

RESOLUTION R-01-202

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA ESTABLISHING A FEE SCHEDULE FOR THE COUNTY HEALTH DEPARTMENT FOR PRIMARY CARE, VITAL RECORDS, AND ENVIRONMENTAL HEALTH SERVICES

WHEREAS, the Board of County Commissioners (the Board) on December 17, 1992 adopted Resolution R-92-276 establishing a schedule of fees for primary care services provided by the Manatee County Public Health Unit, now known as the Manatee County Health Department (CHD); and

WHEREAS, the Board, on July 27, 1982, adopted a Resolution establishing reasonable charges for vital statistics services at the CHD; and

WHEREAS, the Board, on September 15, 1981, adopted a Resolution establishing reasonable charges for pollution control services, now known as environmental health services, provided by the CHD; and

WHEREAS, the CHD has reviewed those fees established by the County and has determined that a revision to the fees is required in order to assist the CHD in defraying the cost of providing the services.

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Manatee County, Florida, that:

1. The fees and policies provided in Attachment 1 are hereby adopted.
2. Resolution R-92-76 and the above described resolutions dated July 27, 1982 and September 15, 1981 are rescinded as of the effective date of this Resolution.
2. This Resolution shall take effect on October 1, 2001.

ADOPTED, with a quorum present and voting this 4th day of September, 2001.

BOARD OF COUNTY COMMISSIONERS
MANATEE COUNTY, FLORIDA

BY: *J. Mila*

Chairman

ATTEST: R. B. SHORE
CLERK OF THE CIRCUIT COURT

BY: *Susan Romine*



EXHIBIT A

INDIGENTS

Medical Services will be provided at no charge to eligible persons with net family incomes below 100 per cent of Federal Poverty level.

APPLICABILITY

The County Health Department is authorized to utilize the sliding fee scale income ranges. The poverty income guidelines are updated annually based on increases in the Consumer Price Index. Fees may be waived for inability to pay.

FEES

Fees for non-Medicaid clients are established at 150 percent of the Medicaid rate and may be automatically adjusted to changes in the Medicaid rate. This methodology will be applied to other applicable services not in the Exhibit. A proportional adjustment may be made to fees in response to interim product cost changes.

SLIDING FEE SCALE

The standard sliding fee scale income ranges based on Federal poverty guidelines will be applied to the fee schedule for persons 100-200% of the Federal poverty level when applicable.

TRUST FUND

All fees collected by the County Health Department for public health services shall be deposited to the Manatee County Health Department Trust Fund.

EXHIBIT A

COUNTY FEE SCHEDULE BY SERVICE

SERVICES

1. Vital Statistics

Birth Certificate	\$	15.00
Additional Birth Certificate	\$	5.00
Death Certificate	\$	6.00
Additional Death Certificate	\$	6.00
Expedited Overnight Mail	\$	15.00

II. Clinic Fees

Attached

III. Environmental Health

Review of Dept. of Environmental Protection Application	\$	200.00	
Main Clearance Site Visit	\$	75.00	per day
Bacteriological Samples	\$	12.00	per sample
Private Bacteriological Samples	\$	20.00	per sample

Manatee County Health Department
Fee Schedule

New Patient Visit Physical	FEES
99201 Problem Focused	\$ 47.00
99202 Expanded	\$ 48.00
99203 Detailed	\$ 71.00
99402 Nutrition Assessment and Counseling	\$ 45.00
Follow up	\$ 15.00
Established Patient Visit Physical	
99211 Minimal	\$ 19.00
99212 Problem Focused	\$ 33.00
99213 Expanded	\$ 39.00
99214 Detailed	\$ 70.00
99215 Comprehensive	\$ 91.00
Established Patient Visit Physical (Birth to 19 years)	
99212 Problem Focused	\$ 38.00
99213 Expanded	\$ 47.00
99214 Detailed	\$ 70.00
Well Child Check-up/School Physicals	
W9881 Physical	\$ 45.00
Adult Health Screening & Physicals Non-Medicaid	
99385-6 Pre-employment physicals	\$ 45.00
99205 INS physicals	\$ 150.00
76020 Osteoporosis screening	\$ 12.00
99203 Diabetic clinic evaluation (physician)	\$ 89.00
99211 Diabetic clinic assessment (nursing)	\$ 19.00
99401 Work Site Wellness	\$ 45.00
82947 Blood sugar monitoring	\$ 5.25
82565 Cholesterol	\$ 5.00

Manatee County Health Department

CPT	Name	Fee
99395	Physician Exam	\$45
86580	Skin Test: TB Intradermal	\$12
92551	Hearing Screening	\$10
82081	Vision Screening	\$10

Family Planning

99401	Counseling	\$23
J105	Depo-Provera Injection Only	\$66
W9759	Initial / Annual Exam **	\$110
C-W9850	Medical Counseling Only	\$30
W9850	Medical Problem	\$30
11971	Norplant Removal	\$226
59430	Postpartum Exam	\$75
W9851	Supply Visit	\$15
81025	Urine Pregnancy Test	\$10

** Includes Lab tests (\$24.75) and 13 months supplies (\$32.65)

In-house Lab

87166	Dark-field	\$17
82947	Glucose-blood	\$5
87205	Gram Stain	\$6
83051	Hemoglobin	\$9
82270	Hemoglobin A1C	\$14
83051	Hemoglobin WIC	-
81025	Pregnancy Test (Urine)	\$10
86592	RPR-Titer	\$6
83020	Sickle Cell	\$18
81001	Urinalysis - Routine	\$5
87210	Wet Mount	\$6
80100	Drug Screening, Qualitative; Multiple Drug Classes	\$23

Manatee County Health Department

CPT	Name	Fee	NSG.CPT
90281	Gamma Globulin first cc	\$18 plus nursing fee	A-90782
G-90281	each additional cc	\$10 no additional nursing fee	n/a
90371	HBIG first cc	\$108 plus nursing fee	B-90782
B-90371	each additional cc	\$108 no additional nursing fee	n/a
90632	Hepatitis A	\$26 plus nursing fee	OS-90471
90746	Hepatitis B	\$26 plus nursing fee	H-90471
37-TWINRIX	Twixrix (combination Hep A & B)	\$40 plus nursing fee	37-90471
90733	Menomune	\$86 plus nursing fee	
90659	Influenza	\$25 no additional nursing fee	F-90471
90735	Japanese Encephallitis	\$86 plus nursing fee	OS-90471
90707	Measles / Mumps / Rubella	\$42 plus nursing fee	OS-90471
90732	Pneumovax	\$35 plus nursing fee	OS-90471
90713	Polio (injectible)	\$22 plus nursing fee	OS-90471
PR-90676	Rabies Immovax	\$105 plus nursing fee	H-90471
90675	Rabies Immovax ID	\$73 plus nursing fee	H-90471
M-90675	Rabies Vaccine Rabavert	\$98 plus nursing fee	H-90471
90375	RIG first cc	\$65 plus nursing fee	R-90782
R90375	each additional cc	\$65 no additional nursing fee	n/a
90718	Tetanus & Diptheria	\$18 plus nursing fee	OS-90741
90718	TDAP (ADACEL)	\$36 plus nursing fee	OS-90741
90703	Tetanus Toxoid Adsorbed	\$7 plus nursing fee	OS-90741
90692	Typhoid (Typhim)	\$38 plus nursing fee	OS-90471
90716	Varicella	\$70 plus nursing fee	OS-90471
X-90716	Varivax	\$52 plus nursing fee	OS-90471
90717	Yellow Fever	\$68 plus nursing fee	OS-90471

Nursing fee is \$10.00 for the first injection and \$5.00 for each additional injection OS-90742
 All Injections priced with out Nursing fee so above can be charged