



Fee Schedule

Fees charged for services provided in the
Knox County Combined General Health District

An Equal Opportunity Employer/Provider

Board Approved:
Revised 06/24/2015, 8/24/2015, 4/27/2016, 7/26/2017

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SECTION 103.09 HOME HEALTH CARE

Home care fees shall be as follows:

	Current Fee	Proposed Fee
	\$95.00	
Physical therapy, per visit	\$105.00	
Occupational therapy, per visit	Skilled nursing, per visit	
Speech therapy, per visit	\$105.00	
Home health aide, per visit	\$50.00	
Private duty service		
Skilled nursing, per hour	\$60.00	
Home health aide, per hour	\$25.00	

SECTION 103.10 CLINIC SERVICES**103.101 MEDICAL CLINIC FEES**

Medical clinic fees shall be as follows:

Clinic Visits		Current Fee	Proposed Fee
Nursing Brief Visit (new patient)		N/C	
Physician Brief Visit (new patient)	99201	\$50.00	
Physician Limited Visit (new patient)	99202	\$65.00	
Physician Intermediate Visit (new patient)	99203	\$105.00	
Physician Comprehensive Visit (new patient)	99204	\$145.00	
Physician Highly Complex Visit (new patient)	99205	\$175.00	
Nursing Limited Visit (established patient)	99211	\$40.00	
Nursing Complex Visit (established patient)	99211	\$50.00	
Physician Brief Visit (established patient)	99212	\$45.00	
Physician Limited Visit (established patient)	99213	\$70.00	
Physician Intermediate Visit (established patient)	99214	\$90.00	
Physician Comprehensive Visit (established patient)	99215	\$120.00	
Well Exam Infant (up to 12 mos) (new patient)	99381	\$75.00	
Well Exam (1-4 yrs.) (new patient)	99382	\$75.00	
Well Exam (5-11 yrs.) (new patient)	99383	\$75.00	
Well Exam (12-17 yrs.) (new patient)	99384	\$85.00	
Well Exam (18-39 yrs) (new patient)	99385	\$90.00	
Well Exam (40-64 yrs) (new patient)	99386	\$100.00	
Well Exam (65 & over) new patient)	99387/G0344	\$120.00	
Well Exam Infant (up to 12 mos) (established patient)	99391	\$65.00	

Well Exam (1-4 yrs.) (established patient)	99392	\$65.00	
Well Exam (5-11 yrs.) (established patient)	99393	\$65.00	
Well Exam (12-17 yrs.) (established patient)	99394	\$75.00	
Well Exam (18-39 yrs) (established patient)	99395	\$80.00	
Well Exam (40-64 yrs) (established patient)	99396	\$95.00	
Well Exam (65 & over) (established patient)	99397/G0344	\$120.00	
Pelvic & Clinical Breast Exam	G0101	\$45.00	
MD recertification HHA patient	G0179	\$60.00	
MD certification HHA patient	G0180	\$80.00	
Sports/Work Physical	Code by age	\$50.00	
Sports Physical (special days)		\$20.00	
Vision Screening w/out physical	99173	\$15.00	
Hearing screening w/out physical	92552	\$25.00	
Speech/Hearing Evaluation	92506	\$80.00	
Individual counseling (RN/LSW/RD/MD/Health Educator)			
15 minutes	99401	\$35.00	
30 minutes	99402	\$50.00	
45 minutes	99403	\$70.00	
60 minutes	99404	\$85.00	

Immunizations

Birth-18 Years		Current Fee	Proposed Fee
Hep A (VFC Only) (1-18 years of age)	90633	**	
HIB	90645	**	
Gardasil (HPV) (VFC Only) (11-18 years of age)	90649	**	
Prevnar 13	90670	**	
Rotavirus (VFC Only) (8-32 weeks of age)	90680	**	
Rotarix (VFC Only)	90681	**	
Kinrix (DTAP/IPV)	90696	**	
Pentacel (DTAP/HIB/IPV)	90698	**	
DTAP (0-6 years of age)	90700	**	
MMR	90707	**	
MMRV	90710	**	
IPV	90713	**	
TDAP (12-18 years of age)	90715	**	
Varivax	90716	**	
Td	90718	**	
DTAP/Hep B/IPV (Pediatrix)	90723	**	
Menactra (11-18 years of age)	90734	**	
Hep B (0-18 years. of age)	90744	**	

Flu (6-35 months of age)	90657	\$30.00	
Other Immunizations/Private Stock			
TB	86580	\$25.00	
Flu (3 years and up)	90658	\$30.00	
Zoster/Zostavax	90736	*	
Hep B (adult)	90746	*	
Hep A (adult)	90632	*	
Hep A (1-18 years of age)	90633	*	
Gardasil (HPV) (9-26 years of age)	90649	*	
Rotavirus (8-32 weeks of age)	90680	*	
MMR (adult)	90707	*	
Polio (adult)	90713	*	
TDAP (adult)	90715	*	
Varivax (adult)	90716	*	
Pneumococcal (adult)	90732	*	
Meningococcal/Menactra (adult)	90734	*	

* Cost of vaccine plus administration fee of \$15.00

**Administration fee of \$15.00 per person per visit

Procedures

Venipuncture	36415/G000 1	\$15.00	
Glucose Blood Test (finger stick)	82962	\$8.00	
UA dip w/out scope	81002	\$10.00	
Pregnancy test	81025/8470 3	\$15.00	
Hemoglobin (HGB)	85018	\$5.00	
Strep screen	87430	\$20.00	
Bladder Irrigation	51700	\$25.00	

Blood Occult Feces Screening (Hemacult)	82270	\$5.00	
Injection, ceftriaxone sodium, per 250 mg	J0696	\$15.00	
Injection, Depo-Medrol, 40 mg	J1030	\$8.00	
Injection, Depo-Medrol, 80 mg	J1040	\$16.00	
Triamcinolone Acetonide (Kenalog), per 10 mg	J3301	\$5.25	
Airway Inhalation Treatment (Nebulizer)	94640	\$15.00	
Destruction of skin lesions	17110	\$70.00	
Destruction, vulva lesion(s)	56501	\$70.00	
Destruction, penis lesion(s)	54056	\$70.00	
Negative Pressure Wound, less than 50 cm	97605	\$35.00	
Negative Pressure Wound, greater than 50 cm	97606	\$45.00	
Remove impacted ear wax	69210	\$45.00	
Injection, Small Joint	20600	\$55.00	
Injection, Intermediate Joint	20605	\$70.00	
Injection, Major Joint	20610	\$85.00	
Biopsy of skin, subcutaneous tissue and/or mucous membrane; single lesion	11100	\$120.00	
Biopsy of skin, each separate/additional lesion	11101	\$38.00	
Removal of skin tags, multiple fibrocutaneous tags up to 15 lesions	11200	\$100.00	
Removal of skin tags, each additional 10 lesions	11201	\$22.00	
Transitional care management services-moderate	99495	\$195.00	
Transitional care management services-high complexity	99496	\$270.00	
Simple repair of superficial wounds 2.5 cm or less	12001	\$108.00	
Repair, intermediate, wounds 2.5 cm or less	12031	\$282.00	
Electrical Stimulation (unattended)	97014/G028 3	\$17.00	
Electrical Stimulation (attended) (per 15 minutes)	97032	\$23.00	
Incision and drainage of abscess, simple or single	10060	\$137.00	
Incision and drainage of abscess complicated or multiple	10061	\$243.00	
Cholesterol Tests		\$10.00	

Miscellaneous			
Immunization Adm 1 st /only component (through 18 years of age)	90460	\$25.00	
Immunization Adm Each addtl Component (through 18 years of age)	90461	\$15.00	
Immunization Administration	90471	\$25.00	
Immunization Administration each additional vaccine	90472	\$15.00	
Injection Administration Fee	90782	\$10.00	
Administration of influenza virus vaccine	G0008	\$20.00	
Administration of pneumococcal vaccine	G0009	\$20.00	
Paternity testing (per individual)		\$20.00	
Minimum (0%) Clinic Service Charge		\$30.00	

Laboratory Fees			
Current charge as indicated by provider of lab services to be billed by participating laboratory			

103.102 DENTAL CLINIC

Dental clinic fees shall be as follows:

* Optional service available at cost. Sliding Scale will not apply.

EXAM		Current Fee	Proposed Fee
Re-Evaluation	D0170	\$48.00	
Periodic Oral Exam	D0120	\$41.00	
Limited Oral Exam Problem Focused	D0140	\$59.00	
Non-Resident Fee (Per Visit)	D0149	\$0.00	
Comprehensive Oral Exam	D0150	\$70.00	
RADIOGRAPHS			
Intraoral Complete FMX	D0210	\$92.00	
Intraoral Periapical First Film	D0220	\$26.00	
Intraoral Periapical Each Additional Film	D0230	\$21.00	
Intraoral Occlusal Film	D0240	\$29.00	
Bitewing Single Film	D0270	\$19.00	
Bitewing Two Films	D0272	\$32.00	
Bitewing Three Films	D0273	\$41.00	
Bitewing Four Films	D0274	\$56.00	
Temporomandibular Joint Films by Report	D0321	\$140.00	
Panoramic Film	D0330	\$96.00	
TEST AND EXAMINATIONS			
Caries Susceptibility Tests	D0425	\$56.00	
Pulp Vitality Tests	D0460	\$38.00	
Diagnostic Casts	D0470	\$72.00	
PREVENTATIVE			
Prophylaxis (14 and up)	D1110	\$73.00	
Prophylaxis (13 and under)	D1120	\$51.00	
Topical Application of Fluoride	D1208	\$27.00	
Nutritional Counseling for Control of Dental Disease	D1310	\$50.00	
Tobacco Counseling for Control & Prevention of Disease	D1320	\$53.00	
Sealant Per Tooth	D1351	\$41.00	
Interim caries arresting medicament application	D1354		\$45.00
SPACE MAINTENANCE			
Space Maintainer- Fixed Unilateral	D1510	\$233.00	
Space Maintainer- Fixed Bilateral	D1515	\$339.00	
Space Maintainer- Removable Unilateral	D1520	\$280.00	
Space Maintainer- Removable Bilateral	D1525	\$300.00	
Recommendation of Space Maintainer	D1550	\$59.00	

Removal of Space Maintainer	D1555	\$126.00	
RESTORATIVE			
Amalgam 1 Surface	D2140	\$101.00	
Amalgam 2 Surfaces	D2150	\$125.00	
Amalgam 3 Surfaces	D2160	\$149.00	
Amalgam 4+ Surfaces	D2161	\$177.00	
Composite 1 Surface Anterior	D2330	\$120.00	
Composite 2 Surface Anterior	D2331	\$153.00	
Composite 3 Surface Anterior	D2332	\$180.00	
Composite Incisal Angle or 4 Surfaces	D2335	\$225.00	
Resin Composite 1 Surface Posterior	D2391	\$128.00	
Resin Composite 2 Surface Posterior	D2392	\$183.00	
Resin Composite 3 Surface Posterior	D2393	\$168.00	
Resin Composite 4+ Surface Posterior	D2394	\$197.00	
Crown- Resin with High Noble Metal	D2720	\$743.00	
Crown- Resin with Predominantly Base Metal	D2721	\$710.00	
Crown- Resin with Noble Metal	D2722	\$675.00	
Crown- Porcelain Fused to High Noble Metal	D2750	\$900.00	
Crown- Porcelain Fused to Predominantly Base Metal	D2751	\$750.00	
Crown- Porcelain Fused to Noble Metal	D2752	\$900.00	
Crown- Full Cast High Noble Metal	D2790	\$900.00	
Crown- Full Cast Predominantly Base Metal	D2791	\$825.00	
Crown- Full Cast Noble Metal	D2792	\$900.00	
Provisional Crown (Temporary)	D2799	\$275.00	
Resin Infiltration of Incipient Smooth Surface Lesions	D2990	\$75.00	
Re-cement Inlay or Onlay	D2910	\$100.00	
Re-cement Cast or Prefabricated Post & Core	D2915	\$80.00	
Re-cement Crown	D2920	\$80.00	
Stainless Steel Crown Primary Tooth	D2930	\$216.00	
Stainless Steel Crown Permanent Tooth	D2931	\$272.00	
Stainless Steel Crown with Resin Window	D2933	\$295.00	
Protective or Sedative Restoration	D2940	\$83.00	
Interim Therapeutic Restoration- Primary Restore	D2941	\$70.00	
Core Build up Including any Pins	D2950	\$200.00	
Pin Retention (Per Tooth in Addition to Restore)	D2951	\$50.00	
Prefabricated Post & Core (In Addition to Crown)	D2954	\$250.00	
Labial veneer(resin laminate)laboratory	D2961	\$1,000.00	
Labial veneer (porcelain laminate)	D2962	\$1,000.00	
Temporary Crown (Fractured Tooth)	D2970	\$300.00	
Unspecified Restorative Procedure by Report	D2999	RANGE	
ENDODONITICS			
Pulp Cap- Direct	D3110	\$60.00	

Pulp Cap- Indirect (Excludes Final Restoration)	D3120	\$68.00	
Pulpotomy (Excludes Final Restoration)	D3220	\$164.00	
Pulpal Debridement- Primary & Permanent Teeth	D3221	\$175.00	
Partial Pulpotomy	D3222	\$160.00	
Pulpal Therapy- Posterior Primary Tooth	D3240	\$190.00	
Endodontic Therapy- Anterior Tooth (Excludes Final Restoration)	D3310	\$603.00	
Endodontic Therapy- Bicuspid Tooth (Excludes Final Restoration)	D3320	\$635.00	
Endodontic Therapy- Molar	D3330	\$787.00	
Incomplete Endodontic Therapy; Unrestorable or Fractured Tooth	D3332	\$400.00	
Retreatment of Previous Root Canal- Anterior	D3346	\$650.00	
Retreatment of Previous Root Canal- Bicuspid	D3347	\$700.00	
Retreatment of Previous Root Canal- Molar	D3348	\$900.00	
Apexification/Recalcification	D3351	\$230.00	
Apexification Interim Medication Replacement	D3352	\$190.00	
Apexification Final Visit	D3353	\$385.00	
Apicoectomy- Anterior	D3410	\$611.00	
Apicoectomy- Bicuspid	D3421	\$614.00	
Apicoectomy- Molar	D3425	\$751.00	
Periradicular Surgery Without Apicoectomy	D3427	\$560.00	
Retrograde Filling Per Root	D3430	\$187.00	
Root Amputation	D3450	\$375.00	
Hemisection	D3920	\$411.00	
PERIODONTICS			
Gingivectomy(Or -plasty) 4+ Teeth	D4210	\$460.00	
Gingivectomy(Or -plasty) 1-3 Teeth	D4211	\$200.00	
Gingivectomy(Or -plasty) to Allow Access for Restore	D4212	\$140.00	
Gingival Flap Procedure 4+ Teeth with SRP	D4240	\$600.00	
Gingival Flap Procedure 1-3 Teeth with SRP	D4241	\$450.00	
Crown Lengthening	D4249	\$537.00	
Osseous Surgery 1-3 Teeth	D4260	\$900.00	
Provisional Splinting- Intracoronal	D4320	\$344.00	
Provisional Splinting- Extracoronal	D4321	\$315.00	
Periodontal Scaling & Root Planing 4+ Teeth	D4341	\$213.00	
Periodontal Scaling & Root Planing 1-3 Teeth Per Quadrant	D4342	\$136.00	
Full Mouth Debridement	D4355	\$150.00	
Unspecified Periodontal Procedure by Report	D4999	RANGE	
PROSTHODONTICS (Removable)			
Complete Denture Maxillary	D5110	\$1,200.00	
Complete Denture Mandibular	D5120	\$1,200.00	
Immediate Denture Maxillary	D5130	\$1,300.00	
Immediate Denture Mandibular	D5140	\$1,300.00	
Maxillary Partial Denture- Resin Based Including Clasps	D5211	\$1,150.00	
Mandibular Partial Denture- Resin Based Including Clasps	D5212	\$1,150.00	
Maxillary Partial Denture Cast Metal Framework	D5213	\$1,372.00	
Mandibular Partial Denture Cast Metal			

Maxillary Partial Denture- Flexible Base	D5225	\$1,450.00	
Mandible Partial Denture- Flexible Base	D5226	\$1,450.00	
Removable Unilateral Partial Denture- 1Pc Cast Metal	D5281	\$879.00	
Adjust Complete Denture- Maxillary	D5410	\$63.00	
Adjust Complete Denture- Mandibular	D5411	\$63.00	
Adjust Partial Denture- Maxillary	D5421	\$63.00	
Adjust Partial Denture- Mandibular	D5422	\$63.00	
Repair Broken Complete Denture Base	D5510	\$200.00	
Repair Missing or Broken Tooth- Complete Denture (Per Tooth)	D5520	\$150.00	
Repair Resin Denture Base	D5610	\$200.00	
Repair Cast Framework	D5620	\$206.00	
Repair or Replace Broken Clasp	D5630	\$200.00	
Replace Broken Teeth (Per Tooth)	D5640	\$160.00	
Add Tooth to Existing Partial Denture	D5650	\$190.00	
Add Clasp to Existing Partial Denture	D5660	\$217.00	
Replace All Teeth & Acrylic on Cast Metal Framework Maxillary	D5670	\$617.00	
Replace All Teeth & Acrylic on Cast Metal Framework Mandibular	D5671	\$612.00	
Rebase Complete Maxillary Denture	D5710	\$525.00	
Rebase Complete Mandibular Denture	D5711	\$525.00	
Rebase Maxillary Partial	D5720	\$525.00	
Rebase Mandibular Partial Denture	D5721	\$525.00	
Reline Complete Maxillary Denture (Chairside)	D5730	\$280.00	
Reline Complete Mandibular Denture (Chairside)	D5731	\$280.00	
Reline Maxillary Partial Denture (Chairside)	D5740	\$255.00	
Reline Mandibular Partial Denture (Chairside)	D5741	\$255.00	
Reline Complete Maxillary Denture (Lab)	D5750	\$400.00	
Reline Complete Mandibular Denture (Lab)	D5751	\$400.00	
Reline Maxillary Partial Denture (Lab)	D5760	\$358.00	
Reline Mandibular Partial Denture (Lab)	D5761	\$363.00	
Interim Complete Denture Maxillary	D5810	\$765.00	
Interim Complete Denture Mandibular	D5811	\$765.00	
Interim Partial Denture Maxillary	D5820	\$600.00	
Interim Partial Denture Mandibular	D5821	\$600.00	
Tissue Conditioning, Maxillary	D5850	\$138.00	
Tissue Conditioning, Mandibular	D5851	\$138.00	
Precision Attachment by Report	D5862	\$400.00	
Overdenture Complete Maxillary	D5863	\$1,524.00	
Overdenture Partial Maxillary	D5864	\$1,524.00	
Overdenture Complete Mandibular	D5865	\$1,524.00	
Overdenture Partial Mandibular	D5866	\$1,524.00	
Replacement of Replaceable Part of Precision Attachments	D5867	\$245.00	
Modification of Removable Prosthesis Following Implant Surgery	D5875	\$284.00	
Unspecified Removable Prosthodontics Procedure by Report	D5899	RANGE	
IMPLANT SERVICES			
Surgical Placement of Implant Body: Endosteal Implant	D6010	\$1,500.00	

Surgical Placement of Mini Implant	D6013	\$1,300.00	
Implant Removal	D6100	\$200.00	
Connecting Bar-Implant Supported	D6055	\$1,999.00	
Semi-Precision Attachment Abutment	D6052	\$572.00	
Implant/Abutment Supported Removable			
Implant/Abutment Supported Removable			
Implant Maintenance	D6080	\$250.00	
Repair Implant Supported Prosthesis by Report	D6090	\$400.00	
Repair Implant Abutment by Report	D6095	RANGE	
Replacement of Precision Attachments	D6091	\$405.00	
ORAL AND MAXILLOFACIAL SURGERY			
Extraction, Coronal Remnants-Deciduous Teeth	D7111	\$97.00	
Extraction, Erupted Tooth or Exposed Root	D7140	\$150.00	
Surgical Removal of Erupted Tooth (Requiring	D7210	\$225.00	
Removal of Impacted Tooth- Soft Tissue	D7220	\$231.00	
Removal of Impacted Tooth- Partially Bony	D7230	\$322.00	
Removal of Impacted Tooth- Completely Bony	D7240	\$477.00	
Primary Closure of Sinus Perforation	D7261	\$2,100.00	
Tooth Reimplantation and/or Stabilization	D7270	\$400.00	
Surgical Access of Unerupted Tooth	D7280	\$370.00	
Mobilization of Erupted or Malpositioned Tooth to Aid Eruption			
Placement of Device to Facilitate Eruption of			
Biopsy of Oral Tissue-Hard (Bone, Tooth)	D7285	\$760.00	
Biopsy of Oral Tissue- Soft	D7286	\$293.00	
Exfoliative Cytological Sample Collection	D7287	\$150.00	
Brush Biopsy	D7288	\$150.00	
Alevoloplasty in Conjunction with Extractions 4+ Teeth			
Alevoloplasty in Conjunction with Extractions 1-3			
Alevoloplasty Not in Conjunction with Extractions			
Alevoloplasty Not in Conjunction with Extractions			
Vestibuloplasty Ridge Extension	D7340	\$683.00	
Vestibuloplasty Ridge Extension Including Soft			
Excision of Benign Lesion up to 1.25 cm	D7410	\$274.00	
Excision of Benign Lesion greater than 1.25 cm	D7411	\$433.00	
Removal of Lateral Exotosis (Maxilla or Mandible)	D7471	\$669.00	
Removal of Torus Palatinus	D7472	\$787.00	
Removal of Torus Mandibularis	D7473	\$790.00	
Surgical Reduction of Osseous Tuberosity	D7485	\$662.00	
Incision & Drainage of Abscess- Intraoral Soft Tissue	D7510	\$75.00	
Sinus Augmentation Via A Lateral Approach	D7951	\$2,000.00	
Freulectomy (Frenectomy)	D7960	\$167.00	
Excision of Hyperplastic Tissue (Per Arch)	D7970	\$422.00	
Excision of Pericoronary Gingiva	D7971	\$179.00	
LIMITED ORTHODONTIC TREATMENT			
Limited Orthodontic Treatment of Primary Dentition	D8010	\$1,355.00	

Limited Orthodontic Treatment of the Transitional Dentition	D8020	\$1,524.00	
Limited Orthodontic Treatment of the Adolescent Dentition	D8033	\$0.00	
Limited Orthodontic Treatment of the Adult Dentition	D8040	\$2,010.00	
Interceptive Orthodontic Treatment of the			
Interceptive Orthodontic Treatment of the			
Removable Appliance Therapy	D8210	\$586.00	
Fixed Appliance Therapy	D8220	\$674.00	
UNCLASSIFIED TREATMENT			
Palliative (Emergency) Treatment of Dental Pain- Minor Procedure			
Inhalation of Nitrous Oxide/Analgesia	D9230	\$50.00	
Consultation	D9310	\$146.00	
Application of Desensitizing Medicament	D9910	\$45.00	
Application of Desensitizing Resin for Cervical and/or Root Surface (Per			
Treatment of Complications (Ex: Dry Socket)	D9930	\$0.00	
Occlusal Guard by Report	D9940	\$500.00	
Fabrication of Athletic Mouthguard	D9941	\$161.00	
Occlusal Adjustment- Limited	D9951	\$120.00	
Services Listed Below May Not be Discounted Any Lower Than the Fees on			
Extraction, Erupted Tooth or Exposed Root	D7140	\$150.00	
Endodontic Therapy Anterior Tooth (RCT)	D3310	\$602.00	
Endodontic Therapy Bicuspid Tooth (RCT)	D3320	\$635.00	
Endodontic Therapy Molar (RCT)	D3330	\$890.00	
Complete Denture Maxillary	D5110	\$1,200.00	
Complete Denture Mandibular	D5120	\$1,200.00	
Maxillary Partial	D5213	\$1,372.00	
Mandibular Partial	D5214	\$1,372.00	

103.103 SLIDING FEE SCHEDULE

The Health Commissioner shall establish a sliding fee schedule based on the federally established poverty level and family size and income. **Medical/Dental** Clinic and Home Health Care fees shall be administered in accordance with the approved sliding fee schedule for residents of Knox County and patients participating in the Child and Family Health Services (CFHS) program.

Seniors, active military, and veterans paying 100% of the dental clinic fees are eligible for a 15% discount.

SECTION 103.11 VITAL STATISTICS

Vital Statistics fees shall be as follows:

	State	Local	Total
Certified copy birth/death record	\$13.50	\$11.50	\$25.00

SECTION 103.12 MISCELLANEOUS FEES

Other fees shall be as follows:

Copy of public records - first page	\$0.15	
Each additional page of same public record	\$0.15	
Education/Training by Health Professional	\$50.00	
Returned check fee	\$35.00	
Heartsaver CPR/AED		\$35.00
Heartsaver First Aid		\$30.00
Both classes on same day		\$60.00
Breastfeeding instruction per CLC or IBCLC		\$65.00
Communicable Disease Training		\$50.00
N95 Training for 10 people (does not include mask)		\$25.00

SECTION 103.13 EFFECT OF PARTIAL INVALIDITY

Should any provision or part thereof of this Regulation 103 be found unconstitutional, void or of no effect, the same shall not affect the legality and effect of the other provisions or parts thereof of this Regulation 103.

SECTION 103.14 EFFECTIVE DATE

The fees in this Regulation 103 shall be effective on date specified by the Board and shall replace any previous fee schedule and regulation establishing fees for services provided by the Knox County Health Department adopted by the Board.

SECTION 103.15 EMERGENCY

This regulation is hereby declared to be an emergency measure necessary for the immediate preservation of life, health and safety for the reason that fees need to be established to partially defray the cost of providing vital public health services in the Knox County General Health District; therefore, this regulation shall take effect and be in force immediately upon the effective date established by the Board of Health.

Adopted: 12/11/91

Amended: 12/23/92; 12/22/93; 12/28/94; 12/20/95; 03/27/96; 12/11/96; 10/22/97; 08/26/98;
12/15/99; 12/20/00; 12/19/01; 03/01/02; 12/18/02; 07/01/03; 12/17/03; 03/24/04;
05/26/04; 12/15/04; 06/29/05; 12/21/05 ; 12/20/06;
04/25/07; 07/25/07; 12/19/07; 08/27/08; 12/17/08; 02/11/09; 06/24/09;
12/16/09; 11/17/10; 03/23/11; 03/28/12; 04/25/12; 09/26/12; 12/19/12; 01/23/13;
03/27/13; 04/24/13; 06/26/13; 07/31/13; 08/21/13; 03/25/2015

All elements of the fee schedule will be reviewed annually.