



Charlie Crist  
Governor

Marlon B. Hunter, MA  
CHD Administrator

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Secretary of Health

## Board of County Commissioners Agenda Request

**Date of Meeting:** February 3, 2009

**Date Submitted:** January 21, 2009

**To:** Honorable Chairman and Members of the Board

**From:** Marlon B. Hunter, MA *MBH*  
County Health Department Administrator

**Subject:** Approval of County Health Department Dental Program Fee Schedule  
Effective February 3, 2009

**Statement of Issue:**

Gadsden County Health Department has implemented a Dental Program and is seeking approval to add dental services fees to the CHD Fee Schedule.

**Background:**

In early 2008, Gadsden County Health Department opened a dental clinic at the Quincy location. This clinic was opened with limited services to children, provided by a contractual dentist and a dental hygienist. The CHD Dental Program is now staffed with two-full time dentists, a dental hygienist, three dental assistants, and an office clerk. The Dental Program is being expanded to provide services to all Gadsden County residents on a fee for service schedule.

**Analysis:**

Florida Statutes, Chapter 154.06 requires that the Board of County Commission approve fees implemented and assessed by the Gadsden County Health Department. The Expansion of the Dental Program at the GCHD is now planned to provide dental services to County residents on a fee for service schedule.

**Fiscal Impact:**

There is no fiscal impact to the local Board of County Commission. The fiscal impact to the Gadsden County Health Department is the sustainability and expansion of dental services to the residents of Gadsden County.

**Options:**

1. Approve the Gadsden County Health Department Dental Program Fee Schedule, effective February 3, 2009, by Resolution.

**Recommendation**

1. Approval by the Gadsden County Board of County Commission.

**Attachment:**

Gadsden County Health Department Dental Fee Schedule, effective February 3, 2009.

**Gadsden County Health Department  
Dental Fee for Service Schedule  
Effective March 1,2009**

<b>Code</b>	<b>Description</b>	<b>In-County Fee</b>	<b>Out-of- County Fee</b>
D0120	PERIODIC ORAL EVALUATION	25.00	37.50
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	25.00	37.50
D0145	CURSORY ORAL EVALUATION (3YRS AND UNDER)	20.00	30.00
D0150	COMPREHENSIVE ORAL EVAL-(NEW OR ESTAB PATIENT)	30.00	45.00
D0180	COMPREHENSIVE PERIDONTAL EVALUATION	27.00	40.50
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	7.00	10.50
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	4.00	6.00
D0240	INTRAORAL-OCCUSLUSAL FILM	10.00	15.00
D0270	BITEWING-SINGLE FILM	8.00	12.00
D0272	BITEWINGS-TWO FILMS	11.00	16.50
D0273	BITEWINGS-THREE FILMS	16.00	24.00
D0274	BITEWINGS-FOUR FILMS	14.00	21.00
D0330	PANORAMIC FILM	38.00	57.00
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	1.00	1.50
D0425	CARIES SUSCEPTIBILITY TESTS	27.00	40.50
D0460	PULP VITALITY TEST	16.00	24.00
D0470	DIAGNOSTIC CASTS	18.00	42.00
D1110	PROPHYLAXIS-ADULT	23.00	34.50
D1120	PROPHYLAXIS-CHILD	18.00	27.00
D1201	TOPICAL FLUORIDE INCLUDING PROPHY-CHILD	25.00	37.50
D1203	TOPICAL APPLICATION OF FLUORIDE(PROP NOT INC)-CHILD	13.00	19.50
D1204	TOPICAL FLUORIDE ADULT (NO PROPHY)	10.00	15.00
D1205	TOPICAL FLUORIDE INCLUDING PROPHY-ADULT	32.00	48.00
D1206	TOPICAL FLUORIDE VARNISH	11.00	16.50
D1330	ORAL HYGIENE INSTRUCTION	8.00	12.00
D1351	SEALANT-PER-TOOTH	18.00	27.00
D2140	AMALGAM-ONE SURFACE,PRIMARY OR PERMANENT	40.00	60.00
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	55.00	82.50
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	65.00	97.50
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIM OR PERM	50.00	75.00
D2330	RESIN-ONE SURFACE, ANTERIOR	50.00	75.00
D2331	RESIN-TWO SURFACES, ANTERIOR	60.00	90.00
D2332	RESIN-THREE SURFACES, ANTERIOR	70.00	105.00
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLV INCISAL ANT	95.00	142.50
D2391	RESIN-BASED COMPOSITE-ONE SURFACE POSTERIOR	45.00	67.50
D2392	RESIN-BASED COMPOSITE-TWO SURFACES POSTERIOR	55.00	82.50
D2393	RESIN-BASED COMPOSITE-THREE SURFACES POSTERIOR	70.00	105.00
D2930	PREFABRICATED STAINLESS STEEL CROWN PRIMARY TOOTH	150.00	225.00
D2931	PREFABRICATED STAINLESS STEEL CROWN PERM TOOTH	85.00	127.50
D2940	SEDATIVE FILLING	40.00	60.00
D3110	PULP CAP-DIRECT(EXCLUDING FINAL RESTORATION)	25.00	37.50
D3120	PULP CAP-INDIRECT(EXCLUDING FINAL RESTORATION)	20.00	30.00
D3220	THERAPEUTIC PULPOTOMY(EX FINAL REST)REM OF PULP	63.00	94.50
D4341	SCALING AND ROOT PLANNING, PER QUAD	25.00	37.50
D4342	SCALING/ROOT PLAN 1-3 TEETH PER QUAD	13.00	19.50

D4355	FULL MOUTH DEBRID FOR PERIO EXAM	75.00	112.50
D4910	PERIDONTAL MAINTENANCE	31.00	46.50
D7111	EXTRACTION, CORONAL REMNANTS-DECIDIOUS TOOTH	20.00	30.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	35.00	52.50
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQ ELE OF MUCC	75.00	112.50
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS(CUT PROC	50.00	75.00
D9110	PALLIATIVE TRATMENT OF PAIN&INFECTION	80.00	120.00
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	35.00	52.50
D9430	OFFICE VISIT FOR OBSERVATION-POST OP	N/C	N/C
D9630	OTHER DRUGS, MEDICAMENTS, VARNISHES	10.00	15.00
D9910	DESENSITIZATION MEDICAMENT	15.00	22.50
D9920	BEHAVIOR MANAGEMENT BY REPORT	N/C	N/C
D9930	DRY SOCKET PADDING	N/C	N/C

**\*LABS NOT INCLUDED**

Although all fees are listed, not all services may be provided at the Gadsden County Dental Health Unit