF ESTRIOL		\$ 40
ASSAY OF ESTROGEN	ASSAY OF ESTROGEN		\$ 69
ASSAY OF ESTRONE	ASSAY OF ESTRONE		\$ 41
ASSAY OF ETHANOL (ALCOHOL/URINE)	ASSAY OF ETHANOL		\$ 18
ASSAY OF GAMMAGLOBULIN IGE	ASSAY OF IGE		\$ 27
ASSAY OF GGT - ENZYNE	ASSAY OF GGT ENZYME	\$ 25	\$ 25
ASSAY OF LACTIC ACID	ASSAY OF LACTIC ACID		\$ 18
ASSAY OF LITHIUM	ASSAY OF LITHIUM	\$ 9	\$ 11
ASSAY OF MAGNESIUM	ASSAY OF MAGNESIUM		\$ 11
ASSAY OF METANEPHRINES	ASSAY OF METANEPHRINES		\$ 28
ASSAY OF PHOSPHORUS	ASSAY OF PHOSPHORUS		\$ 8
ASSAY OF PROGESTERONE	RIA ASSAY OF PROGESTERONE		\$ 45
ASSAY OF PROLACTIN	ASSAY OF PROLACTIN	\$ 27	\$ 32
ASSAY OF SEX HORMONE GLOBUL	ASSAY OF SEX HORMONE GLOBUL		\$ 138
ASSAY OF TESTOSTERONE	ASSAY OF TESTOSTERONE		\$ 42
ASSAY OF THYROGLOBULIN	ASSAY OF THYROGLOBULIN		\$ 27
ASSAY OF TSI	ASSAY OF TSI		\$ 84
ASSAY OF URINE SODIUM	ASSAY OF URINE SODIUM		\$ 8
ASSAY OF URINE VMA	ASSAY OF URINE VMA		\$ 26
ASSAY OF VITAMIN B-6	ASSAY OF VITAMIN B-6		\$ 202
ASSAY SYNOVIAL FLUID MUCIN	ASSAY SYNOVIAL FLUID MUCIN		\$ 8
ASSAY TEST FOR BLOOD, FECAL	ASSAY TEST FOR BLOOD FECAL		\$ 7
ASSAY, BLD/SERUM CHOLESTEROL	ASSAY BLD/SERUM CHOLESTEROL		\$ 6
ASSAY, THREE CATECHOLAMINES	ASSAY THREE CATECHOLAMINES		\$ 95
AUDIOMETRY PURETONE	PURE TONE AUDIOMETRY AIR	\$ 23	\$ 48
AUTOMATED HEMOGRAM	COMPLETE CBC AUTOMATED		\$ 11
AZITHROMYCIN 1GM SUSP	-	\$ 41	\$ 41
AZITHROMYCIN 250MG CAP #1	ZITHROMAX, 250 MGM	\$ 25	\$ 25
AZITHROMYCIN 500MG INJ	-		\$ 11
BACITRACIN ONT500U/TB30GM	-	\$ 5	\$ 5
BANDAGE ELASTIC 2IN ACE	-	\$ 1	\$ 1
BANDAGE ELASTIC 3IN ACE	-	\$ 1	\$ 1
BANDAGE ELASTIC 4IN ACE	-	\$ 2	\$ 2
BANDAGE ELASTIC 5IN ACE	-	\$ 2	\$ 2
BASIC METABOLIC PANEL	METABOLIC PANEL TOTAL CA		\$ 14
BENADRYL TABS #100	-	\$ 12	\$ 12
BENADRYL/DIPHEN 50MG INJ	-	\$ 13	\$ 13

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
BENADRYL/DIPHEN ELIXR 5ML	-	\$ 3	\$ 3
BENDRYL/DIPHN 25MG CAP EA	-	\$ 4	\$ 4
BENZATHINE PENICILLIN 1.2 MILL UNIT	-		\$ 12
BETA-2 MICROGLOBULIN	ASSAY OF BETA-2 PROTEIN	\$ 35	\$ 35
BF VT 6 MIN N/PT	-	\$ 37	\$ 37
BICILLIN 300000 U/CC	-		\$ 108
BICILLIN OR WYCILLIN 2.4 MU	PENICILLIN G BENZATHINE INJ		\$ 57
BILAT HIPS & AP PELVIS	X-RAY EXAM OF HIPS	\$ 50	\$ 67
BILIRUBIN - INDIRECT (NO CPT)	-		\$ 6
BILIRUBIN, TOTAL	BILIRUBIN TOTAL	\$ 5	\$ 8
BILIRUBIN, DIRECT	BILIRUBIN DIRECT	\$ 5	\$ 8
BIO OCCLUSIVE DRESSING	-		\$ 2
BIOPSY BACK/FLANK	BIOPSY SOFT TISSUE OF BACK	\$ 123	\$ 409
BIOPSY ELBOW/UPPER ARM	BIOPSY ARM/ELBOW SOFT TISSU	\$ 169	\$ 403
BIOPSY FOREARM/WRIST	BIOPSY FOREARM SOFT TISSUE	\$ 157	\$ 401
BIOPSY OF PENIS	BIOPSY OF PENIS	\$ 112	\$ 313
BIOPSY PELVIS/HIP	BIOPSY OF SOFT TISSUES	\$ 225	\$ 533
BIOPSY SHOULDER AREA	BIOPSY SHOULDER TISSUES	\$ 102	\$ 340
BIOPSY VULVA	BIOPSY OF VULVA / PERINEUM	\$ 71	\$ 128
BIOPSY, SKIN	BIOPSY SKIN ADD-ON	\$ 23	\$ 51
BIOPSY, SKIN LESION	BIOPSY SKIN LESION		\$ 163
BITEWING - FOUR (4) FILMS	-		\$ 31
BITEWING - SINGLE(1) FILM	-		\$ 13
BITEWING - TWO (2) FILMS	-		\$ 21
BLOOD CLOT FACTOR VII	BLOOD CLOT FACTOR VIII TEST		\$ 30
BLOOD CLOT FACTOR VIII TEST	BLOOD CLOT FACTOR VIII TEST		\$ 38
BLOOD COLLECT SET 21-25GA	-		\$ 195
BLOOD DRAW - VENIPUNCTURE	-		\$ 9
BLOOD DRAW (VEINPUNCTION) W/ EXAM	-		\$ 0
BLOOD GROUP & RH	-	\$ 8	\$ 8
BLOOD SMEAR	BLOOD SMEAR INTERPRETATION	\$ 11	\$ 35
BLOOD SPECIMEN HANDLING FEE	SPECIMEN HANDLING		\$ 9
BLOOD TYPING - ABO	BLOOD TYPING ABO	\$ 5	\$ 5
BLOOD TYPING - RH	BLOOD TYPING RH (D)	\$ 8	\$ 8
BOBY FLUID CELL COUNT	BODY FLUID CELL COUNT		\$ 9
BONE AGE STUDIES	-		\$ 53
BREAST EXAM W/ NO GYN EXAM	-		\$ 21
B-TYPE NATRIURETIC PEPTIDE (BNP)	*03 NATRIURETIC PEPTIDE		\$ 57
BURN 1ST DEGREE TREATMENT	INITIAL TREATMENT OF BURN(S)	\$ 55	\$ 106
BURN DRESSING SIZE SMALL	-	\$ 26	\$ 26
BURN DRESSING SIZED MEDM	-	\$ 42	\$ 42
BURN DRESSING SZ LARGE	-	\$ 63	\$ 63
BURN NET - 30 YRDS	-	\$ 1	\$ 1
BUTOCONAZOLE NITRATE 2%	-	\$ 12	\$ 37
CA 125 (TUMOR ANTIGEN)	IMMUNOASSAY TUMOR OTHER	\$ 26	\$ 35
CALCIUM, TOTAL	ASSAY OF CALCIUM	\$ 7	\$ 9
CALCULUS SPECTROSCOPY	CALCULUS SPECTROSCOPY	\$ 16	\$ 21
CAMPYLOBACTER ANTIBODY	CAMPYLOBACTER ANTIBODY	\$ 18	\$ 22
CAMPYLOBACTER CULTURE	STOOL CULTR BACTERIA EACH	\$ 14	\$ 14
CANE WITH TIP	CANES OF ALL MATRLSADJUST OR FIX W/TIP		\$ 25
CAPREOMYCIN 1 GM INJ	-	\$ 63	\$ 63
CAPTOPRIL 25MG TABS #10	-	\$ 4	\$ 4
CARBAMAZEPINE TOTAL	ASSAY CARBAMAZEPINE TOTAL	\$ 19	\$ 24
CARBON DIOXIDE (C02)	ASSAY BLOOD CARBON DIOXIDE	\$ 6	\$ 8
CAST/SPLINT PROCEDURE	CASTING/STRAPPING PROCEDURE		\$ 47
CATHETER URIN KIT FEMALE	-	\$ 100	\$ 100
CATHETER URIN KIT PEDS 5F	-	\$ 64	\$ 64
CATHETER URIN ROBINSON 16F	-	\$ 48	\$ 48
CAUTERY W/SILVER NITRATE	CHEMICAL CAUTERY TISSUE	\$ 38	\$ 123
CBC-COMPL BLD COUNT W/DIF	AUTOMATED HEMOGRAM	\$ 11	\$ 13
CCP ANTIBODY	CCP ANTIBODY		\$ 11
CDP CASE MGMT OR OTH CASE MGT	PROLONG SERV W/O CONTACT	\$ 58	\$ 75
CEA CARCINOEMBRYONIC ANTIGEN	CARCINOEMBRYONIC ANTIGEN	\$ 29	\$ 31
CEFAZOLIN 500 MG/1GM INJ	CEFAZOLIN SODIUM INJECTION	\$ 28	\$ 28

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
CEPHALEXIN/KEFLEX 500MG #40	-	\$ 12	\$ 12
CERULOPLASMIN	ASSAY OF CERULOPLASMIN	\$ 14	\$ 18
CERVICAL BIOPSY(S)	BIOPSY OF CERVIX	\$ 70	\$ 204
CERVICAL CAP	-	\$ 40	\$ 40
CERVICAL COLLAR SOFT	FLEXIBLE, NONADJUSTABLE	\$ 28	\$ 32
CERVICAL SPINE-3 VIEWS	XRAY EXAM OF NECK SPINE	\$ 53	\$ 64
CERVICAL SPINE-4+VIEWS	XRAY EXAM OF NECK SPINE	\$ 87	\$ 87
CERVICAL SPINE-7 VIEWS	XRAY EXAM OF NECK SPINE	\$ 113	\$ 113
CHALAZION EXCISION SINGLE	REMOVE EYELID LESION	\$ 156	\$ 196
CHEST 1 VIEW	XRAY EXAM OF CHEST	\$ 36	\$ 38
CHEST 2VW+APICAL LORDTC	XRAY EXAM OF CHEST	\$ 59	\$ 61
CHEST-2 VIEW+OBLIQUE	XRAY EXAM OF CHEST	\$ 62	\$ 77
CHEST-2 VIEWS	XRAY EXAM OF CHEST	\$ 53	\$ 53
CHEST-4 VIEWS	XRAY EXAM OF CHEST	\$ 71	\$ 75
CHLAMYDIA CULTURE	CHLAMYDIA CULTURE	\$ 22	\$ 29
CHLAMYDIA EIA	CHYLMD TRACH AG EIA	\$ 17	\$ 17
CHLAMYDIA-AMPLIF PROBE	CHYLMD TRACH DNA AMP PROB	\$ 39	\$ 58
CHLORIDE BLOOD	ASSAY OF BLOOD CHLORIDE	\$ 6	\$ 8
CHOLESTEROL- HDL	ASSAY OF LIPOPROTEIN	\$ 11	\$ 14
CHOLINESTERASE - SERUM	ASSAY SERUM CHOLINESTERAS	\$ 13	\$ 13
CHOLINESTERASE-PLASMA+RBC	ASSAY RBC CHOLINESTERASE	\$ 13	\$ 13
CHROMOTOGRAPHY, QUANT, SING	CHROMOTOGRAPHY QUANT SING		\$ 30
CIPROFLOXACIN 250MG 1TAB	-	\$ 5	\$ 5
CIPROFLOXACIN 500MG #20	-	\$ 78	\$ 78
CIPROFLOXACIN 750 MG 1TAB	-	\$ 11	\$ 11
CIPROFLOXACIN 750MG #20	-		\$ 41
CLAVICAL STRAP/SPLINT-ADULT	SHLDER FIG 8 ABDUCT RESTRAI	\$ 43	\$ 54
CLAVICLE COMPLETE	XRAY EXAM OF COLLAR BONE	\$ 44	\$ 47
CLEOCIN CREAM	-	\$ 12	\$ 12
CLINDAMYCIN 300MG/2ML INJ	-	\$ 14	\$ 14
CLINDAMYCIN HCI 150MG CAP #30	-	\$ 27	\$ 27
CLINDAMYCIN PHOSPHATE 2%	-	\$ 12	\$ 12
CLONIDINE .1MG TAB	CLONIDINE HYDROCHLORIDE, 1	\$ 1	\$ 77
CLONIDINE .2MG TAB	-	\$ 1	\$ 1
CLOSTRIDIUM DIFFICILE TOXIN	ASSAY TOXIN OR ANTITOXIN	\$ 48	\$ 48
CLOSURE WND/NK/EX GEN 12.6-20	INTMD WND REPAIR N-HG/GENIT	\$ 266	\$ 608
CLOTRIMAZOLE VAG CR 45 GM	-	\$ 20	\$ 20
CMV ANTIBODY IGG	ANTIBODY, CMV	\$ 20	\$ 23
CMV ANTIBODY IGM	CMV ANTIBODY IGM	\$ 21	\$ 28
COCCIDIOIDES ANTIBDS	COCCIDIOIDES ANTIBODY	\$ 18	\$ 19
COCCIDIOMYCOSIS SKIN TEST	COCCIDIOIDOMYCOSIS SKIN TES	\$ 12	\$ 13
COLD HEMAGGLUTININS TITER	COLD AGGLUTININ TITER		\$ 13
COLOR VISION EXAMINATION	COLOR VISION EXAMINATION		\$ 103
COLPO W/BIOPSY	BIOPSY OF CERVIX W/SCOPE		\$ 221
COLPO W/ECC	ENDOCERV CURETTAGE W/SCOPE		\$ 209
COLPOSCOPY	EXAM OF CERVIX W/SCOPE		\$ 168
COLPOSCOPY W/BIOPSY & ECC	BX/CURETT OF CERVIX W/SCOPE		\$ 235
COMP METABOLIC PANEL (2211)	*00 COMPREHENSIVE METABOLI	\$ 13	\$ 18
COMPAZINE 25MG SUPPOSITORY	-	\$ 7	\$ 7
COMPAZINE 5MG SUPPOSITORY	-	\$ 6	\$ 6
COMPAZINE 5MG/ML	-		\$ 47
COMPLEMENT ANTIGEN	COMPLEMENT ANTIGEN		\$ 34
COMPLEMENT TOTAL	-		\$ 26
CONDOMS - DOZEN FEMALE	-		\$ 25
CONDOMS - DOZEN MALE	-	\$ 7	\$ 7
CONTRACEP B.C. PILLS 1 PKG	ORAL CONTRACEPIVE MEDICATIONS		\$ 18
CONTRACEP B.C. PILLS 10 PKG	-		\$ 120
CONTRACEP B.C. PILLS 13 PKG	-		\$ 156
CONTRACEP B.C. PILLS 3 PKG	-		\$ 36
CONTRACEP B.C. PILLS 9 PKG	-		\$ 108
CONTRACEPTIVE-PARAGARD IUD	-	\$ 345	\$ 345
CONTRACP DEPOPROVER 150MG	INJEC MEDROXPROGESTRONE ACETATE CONTRACE		\$ 91
CORTISOL LEVEL	RIA ASSAY PLASMA CORTISOL		\$ 27
C-REACTIVE PROTEIN	C-REACTIVE PROTEIN	\$ 8	\$ 9

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
C-REACTIVE PROTEIN, HS	C-REACTIVE PROTEIN HS		\$ 56
CREATINE KINASE, TOTAL	ASSAY OF CK (CPK)	\$ 9	\$ 11
CREATININE SERUM	ASSAY OF CREATININE	\$ 6	\$ 8
CREATININE, OTHER SOURCE	ASSAY OF URINE CREATININE		\$ 9
CRTPTOSPR/GIAR	CRYPTOSPORIDIUM AG IF	\$ 16	\$ 16
CRYO VULVAR LESN(S) EXTEN	DESTROY VULVA LESION/S COM	\$ 181	\$ 347
CRYOSURGERY ANAL LESION(S)	CRYOSURGERY ANAL LESION(S)		\$ 366
CRYOSURGERY OF CERVIX	CRYOCAUTERY OF CERVIX	\$ 136	\$ 225
CRYOTHERAPY PENIS LESION(S)	CRYOSURGERY PENIS LESION(S)	\$ 80	\$ 222
CRYPTOCOCCAL ANTIGEN	AG DETECT NOS EIA MULT	\$ 20	\$ 20
CULTURE AEROBIC IDENTIFY	CULTURE AEROBIC IDENTIFY		\$ 13
CULTURE BACTERIAL-STOOL	FECES CULTURE BACTERIA	\$ -	\$ 16
CULTURE BACT-OTHER SOURCE	CULTURE BACTERIA OTHER	\$ 15	\$ 15
CULTURE BACT-THROAT/NOSE	-		\$ 14
CULTURE TYPE, IMMUNOLOGIC	CULTURE TYPE IMMUNOLOGIC		\$ 7
CYCLOSERINE 250 MG CAP#28	-	\$ 9	\$ 9
CYSTIC FIBROSIS CARRIER	MOLECULE ISOLATE NUCLEIC		\$ 12
CYTOLOGY, URINE	CYTOPATH FL NONGYN FILTER		\$ 117
CYTOPATH C/V THIN LAYER	CYTOPATH C/V THIN LAYER	\$ 26	\$ 34
CYTOPATH, CELL ENHANCE TECH	CYTOPATH CELL ENHANCE TECH		\$ 162
CYTOPATHOLOGY OTHER STUDY	CYTOPATH SMEAR OTHER SOUF	\$ 37	\$ 89
CYTOPATHOLOGY SLIDE (PAP)	CYTOPATH C/V MANUAL	\$ 15	\$ 18
DEBRIDEMENT WOUND	DEB SUBQ TISSUE 20 SQ CM/<	\$ 71	\$ 169
DECADRON 8MG/ML	-		\$ 9
DECADRON ELIXIR 0.5MG/5ML	-	\$ 21	\$ 21
DENVER DEVELOP SCREENING	DEVELOPMENTAL TEST LIM	\$ 150	\$ 150
DEPAKOTE/VALPORIC ACID	ASSAY DIPROPYLACETIC ACID		\$ 22
DEPO-MEDROL 40 MG (METHYLPREDNISLNE	INJECTION, METHYLPREDNISOLONE ACET		\$ 16
DERMA PAK/ITS	-		\$ 5
DERMABOND	-	\$ 19	\$ 19
DESTRC/ANAL LESN(S)-CHEMICAL	DESTRUCTION ANAL LESION(S)	\$ 105	\$ 373
DESTRUCT 2-14 LESIONS	DESTRUCT PREMALG LES 2-14		\$ 36
DESTRUCT FIRST LESION	DESTRUCT PREMALG LESION		\$ 128
DESTRUCT WART 1-14 LESION	DESTRUCT B9 LESION 1-14		\$ 176
DESTRUCT WART 15+ LSEIONS	DESTRUCT LESION 15 OR MORE		\$ 208
DEXAMETHASONE 4MG/ML INJ	-		\$ 8
DHEA	DEHYDROEPIANDROSTERONE, RIA		\$ 42
DHEA -S	DEHYDROEPIANDROSTERONE		\$ 37
DIAPHRAGM	-		\$ 55
DIAPHRAGM FIT & INSTRUCT	FITTING OF DIAPHRAGM		\$ 96
DIFFERENTL BLD COUNT-MAN	DIFFERENTIAL WBC COUNT	\$ 5	\$ 6
DIFLUCAN 150MG 1 TAB	-	\$ 17	\$ 17
DIGOXIN LEVEL	ASSAY OF DIGOXIN	\$ 18	\$ 22
DIRECT PULP CAP	-		\$ 46
DISOPYRAMIDE, SERUM	QUANTITATIVE ASSAY DRUG		\$ 23
DONATION	-		\$ 0
DOXYCYCLINE 100MG #14	-	\$ 11	\$ 11
DOXYCYCLINE 100MG 2 CAPS	-	\$ 6	\$ 6
DRESS/DEBRID MED/LG ANES	-	\$ 245	\$ 245
DRESSING A-B-D 5X9IN STER	-	\$ 1	\$ 1
DRESSING PETRLOATM-SMALL	-		\$ 1
DRESSING PETROLATM-MED OR LARGE	-	\$ 1	\$ 1
DRESSING TELFA 8X3	-	\$ 1	\$ 1
DRUG SCREEN QUALITATIVE	DRUG SCREEN QUALITATIVE	\$ 25	\$ 25
DRUG SCREEN, SINGLE	-		\$ 17
E0430 OXYGEN PER 1/2 HR	PORTABLE GAS OXYGEN SYSTEM - PURCHASE		\$ 21
EAR DRAIN EXTERN SIMPLE	DRAIN EXTERNAL EAR LESION	\$ 84	\$ 298
EAR FOREIGN BODY REMOVAL	CLEAR OUTER EAR CANAL		\$ 202
EAR WAX REMOVAL 1 OR BOTH	REMOVE IMPACTED EAR WAX	\$ 49	\$ 80
EIP PANEL #1	IMMUNOELECTROPHORESIS ASS	\$ 151	\$ 151
EKG PHYSICIAN STANDBY/30MIN	PHYSICIAN STANDBY SERV, REQ PROL ATTENDA		\$ 155
EKG TELEPHONIC TRANSMISSN	-	\$ 51	\$ 51
ELBOW COMPLETE 3+	XRAY EXAM OF ELBOW	\$ 53	\$ 55
ELBOW STRAP	ELBOW ELASTIC WITH METAL JC	\$ 15	\$ 87

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
ELBOW-2 VIEWS	XRAY EXAM OF ELBOW	\$ 41	\$ 47
ELECTROCARDIOGRAM-12 LEAD	ELECTROCARDIOGRAM TRACING	\$ 41	\$ 41
ELECTROCARDIOGRAM-3 LEAD	RHYTHM ECG TRACING	\$ 15	\$ 15
ELECTROLYTES PANEL	ELECTROLYTE PANEL	\$ 9	\$ 12
ENDOMETR BIOPS W/WO EC BX	ENDOMET SAMPL,W/WO ENDOC	\$ 125	\$ 169
ENDOMETRIAL CURETTE	-	\$ 23	\$ 23
EOSINOPHIL CT (NASAL)	NASAL SMEAR FOR EOSINOPHIL	\$ 7	\$ 8
EPINEPHRINE 1MG/ML INJ	-	\$ 12	\$ 12
EPSTN B VIR IGG/IGM (5607)	EPSTEIN-BARR ANTIBODY	\$ 27	\$ 29
ERYTHROMYCIN 250MG #56TAB	-	\$ 14	\$ 14
ERYTHROMYCIN 500MG #28TAB	-	\$ 11	\$ 11
ESTABLISHED EYE EXAM TREATMENT	EYE EXAM ESTABLISHED PAT		\$ 130
ESTRADIOL	ASSAY OF ESTRADIOL	\$ 36	\$ 46
ETHAMBUTOL TAB 100MG #100	-	\$ 31	\$ 31
ETHAMBUTOL TAB 400 MG #90	-	\$ 94	\$ 94
ETHIONAMIDE 250MG #100	-	\$ 54	\$ 54
ETONOGESTREL IMPLANT SYSTEM	ETONOGESTREL IMPLANT SYSTEM		\$ 1,322
EYE PACKET DRESSING	-	\$ 1	\$ 1
EYE PAD	-	\$ 1	\$ 1
EYE TRAY	-	\$ 18	\$ 18
F/U HEALTH ED ASSES ANTPRT GP 15	FOLLOW-UP ANTEPARTUM HEALTH ED EA 15MIN		\$ 29
F/U HEALTH ED ASSESS ANTPRT EA 15 M	FOLLOW-UP ANTEPARTUM HEALTH/ED EA 15MIN		\$ 29
F/U NUTRIT ASSESS ANTPRT GP 15 M	FOLLOW-UP ANTEPARTUM PER PATIENT EA 15M		\$ 29
F/U NUTRITION ASSESS ANTPRT EA 15 M	FOLLOW-UP ANTEPARTUM INDIVIDUAL EA 15MIN		\$ 29
F/U PSYCHO ASSES ANTPRT GRP 15	FOLLOW-UP ANTEPARTUM PSYCHSOCIAL EA 15M		\$ 29
F/U PSYCHO ASSESS ANTPRT EA 15 MIN	FOLLOW-UP ANTEPARTUM PSYCHSOCIAL EA 15M		\$ 29
FACIAL BONES <3 VIEWS	X-RAY EXAM OF FACIAL BONES	\$ 53	\$ 53
FACIAL BONES COMPLETE <3	X-RAY EXAM OF FACIAL BONES	\$ 90	\$ 90
FAMCICLOVAR TABLETS #30	-	\$ 107	\$ 107
FAT FECAL QUANTITATIVE	FATS/LIPIDS FECES QUANT	\$ 118	\$ 118
FB REMOVE-MUSCL/TNDN SIMP	REMOVAL OF FOREIGN BODY	\$ 162	\$ 312
FECAL LEUKOCYTE STN	LEUKOCYTE ASSESSMENT FECA	\$ -	\$ 7
FEMUR 2 VIEWS	XRAY EXAM OF THIGH	\$ 53	\$ 53
FERRITIN	ASSAY OF FERRITIN	\$ 17	\$ 23
FERROUS SULFATE	-	\$ 7	\$ 7
FERROUS SULFATE 325MG#100	-	\$ 3	\$ 3
FIBRIN DEGRADATION	FIBRIN DEGRADATION QUANT		\$ 17
FINE NEEDLE ASPIR-BREAST	CYTOPATH EVAL FNA REPORT	\$ 52	\$ 220
FINGER(S) 2+VIEWS	XRAY EXAM OF FINGER(S)	\$ 31	\$ 54
FLAGYL 250MG CAPS #21	-	\$ 9	\$ 9
FLAGYL 500MG CAPS #14	-	\$ 7	\$ 7
FLAGYL 500MG CAPS #4	-	\$ 5	\$ 5
FLOURESCENT NONINFEC AB	FLUORESCENT ANTIBODY SCRE	\$ 14	\$ 18
FLOURIDE VARNISH	-		\$ 37
FOLIC ACID SERUM	BLOOD FOLIC ACID RIA	\$ 19	\$ 24
FOOT COMPLETE 3+VIEWS	XRAY EXAM OF FOOT	\$ 77	\$ 77
FOOT-2 VIEWS	XRAY EXAM OF FOOT	\$ 36	\$ 44
FOREARM-2 VIEWS	XRAY EXAM OF FOREARM	\$ 44	\$ 45
FP CNSL 10 MIN INDIV M/F	-	\$ 12	\$ 12
FP CNSL 15 MIN MALE/FEMAL	-	\$ 15	\$ 15
FP CNSL 30 MIN FEMALE	-	\$ 25	\$ 25
FP CNSL 45 MIN FEMALE	-	\$ 35	\$ 35
FP CNSL GROUP M/F	-	\$ 10	\$ 10
FSH, SERUM	PITUITARY GONADOTROPIN RIA	\$ 24	\$ 31
FULL MOUTH DEBRIDEMENT	-		\$ 136
FULL MOUTH X-RAY SERIES	-		\$ 25
FUNDUS PHTQ W/ INTERPRETATION	FUNDUS PHOTOGRAPHY WITH INTERPRETATION		\$ 109
FUNGUS CULTURE-DEFINTV ID	FUNGI IDENTIFICATION YEAST	\$ 19	\$ 19
FUNGUS CULTURE-SKIN/HR/NL	SKIN FUNGI CULTURE	\$ 18	\$ 18
GAMMAGLOBULIN PANEL	ASSAY IGA/IGD/IGG/IGM EACH		\$ 58
GAUZE 1 X 8	-	\$ 1	\$ 1
GAUZE 2 X 5 YDS	-	\$ 1	\$ 1
GAUZE CLING 2X75IN STERIL	-	\$ 1	\$ 1
GAUZE CLING 3X57IN STERIL	-	\$ 43	\$ 1

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
GAUZE CLING 4.5X147IN STL	-	\$ 1	\$ 1
GAUZE PACKING 1/4 X 5YDS	-	\$ 1	\$ 1
GAUZE PACKING-1 IN	-	\$ 33	\$ 33
GAUZE PACKING-1 IN IDOFRM	-	\$ 44	\$ 44
GAUZE PACKING-1/2 IN	-	\$ 29	\$ 29
GAUZE PACKING1/2IN IDOFRM	-	\$ 35	\$ 35
GAUZE PACKING-1/4 IN	-	\$ 18	\$ 18
GAUZE PACKING1/4IN IDOFRM	-	\$ 32	\$ 32
GAUZE SPGS 4X4 16PKSTERIL	-	\$ 41	\$ 41
GAUZE SPONG COVER 4X3 STL	-	\$ 1	\$ 1
GAUZE SPONGES 2 X 2 STER	-	\$ 1	\$ 1
GAUZE SPONGES 4X4 2PK STL	-	\$ 1	\$ 1
GEN HLTH PANEL/CBC (2402)	-	\$ 6	\$ 6
GENETIC EXAMINATION	GENETIC EXAMINATION		\$ 56
GLUCOSE BY MONT DEVICE	GLUCOSE BLOOD TEST	\$ 6	\$ 6
GLUCOSE QUANTITATIVE BLOOD	ASSAY GLUCOSE BLOOD QUANT	\$ 5	\$ 7
GLUCOSE STICK/ACCUCHECK	STICK ASSAY OF BLOOD GLUCO	\$ 6	\$ 6
GLUCOSE TOL BEVERAGE	-	\$ 1	\$ 1
GLUCOSE TOLL TEST	GLUCOSE TOLERANCE TEST (GT	\$ 16	\$ 21
GLUCOSE-6-PHOSPHATE D	ASSAY OF G6PD ENZYME	\$ 16	\$ 16
GLUCOSE-POST GLUCOSE DOSE	GLUCOSE TEST	\$ 6	\$ 8
GLUTAMIC ACID DECARBOXYLASE	RIA NONANTIBODY		\$ 22
GLYCOHEMOGLOBIN	GLYCOSYLATED HEMOGLOBIN T	\$ 12	\$ 16
GLYCOHEMOGLOBIN (A1C) (CLINIC)	-		\$ 12
GONADOTROPIN/QUAN	CHORIONIC GONADOTROPIN TES	\$ 16	\$ 21
GONORRHEA-AMPLIF PROBE	N.GONORRHOEA DNA AMP PRO	\$ 39	\$ 58
GRAM STAIN	SMEAR GRAM STAIN	\$ 8	\$ 7
GROUP 2 OR MORE EA 30 MN	-		\$ 45
H PYLORI (C13), BREATH	H PYLORI (C-13) BREATH		\$ 184
HAND-2 VIEWS	XRAY EXAM OF HAND	\$ 36	\$ 45
HAND-3 VIEWS>	XRAY EXAM OF HAND	\$ 51	\$ 53
HANDLING CHARGE/REF LAB	-	\$ 21	\$ 21
HEALTH ED ORIENT EA 15 MIN	NEW CLIENT ORIENTATION EA 15MIN		\$ 29
HEALTH EDUCATOR EST VISIT	-		\$ 0
HEALTH EDUCATOR INI VISIT	-		\$ 0
HEEL SPUR PAD-SHOE INSERT	HEEL, PAD AND DEPRESSION FO	\$ 18	\$ 23
HEMATOCRIT	HEMATOCRIT	\$ 4	\$ 4
HEMOGLOBIN/HEMOCUE	HEMOGLOBIN, COLORIMETRIC	\$ 5	\$ 5
HEP B SURF ANTIG (HBSAG)	HEPATITIS B SURFACE AG EIA	\$ 13	\$ 17
HEP B SURFACE ANTIBODY	HEP B SURFACE ANTIBODY	\$ 15	\$ 18
HEP C GENOTYPE	GENOTYPE DNA HEPATITIS C		\$ 427
HEPATIC FUNCTION PANEL	HEPATIC FUNCTION PANEL	\$ 11	\$ 14
HEPATITIS A ANTIBODY-IGM	-	\$ 18	\$ 18
HEPATITIS A IGM	HEP A ANTIBODY IGM	\$ 15	\$ 19
HEPATITIS B CORE ANTIBODYHEPATITIS B CORE ANTIBODY	HEP B CORE ANTIBODY TOTAL	\$ 18	\$ 20
HEPATITIS B CORE IGM	HEP B CORE ANTIBODY IGM	\$ 18	\$ 20
HEPATITIS B SURF ANTIGEN	HEPATITIS B SURFACE AG EIA	\$ 16	\$ 17
HEPATITIS B VIRUS, QUANTIFICATION	HEPATITIS B DNA QUANT		\$ 71
HEPATITIS BE ANT (HBEAB)	HEP BE ANTIBODY	\$ 17	\$ 19
HEPATITIS BE ANTIGEN (HBEAG)	HEPATITIS BE AG EIA		\$ 19
HEPATITIS C AMPLIF PROBE	HEPATITIS C RNA AMP PROBE	\$ 69	\$ 69
HEPATITIS C ANTIBODY	HEPATITIS C ANTIBODY	\$ 21	\$ 24
HEPATITIS C VIRUS RNA (QUANT)	HEPATITIS C RNA QUANT	\$ 99	\$ 99
HEPATITIS D ANTIBODY	HEPATITIS DELTA AGENT	\$ 24	\$ 28
HEPATITIS DELTA AGENT	HEPATITIS DELTA AG EIA	\$ 49	\$ 49
HEPATITIS PANEL(ABC) 6825	ACUTE HEPATITIS PANEL	\$ 62	\$ 79
HERPES 1 IGG IGM	ANTIBODY, HERPES SIMPLEX	\$ 16	\$ 22
HERPES 2 IGG IGM	HERPES SIMPLEX TYPE 2	\$ 16	\$ 32
HERPES ANTI-VIRUS IGG	HEMAGGLUTINATION INHIBITION	\$ 16	\$ 16
HERPES CULTR 1 VS 2 IDENT	VIRUS INOCULATE TISSUE ADDL	\$ 21	\$ 24
HERPES CULTURE	VIRUS INOCULATION TISSUE	\$ 25	\$ 39
HERPES SIMP ANTIBODY	ANTIBODY, HERPES SIMPLEX	\$ 20	\$ 23
HETEROPHILE ANT (MONO)	HETEROPHILE ANTIBODIES SCR	\$ 7	\$ 9
HGB ELECTROPHORESIS	HEMOGLOBIN ELECTROPHORES	\$ 20	\$ 26

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
		Approved FY09/10	Proposed FY 13/14
Description of Activity/Service		Fee:	Fee:
HHA-MNTHLY EVAL&EXT TRTMN	-	\$ 17	\$ 17
HI PYLORI AB, IGM	-		\$ 24
HI PYLORI AB,IGG	ANTIBODY, HELICOBACTER PYLO	\$ 22	\$ 24
HIP UNILAT 1 VIEW	XRAY EXAM OF HIP	\$ 45	\$ 45
HIP UNILAT COMPLETE 2VW>	X-RAY EXAM OF HIP	\$ 62	\$ 64
HISTOPLASMA ANTIBODY	ANTIBODY HISTOPLASMA	\$ 18	\$ 21
HIV GENOTYPE ANALYSIS	GENOTYPE DNA HIV REVERSE T	\$ 788	\$ 427
HIV PANEL I	HIV-1/HIV-2 SINGLE ASSAY	\$ 15	\$ 19
HIV PANEL II	-	\$ 46	\$ 46
HIV PANEL IIIA	-	\$ 105	\$ 105
HIV PANEL IV	-	\$ 79	\$ 79
HIV-1 ANTIBODY	ANTIBODY, HIV - 1	\$ 16	\$ 16
HIV-1 ANTIGEN/P	HIV-1 AG EIA	\$ 63	\$ 63
HIV-1 QUANT (7805)	HIV-1 DNA QUANT	\$ 74	\$ 141
HPV-THIN PREP	HPV DNA AMP PROBE		\$ 58
HPYLORI, STOOL, EIA	HPYLORI STOOL EIA		\$ 24
HTLV/HIV ANTIBODY CONFIRM	HTLVI CONFIRM TEST	\$ 35	\$ 35
HUMERUS-2 VIEWS>	XRAY EXAM OF HUMERUS	\$ 44	\$ 48
I&D BARTHOLIN GLAND	INCIS DRAIN OF BARTHOLIN'S GL	\$ 102	\$ 191
I&D PILONIDAL CYST	DRAINAGE OF PILONIDAL CYST	\$ 80	\$ 274
IBUPROPHEN ELXIR 5MG/KG	-	\$ 32	\$ 32
ICE PACK DISPOSABLE	SPECIAL SUPPLIES	\$ 8	\$ 8
IGA ENDOMYSIAL ANTIBODY TITER PANEL	FLUORESCENT ANTIBODY TITER		\$ 20
IMMOBILIZER KNEE	KO IMMOBILIZER CANVAS LONGIT		\$ 105
IMMUNE GLOBULIN ISG	-	\$ 15	\$ 15
IMMUNOASSAY, NONANTIBODY	IMMUNOASSAY NONANTIBODY	\$ 22	\$ 22
IMMUNOFIXATION SERUM	IMMUNOFIX E-PHORESIS SERUM		\$ 31
INCSN & DRAINAGE-ABSCS INTRA SFT TIS	-		\$ 130
INDIRECT PULP CAP	-		\$ 97
INFECTIOUS MONO	PARTICLE AGGLUTINATION	\$ 13	\$ 17
INGESTION CHALLENGE TEST-ALRGY	INGESTION CHALLENGE TEST		\$ 98
INIT NUTRIT ASSES/DEV EA SUB 15 MIN	SUB HEALTH EDUCATION ASSESS/DEVELOP 15MI		\$ 43
INIT NUTRIT ASSES/DV EA SUB 15 M	SUB NUTRITION ASSESS/DEVELOP EA SUB 15MN		\$ 43
INIT PM E/M, NEW PAT 1-4 YRS	-		\$ 55
INIT PM E/M, NEW PAT, INF	INIT PM E/M NEW PAT INF		\$ 68
INIT PSYCHO ASSES/DEV EA SUB 15 M	SUB PSYCHOSOCIAL ASSESS/DEVELOP EA 15MIN		\$ 43
INITIAL COMP EVAL ADULT PHYS 40-64	-		\$ 25
INITIAL NUTRI/PSY/HLTH ED ASSESMEN	INITIAL COMP FIRST 30 MIN/INC CASE COORD		\$ 204
INJ INTRALESIONAL/UP-7LES	INJECTION INTO SKIN LESIONS		\$ 87
INJ PHENERGAN	-		\$ 25
INJECT TRIG PT/GANGLION	INJ TENDON SHEATH/LIGAMENT		\$ 89
INJECTION TESTOSTERONE	-	\$ 13	\$ 13
INJECT-THERAPY SUB OR IM	THER/PROPH/DIAG INJ SC/IM		\$ 39
INSULIN C-PEPTIDE	ASSAY OF C-PEPTIDE		\$ 32
INSULIN FASTING	RIA ASSAY OF INSULIN		\$ 19
INTRAORAL OCCLUSAL FILM	-		\$ 18
IRON BINDING CAP	SERUM IRON BINDING TEST	\$ 9	\$ 12
IRON SERUM TOTAL	ASSAY OF IRON	\$ 9	\$ 11
IRRIG NORM SALINE/ WATER 1000ML	-	\$ 28	\$ 28
IRRIG STERILE WATER /1000ML	-		\$ 28
ISONIAZID TAB 100MG #100	-	\$ 10	\$ 10
ISONIAZID TAB 100MG #30	-	\$ 6	\$ 6
ISONIAZID TAB 300MG #100	-	\$ 13	\$ 13
ISONIAZID TAB 300MG #30	-	\$ 7	\$ 7
IUD INSERTION	INSERT INTRAUTERINE DEVICE	\$ 75	\$ 176
IUD REMOVAL	REMOVE INTRAUTERINE DEVICE	\$ 75	\$ 148
KANAMYCIN 500 MG INJ	INJECTION, KANAMYCIN SULFAT	\$ 34	\$ 34
KENALOG INJ 40MG	-		\$ 25
KETOROLAC - 15 MG	-		\$ 15
KETOROLAC INJ 60 MG	-	\$ 33	\$ 33
KNEE ONE OR TWO VIEWS	X-RAY EXAM OF KNEE 1 OR 2	\$ 40	\$ 50
KNEE SUPPORT W/ PATELLA LOT	-		\$ 21
KNEE-3 VIEWS	X-RAY EXAM OF KNEE 3	\$ 58	\$ 60
KOH SLIDE SKIN/TISSUE	TISSUE EXAM FOR FUNGI	\$ 8	\$ 8

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
LAC-1 NK/HND/FT/GEN<2.6CM	INTMD WND REPAIR N-HF/GENIT		\$ 375
LACI FACE/EAR/MUC 7.6-12.5CM	INTMD WND REPAIR FACE/MM	\$ 263	\$ 567
LACI FACE/EAR/MUCM12.6-20.0CM	INTMD WND REPAIR FACE/MM	\$ 338	\$ 720
LACI FACE/EAR/MUCM5.1-7.5 CM	INTMD WND REPAIR FACE/MM	\$ 223	\$ 535
LACI FACE/EAR/MUCMEM <2.5	INTMD WND REPAIR FACE/MM	\$ 159	\$ 405
LACI FACE/EAR/MUCMEM2.6-5.0CM	INTMD WND REPAIR FACE/MM	\$ 177	\$ 463
LAC-I FACE/EARS >30 CM	INTMD WND REPAIR FACE/MM	\$ 499	\$ 966
LAC-I FACE/EARS 20.1-30	INTMD WND REPAIR FACE/MM	\$ 431	\$ 843
LAC-I H&F/NK/GEN >30 CM	INTMD WND REPAIR N-HG/GENIT	\$ 396	\$ 797
LAC-I H&F/NK/GEN 2.6-7.5	INTMD WND REPAIR N-HG/GENIT	\$ 173	\$ 450
LAC-I H&F/NK/GEN 20.1-30	INTMD WND REPAIR N-HG/GENIT	\$ 326	\$ 693
LAC-I NK/HND/FT/GN7.6-12.5	INTMD WND REPAIR N-HG/GENIT		\$ 550
LAC-I SCLP/TRK/LMB7.6-12.5	INTMD WND REPAIR S/TR/EXT		\$ 480
LAC-I TRK/ARM&LEG <2.5 CM OR LESS	REPAIR SUPERFICIAL WOUND(S)	\$ 136	\$ 174
LAC-I TRK/ARM&LEG >30 CM	INTMD WND REPAIR S/TR/EXT	\$ 362	\$ 725
LAC-I TRK/ARM&LEG 12.6-20	INTMD WND REPAIR S/TR/EXT	\$ 247	\$ 587
LAC-I TRK/ARM&LEG 2.6-7	INTMD WND REPAIR S/TR/EXT	\$ 156	\$ 478
LAC-I TRK/ARM&LEG 20.1-30	INTMD WND REPAIR S/TR/EXT	\$ 303	\$ 648
LAC-I TRK/ARM&LEG7.6-12.5	INTMD WND REPAIR S/TR/EXT	\$ 206	\$ 480
LAC-S BDY/SCLP/NK >30 CM	REPAIR SUPERFICIAL WOUND(S)	\$ 324	\$ 422
LAC-S BDY/SCLP/NK 12.6-20	REPAIR SUPERFICIAL WOUND(S)	\$ 200	\$ 262
LAC-S BDY/SCLP/NK 20.1-30	REPAIR SUPERFICIAL WOUND(S)	\$ 261	\$ 315
LAC-S BDY/SCLP/NK7.6-12.5	REPAIR SUPERFICIAL WOUND(S)	\$ 157	\$ 203
LAC-S BODY/SCLP/INK <2.6CM	REPAIR SUPERFICIAL WOUND(S)		\$ 146
LAC-S BODY/SCLP/INK2.6-7.5	REPAIR SUPERFICIAL WOUND(S)	\$ 86	\$ 173
LAC-S FACE/EARS >30 CM	REPAIR SUPERFICIAL WOUND(S)	\$ 448	\$ 570
LAC-S FACE/EARS 12.6-20	REPAIR SUPERFICIAL WOUND(S)	\$ 370	\$ 370
LAC-S FACE/EARS 2.6-5 CM	REPAIR SUPERFICIAL WOUND(S)	\$ 134	\$ 191
LAC-S FACE/EARS 20.1-30	REPAIR SUPERFICIAL WOUND(S)	\$ 359	\$ 489
LAC-S FACE/EARS 5.1-7.5	REPAIR SUPERFICIAL WOUND(S)	\$ 185	\$ 223
LAC-S FACE/EARS 7.6-12.5	REPAIR SUPERFICIAL WOUND(S)	\$ 236	\$ 274
LAC-SCLP/TRK/LMB<2.6CM	INTMD WND REPAIR S/TR/EXT		\$ 368
LACTATE DEHYDROGENASE	UV-ASSAY BLOOD LDH ENZYME		\$ 10
LANCET DEVICE	-	\$ 14	\$ 14
LEAD COUNSELING AND BLOOD DRAW	-		\$ 22
LEAD-LEVEL	ASSAY OF LEAD		\$ 22
LEEP	BX OF CERVIX W/SCOPE LEEP		\$ 453
LESN FACE/MUC MEMB <.5CM	EXC FACE-MM B9+MARG 0.5 < CM	\$ 84	\$ 209
LESN FACE/MUC MEMB 1.1-2.0CM	EXC FACE-MM B9+MARG 1.1-2 CM	\$ 129	\$ 292
LESN FACE/MUC MEMB 2.1-3.0 CM	EXC FACE-MM B9+MARG 2.1-3 CM	\$ 169	\$ 346
LESN FACE/MUC MEMB 3.1-4.0CM	EXC FACE-MM B9+MARG 3.1-4 CM	\$ 222	\$ 431
LESN FACE/MUC MUMB .6-1.0CM	EXC FACE-MM B9+MARG 0.6-1 CM	\$ 111	\$ 260
LESN HEAD/HD&FT/GEN <.5CM	EXC H-F-NK-SP B9+MARG 0.5 <	\$ 74	\$ 190
LESN HEAD/HD&FT/GEN 1.1-2	EXC H-F-NK-SP B9+MARG 1.1-2	\$ 117	\$ 270
LESN HEAD/HD&FT/GEN 2.1-3	EXC HFNKSP B9+MARG 2.13	\$ 146	\$ 311
LESN HEAD/HD&FT/GEN 3.1-4	EXC HFNKSP B9+MARG 3.14	\$ 172	\$ 357
LESN HEAD/HD&FT/GEN.6-1CM	EXC H-F-NK-SP B9+MARG 0.6-1	\$ 103	\$ 243
LESN TRK/ARM/LEG .6-1CM	EXC TR-EXT B9+MARG 0.6-1 CM	\$ 90	\$ 230
LESN TRK/ARM/LEG <.6CM	EXC TR-EXT B9+MARG 0.5 < CM	\$ 67	\$ 192
LESN TRK/ARM/LEG 1.1-2CM	EXC TR-EXT B9+MARG 1.1-2 CM	\$ 108	\$ 256
LESN TRK/ARM/LEG 2.1-3CM	EXC TREXT B9+MARG 2.13 CM	\$ 130	\$ 293
LESN TRK/ARM/LEG 3.1-4CM	EXC TREXT B9+MARG 3.14 CM	\$ 147	\$ 333
LEUK CELL PREPLEUK CELL PREP	WBC ALKALINE PHOSPHATASE	\$ 19	\$ 19
LIDOCAINE HCL 1%	-	\$ 12	\$ 12
LIDOCAINE HCL 2%	UNCLASSIFIED DRUGS	\$ 12	\$ 12
LIDOCAINE HCL W/EPI 1%	-	\$ 39	\$ 39
LIDOCAINE HCL W/EPI 2%	-	\$ 41	\$ 41
LINDANE/KWELL 60ML LOTION	-	\$ 7	\$ 7
LINDANE/KWELL 60ML SHMPOO	-	\$ 7	\$ 7
LIPASE	ASSAY OF LIPASE		\$ 11
LIPID PANEL	LIPID PROFILE	\$ 16	\$ 21
LIQUID NITROGEN	-	\$ 16	\$ 16
LUMBAR SPINE 2-3 VIEWS	XRAY EXAM OF LOWER SPINE		\$ 62
LUMBAR SPINE BENDING 4>	XRAY EXAM OF LOWER SPINE		\$ 71

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
LUMBAR SPINE COMP W/BEND	XRAY EXAM OF LOWER SPINE	\$ 136	\$ 136
LUMBAR SPINE/ PELVIS W/4 VIEWS	XRAY EXAM OF LOWER SPINE		\$ 108
LUMBOSACRAL SUPP 12-14IN	-	\$ 159	\$ 159
LUNELLE INJ	-		\$ 35
LUTENIZING HORMONE (LH)	PITUITARY GONADOTROPINS RI	\$ 24	\$ 31
LYTREN 8 OZ (PEDIALYTE)	-	\$ 7	\$ 7
M TB IDENT-DIRECT PROBE	M.TUBERCULO DNA DIR PROBE	\$ 34	\$ 34
MACRODANTIN 100MG #28	-		\$ 30
MACRODANTIN 50MG #28	-	\$ 15	\$ 15
MANDIBLE COMPLETE 4VW>	XRAY EXAM OF JAW		\$ 86
MASTOID <3 VW PER SIDE	X-RAY EXAM OF MASTOIDS	\$ 30	\$ 59
MASTOIDS COMPLETE 3VW>	X-RAY EXAM OF MASTOIDS	\$ 107	\$ 107
MDI ALBUTEROL	-	\$ 8	\$ 8
MEASLES VACCINE	MEASLES VACCINE SC	\$ 54	\$ 54
MEDICAL SOCIAL SERVICES	MEDICAL SOCIAL SERVICES	\$ 111	\$ 144
MERCURY QUANTITATIVE TEST	ASSAY OF MERCURY	\$ 49	\$ 49
METROGEL 0.75%	-	\$ 49	\$ 49
MICONAZOLE-7 VAG CR	-	\$ 28	\$ 28
MICORALBUMEN, QNT, URINE	MICROALBUMIN QUANTITATIVE	\$ 7	\$ 10
MICROBE SUSCEPTIBLE, MLC	MICROBE SUSCEPTIBLE MIC		\$ 14
MICROSOMAL ANTIBODY, R/A	MICROSOMAL ANTIBODY, RIA		\$ 23
MIM SERV ESTB PT	-	\$ 26	\$ 26
MIRENA IUD	MIRENA INTRAUTERINE SYSTEM	\$ 432	\$ 1,050
MONOFILAMENT TEST-FEET	SHLATENCY SOMATOSENSORY	\$ 142	\$ 260
MUMPS ANTIBODY - IGG	MUMPS ANTIBODY	\$ 30	\$ 30
MUTATION IDENT OLA/SBCE/ASPE	MUTATION IDENT OLA/SBCE/ASPE		\$ 56
MYCOLOG CREAM 15GM TUBE	-	\$ 6	\$ 6
MYCOLOG OINT 30 GM TUBE	-	\$ 11	\$ 11
N20 SEDATION	-		\$ 46
NAIL AVULSION 1	REMOVAL OF NAIL PLATE	\$ 78	\$ 151
NAIL AVULSION EA ADD NAIL	REMOVE NAIL PLATE ADD-ON	\$ 35	\$ 56
NAIL DEBRIDEMENT 1-5	DEBRIDE NAIL 1-5	\$ 25	\$ 49
NAIL DEBRIDEMENT 6+	DEBRIDE NAIL 6 OR MORE	\$ 40	\$ 68
NAIL INGROWN WEDGE EXCISN	EXCISION OF NAIL FOLD TOE	\$ 100	\$ 254
NAIL TRIMMING-ANY NUMBER	-	\$ 25	\$ 35
NASAL BONES 3VW>	X-RAY EXAM OF NASAL BONES	\$ 54	\$ 54
NEB AEROSOL TB	EVALUATE PT USE OF INHALER	\$ 17	\$ 27
NEB-ALBUTEROL SULFAT .083%	INTERRUPTION OF INFERIOR VE	\$ 6	\$ 894
NEB-ALUPENT/METAPROTR .6%	-		\$ 7
NEB-NORMAL SALINE 5CC	-	\$ 5	\$ 5
NEB-OXYGN TUBING W/MOUTH P	-	\$ 38	\$ 38
NEBULIZER (IPPB)	-	\$ 36	\$ 36
NEBULIZER(IPPB)SUBSEQUENT	-	\$ 25	\$ 0
NECK SOFT TISSUE	X-RAY EXAM OF NECK	\$ 36	\$ 44
NEUPOGEN 300MCG INJ	INJECTION, FILGRASTIM (G-CSF)	\$ 36	\$ 384
NEUTRALIZATION TEST, VIRAL	NEUTRALIZATION TEST VIRAL		\$ 28
NEXT CHOICE	PLAN B EMERGENCY CONTRACEPTIVE		\$ 31
NITROFURANTOIN 100MG #14	-		\$ 23
NITROPATCH .2MG EACH	-	\$ 43	\$ 43
NITROSTAT .4MG SUBLING	-	\$ 1	\$ 1
NO CHARGE OFF VIS-EST PT	-		\$ 0
NORFLOX/NOROXIN 400MG TABS	-	\$ 15	\$ 15
NOSE ALLERGY TEST	NOSE ALLERGY TEST		\$ 41
NOSEBLEED ANT SIMPLE	CONTROL NASAL HEMORRAGE,	\$ 63	\$ 151
NUBULIZER/IPPB/DEMO/EVAL/DIAGN	-		\$ 25
NUCLEAR ANTIGEN ANTIBODY	NUCLEAR ANTIGEN ANTIBODY		\$ 23
NUCLEIC ACID, HIGH RESOLUTE	NUCLEIC ACID HIGH RESOLUTE		\$ 56
NUTR ANT FOL-UP VISIT	ANTEPARTUM FOLLOW-UP OFFIC	\$ 106	\$ 106
NUTR ANT VST 10TH & SUBSE	TENTH ANTEPARTUM VISIT	\$ 63	\$ 170
NUTRITION PRENATAL ED PER 15 MIN	PERINATAL EDUCATION INDIVIDUAL EA 15MIN		\$ 29
NUTRITIONIST BIA TESTING	-		\$ 42
NUTRITIONIST INI VISIT	-		\$ 90
NUTRITION ASSESS POST PART EA 15 MIN	POSTPARTUM NUTR ASSE/TREAT/INTER IND 15M		\$ 29
NUVA RING	-	\$ 45	\$ 45

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
O & P TRICHROME STAIN	SPECIAL STAINS GROUP 2	\$ 24	\$ 106
OB ULTRASOUND>OR=14 WKS-0DAYS	OB US >= 14 WKS SNGL FETUS		\$ 231
OBSTETRIC PANEL	OBSTETRIC PANEL	\$ 44	\$ 57
OB-TRANSVAGINAL ULTRASOUND	TRANSVAGINAL US OBSTETRIC		\$ 159
OCCULT BLOOD - FECES PEROXID	OCCULT BLOOD FECES	\$ 5	\$ 5
OFFICE CONSULT- LEVEL 4	OFFICE CONSULTATION		\$ 122
OFFICE VISIT FOR OBSERVATION	-		\$ 67
OFFICE VISIT, NEW, LEVEL 1	OFFICE/OUTPATIENT VISIT NEW	\$ 33	\$ 67
OFFICE VISIT, NEW, LEVEL 2	OFFICE/OUTPATIENT VISIT NEW	\$ 49	\$ 113
OFFICE VISIT, NEW, LEVEL 3	OFFICE/OUTPATIENT VISIT NEW	\$ 80	\$ 163
OFFICE VISIT, NEW, LEVEL 4	OFFICE/OUTPATIENT VISIT NEW	\$ 98	\$ 248
OFFICE VISIT, NEW, LEVEL 5	OFFICE/OUTPATIENT VISIT NEW	\$ 118	\$ 307
OFLOXACIN 200MG 1 TAB	-	\$ 5	\$ 5
OFLOXACIN 400MG 1 TAB	-	\$ 10	\$ 10
ORAL HYGIENE INSTRUCTION	-		\$ 15
ORTHO EVRA PATCH	-	\$ 15	\$ 15
OS CALCIS 2VW>	XRAY EXAM OF HEEL	\$ 40	\$ 46
OSMOLALITY (SERUM)	ASSAY OF BLOOD OSMOLALITY		\$ 11
OSMOLALITY (URINE)	ASSAY OF URINE OSMOLALITY		\$ 11
OVA AND PARISTIE	SMEAR COMPLEX STAIN		\$ 30
OXYGEN - NASAL CANNULA	CANNULA NASAL		\$ 34
PA X-RAYS (1ST FILM)	-		\$ 13
PA X-RAYS (ADDTL)	-		\$ 9
PALLIATIVE / EMERGENCY TREATMENT	-		\$ 38
PARA THYROID (ASSAY)	RIA ASSAY OF PARATHORMONE		\$ 68
PARAGUARD	PARAGARD INTRAUTERINE DEVICE		\$ 893
PATHOLOGY G & M 1SP LEVEL IV	TISSUE EXAM BY PATHOLOGIST		\$ 169
PATHOLOGY G & M 1SP LEVEL III	TISSUE EXAM BY PATHOLOGIST		\$ 120
PEAK FLOW METER DISP	-	\$ 115	\$ 115
PEDIALYTE 6 OZ	-	\$ 7	\$ 7
PELVIS 1 OR 2 VIEWS	XRAY EXAM OF PELVIS		\$ 54
PELVIS COMPLETE 3VW>	XRAY EXAM OF PELVIS	\$ 71	\$ 71
PENIS LESION REMOV-CHEM	DESTRUCTION PENIS LESION(S)	\$ 74	\$ 205
PENTAMIDINE 300 MG	-	\$ 248	\$ 248
PERINATAL EDUCATION GROUP-15MIN	PERINATAL EDUCATION GROUP PER PAT EA 15M		\$ 29
PHENOBARBITAL LEVEL	ASSAY OF PHENOBARBITAL	\$ 16	\$ 19
PHENYTOIN, FREE	-		\$ 13
PHENYTOIN-TOTAL	ASSAY OF PHENYTOIN TOTAL	\$ 17	\$ 22
PHN-CASE EVAL&INIT TRTMNT	CASE EVALUATION & INITIAL TR	\$ 35	\$ 45
PHOSPHATASE ALKALINE	ASSAY ALKALINE PHOSPHATASE	\$ 7	\$ 9
PINWORMS	PINWORM EXAM	\$ 10	\$ 7
PIP PAP	CYTOPATH CV/ INTERPRET	\$ 25	\$ 46
PIP PREGNANCY 1ST TRI	INITIAL ANTEPARTUM OFFICE VIS	\$ 400	\$ 189
PIP PREGNANCY 2ND TRI	INITIAL ANTEPARTUM OFFICE VIS	\$ 300	\$ 189
PIP PREGNANCY 3RD TRI	INITIAL ANTEPARTUM OFFICE VIS	\$ 200	\$ 189
PLATELET COUNT	AUTOMATED PLATELET COUNT	\$ 6	\$ 8
PLCMNT NDL BRST GUIDANCE	-		\$ 54
PNEUMOCYST	PNEUMOCYSTIS CARINII AG IF	\$ 16	\$ 16
PODOPHYLLIN 25% 1 APP 30 ML	-		\$ 55
POST OP SHOE	-		\$ 33
POST RABIES TRTMNT W/RIG	IMMUNOFLUORESCENT STUDY	\$ 242	\$ 242
POSTERIOR SPLINT APPL	-		\$ 101
POTASSIUM SERUM	ASSAY OF SERUM POTASSIUM	\$ 7	\$ 8
PREALBUMEN, SERUM	ASSAY OF PREALBUMIN	\$ 25	\$ 25
PREGNANCY TEST QUAL	CHORIONIC GONADOTROPIN AS	\$ 10	\$ 12
PREGNANCY TEST-URINE	URINE PREGNANCY TEST	\$ 9	\$ 9
PRENATAL VITAMINS #100	-	\$ 9	\$ 9
PRIMIDONE	ASSAY OF PRIMIDONE		\$ 28
PROBENEÇID TAB 500MG #60	-	\$ 32	\$ 32
PROGESTERONE LEVEL	ASSAY OF PROGESTERONE	\$ 27	\$ 35
PROMETHAZINE SYRUP 5 ML	-	\$ 3	\$ 3
PROPHYLAXIS - ADULT	-		\$ 46
PROPHYLAXIS - CHILD	-		\$ 34
PROTEIN C, FUNCTIONAL	BLOOD CLOT INHIBITOR TEST		\$ 23

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service			
			Approved FY09/10 Fee:
			Proposed FY 13/14 Fee:
PROTEIN E-PHORESIS, SERUM	PROTEIN E-PHORESIS SERUM		\$ 18
PROTEIN E-PHORESIS/ URINE/ CSF	PROTEIN E-PHORESIS/URINE/CSF		\$ 30
PROTEIN S, ANTIGEN	BLOOD CLOT INHIBITOR TEST		\$ 25
PROTEIN TOTAL A/G RAT PNL	ASSAY OF PROTEIN SERUM	\$ 7	\$ 7
PROTHROMBIN TIME	PROTHROMBIN TIME	\$ 5	\$ 7
PROTOPORPHYRIN RBC QUQNTIT	ASSAY RBC PROTOPORPHYRIN		\$ 48
PROVERA 10MG TABS #9	-	\$ 11	\$ 11
PSA FREE	ASSAY OF PSA FREE	\$ 23	\$ 31
PSA TOTAL	ASSAY OF PSA TOTAL	\$ 23	\$ 31
PSYCHO ASSESS POST PART EA 15 MIN	POSTPARTUM PSYCHOSOCIAL ASSESS EA 15MIN		\$ 29
PTT-PARTIAL THROMBOPLASTN	THROMBOPLASTIN TIME PARTIA	\$ 10	\$ 10
PULSE OXIMETRY MULTIPLE	-	\$ 38	\$ 38
PULSE OXIMETRY SPOT CHECK	MEASURE BLOOD OXYGEN LEVEL		\$ 8
PYRAZINAMID TAB 500MG #30	-	\$ 41	\$ 41
PYRAZINAMIDE TAB 500MG#100	-	\$ 147	\$ 147
RABIES ANTIBODY	VIRUS ANTIBODY NOS		\$ 21
RABIES IMMUN GLOB 10 ML	-	\$ 220	\$ 220
RABIES IMMUN GLOB 12 ML	-	\$ 262	\$ 263
RABIES IMMUN GLOB 2 ML	-	\$ 49	\$ 50
RABIES IMMUN GLOB 4 ML	-	\$ 90	\$ 90
RABIES IMMUN GLOB 6 ML	-	\$ 135	\$ 135
RABIES IMMUN GLOB 8 ML	-	\$ 177	\$ 177
RABIES VACCINE IM-1 ML	RABIES VACCINE IM	\$ 302	\$ 302
RADIOLOG EXAM BRST SPECMN	X-RAY EXAM BREAST SPECIMEN	\$ 32	\$ 42
RE CEMENTATION OF SPACE	-		\$ 95
REASSES & INTRV EA 15 MN	-		\$ 46
RECEMENT CROWN	-		\$ 25
REM FP EXT/CONJUNCTIVAL	REMOVE FOREIGN BODY FROM	\$ 8	\$ 167
RESIN RESTORATIVE (LINE 1)	-		\$ 73
RESIN RESTORATIVE (LINE 2)	-		\$ 90
RESIN RESTORATIVE (LINE 3)	-		\$ 108
RESIN RESTORATIVE (LINE 4)	-		\$ 119
RESPIRGUARD II	-	\$ 8	\$ 8
RETICULOCYTE COUNT	RETICUTOCYTE COUNT	\$ 7	\$ 7
RH TITER (DIRECT COOMBS)	COOMBS TEST DIRECT	\$ 10	\$ 10
RHEUMATOID FACTOR	RHEUMATOID FACTOR TEST	\$ 8	\$ 9
RIA ASSAY OF PROINSULIN	RIA ASSAY OF PROINSULIN		\$ 93
RIA ASSAY OF RENIN	RIA ASSAY OF RENIN		\$ 104
RIB BELT	-	\$ 18	\$ 18
RIBS BILATERAL 3VW	XRAY EXAM OF RIBS	\$ 79	\$ 79
RIBS UNILATERAL 2VW	XRAY EXAM OF RIBS	\$ 66	\$ 66
RIFAMATE CAPS #60	-	\$ 35	\$ 35
RIFAMPIN 150MG CAPS #100	-	\$ 84	\$ 84
RIFAMPIN 300 MG CAPS #60	-	\$ 33	\$ 33
ROCEPHIN 1 GM	-	\$ 97	\$ 97
ROCEPHIN 250 MG INJ	INJECTION, CEFTRIAXONE SODI	\$ 39	\$ 39
ROOM & BOARD <24 HOURS	PAY FOR RM AND BOARD AND G	\$ 47	\$ 61
RSV/FA	RESPIRATORY SYNCYTIAL AG IF	\$ 25	\$ 25
RUBELLA ANTIBODY	RUBELLA ANTIBODY	\$ 20	\$ 23
RUBEOLA ANTIBODY	RUBEOLA ANTIBODY	\$ 24	\$ 24
RUSSELL VIPER VENOM, DILUTED	RUSSELL VIPER VENOM DILUTED		\$ 16
SACROLIAC JTS 2VW>	XRAY EXAM SACROIILAC JOINTS	\$ 71	\$ 71
SACRUM & COCCYX 2VW>	XRAY EXAM OF TAILBONE	\$ 58	\$ 58
SAME DAY - 2ND SERVICE	-		\$ 0
SCALING AND ROOT PLANING	-		\$ 222
SCAPULA COMPLETE	XRAY EXAM OF SHOULDER BLAC	\$ 53	\$ 53
SCOLIOSIS/SUPINE & ERECT	XRAY EXAM OF TRUNK SPINE	\$ 53	\$ 82
SCREEN MAMMOGRAPHY BILAT	-	\$ 78	\$ 78
SEALANT (# OF)	-		\$ 28
SEDATIVE FILLING	-		\$ 18
SEDIMENTATION RATE	RBC SED RATE NONAUTOMATED		\$ 6
SEMEN ANALYSIS	-		\$ 100
SEPTRA DS #14 TABS	-	\$ 12	\$ 12
SGOT/AST-ASPART AMINOTRNS	UV-ASSAY TRANSAMINASE (SGOT)		\$ 9

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
SGPT/ALT-ALANIN AMINOTRNS	UV-ASSAY TRANSAMINASE (SGP	\$ 8	\$ 9
SHAVE LSN TRK ARM LEG<0.5	SHAVE SKIN LESION		\$ 110
SHOULDER 1 VIEW	XRAY EXAM OF SHOULDER		\$ 39
SHOULDER 2VW>	XRAY EXAM OF SHOULDER	\$ 53	\$ 53
SHOULDER IMMOBILIZER	-	\$ 36	\$ 36
SICKLE CELL	RBC SICKLE CELL TEST	\$ 7	\$ 9
SILVADENE CREAM 1% 50GM	-	\$ 11	\$ 11
SINGLE, SIMPLE	-		\$ 46
SINUSES PARANASAL <3VIEWS	X-RAY EXAM OF SINUSES	\$ 45	\$ 51
SINUSES PARANASAL 3VW>	X-RAY EXAM OF SINUSES	\$ 79	\$ 79
SIROLIMUS (RAPAMYCIN)	ASSAY OF SIROLIMUS		\$ 23
SKIN STAPLER W/STAPLES	-	\$ 47	\$ 47
SKIN TEST CANDIDA	SKIN TEST CANDIDA	\$ 15	\$ 30
SKIN TEST TB/PPD	TB INTRADERMAL TEST	\$ 15	\$ 15
SKINTAG REMOVAL 1-15	REMOVAL OF SKIN TAGS	\$ 78	\$ 135
SKTAG REMV EA ADTL 10 LSN	REMOVE SKIN TAGS ADD-ON	\$ 52	\$ 52
SKULL <4VW	XRAY EXAM OF SKULL	\$ 53	\$ 60
SLING MUSLIN TRIANGULAR	-	\$ 2	\$ 2
SLING, TEAR	-	\$ 7	\$ 7
SMALL (13IN - 14IN) KNEE SUPPORT	-		\$ 35
SODIUM SERUM	ASSAY OF SERUM SODIUM	\$ 7	\$ 8
SOLUCORTEF/STEROID 50MG	-	\$ 25	\$ 25
SOLUMEDROL 125MG	INJECTION, METHYLPREDNISOLONE SODI		\$ 25
SOLUMEDROL 40MG	-		\$ 11
SPACE MAINTAINER	-		\$ 274
SPECTINOMYCIN INJECT 2GM	-	\$ 50	\$ 50
SPINE THORASIC-3 VIEWS	XRAY EXAM OF THORACIC SPINE	\$ 62	\$ 62
SPIROMETRY / PULM FUNC TEST	BREATHING CAPACITY TEST		\$ 58
SPLINT APPLIC-FINGER	APPLICATION OF FINGER SPLINT	\$ 30	\$ 62
SPLINT APPLIC-SHORT ARM	APPLY FOREARM SPLINT	\$ 61	\$ 100
SPLINT APPLIC-SHORT LEG	APPLICATION LOWER LEG SPLINT	\$ 65	\$ 110
SPLINT FINGER 1 X 18	-	\$ 3	\$ 3
SPLINT FINGER 1/2 X 18	-	\$ 2	\$ 2
SPLINT FINGER 3/4 X 18	-	\$ 3	\$ 3
SPLINT FINGER GUARD	-	\$ 6	\$ 6
SPLINT WRIST LARGE LEFT	-	\$ 24	\$ 24
SPLINT WRIST SMALL LEFT	-	\$ 24	\$ 24
SPLINT WRIST SMALL RIGHT	-	\$ 24	\$ 24
SPONGES, 4X4 10 EACH	-	\$ 1	\$ 1
SPORTS PHYSICAL	-		\$ 20
SPUTUM COLLECTION-CLINIC	-	\$ 20	\$ 20
SPUTUM COLLECTION-HOME	-	\$ 7	\$ 7
SSC (PRIMARY)	-		\$ 154
STAPLE REMOVAL KIT	-	\$ 5	\$ 5
STAT SET-UP FEE	-	\$ 11	\$ 11
STERI STRIPS	-	\$ 10	\$ 10
STERNOCLAV JOINTS 3VW>	XRAY EXAM OF BREASTBONE	\$ 53	\$ 61
STERNUM 2VW>	XRAY EXAM OF BREASTBONE	\$ 53	\$ 53
STOOL O & P CONC+ID-DIREC	OVA AND PARASITES SMEARS	\$ 17	\$ 17
STRAPPING-ANKLE/FOOT	STRAPPING OF ANKLE AND/OR F	\$ 32	\$ 57
STRAPPING-HAND OR FINGER	STRAPPING OF HAND OR FINGER	\$ 60	\$ 78
STRAPPING-TOES	STRAPPING OF TOES	\$ 30	\$ 49
STREP A CULTURE	INFECT AGT DET BY IMMUNO WITH DIR OPTICA		\$ 15
STREP CULTURE	-	\$ 9	\$ 11
STREPTOMYCIN INJECT 1 ML	-	\$ 18	\$ 18
STRETCH NETTING #1	-	\$ 1	\$ 1
STRETCH NETTING #2	-	\$ 1	\$ 1
STRETCH NETTING #3	-	\$ 11	\$ 11
STRETCH NETTING #4	-	\$ 19	\$ 19
SUBUNEVAC. SUBUNGUL HEMATOMASUBUNEVAC. SUBUNGUL HEMATOMA	DRAIN BLOOD FROM UNDER NAIL		\$ 76
SULTRIN CREAM TUBE	-	\$ 2	\$ 2
SURGICAL, ERUPTED	-		\$ 97
SUT VIC 4-0 PC5 18IN UND	-	\$ 63	\$ 63
SUT VIC 5-0 PC1 18IN UND	-	\$ 61	\$ 61

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
SUTURE ETHILON 5-0PC518IN	-	\$ 154	\$ 154
SUTURE ETHILON 6-0PC118IN	-	\$ 63	\$ 63
SUTURE REMOVAL KIT	-	\$ 5	\$ 5
SYNAGIS 100MG VIAL (PALIVIZUMAB)	RSV MAB IM 50MG		\$ 1,792
SYNOVIAL FLUID CRYSTALS	EXAM SYNOVIAL FLUID CRYSTALS		\$ 12
SYPHILIS QUANT (RPR) Screening Quant	SYPHILIS TEST NON-TREP QUAN	\$ 8	\$ 8
SYPHILIS VDRL, QUAL	SYPHILIS TEST NON-TREP QUAL	\$ 8	\$ 8
T - 3 FREE	RIA ASSAY (FT-3)	\$ 23	\$ 27
T-3 TOTAL	ASSAY TRIIODOTHYRONINE (T3)	\$ 20	\$ 24
T-3/T-4 UPTAKE	ASSAY OF THYROID (T3 OR T4)	\$ 8	\$ 11
T-4 / THYROXINE TOTAL	ASSAY OF TOTAL THYROXINE	\$ 9	\$ 11
T-4/THYROXINE FREE	ASSAY OF FREE THYROXINE	\$ 17	\$ 17
TACROLIMUS	ASSAY OF TACROLIMUS		\$ 23
TB AFB SENSI-EA DRUG X6	MICROBE SUSCEPT MYCOBACTE	\$ 60	\$ 60
TB RETEST-RESULT QUESTION	-		\$ 10
T-CELL SUBSET	T CELLS TOTAL COUNT	\$ 68	\$ 63
TEMPORARY CROWN	-		\$ 48
TEMPOROMANDIB JNTS BILAT	XRAY EXAM OF JAW JOINTS	\$ 78	\$ 80
TERAZOL VAG SUPPOS 80MGX3	-	\$ 18	\$ 18
TERAZOL-7 VAG CREAM	-	\$ 24	\$ 24
TESTOSTERONE 1CC/50MG	-	\$ 17	\$ 17
TESTOSTERONE TOTAL	ASSAY OF TOTAL TESTOSTERON	\$ 33	\$ 43
TETRACYCLIN 500MG #14CAPS	-	\$ 3	\$ 3
TETRACYCLIN 500MG #28	-	\$ 6	\$ 6
TETRACYCLIN 500MG #48CAPS	-	\$ 9	\$ 9
THYROGLOBULIN ANTIBODY, RIA	THYROGLOBULIN ANTIBODY, RIA		\$ 22
TIBIA & FIBULA 2 VIEWS	XRAY EXAM OF LOWER LEG	\$ 44	\$ 45
TIGAN 100MG SUPPOSITORY	-	\$ 3	\$ 3
TIGAN 200 MG INJECTION	-		\$ 53
TIGAN 200MG SUPPOSITORY	-	\$ 3	\$ 12
T-LYMPHOCYTE PANEL	T CELL ABSOLUTE COUNT		\$ 44
TOE(S) 2VW>	XRAY EXAM OF TOE(S)		\$ 49
TOPICAL FLUORIDE W/ PROPHY - ADULT	-		\$ 16
TOPICAL FLUORIDE W/ PROPHY - CHILD	-		\$ 16
TOXOPLASMOSIS ANTIBODY	TOXOPLASMA ANTIBODY IGM	\$ 18	\$ 23
TRANSFERRIN	ASSAY OF TRANSFERRIN		\$ 21
TRAY - I & D	-		\$ 79
TRAY - MAYO	-	\$ 20	\$ 20
TRAY - MINOR SURGERY	-	\$ 45	\$ 45
TRAY IRRIGATION W/ SYRINGE	-		\$ 19
TRAY-GEN PURPOSE INSTRU	-	\$ 45	\$ 45
TREPONEMA PALLIDUM/TREPONEMA PALLIDUM	TREPONEMA PALLIDUM	\$ -	\$ 24
TRICHOPHYTON SKIN TEST	-	\$ 15	\$ 15
TROPICAL FLUORID W/O PROPHY-CHILD	TOPICAL APPLICATION OF FLUORIDE (E		\$ 33
TSH-THYROID STIM HORMONE	ASSAY THYROID STIM HORMONE		\$ 28
TYMPANOMETRY	-	\$ 39	\$ 39
UREA NITROGEN, BUN	ASSAY OF UREA NITROGEN	\$ 5	\$ 7
URIC ACID; BLOOD	ASSAY OF BLOOD/URIC ACID		\$ 8
URINALYSIS CHEM DIPSTICK	URINALYSIS, NONAUTO W/O SCOPE		\$ 6
URINALYSIS COMPLETE	URINALYSIS NONAUTO W/SCOPE	\$ 5	\$ 5
URINALYSIS DIP W/MICRO	URINALYSIS AUTO W/SCOPE	\$ 6	\$ 6
URINE BACTERIA CULTURE	URINE BACTERIA CULTURE	\$ 11	\$ 9
URINE CULTURE	URINE CULTURE/COLONY COUN	\$ 11	\$ 11
VAC ADMIN FEE DTAP/HEPB/IPV (PEDIARIX)	-	\$ 174	\$ 0
VAC ADMIN FEE (1ST NON-INTRANASAL)	IMMUNIZATION ADMIN		\$ 39
VAC ADMIN FEE (2ND OR MORE)	-		\$ 19
VAC ADMIN FEE- DT CHILD	-	\$ 13	\$ 13
VAC ADMIN FEE- DTAP	DTAP VACCINE < 7 YRS IM	\$ 30	\$ 39
VAC ADMIN FEE DTAP/HIB/IPV (PENTACEL)	-		\$ 0
VAC ADMIN FEE DTP/HIB(H.INFLUENZA B)	-	\$ 8	\$ 8
VAC ADMIN FEE HEP A CHILD	-	\$ 33	\$ 33
VAC ADMIN FEE- HEP B CHILD	-	\$ 32	\$ 32
VAC ADMIN FEE HEP B/HIB (COMVAX)	-	\$ 60	\$ 60
VAC ADMIN FEE HEP PROJECT	-		\$ 10

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
VAC ADMIN FEE HEP-B IMMUNSUP/DIALYS	-	\$ 57	\$ 57
VAC ADMIN FEE- HIB	-	\$ 29	\$ 29
VAC ADMIN FEE HPV (GARDASIL) ADULT	-	\$ 169	\$ 169
VAC ADMIN FEE IPV POLIO CHILD	-	\$ 33	\$ 33
VAC ADMIN FEE MENINGOCOCCAL (MENACTRA -MCV4) (IM)	MENINGOCOCCAL VACCINE SC	\$ 117	\$ 140
VAC ADMIN FEE- MMR	-	\$ 44	\$ 44
VAC ADMIN FEE MMR/VARICELLA (PROQUAD)	-	\$ 64	\$ 64
VAC ADMIN FEE ORAL ROTOVIR-2 DOSE	-		\$ 0
VAC ADMIN FEE ORAL ROTOVIR-3 DOSE	-		\$ 0
VAC ADMIN FEE PNEUMO (PREVNAR)<7YRS	-	\$ 89	\$ 0
VAC ADMIN FEE RHOGAM	-	\$ 134	\$ 0
VAC ADMIN FEE RHOGAM(MINI)	-	\$ 50	\$ 0
VAC ADMIN FEE ROTOVIR-2 DOSE (VFC)	ROTOVIRUS VACCINE, ATTENUATED		\$ 189
VAC ADMIN FEE VARICELLA (VARIVAX)	-	\$ 56	\$ 0
VAC ADMIN FEE ZOSTAVAX	-		\$ 0
VAC ADMIN IM/SUBQ	-	\$ 17	\$ 0
VAC ADMIN INFLUENZA	-	\$ 17	\$ 0
VAC ADMIN ORAL ROTAVIRUS	-	\$ 51	\$ 0
VAC ADMIN PNEUMO CONJ 13	-		\$ 0
VAC ADMIN PNEUMO STATE	-		\$ 9
VAC ADMIN PNEUMOCOCCAL	-		\$ 0
VAC ADMIN- TDAP 10 YRS+	-	\$ 53	\$ 0
VAC ADMIN TDAP 7 + YEARS	-	\$ 10	\$ 0
VAC CHOLERA .5ML	CHOLERA VACCINE INJECTABLE		\$ 25
VAC DTAP	-		\$ 30
VAC HEP A ADULT	HEP A VACCINE ADULT IM		\$ 105
VAC HEP A CHILD SERUM ONLY	HEP A VACC PED/ADOL 2 DOSE		\$ 43
VAC HEP A CHILD SERUM ONLY (VFC)	-		\$ 0
VAC HEP B 1ML ADULT	HEP B VACCINE ADULT IM		\$ 102
VAC HEP-A/HEP-B ADULT	HEP A/HEP B VACC ADULT IM	\$ 118	\$ 153
VAC HEPATITIS B, ADOLESCENT, 2 DOSE	HEP B VACC ADOL 2 DOSE IM		\$ 42
VAC HIB	HIB VACCINE HB0C IM		\$ 35
VAC IPV POLIO VFC	POLIOVIRUS IPV SC/IM		\$ 89
VAC KINRIX DTAP/ IPV	DTAPIPV, INACTIVATED		\$ 91
VAC MR-MEASLES/RUBELLA,LIVE	MEASLES-RUBELLA VACCINE SC	\$ 25	\$ 46
VAC PNEUMOCOCCAL	PNEUMOCOCCAL VACCINE		\$ 85
VAC POLIOVIRUS	-		\$ 69
VAC SERUM ONLY ORAL ROTOVIR-2 DOSE (VFC)	-		\$ 0
VAC SERUM ONLY ORAL ROTOVIR-3 DOSE (VFC)	ROTOVIRUS VACC 3 DOSE ORAL		\$ 66
VAC SERUM ONLY DTAP/HEPB/IPV (PEDIARIX)	DTAP-HEP B-IPV VACCINE IM		\$ 126
VAC SERUM ONLY DTAP/HEPB/IPV (PEDIARIX) (VFC)	-		\$ 0
VAC SERUM ONLY DTAP/HIB/IPV (PENTACEL)	DTAP-HIB-IP VACCINE IM		\$ 135
VAC SERUM ONLY DTAP/HIB/IPV (PENTACEL) (VFC)	-		\$ 0
VAC SERUM ONLY DTP/HIB(H.INFLUENZA B)	-		\$ 0
VAC SERUM ONLY DTP/HIB(H.INFLUENZA B) (VFC)	-		\$ 0
VAC SERUM ONLY FEE ANTIBIOTIC;SEE SPECIFIC VACCINES	-	\$ 17	\$ 0
VAC SERUM ONLY FEE BICILLIN;SEE SPECIFIC VACCINES	-	\$ 17	\$ 0
VAC SERUM ONLY FEE HIB	HIB VACCINE PRP-T IM		\$ 38
VAC SERUM ONLY FEE HIB (VFC)	-	\$ 9	\$ 0
VAC SERUM ONLY FEE ROCEPHIN	-	\$ 17	\$ 0
VAC SERUM ONLY FEE RUBELLA	RUBELLA VACCINE SC	\$ 57	\$ 57
VAC SERUM ONLY FEE RUBELLA (VFC)	-		\$ 0
VAC SERUM ONLY HEP B CHILD	HEPB VACC PED/ADOL 3 DOSE IM		\$ 42
VAC SERUM ONLY HEP B CHILD VFC	-		\$ 0
VAC SERUM ONLY HEP B-HIB (COMVAX)	HEP B/HIB VACCINE IM		\$ 78
VAC SERUM ONLY HEP B-HIB (COMVAX) (VFC)	-		\$ 0
VAC SERUM ONLY HEP-B IMMUNSUP/DIALYS	HEPB VACC ILL PAT 4 DOSE IM	\$ 57	\$ 189
VAC SERUM ONLY HEP-B IMMUNSUP/DIALYS (VFC)	-		\$ 0
VAC SERUM ONLY HPV (GARDASIL) ADULT	HPV VACCINE 4 VALENT IM	\$ 135	\$ 220
VAC SERUM ONLY HPV (GARDASIL) ADULT (VFC)	-		\$ 0
VAC SERUM ONLY INFLUENZA	-		\$ 0
VAC SERUM ONLY INFLUENZA (VFC)	-		\$ 0
VAC SERUM ONLY IPV POLIO CHILD	POLIOVIRUS IPV SC/IM		\$ 89
VAC SERUM ONLY IPV POLIO CHILD (VFC)	-		\$ 0

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
VAC SERUM ONLY MENINGOCOCCAL (MENACTRA -MCV4) (IM)	MENINGOCOCCAL VACCINE SC		\$ 140
VAC SERUM ONLY MENINGOCOCCAL (MENACTRA -MCV4) (IM) (VFC)	-		\$ 0
VAC SERUM ONLY MMR	MMRV VACCINE SC		\$ 84
VAC SERUM ONLY MMR(VFC)	-		\$ 0
VAC SERUM ONLY MMR/VARICELLA (PROQUAD)	MMRV VACCINE SC		\$ 84
VAC SERUM ONLY MMR/VARICELLA (PROQUAD) (VFC)	-		\$ 0
VAC SERUM ONLY MUMPS	MUMPS VACCINE SC	\$ 62	\$ 62
VAC SERUM ONLY MUMPS (VFC)	-		\$ 0
VAC SERUM ONLY ORAL ROTAVIRUS	-		\$ 0
VAC SERUM ONLY ORAL ROTAVIRUS (VFC)	-		\$ 0
VAC SERUM ONLY ORAL ROTAVIRUS - 3 DOSE	ROTOVIRUS VACC 3 DOSE ORAL		\$ 66
VAC SERUM ONLY PNEUMO (PREVNAR) <5YRS	PNEUMOCOCCAL VACC 7 VAL IM		\$ 116
VAC SERUM ONLY PNEUMO (PREVNAR)<7YRS (VFC)	-		\$ 0
VAC SERUM ONLY PNEUMO CONJ 13	PNEUMOCOCCAL VACC 13 VAL IM		\$ 191
VAC SERUM ONLY PNEUMO CONJ 13(VFC)	-		\$ 0
VAC SERUM ONLY PNEUMO STATE	-		\$ 0
VAC SERUM ONLY PNEUMO STATE (VFC)	-		\$ 0
VAC SERUM ONLY PNEUMOCOCCAL (ADULT)	-		\$ 9
VAC SERUM ONLY PNEUMOCOCCAL (VFC)	-		\$ 0
VAC SERUM ONLY RHOGAM IM	RH IG FULL-DOSE IM	\$ 63	\$ 164
VAC SERUM ONLY RHOGAM IM (MINI)	RH IG MINIDOSE IM		\$ 63
VAC SERUM ONLY TDAP (10 YRS+)	TDAP VACCINE >7 IM		\$ 73
VAC SERUM ONLY TDAP (10 YRS+) (VFC)	State Supplied		\$ 0
VAC SERUM ONLY TDAP 7 + YEARS	-		\$ 53
VAC SERUM ONLY TDAP 7 + YEARS (VFC)	State Supplied		\$ 0
VAC SERUM ONLY VARICELLA (VARIVAX)	CHICKEN POX VACCINE SC		\$ 149
VAC SERUM ONLY VARICELLA (VARIVAX) (VFC)	State Supplied		\$ 0
VAC SERUM ONLY ZOSTAVAX	ZOSTER VACC SC	\$ 171	\$ 290
VAC SERUM ONLY ZOSTAVAX (VFC)	-		\$ 0
VAC TD TET/DIPHTH 7	TD VACCINE > 7 IM		\$ 21
VAC TDAP (10 YRS+) VFC	TDAP VACCINE >7 IM		\$ 73
VAC VARICELLA / ADULT	-		\$ 56
VAG APPLIC/IRRIG MEDICATN	TREAT VAGINA INFECTION	\$ 33	\$ 73
VAG LESN(S) DESTRUC EXTEN	DESTROY VAG LESIONS COMPLE	\$ 113	\$ 297
VAG LESN(S) DESTRUC SIMPL	DESTROY VAG LESIONS SIMPL	\$ 97	\$ 178
VAG/RECTAL B STREP SCRNI	CULTURE SCREEN ONLY	\$ 15	\$ 15
VALTREX CAPS #42	-	\$ 131	\$ 131
VARICELLA ANTIBODY, IGG / VZV	VARICELLA-ZOSTER ANTIBODY		\$ 24
VIRAL - ISOLATION	GENET VIRUS ISOLATE HSV	\$ 107	\$ 107
VISION SNELLEN	VISUAL ACUITY SCREEN	\$ 4	\$ 4
VISIT ESTABLISHED PAT - LEVEL 1	OFFICE/OUTPATIENT VISIT EST	\$ 30	\$ 31
VISIT ESTABLISHED PAT - LEVEL 2	OFFICE/OUTPATIENT VISIT EST	\$ 37	\$ 67
VISIT ESTABLISHED PAT - LEVEL 3	OFFICE/OUTPATIENT VISIT EST	\$ 63	\$ 110
VISIT ESTABLISHED PAT - LEVEL 4	OFFICE/OUTPATIENT VISIT EST	\$ 84	\$ 162
VISIT ESTABLISHED PAT - LEVEL 5	OFFICE/OUTPATIENT VISIT EST	\$ 135	\$ 217
VISIT INIT COMP PERI W/IN 16/WKS	INITIAL ANTEPARTUM OFFICE VIS	\$ 190	\$ 189
VISIT INIT HLTH ED ASSESS/DEVELOP	INITIAL HEALTH ED ASSESS/DEVI	\$ 20	\$ 106
VISIT INIT NUTRITION ASSES/DEVELOP	INITIAL NUTRIT ASSESSMENT/DEVELOP 30 MIN		\$ 106
VISIT INIT PSYHO ASSES/DEVELOP	INIT PSYCHOSOCIAL ASSESS/DEVEL FIRST 30		\$ 106
VISIT INITIAL COMP PERI-16 WKS -MW	-		\$ 62
VISIT POSTPARTUM F/U	POSTPARTUM FOLLOW-UP OFFIC	\$ 70	\$ 91
VISUAL FIELD EXAM	VISUAL FIELD EXAM, UNILAT OR	\$ 19	\$ 78
VITAMIN B-12 1000 MCG INJ	-	\$ 10	\$ 10
VITAMIN B12; BLOOD	RIA ASSAY FOR VITAMIN B-12	\$ 19	\$ 25
VITAMIN B-3	ASSAY OF NOS VITAMIN		\$ 36
VITAMIN B-6 25MG #100	-	\$ 8	\$ 8
VITAMIN D INJECTION	-		\$ 41
VITAMIN D3, 25 HYDROXY	VITAMIN D 25 HYDROXY		\$ 49
VULV LESN(S) DESTRUC SIMP	DESTROY VULVA LESIONS SIM	\$ 107	\$ 204
WBC ANTIBODY IDENTIFICATION	WBC ANTIBODY IDENTIFICATION		\$ 59
WET MOUNT	WET MOUNTS, INCL PREP VAGIN	\$ 6	\$ 7
WET MOUNT/KOH SLIDE	SMEAR WET MOUNT SALINE/INK	\$ 8	\$ 8
WRIST 3VW>	XRAY EXAM OF WRIST	\$ 53	\$ 61
WRIST-2 VIEWS	XRAY EXAM OF WRIST	\$ 36	\$ 52

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
WYCILLIN 600,000 UNITS	-	\$ 19	\$ 19
X-RAY MINIFILM	-	\$ 15	\$ 15
ZITHROMAX 1 GM SUSP	AZITHROMYCIN FOR ORAL SUSP, 1000 MG		\$ 41